

KDHE: Kansas School Nurse Survey, 2013-2014 School Year

1. This survey is for Public School Nurses only.

Each year the Kansas Department of Health and Environment (KDHE) conducts a survey to assess workforce capacity of school nursing services in the state. Each school nurse who provides face to face care to students and/or oversees services provided by ancillary personnel is requested to complete a survey and return it to KDHE. All information provided by school nurses is confidential. Survey results are presented as summary data only. Please print the form, collect your data for the school year, and then enter the data. You may enter your survey data until May 31, 2014. If you have questions or have corrections on the data you enter, please call Jane Stueve at 785-296-1300 or jstueve@kdheks.gov. Thank you very much for your participation.

This Survey is for Public School Nurses Only!

*1. Are you a Public School Nurse?

- Yes
- No

2. Nurse Information

*2. Nurse Information

First Name:

Last Name:

Email Address:

Phone Number:

3. Are you a (an):

- RN
- LPN

3. LPN

4. If you are an LPN, please list the name of your RN supervisor (First name Last name):

4. Nurse's Demographic Information

***5. Age range (requested to assess the issue of aging workforce):**

- Under 21
- 21-30
- 31-40
- 41-50
- 51-60
- 61-70
- 71 and over

***6. Level of Education (please check highest nursing level and/or educational level achieved):**

- Licensed Practical Nurse (LPN)
- Associate Registered Nurse (RN)
- Diploma RN
- BSN (Bachelor of Science in Nursing)
- Other Bachelor degree
- Masters
- ARNP (Advanced Registered Nurse Practitioner)
- PhD

***7. I am employed by (please check all that apply):**

- Local Board of Education
- Public Health Agency
- Private Sector (private school or other)
- Volunteer (no contract)
- Volunteer (contract)
- Co-op (employed by a special education co-op to provide supervision of care or agency nurse contracted through special education co-op)

8. Are you a school nurse coordinator, health services director?

- Yes
- No

*9. In your role as a school nurse coordinator or health services director, do you provide direct student care for an assigned group of students?

- I provide direct student care for an assigned group of students. (You will continue to complete the survey providing information on the students you assign to yourself).
- I do not provide direct student care on a regular basis. (Additional questions are related to direct student care, so marking this will end the survey.)

6. Public School Nurses Building Information

If you are responsible for providing nursing services at a PUBLIC SCHOOL, please list each by the district number(s), building number(s), name of building to which you are assigned, county(ies) and number of students in the building on September 22nd.

In May 2014, for questions 11-20 building number, please refer to the 2013-2014 School Building Number (pdf file) that will be posted on KDHE, Bureau of Family Health, School Health Resources website (<http://www.kdheks.gov/c-f/school.html>).

*10. How many public school buildings are you assigned?

Number of buildings:

*11. Please enter public school information #1:

District Number:

Building number:

Name of building to which you are assigned:

County:

Number of students in the building on September 22nd:

12. Please enter public school information #2:

District Number:

Building number:

Name of Building to which you are assigned:

County:

Number of students in the building on September 22nd:

13. Please enter public school information #3:

District Number:

Building number:

Name of Building to which you are assigned:

County:

Number of students in the building on September 22nd:

14. Please enter public school information #4:

District Number:

Building number:

Name of Building to which you are assigned:

County:

Number of students in the building on September 22nd:

15. Please enter public school information #5:

District Number:

Building number:

Name of Building to which you are assigned:

County:

Number of students in the building on September 22nd:

16. Please enter public school information #6:

District Number:

Building number:

Name of Building to which you are assigned:

County:

Number of students in the building on September 22nd:

17. Please enter public school information #7:

District Number:

Building number:

Name of Building to which you are assigned:

County:

Number of students in the building on September 22nd:

18. Please enter public school information #8:

District Number:

Building number:

Name of Building to which you are assigned:

County:

Number of students in the building on September 22nd:

19. Please enter public school information #9:

District Number:

Building number:

Name of Building to which you are assigned:

County:

Number of students in the building on September 22nd:

20. Please enter public school information #10:

District Number:

Building number:

Name of Building to which you are assigned:

County:

Number of students in the building on September 22nd:

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***21. Do you share this public school student population (that you are reporting on) with another public school nurse?**

- Yes
- No

7. Public School Nurses Building Information - Nurse Information

22. If yes, please list other public school nurse's name (First name Last name):

Name:

8. Health Screening Data

During the 2013-2014 school year, how many students were referred following a health screening and how many of these students were subsequently seen by a health care professional (including preschoolers)?

Please complete in such a manner that student numbers are not duplicated if you share the student population with another nurse.

23. Total number of students screened (Please do not include rescreenings):

Vision

Hearing

24. Number of students who were referred to providers/health care professionals:

Vision

Hearing

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25. Number of completed referrals (students who actually saw a provider for evaluation for vision or hearing deficits):

Vision

Hearing

26. Do you calculate students' body mass index (BMI)?

Yes

No

9. Body Mass Index (BMI)

27. If BMI is calculated, please provide the number of students in each of the following percentiles (Please do not include repeat calculations):

Less than 5th Percentile:

5th to 84th Percentile:

85th to 94th Percentile:

95th Percentile or Greater:

10. Visit and Protocol Information

The information on this page should be for entire 2013-2014 school year. Do not count general screenings in your Total number data. You may count individual follow up testing for hearing thresholds and vision assessments that are done to formulate a nursing diagnosis and referral.

28. Total number of:

Students that visited the health room (Please count each student one time. Do not count teachers or other staff):

Visits to the health room (The same student may be counted more than once. Do not count teachers or other staff.):

Visits resulting in student being sent home:

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***29. Do you have a school nurse protocol in place to assist students in identifying a regular source of medical care (medical home)?**

- Yes
- No
- Don't know

***30. Does your school have a suicide prevention program?**

- Yes
- No
- Don't know

11. Emergency Information

31. Are injuries/illness requiring EMS (911) response tracked by some type of reporting log or documentation?

- Yes
- No
- Don't Know

12. Emergency Information - EMS Response Tracking

32. If yes, please provide the following 2013-2014 data for events that occurred on the school grounds in areas which are your responsibility. Please complete in such a manner that reported number are not duplicated if you share the population with another nurse. Count each episode as one administration, even if the individual required multiple doses before transporting.

Number of school 911 calls for INJURIES (students, staff and visitors)

Number of school 911 calls for ACUTE PROBLEMS and/or CHRONIC DISEASE (students, staff and visitors)

Number of times Epinephrine administered

Number of times Rectal Diastat administered

Number of times Glucagon administered

13. Automated External Defibrillator (AED)

33. Does your school district have at least one automated external defibrillator (AED)?

- Yes
- No
- Don't know

14. Automated External Defibrillator (AED)

34. If yes, please provide the following 2013-2014 data for your school and/or schools if reporting for more than one building.

Number of times AED
utilized

15. Emergency Information - No EMS response tracking

35. If no, why not? Please describe.

16. Topics or Training / Comments

36. What kinds of topics or trainings would you like to see included at future school nurse conferences?

37. Comments

17. Thank you for response to this survey!

To edit this survey:

*Press Exit This Survey (top right hand corner) and you can return to the survey at a later date.

*Press Prev to return to previous pages to make edits.

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To submit this survey:

*Press Done for your survey to be counted.