

NOTICES

National School Nurses' Day May 11, 2016

*In preparation for **National School Nurses' Day**, remember that you are unique!! Not everyone knows what you do as a school nurse—so let them know what you do and how important your work is. Make a school announcement, ask your district to ask for a newspaper reporter to interview you, send information to your school board about your leadership, make a home visit to a student who has been avoiding school, give words of wisdom on health to your students—do whatever it takes to remind others of what you do!!*

For other ideas, visit:

<https://www.nasn.org/AboutNASN/NationalSchoolNurseDay>



Read:

Five Ways a School Nurse Benefits the School

<https://www.nasn.org/Portals/0/about/FiveWays.pdf>

Building strong children: Why we need nurses in schools

http://www.aft.org/sites/default/files/ae_spring2016maughan.pdf

Maughan, E. D. (2016). Building strong children. Why every student needs a school nurse! *American Educator*. Spring.

Inform and share with teachers, administrators, and everyone else interested in the health and well-being of children, how and why school nurses are needed to address the social, physical, and mental health needs of students and how school nurses are a positive return on investment, financially and in time spent on instruction.

The countdown is on for data collection!!

The Wisconsin School Health Services Report is designed to collect annual school nursing and health services data from each school district in order to develop a cumulative statewide picture of school health services. **This is a voluntary report; however, we are hoping that all district school nurses and private school nurses will want to participate!! Only one person from each district should total the 2015-16 data for individual schools in the district and report it as an aggregated total to the Wisconsin Department of Public Instruction by June 20, 2016.** Private or charter schools are welcome to participate if their data is not part of an aggregated district.

This year, the data collection will add others who provide care and their disposition of students. Wisconsin's aggregated data will be collectively combined to the national data. You will submit the data by **June 20, 2016, by going to the DPI data collection site.** You can visit the DPI data information webpage at <http://dpi.wi.gov/sspw/pupil-services/school-nurse/data> to see

additional information. You can also visit the NASN Step Up Be Counted website at <http://www.nasn.org/Research/StepUpBeCounted>.

Collecting data as part of this national initiative is important. The Wisconsin Association of School Nurses (WASN) is supporting this initiative, and many of the WASN members have been involved with the development of the tool, both nationally and here in Wisconsin. The report is divided into three sections: health personnel, chronic conditions, and health office visit dispositions by those giving care.

Read each question carefully, as well as its definition. Also, note that the administering of medications, (daily, prn, and nursing procedures) is a face-to-face time with students and therefore should have a disposition (which would normally be to return to the classroom). **Attached please find a pdf file of what the actual data entry site looks like. The live entry portal is now open** on this webpage: <http://dpi.wi.gov/sspw/pupil-services/school-nurse/data>

School Nurse Summer Institute registration now open!

July 14th, Holiday Inn, American Center

School Nurse Summer Institute - Managing Diabetes Safely in the School Setting: A framework for collaborative care

- **Registration open!!**

(<https://www.regonline.com/Register/Checkin.aspx?EventID=1819387>)

Purpose: The purpose of this activity is to enable the learner to develop and implement a collaborative approach to the care of a child with diabetes in the school setting.

The day's activities will discuss best practice in care for children with diabetes in the school setting, and how collaboration with all stakeholders must be part of that practice framework to be successful. Participants should come prepared to be actively engaged in the day's consensus building activities.

You must be present for the entire day to receive the contact hours. A certificate will be given at the end of the day.

This learning opportunity is being provided by the Wisconsin Department of Public Instruction, Division for Learning Support.

This activity has been submitted to WNA CEAP for approval to award contact hours. Wisconsin Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on accreditation.

Immunization Sharing and FERPA

Recently, there have been some questions regarding the guidance sent out earlier this year from the Wisconsin Division of Public Health (DPH) and the Wisconsin Department of Public Instruction (DPI) on immunization information sharing. There has been at least one court order issued this year, directing schools in that jurisdiction to provide to the county District Attorney's office the names of individuals who are not in compliance. The Federal Educational Rights and Privacy Act (FERPA) allows disclosures to comply with a judicial order (see below). Schools/districts, however, may wish to consult with their legal counsel to determine their course of action, if they receive such a court order.

