

## 1994 School Health Policies and Programs Study (SHPPS)

# State Health Services

The purpose of the SHPPS is to describe school health policies and programs nationwide, including: health education, physical education, school health services, school food service, and policies on tobacco use, alcohol and other drug use, violence, and HIV infection. Results will be used to assess school health needs at the state, district, and school levels and to improve school health programs throughout the nation.

This questionnaire is about your state's policies and programs related to school health services. For this study, school health services mean selected school health nurse services (first aid, evaluation/assessment of sick students, immunization review, screenings, medication administration) and other health and social services which may be available in schools. Policies mean institutionalized practices, formally adopted school board policies, legislated mandates, and administrative regulations or directives.

Some questions ask you to circle the one best answer. Other questions ask you to circle or check all that apply. Please answer every question which applies to you or your state.

Completing the questionnaire is voluntary. Participation by all respondents is requested to ensure that all state, district, and school needs are represented. All information will be reported by state except for responses to questions 41 - 44, which will be summarized for the nation as a whole. You will not be identified in any reports.

Public reporting burden for this collection of information is estimated to average .50 hours (or 30 minutes) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to PHS Reports Clearance Officer; ATTN: PRA; Hubert H. Humphrey Bldg., Rm. 721-B; 200 Independence Ave., SW; Washington, DC 20201, and to the Office of Management and Budget; Paperwork Reduction Project (0920-0340); Washington, DC 20503

**STATE ORGANIZATION**

1.Does your state have a person responsible for directing or coordinating school health nurse services at the state level? For this study, school health nurse services mean first aid, evaluation/assessment of sick students, immunization review, screenings, and medication administration. **CIRCLE OR SPECIFY THE ONE BEST ANSWER.**

- a.No -- **SKIP TO Q.3**
- b.Yes (**SPECIFY**):

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

2.Besides school health nurse services, what are the other responsibilities of the state school health nurse services director? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a.No other responsibilities
- b.Coordinates health education
- c.Coordinates physical education
- d.Coordinates federally-funded HIV Education
- e.Coordinates federally-funded Drug Free Schools Program
- f.Coordinates occupational education (health careers)
- g.Other (**SPECIFY**):

3.Does your state agency work with other state agencies to administer school health nurse services? **CIRCLE OR SPECIFY THE ONE BEST ANSWER.**

- a.No
- b.Yes (**SPECIFY**):

4.Does your state fund school-based or school-linked health clinics? (School-based clinics offer primary care to students on school grounds. School-linked clinics offer primary care to students and are affiliated with the school, but are not on school grounds.) **CIRCLE ALL THAT APPLY.**

- a.No
- b.Yes, school-based
- c.Yes, school-linked

## HEALTH SERVICES REQUIREMENTS

5. Does your state require that schools offer school health nurse services? **CIRCLE THE ONE BEST ANSWER.**

- a. No -- **SKIP TO Q.7**
- b. Yes

6. What is the legal basis for the requirement? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. No legal basis
- b. Federal legislation
- c. State legislation
- d. State education agency policy
- e. State health department policy
- f. Other (**SPECIFY**):

7. How many doses of each vaccine does your state require for entry into kindergarten or first grade? **SPECIFY THE NUMBER OF DOSES FOR EACH VACCINE.**

- a. \_\_\_\_\_ Doses of diphtheria vaccine
- b. \_\_\_\_\_ Doses of tetanus vaccine
- c. \_\_\_\_\_ Doses of pertussis vaccine
- d. \_\_\_\_\_ Doses of measles vaccine
- e. \_\_\_\_\_ Doses of mumps vaccine
- f. \_\_\_\_\_ Doses of rubella vaccine
- g. \_\_\_\_\_ Doses of hepatitis B vaccine
- h. \_\_\_\_\_ Doses of hemophilus influenza B vaccine
- i. \_\_\_\_\_ Doses of OPV (oral) or IPV (injected) polio vaccine

8. At what specific grades does your state require a second dose of the measles vaccine? **CIRCLE ALL THAT APPLY.**

- a. A second dose is not required
- b. Kindergarten
- c. 1st
- d. 2nd
- e. 3rd
- f. 4th
- g. 5th
- h. 6th
- i. 7th
- j. 8th
- k. 9th
- l. 10th
- m. 11th

n. 12th

9. What is your state's school attendance policy for students who have not been properly immunized? **CIRCLE OR SPECIFY THE ONE BEST ANSWER.**

- a. State has no policy on this issue
- b. Students are not allowed to attend school until they get necessary immunizations
- c. Students are allowed to attend school and are given \_\_\_\_\_ days to get necessary immunizations
- d. Other (**SPECIFY**):

10. In what grades, if any, does your state require that students receive these screenings? **FOR EACH SCREENING (A-G), CHECK GRADE(S) AT WHICH SCREENING IS REQUIRED OR CHECK "NOT REQUIRED AT ANY GRADE." USE THE "OTHER" CATEGORY TO SPECIFY ADDITIONAL REQUIRED SCREENINGS AND THE GRADE(S) AT WHICH THEY ARE REQUIRED.**

