

CHAPTER SIXTEEN – ANNUAL SCHOOL SERVICE REPORT

Definitions and Clarifications

These definitions and clarification notes are guidelines to assist the school nurse in completing the Annual School Health Services Report required annually by Public Education Department (PED). An annual 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. A district may choose to collect more data than is required for the PED report; however, only information requested should be reported to PED. Tools that may be helpful to gathering data on an ongoing basis are included in the New Mexico School Health Manual Chapter 16

Contact Information

The “contact person” listed on the Annual School Health Services Report 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 (FTEs). RN = Registered Nurse.

- **Total Number of RN FTEs with an assigned caseload providing direct services** - Count RNs who provide care for the general student population in FTEs. Include those nurses who provide care to both the general population *and* special education population.

(The FTE is based on a teacher FTE in the district, e.g. a teacher may work 7 hours a day (or 35 hours a week). This would be considered 1 FTE. If an RN works the same hours, the RN FTE is 1 FTE. If an RN works 5 hours a day (or 25 hours a week), the FTE would be calculated as $5/7$ or .71 FTE. Each state/district may vary in the number of hours a full-time teacher works, so it is important to follow your district definition. If school nurses work more hours per day than a teacher, the FTE still equals 1. The number should reflect every RN providing direct services. For example, if the district has 3 RNs and each works .75 FTE, it would be reported as 2.25. Another example is if a person is hired half time to be the lead nurse or nurse administrator, enter 0.5 under Nurse Administrator and 0.5 under RN with an

assigned caseload providing direct services if she/he spends the rest of the time as a school nurse.)

Direct services the nurse responsible for the care of a defined group of students in addressing their acute and chronic health conditions. It includes health screenings, health promotion and case management. Direct service also includes care provided in a health care team including LPNs or Health Assistants.

Inclusion/Exclusion

- Include long term substitute RNs (but not the substitute RN for short term needs)
 - Exclude nurses working with medically fragile students (on a 1:1, 1:2, 1:3 basis)
 - Exclude % of administrative assignment
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- Total Number of RN FTEs providing direct services to Special Education students only
Count RNs who provide care only to special education students in FTEs.

 - Total Number of Float/Supplemental RN FTEs – Includes permanently hired/contracted RNs who provide supplemental/additional direct nursing services or specific procedures. This count is a separate category. DO NOT include RNs with an assigned caseload providing direct services, RNs working with a limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1:3), or RNs providing care to special education students.

 - Total Number of RN FTEs with a special assignment (e.g. 1:1, 1:2, etc.) – Count RNs working with a limited caseload providing direct services to students such as medically fragile students (on a 1:1 basis, 1:2 basis, etc.).

 - Total number of RN FTEs providing administrative or supervisory school health services – Count RNs providing management or clinical supervision to RNs, LPNs/LVNs, health assistants, or other health extenders, or conducting other administrative health services, e.g. case management or resource nurse.

 - Certified Nurse Practitioner (CNP) – Indicate the total number in FTEs of certified nurse practitioners with an assigned caseload providing direct services to the general student population. Include those certified nurse practitioners who provide care to both the general population and special education population. Do not include those working in a school-based health center.

Assistive Personnel Data

Include in FTEs those individuals who spend a part or all their time working under the supervision of a school nurse. LPN = Licensed Practical Nurse

- Total Number of LPN FTEs with an assigned caseload providing direct services – Count LPNs who provide care for the general student population in FTEs. Include those nurses who provide care to both the general population and special education population.
- Total Number of LPN FTEs providing direct services to Special Education students only - Count LPNs who provide care only to special education students in FTEs.
- Total Number of Float/Supplemental LPN FTEs – Includes permanently hired/contracted LPNs who provide supplemental/additional direct nursing care or specific procedures. This count is a separate category. DO NOT include LPNs with an assigned caseload providing direct services, LPNs working with a limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1:3, etc.), or LPNs providing care to special education students.
- Total Number of LPN FTEs with a special assignment (e.g. 1:1, 1:2, etc.) – Count LPNs working with a limited caseload providing direct care to students such as medically fragile students (1:1, 1:2, 1:3, etc.).
- Total Number of Health Assistant FTEs with an assigned caseload providing direct services – Count Health Assistants who provide care for the general student population in FTEs. Include those health assistants who provide care to both the general population and special education population.
- Total Number of Health Assistants FTEs providing direct services to Special Education students only - Count health assistants who provide care only to special education students in FTEs.
- Total number of Health Assistants FTEs with a special assignment (e.g. 1:1, 1:2, etc.) – Count Health Assistants working under the supervision of an RN with a limited caseload providing direct care to students such as medically fragile students (1:1, 1:2, etc.).
- Total Number of Assistant FTEs providing administrative support services to RNs and/or LPNs – This count includes assistants providing administrative support services to RNs and/or LPNs e.g. clerical assistance.
- 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, DO NOT prorate into FTEs.