FERPA: 34 CFR 99.31

(a)(9)

(i) The disclosure is to comply with a judicial order or lawfully issued subpoena.

(ii) The educational agency or institution may disclose information under paragraph (a)(9)(i) of this section only if the agency or institution makes a reasonable effort to notify the parent or eligible student of the order or subpoena in advance of compliance, so that the parent or eligible student may seek protective action, unless the disclosure is in compliance with—

(A) A Federal grand jury subpoena and the court has ordered that the existence or the contents of the subpoena or the information furnished in response to the subpoena not be disclosed;

(B) Any other subpoena issued for a law enforcement purpose and the court or other issuing agency has ordered that the existence or the contents of the subpoena or the information furnished in response to the subpoena not be disclosed; or

(C) *Anex parte* court order obtained by the United States Attorney General (or designee not lower than an Assistant Attorney General) concerning investigations or prosecutions of an offense listed in 18 U.S.C. 2332b(g)(5)(B) or an act of domestic or international terrorism as defined in 18 U.S.C. 2331.

JOB OPPORTUNITIES

Kenosha Unified School District No. 1: Special Health Care Nurse

The Kenosha Unified School District is accepting applications for a Special Health Needs Nurse. The Special Health Needs Nurse (SHNN) serves as a member of the special education team. The SHNN assists in determining student eligibility for special education services, determines the student's need for an Individual Health Plan, and coordinates the health services for students who receive special health needs nursing as part of the Individual Education Plan (IEP).

The candidate requires a Bachelor of Science in Nursing and current WI State licensure.

Experience in community and/or school nursing is preferred.

The candidate must have excellent communication and time management skills and the ability to work effectively and collaboratively with staff, students, parents and medical personnel.

Applications are being accepted via WECAN

<https://services.education.wisc.edu/wecan/pub/vacancy.cfm?ID=102140>

Whiz Resources

- Over 100 camp nurse positions in various locations including CA, IN, GA, MA, MD, ME, MI, NH, NY, PA and WI. The camp list changes daily.
- Top tier overnight camps working with other nurses and health teams
- Salary, meals and lodging are provided
- Round-trip air transportation for out of state assignments
- Mid-June to Mid-August assignments from 2-9 weeks in length

Candidates may apply at http://www.whizresources.com/medical_staff_form.html and we will call applicants for a phone interview and to discuss the opportunities. Call 214-709-5559 or email me at rick@whizresources.com with any questions.

Rick Whisenhunt

WhizResources

214-709-5559

www.whizresources.com

PROFESSIONAL DEVELOPMENT

2016 Wisconsin Human Papilloma Virus Vaccine Summits

May 11th Wausau

May 12th Milwaukee

For more information go to: http://www.wiaap.org/?HPV_vaccine_summit

- How can we overcome health system barriers to ensure timely HPV vaccine initiation and series completion?
- What tools & techniques have been developed to promote HPV vaccine uptake?
- How important is the provider recommendation in improving HPV rates?

Working with Sexually Active Teens:

On January 21, 2016, The Wisconsin Department of Public Instruction, in collaboration with the PATCH Program at the Wisconsin Alliance for Women's Health and Public Health Madison and Dane County, hosted *Working with Sexually Active Teens: Following the Law and Honoring*

Teens' Rights. This event focused on issues of mandated reporting in working with sexually active teens. The goals of the event were:

1. To help participants follow laws that support sexually active teens
2. To keep teens safe
3. To ensure teens access health care services
4. To allow and encourage teens to exercise as much control over their personal lives as possible

The following website was created to house the video recordings and resources provided throughout the day. In order to maximize the effectiveness of these resources, it is recommended that you identify the key players in your community who might interact with youth during a mandated report. Consider building your local team first and working through the material together. This will help to establish a shared understanding of how reports will occur in your community. <http://www.wipatch.org/working-with-sexually-active-teens.html>

2016 Building the Heart of Successful Schools Conference

Registration for the 2016 Building the Heart of Successful Schools Conference is online. The conference will take place on **December 8th and 9th** with a pre-conference on **December 7th**. The full conference will feature four rounds of breakouts with tracks on mental health, preventing ATODA, creating a positive school climate, health, and school safety and violence prevention, as well as opening and closing keynote speakers.

