OMB No.: 0920-0340
Expiration Date: 1/31/95

1994 School Health Policies and Programs Study (SHPPS)

District 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 district's policies and programs related to school health services. For this study, school health services means 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. We understand that your district may not have certain grades or levels (e.g. elementary). Please answer every question which applies to you or your district.

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 summarized for the nation as a whole. You and your district will not be identified in any reports.

Public reporting burden for this collection of information is estimated to average .25 hours (or 15 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

DISTRICT ORGANIZATION

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

a.No -- **SKIP TO Q.3**
b.Yes

2.How many schools does the person indicated in Question 1 supervise?

SPECIFY THE NUMBER OF SCHOOLS: _____

3.Who employs the staff who provide school health nurse services in your district? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

a.District or county education office
b.School
c.Local health department
d.Local hospital
e.Commercial health service organization
f.Other **(SPECIFY):**

HEALTH SERVICES REQUIREMENTS

4.In what grades, if any, does your district 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 **(SPECIFY)**:														

5.What additional action(s), if any, does your district 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				
g.Other **(SPECIFY):**				

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

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

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

a.No district 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 administrators to administer the medication
d.Other **(SPECIFY):**

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

a. No district 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):**

9.How many school-based health clinics (offering primary care to students on school grounds) are in your district? **CIRCLE OR SPECIFY THE ONE BEST ANSWER.**
a.There are no school-based health clinics -- **SKIP TO Q.11**
b.**SPECIFY THE NUMBER OF CLINICS: _____**

10.What services are offered (provided or made available) to students in any of your district's school-based health clinics? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

a.Alcohol and other drug rehabilitation
b. Condom distribution
c.Family counseling
d.Group counseling
e.Individual counseling
f.Nutrition/weight management
g.Pregnancy management
h.Pregnancy prevention/family planning
i.Pregnancy testing
j.Primary health care
k.STD diagnosis and treatment
l. Suicide prevention
m. Tobacco cessation
n.Other **(SPECIFY):**

11.How many school-linked health clinics (offering primary care to students and affiliated with the school, but not on school grounds) are in your district? **CIRCLE OR SPECIFY THE ONE BEST ANSWER.**

a.There are no school-linked health clinics -- **SKIP TO Q.13**
b.**SPECIFY THE NUMBER OF CLINICS: _____**

12.What services are offered (provided or made available) to students in any of your district's school-linked health clinics? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

a.Alcohol and other drug rehabilitation
b. Condom distribution
c.Family counseling
d.Group counseling
e.Individual counseling
f.Nutrition/weight management
g.Pregnancy management
h.Pregnancy prevention/family planning
i.Pregnancy testing
j.Primary health care
k.STD diagnosis and treatment
l. Suicide prevention
m. Tobacco cessation
n.Other **(SPECIFY):**

HEALTH RECORDS AND REPORTING

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

a.District does not keep records on file
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):**

14.On which school health services records and reporting issues does your district 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

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

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

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

PROFESSIONAL PREPARATION

17.During the past two years, on which school health services topics has your district offered (provided or made available) in-service training to school health services staff? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

a.District has not done this -- **SKIP TO Q.19**
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):**

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

a.**SPECIFY THE NUMBER TRAINED:** _____
b.Don't know

19.During the past two years, on which school health services topics has your district offered (provided or made available) materials to school health services staff? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

a.District has not done this
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

20.Which supplementary services are available in at least one school in your district? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

a.Adult literacy programs
b.After school day care program
c.Infant care for teen mothers
d.Medicaid enrollment
e.Special Supplemental Food Program for Women, Infants, and Children (WIC)
f.Vocational rehabilitation
g.Youth development services (including employment development)
h.Other **(SPECIFY):**

21.During the past two years, with which programs in your district has the school health services program been involved in joint district-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

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

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

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

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

26. What is <u>your</u> name, title, address, and telephone number? This information will be used <u>only</u> to contact you for additional information about your responses. You will <u>not</u> be identified in any reports.

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 district's coordinator for this project unless instructed otherwise.