Students with Medical Diagnoses

Medical-diagnoses refer to documentation of a diagnosis from a medical provider.

For example, if parents say their child has asthma, etc., but do NOT provide documentation from a medical provider, the child should NOT be included in this count. Choose the categories that most accurately reflect the child's health condition(s). 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.

These categories include, but are not limited to, the following

ADD/ADHD

Attention deficit disorder, attention deficit hyperactive disorder

Allergic Disorders

Allergic Disorders have been broken into two groups

- **Life Threatening Allergy:** Student has a medically diagnosed severe allergy that has the potential to cause death (e.g. anaphylaxis, angioedema, or severe bronchospasm). Having a prescription for or carrying an epinephrine injector is a strong indicator of this condition.
- **Non-Life Threatening:** Student has medically diagnosed seasonal, perennial, food, chemical/drug or animal/insect allergy that is not known to have the potential to cause death (e.g. allergic rhinitis, localized itching).

Asthma

Asthma, reactive airway disease (RAD), recurrent wheezing

Cancer

Leukemia, tumors, any other form of cancer

Cardiovascular

Clinically significant cardiac murmurs, cardiac insufficiency, arrhythmias, pacemakers, hypertension, Kawasaki's disease, Raynaud's syndrome

Congenital/Genetic

Down syndrome, fragile X syndrome, Turner syndrome, Prader Willi syndrome, other syndromes

Dental/Oral

Braces, temporo-mandibular joint disorder (TMJ), cleft palate, untreated caries

Dermatologic

Eczema, psoriasis, acne, other skin disorders

Diabetes Mellitus

Type 1, Type 2

Eating Disorders

Anorexia, bulimia, Prader Willi syndrome, morbid obesity, failure to thrive

Endocrine, other than diabetes

Thyroid or parathyroid disease, Cushing's disease, Addison's disease, precocious puberty

ENT

Pressure equalizer (PE) tubes, frequent otitis media, deafness/hearing impairment, and tracheostomy

Eye

Blindness, amblyopia, and other eye diseases/conditions. Do not count basic corrective eyewear.

Gastro-Intestinal

GERD, ulcers, irritable bowel syndrome, Celiac Disease, Crohn's disease, ulcerative colitis, encopresis, lactose intolerance, colostomy

Genito-Urinary

Frequent urinary tract infections, voiding dysfunction including enuresis, bladder disease, urostomy, renal disease, fibroids, dysfunctional uterine bleeding, endometriosis

Hematology (not including cancers)

Hemophilia, anemias, sickle cell crisis, clotting dysfunction

Infectious Disease

Hepatitis B, Hepatitis C, HIV, sexually transmitted disease, vaginitis (including yeast infections), pertussis, influenza, strep throat, others

Musculo-Skeletal

Muscular dystrophy, scoliosis, skeletal dysplasia, rickets, fibromyalgia, juvenile rheumatoid arthritis, osteogenesis imperfecta, fractures, dislocations/subluxations, sprains/strains

Neurological

Has been broken in to 4 categories

- Concussions
Include any known medically diagnosed concussions in this category
- Migraines
Include any known medically diagnosed migraines in this category
- Seizure Disorders
Include any known medically diagnosed seizure disorders in this category
- Other Neurological Disorders
Such as autism, cluster headaches, spina bifida, cerebral palsy, traumatic brain injury, benign vertigo, and neurofibromatosis

Pregnancy

(Count the student only once unless she becomes pregnant more than once during the school year).

Psychiatric (other than eating disorders)

Anxiety, depression, bi-polar, obsessive compulsive disorder, suicide ideation, behavior disorders, alcohol use disorder, drug misuse (including cannabis, opiates, stimulants, etc.), tobacco abuse

Respiratory other than asthma

Chronic bronchitis, tracheostomy/ventilator-dependent

Other

Use this category ONLY for diagnoses that cannot be included in one of the reportable 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.

This count is NOT the number of times a procedure has been performed, rather 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.

Students requiring the following medically-complex procedures are counted

- Urinary Catheterization
- Wound Care (formerly called “dressing changes”)
- Glucose Monitoring
- IV/Heparin Flush
- Nebulizer Treatment
- Ostomy Care
- Carbohydrate Counting
- Oxygen Saturation
- Peak Flow Measurement

- Oral Suctioning
- Tracheal Suctioning/Trach Care
- Toileting (includes bowel & bladder training)
- Ventilator Care
- NG/G Tube (includes care, feeding & meds)
- Oxygen Delivery
- Other (specify)
Examples of the “Other” category include range of motion exercises, feeding assistance, etc.

Students with Prescription Medications at School

This count represents the number of students with prescription medications at school that have been 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 in BOTH categories.

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.