Go to: <http://dpi.wi.gov/sspw/conference> to register and see additional information about the conference. Early Bird Rate (ends on November 14th) of \$125 for the two day conference, \$50 for the pre-conference, \$150 if you sign up for all three days. This year's conference is located at the Glacier Canyon Lodge at the Wilderness Resort in Wisconsin Dells.

The Special Conference Rate Lodging block is also open. For more information, please visit the conference website.



RESOURCES

Wisconsin Immunization Program Update, from Stephanie Schauer, Immunization Program Manager

Programmatic Activities

Wisconsin School Immunization Requirements Booklet Update

Starting school year 2016-2017, the Wisconsin School Immunization Requirements booklet will be online only. The booklet will no longer be mailed to schools or local health departments. In the coming months we will notify schools of this change by postcard and email. Please stay tuned for more information on the Wisconsin School Immunization Requirements process.

Staffing

Ashley Petit, the WIR Epidemiologist, will be leaving the program as of April 15th. She has been the lead on the IIS sentinel site grant activities, has been an author on several peer-reviewed publications regarding the WIR and has been integral in the program's use of the WIR data (influenza weekly reports and the yearly vaccination rates by county for children, adolescents and adults, just to name a few). She will be missed and we wish her well in her next endeavor!

VPD Surveillance

Influenza: The weekly report is available at: <https://www.dhs.wisconsin.gov/influenza/index.htm>

Pertussis: The 2016 year to date data is available at:
<https://www.dhs.wisconsin.gov/immunization/pert-report.pdf>

Data

The yearly childhood, adolescent and adult immunization rates by state, county and region for 2015 have been updated and are available at: <https://www.dhs.wisconsin.gov/immunization/data.htm>

Children: Overall statewide, the rates stayed fairly consistent since 2012, with 71.48% of children receiving the 4313314 series by 24 months of age (as measured in 2015).

Teens: Overall, statewide, from 2013 to 2015 the average percentage increase seen in the counties was:

- HPV(1)= +9.3%
- HPV(3)= +6.7%
- MeningACWY(1)= +5.6%
- MeningACWY(up-to-date for 17-18 year olds): + 6.3%
- Tdap(1): +1.2%

Adults: There was a significant increase in the percentages of adults aged 65 years and older receiving PCV13. Statewide in 2014, only 2% had received a dose of PCV13, compared to 36% in 2015!

Vaccine

For Local Health Departments: Mass Vaccination Exercise Clinics, 2016-17 Season

If your LHD would like to provide vaccine(s) other than influenza for the mass vaccination exercises held for the 2016-17 season, we are asking that you follow the steps below for ordering those vaccines. Please note, while many of the state-supplied vaccines are available for the mass exercise clinics, Meningococcal B vaccine is **not** available for these exercises (due to prioritizing limited vaccine funds to sustain the current vaccine availability).

- Place the vaccine order for all vaccines you will offer (except influenza vaccine) through WIR in the adult vaccine section at least **three** weeks before your clinic.
- Once the order is submitted in WIR, an email should be sent to Lynette.hanson@wi.gov and Jackie.nelson@wi.gov stating that you just placed an order for your mass exercise program. Please include the date of your first clinic.
- If you have any questions, please send Lynette or Jackie an email for assistance.