SCREENING	Not required at any grade	K	1	2	3	4	5	6	7	8	9	10	11	12
a. Hearing														
b. Vision														
c. Scoliosis														
d. Height/weight														
e. Blood pressure														
f. Oral health														
g. Tuberculosis														
h. Other ( <b>SPECIFY</b> ):														

11. What additional action(s) does your state require when student screenings indicate a potential problem? **FOR EACH SCREENING (A-G), CHECK ADDITIONAL ACTION(S) REQUIRED OR CHECK "NO ADDITIONAL ACTION REQUIRED."**

SCREENING	No additional action required	Parent/guardian notification	Assistance with obtaining services	Counting and Reporting
a. Hearing				
b. Vision				
c. Scoliosis				
d. Height/weight				
e. Blood pressure				
f. Oral health				
g. Tuberculosis				
h. Other (SPECIFY):				

12. How does your state monitor compliance with the requirements for health screening and follow-ups? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. State does not monitor compliance
- b. Schools submit periodic compliance reports
- c. Districts submit periodic compliance reports
- d. State performs periodic on-site monitoring
- e. Other (SPECIFY):

13. What documentation does your state require before medication may be given to students?  
**CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. No state requirement on this issue
- b. Written instructions about the medication (e.g., dosage) from the physician or other authorized prescriber
- c. Written request from parents/guardians to school administrator to administer the medication
- d. Other (**SPECIFY**):

14. Which medicines does your state permit students to carry with them during the school day?  
**CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. No state policy on this issue
- b. Inhalers
- c. Epinephrine
- d. Any medicine with parent/guardian permission
- e. Any medicine with physician or other authorized prescriber permission
- f. Other (**SPECIFY**):

## **HEALTH RECORDS AND REPORTING**

15. For school entry at any level, which health records does your state require districts or schools to have on file for each student? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. No state requirement on this issue
- b. First aid records
- c. Immunization records
- d. Medical emergency form
- e. Medical information form from parents/guardians
- f. Medication administration directions
- g. Physical examination report from physician or other health care provider
- h. Referral records
- i. Screening records
- j. Tuberculosis skin test results
- k. Other (**SPECIFY**):

16. What does your state do to increase the likelihood that cases of physical and sexual abuse will be detected and reported? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. No state requirement on this issue
- b. Requires submission of all suspected child abuse reports made by school staff to the district or state
- c. Provides periodic in-service training on recognizing and reporting abuse to district or school staff
- d. Distributes guidelines for recognizing and reporting abuse to district or school staff
- e. Requires a copy of the guidelines for recognizing and reporting abuse be kept at each district or school
- f. Other (**SPECIFY**):

17. On which school health services records and reporting issues does your state have a written policy? **CIRCLE ALL THAT APPLY.**

- a. Protection of confidentiality of health information
- b. Transfer of health records when students transfer
- c. Disposition of school health records upon graduation or other termination of school experience
- d. Communicating the Nurse Practice Act to school health services staff
- e. None of the above

## **DISEASE PREVENTION**

18. What does your state do to increase the likelihood that Universal Precautions (guidelines for handwashing and use of gloves to prevent spread of blood-borne pathogens) are followed routinely in schools? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. State does not do this
- b. Provides periodic in-service training on following Universal Precautions to district or school staff
- c. Distributes guidelines on following Universal Precautions to district or school staff
- d. Provides a copy of the guidelines on following Universal Precautions to each district or school
- e. Distributes supplies necessary for following Universal Precautions to each district or school
- f. Other (**SPECIFY**):

19. How does your state monitor school compliance with guidelines for following Universal Precautions? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. State does not do this
- b. Schools submit periodic compliance reports
- c. Districts submit periodic compliance reports
- d. State performs periodic on-site monitoring
- e. Other (**SPECIFY**):

20. Does your state require schools to comply with the Occupational Safety and Health Administration's (OSHA's) Bloodborne Pathogens Standard? **CIRCLE THE ONE BEST ANSWER.**

- a. No
- b. Yes
- c. Don't know

### **PROFESSIONAL PREPARATION**

21. Does your state require school nurses to be certified through the American Nurses Association or the National Association of School Nurses? **CIRCLE THE ONE BEST ANSWER.**

- a. No
- b. Yes

22. Does your state offer certification for school nurses? **CIRCLE THE ONE BEST ANSWER.**

- a. No -- **SKIP TO Q.28**
- b. Yes

23. Is state certification required for employment as a school nurse? **CIRCLE THE ONE BEST ANSWER.**

- a. No
- b. Yes

24. What degree does your state require for state certification as a school nurse? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. LPN
- b. RN, diploma
- c. RN, baccalaureate degree
- d. Other (**SPECIFY**):

25. Does your state require that state certified school nurses obtain continuing education units (CEUs) to retain certification? **CIRCLE THE ONE BEST ANSWER.**

- a. No -- **SKIP TO Q.28**
- b. Yes

26. How many hours of CEUs are school nurses required to obtain to retain certification?

**SPECIFY THE NUMBER OF HOURS:** \_\_\_\_\_ hour(s) per \_\_\_\_\_ year(s)

27. Does your state require that these CEUs be related directly to school health services? **CIRCLE THE ONE BEST ANSWER.**