Students with the following prescription medications ordered by a provider are counted

- ADD/ADHD meds
- Allergy meds
- Asthma meds
- Analgesics
- Antibiotics
- Anticonvulsants
- Antidipressants
- Cardiovascular meds
- Gastrointestinal meds (includes digestive aids)
- ENT meds
- Epinephrine
- Glucagon
- Insulin
- Migraine meds
- Oral Diabetes meds
- Psychotropic meds

- Oral Steroids (non-inhaled)
- Other (specify)
 - Examples of the “Other” medications might include over-the-counter medications (if ordered by a health care provider), herbal/vitamin supplements (if ordered by a health care providers), and all other prescription medications that do not fit in any of the reportable categories.

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. These are events in which a New Mexico Department of Health [Adverse Event Form](#) should have been done. This may be an event that even occurs on the weekend or overnight.

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.”

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 students visiting the health office (see below).

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. Also, may include things like sore throat, headache, cough, stomachache, rhinitis, earache, nausea, vomiting, rash, spontaneous nosebleed, hypo/hyperglycemia, or dizziness. These students may present symptomatic at school.

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 because of an initial illness. It also includes follow-up visits for illnesses commencing outside of school.

Examples could be a child 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.

School health office personnel are additionally asked to subcategorize as

- Injuries due to accidental trauma at school
- Injuries due to violence at school
 - # of injuries from above 2 subcategories (accidental or violent) related to head trauma

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

If the injury is life-threatening and EMS is activated, it would be recorded in this category and listed as “Referred for Immediate Follow-up” or “Transported to a Medical Facility by EMS” in the “Disposition of Students Visiting Health Office” category.

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

A New Mexico Department of Health [Adverse Event Form](#) may need to be completed.

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 may be 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 number of visits to the health office for routine care of students with medically-diagnosed health conditions.

Examples could be 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 the number of visits primarily for emotional and mental health issues and crises.

Examples may include 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.

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

Examples may include physical abuse symptoms, sexual abuse symptoms, behavioral indicators, evidence of neglect, child self-reporting.

Reproductive Health Counseling

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

Examples include 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.

It is Important to 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 include 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 not the number of immunizations given to a student (as some students may get more than one immunization at a specific clinic). This includes those immunized at clinics sponsored by the school district and/or held on school property during school hours.

Examples include routine childhood vaccination, flu vaccination.

Other (specify)

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

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

Emergency Medication Administered

Enter here the number of emergency medications administered in response to an emergency at school or during a school-sponsored function.

Emergency medications that should be counted include

- Albuterol
 - Prescribed
 - Stock
- Epinephrine
 - Prescribed
 - Stock
- Glucagon
- Emergency Seizure Meds
- Other (specify)

Do NOT include routine/prophylactic doses of Albuterol (e.g. given prior to PE class). However, if used because of an Asthma Attack it would then be counted.

A NMDOH [Adverse Event Form](#) may need to be completed.

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. The total number of entries in this category should equal the total number of entries in the “Student Visits to Health Office” category.

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.

Disposition selections include

- Remained at School – includes students who returned to class/remained at school.
- Sent Home at School Health Office Request – includes students that are not able to remain in school and are sent home by the school nurse (or other school health personnel based on established criteria).
- Sent to SBHC – includes students that are referred to the school-based health center for immediate evaluation (whether or not they are subsequently sent home or return to class).
- Released to Go Home at Parents Request – includes students that could return to class (based on established criteria) but the parent/guardian requests that the student be released to go home.
- Transported to Medical Facility by EMS – includes those instances where EMS is called to transport the student to a medical facility (not SBHC).
- Referred to Medical Facility (Not transported by EMS) – includes those instances where a student is sent to a medical facility by a parent/guardian (or other responsible adult) using a private or agency vehicle and NOT transported by EMS.

Example includes a student given an immediate referral to the SBHC for symptoms of an ear infection, and is evaluated in the SBHC and then returns to class, the disposition of this visit is “Sent to SBHC,” NOT “Remained at School.”

**The total number of entries in this category should equal the total number of entries in the “Student Visits to Health Office” category (see above).

Student Screenings

All formal student screenings and referrals are included in this category

- Vision
- Hearing
- Dental
- Blood Pressure
- Pediculosis
- Depression/Suicide Risk
- Substance Abuse
- SPED/SAT Screening & Assessment
- BMI Surveillance
 - Do NOT count special education students in individual categories; include them only once under “SPED/SAT Assessment”.
 - Students whose height/weight are measured for BMI surveillance should also be counted here. However, since surveillance monitors population risk (rather than individual risk) referrals for BMI surveillance should not be counted.
 - Do not include any staff screenings in this category.

If a screening is not performed in any particular category, simply enter “0.”

Miscellaneous School Nursing Functions

Nursing Functions

- Health education presentations for students provided by the school RN on school property during school hours.
- IEP, 504, and SAT meetings attended by the school RN.
- IHPs, Emergency Care Plans & 504 Plans developed by the school RN.
- Home visits completed by the school RN 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.

References and Resources

[Annual School Health Service Report](#)

[Complex Procedure Tool](#)

[Daily Report Assist Tool](#)

[Students with Medical Diagnosis Assist Tool](#)

[Students with Prescription Medications at School Tool](#)