Publications

The article "Prevention of Perinatal Transmission of Hepatitis B Virus: Assessment Among Wisconsin Maternity Hospitals" by DPH staff Borchardt, SM, Kocharian, A, Hopfensperger D and Davis JP, describing the results of the birthing hospital site visits has been published in the current issue of the Wisconsin Medical Journal:

https://www.wisconsinmedicalsociety.org/_WMS/publications/wmj/pdf/115/2/74.pdf

Educational Opportunities

HPV Summits: Two HPV summits will be held this spring- May 11 in Wausau and May 12 in Milwaukee. Please see the information below regarding who should attend. Registration is now open and CMEs are available. The link to the event information page is: http://www.wiaap.org/?page=HPV_vaccine_summit

Miscellaneous

Looking for Spanish-language posters about childhood immunization?

CDC has a limited number of Spanish language posters available for order for free through our warehouse. To view the current selection, please visit the [Print Ads and Posters](#)

Stephanie Schauer, Ph.D.
Immunization Program Manager
Wisconsin Immunization Program
1 W. Wilson St., room 272
Madison, WI 53701
608-264-9884

TRAUMA-SENSITIVE SCHOOLS

Are you wanting to become more informed on trauma-sensitive schools??

Take a look at these very easy to navigate trauma sensitive modules that have recently been developed. Be in the know!! Know why it is so important to consider these issues when you are meeting with students. And, please especially consider reviewing the following module—on self-care:

- Module 4 – Self Care

<http://dpi.wi.gov/sspw/mental-health/trauma/modules>

Field trips!!

Pressure continues to be placed on the National Council of State Boards of Nursing, as well as state Boards of Nursing to find ways to allow nurses to be able to cross borders into other states to continue to care for patients (students) without interruption or concern for licensure. The Nurse Licensure Compact continues to explore ways to do this. The National Association of State School Nurse Consultants has supported a change to allow for school nurses to be able to follow their students for care. The National Association of School Nurses has also been supporting such changes. Now that other professional nursing organizations are getting involved the changes may be coming. Keep your eyes on the issue by following information at these sites:

<https://www.ncsbn.org/8463.htm> *The enhanced NLC will come into effect the sooner of 26 states passing the enhanced NLC legislation or December 31, 2018. All states, including those participating in the existing NLC, must introduce legislation in the coming years to enter into the enhanced NLC. All current multistate licenses will remain in effect while your state makes a determination to move forward with the enhanced NLC legislation.*

“The enhanced NLC and APRN Compact enable nurses to provide telehealth nursing services to patients located across the country without having to obtain additional licenses. In the event of a disaster, nurses from multiple states can easily respond to supply vital services. Additionally, almost every nurse, including primary care nurses, case managers, transport nurses, **school and hospice nurses**, among many others, need to routinely cross state boundaries to provide the public with access to nursing services, and a multistate license facilitates this process...”

A fact sheet is available at https://www.nursecompact.com/privateFiles/NLC_Facts.pdf



<https://www.ncsbn.org/9160.htm>

CDC Healthy Schools

This spring as school winds down, think about reviewing these available resources as you plan for next school year:

CDC Healthy Schools

Healthy Students, Ready to Learn

<http://www.cdc.gov/healthyschools/index.htm>

PREVENT BLINDNESS:

Dear Vision Screening Partner:

First and foremost, on behalf of Prevent Blindness Wisconsin and the children in your care, thank you for providing vision screenings in your School District!

Please help us track and support Children's Vision Screenings statewide by completing the enclosed annual statistical request form. Please complete and return this form – including screening results and outcomes – to Prevent Blindness Wisconsin as soon as possible. You may also send your form to tami@preventblindnesswisconsin.org or fax to (414) 765-0377.

Thank you to those of you who have sent us your numbers already. If you need additional support for your vision screening program, please let us know that as well.

All of us at Prevent Blindness Wisconsin applaud your dedication to children's vision. If you have any questions or concerns, would like to schedule training, or need ideas for volunteer coordination, please contact me.

Again, many thanks for your efforts in helping us fulfill our mission to prevent blindness and preserve sight in Wisconsin!