- a. No
- b. Yes

28. Does your state require or recommend a student-to-nurse ratio? **CIRCLE THE ONE BEST ANSWER.**

- a. No -- **SKIP TO Q.30**
- a. Yes, require
- b. Yes, recommend

29. What is the required or recommended student-to-nurse ratio in your state? **SPECIFY THE NUMBER OF NURSES:**

- a. \_\_\_\_\_ nurse(s) per \_\_\_\_\_ regular student(s)
- b. \_\_\_\_\_ nurse(s) per \_\_\_\_\_ mainstream special education student(s)
- c. \_\_\_\_\_ nurse(s) per \_\_\_\_\_ Intensity V special education student(s)
- d. Other (**SPECIFY**):

30. Does your state require or recommend a school-to-nurse ratio? **CIRCLE THE ONE BEST ANSWER.**

- a. No -- **SKIP TO Q.32**
- a. Yes, require
- b. Yes, recommend

31. What is the required or recommended school-to-nurse ratio in your state? **SPECIFY THE NUMBER OF NURSES.**

\_\_\_\_\_ nurse(s) per \_\_\_\_\_ school(s)

32. Are school health aides employed in your state? **CIRCLE THE ONE BEST ANSWER.**

- a. No -- **SKIP TO Q.35**
- b. Yes

33. Does your state require specific technical training for school health aides? **CIRCLE THE ONE BEST ANSWER.**

- a. No
- b. Yes

34. Are health aides required to work under the supervision (training, evaluation, and monitoring) of a nurse or physician at all times? **CIRCLE THE ONE BEST ANSWER.**

- a. No
- b. Yes

35. During the past two years, on which school health services topics has your state offered (provided or made available) in-service training to school health services staff? **CIRCLE THE ONE BEST ANSWER. SPECIFY OTHER.**

- a. In-service training on school health services topics was not offered -- **SKIP TO Q.37**
- b. Alcohol and other drug use prevention
- c. C.P.R.
- d. First aid
- e. HIV prevention
- f. Managing students with chronic conditions (e.g. asthma, diabetes)
- g. Managing HIV infected students
- h. Managing technology supported students
- i. Pregnancy prevention/family planning
- j. Regulations of the Nurse Practice Act
- k. Suicide prevention
- l. Tobacco use prevention
- m. Universal precautions
- n. Violence prevention
- o. Other (**SPECIFY**):

36. During the past two years, how many school health services staff has your state trained (in-service) on school health services topics? **CIRCLE OR SPECIFY THE ONE BEST ANSWER.**

a. **SPECIFY THE NUMBER TRAINED:** \_\_\_\_\_

b. Don't know

37. During the past two years, on which school health services topics has your state offered (provided or made available) materials to school health services staff? **CIRCLE THE ONE BEST ANSWER. SPECIFY OTHER.**

a. Materials on school health services topics was not offered

b. Alcohol and other drug use prevention

c. C.P.R.

d. First aid

e. HIV prevention

f. Managing students with chronic conditions (e.g. asthma, diabetes)

g. Managing HIV infected students

h. Managing technology supported students

i. Pregnancy prevention/family planning

j. Regulations of the Nurse Practice Act

k. Suicide prevention

l. Tobacco use prevention

m. Universal precautions

n. Violence prevention

o. Other (**SPECIFY**):

## COORDINATION AND COLLABORATION

38. Does your state have state-level coalitions or associations for school health nursing services personnel? **CIRCLE OR SPECIFY THE ONE BEST ANSWER.**

a. No -- **SKIP TO Q.40**

b. Yes (**SPECIFY**):

39. Are these coalitions or associations affiliated with national professional organizations? **CIRCLE OR SPECIFY THE ONE BEST ANSWER.**

a. No

b. Yes (**SPECIFY**):

40. During the past two years, with which programs in your state has the school health services program been involved in joint state-level activities or projects? **CIRCLE ALL THAT APPLY. SPECIFY AS INDICATED.**

- a. No joint activities or projects
- b. Health education
- c. Physical education
- d. School food service
- e. School counseling/psychology
- f. Community agencies/organizations **(SPECIFY):**
- g. Other **(SPECIFY):**

### **IMPROVING SCHOOL HEALTH SERVICES**

41. What would you like to **DO** in school health services in your state that you have **NOT** been able to do? **RECORD RESPONSE IN SPACE BELOW.**

42. What has **PREVENTED** you from doing the things you just described? **RECORD RESPONSE IN SPACE BELOW.**

43. What has been MOST HELPFUL to you in improving school health services in your state?  
**RECORD RESPONSE IN SPACE BELOW.**

44. What SUGGESTIONS OR RECOMMENDATIONS do you have to improve school health services in your state?  
**RECORD RESPONSE IN SPACE BELOW.**

45. What is your name, title, address, and telephone number? This information will be used only to contact you for additional information about your responses. You will not be identified in any reports. **(IF SAME AS Q.1, DO NOT COMPLETE.)**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**Thank you for taking the time to complete this questionnaire.**

**Please return the completed questionnaire to your state's coordinator for this project unless instructed otherwise.**