***School Nurses:***

***Please read carefully***, ALL nurses are required to submit a survey, please submit **ONLY ONE SURVEY** combining your campuses if you provide services for more than one campus. Those who are school nurse supervisors or a second nurse on a campus will not complete the entire survey but are required to submit a survey with the indicated questions. This serves as a guide to the questions, hopefully to help if it is not clear. Once you start the survey, you must complete it. If you EXIT out, it will not save. Keep your answers for future use. Many of the questions require you to click OKAY before progressing, this is new to the survey this year.

**Page 1**

*Questions 1 and 2*

Full Last Name and Full First Name, please do not use initials (unless this is a documented name you go by) or Nurse Cheria for example.

*Question 3*

Your licensure is the test you took for the highest nursing license. Nursing exams are for the LPN, RN, and the APRN. You may have higher degrees but this information is provided to eSchool with other reporting.

*Question 4*

Valid email address, please review carefully. Several last year came back to me.

*Question 5*

Choose the Educational Service Cooperative your district is assigned, unless you are in the Central Region, then choose this answer.

*Question 6*

Was report given to your superintendent or school board from the survey last school year, maybe last summer or early fall?

*Question 7*

If you are employed by a school district that is public/charter, the drop box will have those districts, please choose one.

*Question 8*

If you are with a private district, a drop box has listings. If it is not listed an “other” box is provided to enter.

An answer is needed for either 7 or 8.

*Question 9*

Name of the campus or campuses being served. If you are school nurse supervisor or 2nd school nurse, check one of those boxes. If you are a nurse for the district, and only nurse, check that box. If you have assigned campus or campuses, check the box and provide the names of the school buildings you are serving. Please make sure to only check one box, and if the last box with campus/campuses then provide the names in the “other” box.

*Question 10*

Those with no assigned campus will select YES and click on NEXT and it will take you to the end of the survey. For school nurses assigned to a campus, please select NO and proceed to the NEXT page.

**Page 2**

ONLY nurses assigned a campus, the School Nurse Supervisors and those 2nd nurses assigned to a campus for example with really large campuses, skip this page.

*Question 1-11*

Each of these questions have multiple questions but please put a 0 or a whole number in each box. Do not use decimals, commas, or NA. For questions 4 and 5, these are medications given daily for example Methylphenidate or an antibiotic for a week.

*Question 12 and 13*

Please review what case management is and how that would work for you as a school nurse, this is for grant funding and needs to be as accurate as possible. These numbers will be submitted to the CDC. I may also be contacting you to see how you provide this service and what policy you have in place. I need to know how students are being followed, the documentation process. If none is noted, provide 0 in the answer box. Case Management is a Collaborative Process

* Assessment
* Plan
* Facilitate
* Care coordination
* Skills training/working knowledge
* Process implementation
* Staffing and management

Case management is a systematic approach, it is defined and repeated steps and **evaluation** is included.

*Question 14-18*

These questions are in regards to the top common conditions and use of medications for students. Please only provide emergency doses, not any preventive doses such as when going to PE or out to the playground but used in the time of distress as with inhalers.

*Question 19*

Total number of students seen for all minor injuries and illnesses, a little over 1.2 million last year.

*Question 20*

Number of students requiring some type of emergency care, either 911, or parent followed up immediately with a physician or urgent care.

*Question 21*

Encounters for all students seen, where was the follow-up? If using eSchool you can pull data for this question from the eSchool summary.

*Question 22*

Either enter 0 or number of students on campus. Please do not respond NA

*Question 23*

Either enter 0 or number of students on campus. Please do not respond NA

*Question 24 and 25*

Our mental health needs are growing. For future funding, these questions are needed. You may have to seek out all known providers to your campuses, list of names and how many students are they serving. If you know of students receiving services off campus, please identify those numbers also.

*Question 26 and 27*

School Based Health Centers require the nurse to be the gatekeeper, what are other services or duties provided for the SBHC? May answer NO and skip 26 or provide NA

*Question 28*

Yes or No with providing in-services or education at the beginning of the year or having someone come to your campus or district to provide education to the staff.

*Question 29*

Enter those meetings and services to school staff you have provided this year.

*Question 30*

Enter the TOTAL number of minutes for the year if known to providing services for school personnel on the above entries. Review those services and provide the best estimated time if you do not have a documented time. Time spent providing other services has been indicated to view and provide data for the future.

**Page 3**

*Question 1*

Thank you and please provide feedback and/or comments about the survey.

I want to personally say thank you for all the service you provide to your schools and to your school-age children. Thank you for providing the data to showcase the work you do every day.

Cheria Lindsey