Sincerely,

Tami Radwill

Program Director

tami@preventblindnesswisconsin.org

608-825-1557

Please find all the School Nurse Updates at the following website:

<http://dpi.wi.gov/sspw/pupil-services/school-nurse/resources/communications>



School Health Report 2015-16 - District Level Reporting

PII-00047-G (New 01-16)

Due Date: June 20, 2016

New Data Collection Tool

Step Up Be Counted! The new Wisconsin School Health Services Report is designed to collect annual school nursing and health services data from each school district in order to develop a cumulative statewide picture of school health services. **This is a voluntary report; however, we are hoping that all district school nurses will want to participate! Only one person from each district should total the 2015-16 data for individual schools in the district and report it as an aggregated total to the Wisconsin Department of Public Instruction by June 20, 2016.** Private or charter schools are welcome to participate if their data is not part of an aggregated district.

Wisconsin will be following the national direction in data collection. The report is based on the National Association of School Nurses and the National Association of State School Nurse Consultants data collection tool project and will allow Wisconsin's aggregated data to be collectively combined to the national data. You will submit the data **by June 20, 2016, by going to the DPI data collection site, just like you have in the past.** You can visit the DPI data information webpage at <http://dpi.wi.gov/sspw/pupil-services/school-nurse/data> to see additional information. You can also visit the NASN Step Up Be Counted website at <http://www.nasn.org/Research/StepUpBeCounted>.

Collecting data as part of this national initiative is important—we are starting with a minimum data set that will help to show the effectiveness of school nurses on student health and education. The Wisconsin Association of School Nurses is supporting this initiative, and many of the WASN members have been involved with the development of the tool, both nationally and here in Wisconsin.

The report is divided into three sections: health personnel, chronic conditions, and health office visit dispositions.

Read each question carefully, as well as its definition, as these questions may differ from previous year's data reports. Also note that the administering of medications, (daily, prn, and nursing procedures) face to face with a student is a visit, and therefore should have a disposition (which would normally be to return to the classroom).

It is very exciting to be part of this initiative. It is hoped that with this new reporting tool, more school nurses and districts will participate and Wisconsin will be able to be a leader in data collection.

For Further Information Contact

Wisconsin Department of Public Instruction
Bette Carr, School Nursing and Health Services Consultant
(608) 266-8857
bette.carr@dpi.wi.gov



School Health Report 2015-16 - District Level Reporting

District Name

Contact Information

Contact Person Name

Email Address

Phone Number Area Code/No.

Date Report Submitted



Contact Information

Name of District or Public, Private, or Charter:

Include name of district; or name of the private, charter, or parochial school. This contact information is for the state level collector and will NOT be passed on to the national level.

Contact person: Include contact information in case there are questions regarding report. This contact information is for the state level collector and will NOT be passed on to the national level.

Date: Date report was submitted.

Choose district/school type

- Public
 Private
 2rCharter
 Parochial



School Health Report 2015-16 - District Level Reporting

District Level Data

To be completed at the district level for school health staffing in the district, at the end of the school year. Ideally this would be a designated lead nurse. If a lead nurse does not exist, work with district to identify appropriate person. The data will be shared with the districts who participate.

*DO NOT double count any nurse.

*Mark any data points you do not collect as DNC (Do not collect), then report the data you do collect.

School Health Staffing: Direct Services

The purpose of this section is to identify the number of school health staff providing DIRECT SERVICES in the school as well as determine an RN caseload.

A. Number of enrolled students in district

B. Total number of RN FTEs with an assigned caseload providing direct services (FTE = % of teacher FTE)

C. Total number of LPN FTEs with an assigned caseload, providing direct services (FTE = % of teacher FTE)

D. Total number of non-RN, non-LPN health aides FTEs with an assigned caseload, that provide direct health services (e.g. give medication, staff health office, perform specific health procedures) (FTE = % of teacher FTE)

Direct Services

A. Use the district's official count (third Friday count).

B. RN=Registered Nurse. 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.

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

Inclusion/Exclusion

- Include long term substitute (but not the substitute RN list for short term needs)
- Exclude nurses working with medically fragile students (1:1, 1:2, 1:3, 1:4, 1:5)
- Exclude % of administrative assignment

C. See B. regarding % teacher FTE.

D. See B. regarding % teacher FTE. This number should reflect only those whose main assignment is health related. Exclude secretaries, teachers or principals who only address health issues at times. You may include FTE of secretary or other aides, IF it is included as a specific part of their responsibility (i.e. cover health office regularly).

E. See B. regarding % teacher FTE. Include permanently hired/contracted RNs who provide supplemental or additional direct nursing services or specific procedures. Do not include RNs with 1:1, 1:2, 1:3, 1:4, 1:5 assignments. This count is supplemental to the RNs identified in B. and H.

F. See B. regarding % teacher FTE. Permanently hired/contracted LPNs who provide supplemental/additional direct nursing services or specific procedures. Do not include LPNs with 1:1, 1:2, 1:3, 1:4, 1:5 assignments. This count is in addition to the LPNs identified in C. and I.

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E. Total number of supplemental/float RN FTEs (FTE = % of teacher FTE)

F. Total number of supplemental/float LPN FTEs

G. Total number of supplemental/float health aide (non-RN, non-LPN) FTEs

H. Total number of RN with special assignment FTEs (FTE = % of teacher FTE)

I. Total number of LPN with special assignment FTEs

J. Total number of health aides (non-RN, non-LPN) with special assignment FTEs

K. Total number of RN FTEs providing administrative or supervisory school health services

L. Total number of LPN FTEs providing administrative or supervisory school health services

M. Total number of assistant FTEs providing administrative support services to RNs or LPNs

G. See B. regarding % teacher FTE. Permanently hired/contracted health aides (non-RN, non-LPN) FTE who provide supplemental/additional direct nursing services or specific procedures. Do not include those with 1:1, 1:2, 1:3, 1:4, 1:5 assignments. This count is in addition to the health aides identified in D. and J.

H. See B. regarding % teacher FTE. Include RNs working with a limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1:3, 1:4, 1:5), or child find/EPST.

I. See B. regarding % teacher FTE. Include LPNs working with a limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1:3, 1:4, 1:5).

J. See B. regarding % teacher FTE. Include health aides (non-RN, non-LPN) working with a limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1:3, 1:4, 1:5).

K. See B. regarding % teacher FTE. RNs providing management/clinical supervision to RNs, LPNs, or other health extenders, or conducting other administrative health services, e.g. case management.

L. See B. regarding % teacher FTE. LPNs providing management/clinical supervision to LPNs, or other health extenders, or conducting other administrative health services.

M. See B. regarding % teacher FTE. Assistants providing administrative support services to RNs or LPNs, e.g. clerical assistance.



School Health Report 2015-2016 - District Level Reporting

DATA POINTS

N. Number of schools in district:

O. Number of schools reporting data:

P. Number of RN FTEs in district:

Q. Number of RN FTEs reporting data:

R.1. Did you collect data for the entire school year?

- Yes
 No

R.2. If you answered "no" to the previous question, please state dates of collection: (month/day/year to month/day/year)

CHRONIC CONDITIONS

S. Number of students enrolled in reporting schools

T. Number of students with an asthma diagnosis

U. Number of students with Type 1 Diabetes diagnosis

V. Number of students with Type 2 Diabetes diagnosis

W. Number students with a seizure disorder diagnosis

X. Number students with life threatening allergy (anaphylactic reaction) diagnosis

HEALTH OFFICE VISITS-DISPOSITIONS

All students seen should have a disposition, even those who are seen face to face for medication administration—daily, prn, nursing procedures, etc.

Data Points

N. Number of schools in district: This number should reflect all schools, even if they did not all participate in the data collection.

O. Number of schools reporting data: This number should reflect only those schools that data is collected from, or whose students are included in the data point counts listed on this page.

P. Number of RN FTEs in district: This number should reflect the total number of RN FTEs working in your district.

Q. Number of RN FTEs reporting data: This number should be the number of RN FTEs that reported chronic conditions/dispositions.

R.1-2 Did you collect data for the entire school year: Yes _____ No _____, if no, state dates of collection: month/day/year to month/day/year

Chronic Conditions

S. Please use official third Friday count, totaled, for all those schools that are reporting. (If all schools in your district are reporting, this number would be the same as A.)

T. Include only those with a diagnosis of asthma from a health care provider.

U. Include only those with a diagnosis of Type 1 Diabetes from a health care provider.

V. Include only those with a diagnosis of Type 2 Diabetes from a health care provider.

W. Include only those with a diagnosis of seizure disorder from a health care provider.

X. Include only those with a diagnosis of a life threatening allergy from a health care provider.

Health Office Visits-Disposition

Y. Include only students who are seen (face to face) by RN (not other health office staff).

Z. Include only students who are seen (face to face) by RN (not other health office staff).

Y. Number of student encounters/health office visits to RN resulting in the student returning to class or staying in school during the 2015-16 school year

Z. Number of student encounters/health office visits to the RN resulting in 911 being called or regionally appropriate equivalent during the 2015-16 school year

AA. Number of student encounters/health office visits to the RN resulting in the student being sent home during the 2015-16 school year

BB. Number of student encounters/health office visits to LPN resulting in the student returning to class or staying in school during the 2015-2016 school year

CC. Number of student encounters/health office visits to the LPN resulting in 911 being called or regionally appropriate equivalent during the 2015-2016 school year

DD. Number of student encounters/health office visits to the LPN resulting in the student being sent home during the 2015-2016 school year

EE. Number of student encounters/health office visits to health aide/UAP (non-RN, non-LPN) resulting in the student returning to class or staying in school during the 2015-2016 school year

FF. Number of student encounters/health office visits to the health aide/UAP (non-RN, non-LPN) resulting in 911 being called or regionally appropriate equivalent during the 2015-2016 school year

GG. Number of student encounters/health office visits to the health aide/UAP (non-RN, non-LPN) resulting in the student being sent home during the 2015-2016 school year

AA. Include only students who are seen (face to face) by RN (not other health office staff). Includes students sent home with the recommendation/directive to see a health care provider.

BB. Include only students who are seen (face to face) by LPN (not RN or other health office staff)

CC. Include only students who are seen (face to face) by LPN (not RN or other health office staff)

DD. Include only students who are seen (face to face) by LPN (not RN or other health office staff). Includes students sent home with the recommendation/directive to see a health care provider.

EE. Include only students who are seen (face to face) by other health/UAP* staff (non-RN, non-LPN). You may include secretary or others IF it is included as a specific part of their responsibility.

FF. Include only students who are seen (face to face) by health/UAP staff (non-RN, non-LPN). You may include secretaries or others IF it is included as a specific part of their responsibility.

GG. Include only students who are seen (face to face) by health/UAP staff (non-RN, non-LPN). You may include secretaries or others IF it is included as a specific part of their responsibility. Includes students sent home with the recommendation/directive to see a health care provider.

*UAP=Unlicensed Assistive Personnel

**Mark any data points you do not collect as DNC (Do not collect). Please then report the data you do collect.

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Return to: Prevent Blindness Wisconsin
 759 North Milwaukee Street • Suite 305 • Milwaukee, WI 53202
 Fax # (414) 765-0377

Children's Vision Screening Program Statistical Report - Total Number of Children Screened & Referred

Agency / Employer: _____	Contact: _____
Address: _____	Email: _____
City, State, Zip: _____	Phone: _____
School Districts Served: _____	County: _____
Grades Screened: _____	Date of Screening: _____

Screening Tool (s)
 Visual Acuity:

- Snellen _____
- Lea Symbols _____
- HOTV _____
- EDTRS _____
- Sure Sight _____
- Other, Specify _____

Other Test: _____

Grade	Number Screened	Number Referred
Preschool		
K5		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
Unknown		
TOTAL:		