

SCHOOL HEALTH SERVICES ONLINE REPORTING SYSTEM

USER MANUAL



2022

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Introduction

The School Health Services Online Reporting System, developed by the Department of Health and Senior Services (DHSS), provides a more efficient system for all schools to report information requested by DHSS and other state agencies. This information will identify trends, facilitate planning of state resources and ensure up-to-date communication with lead nurses in Missouri schools.

Once you have submitted the School Health Services Update for the current year, you will receive a submitted successfully message and your home page will change the survey from “Due” to “Submitted” status.

Logging In

Username and password for each school district are provided to the superintendent. The superintendent assigns this password to the lead school nurse.

The Online Reporting System access is located:

<https://healthapps.dhss.mo.gov/schoolhealth/>

or by going to the school health home page at:

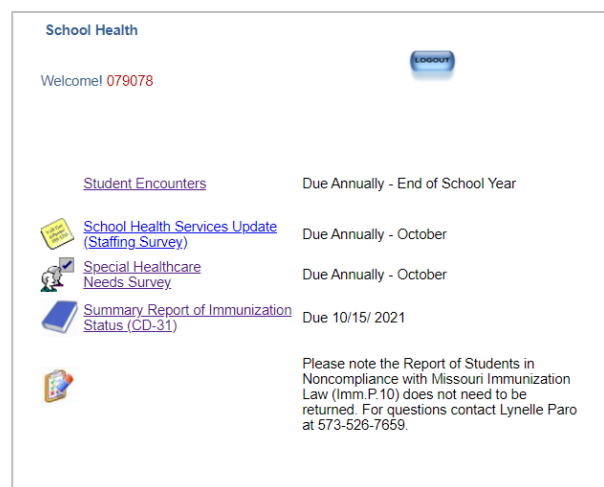
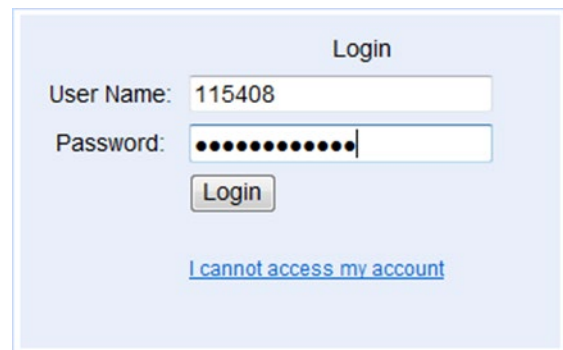
<http://health.mo.gov/living/families/schoolhealth/>




and clicking the **Online Reporting System** link. Bookmarking these pages will help with quick access to the system.

The username and password is **case-sensitive**, so be sure to capitalize (ex. 012345, DHSSUSER999). If this has been lost or is not working, email shs@health.mo.gov or call 573-522-2822 for technical assistance.

Home Screen

Upon successful login, the home screen will appear. From this screen, users can access all reports online.



| Report Title | Due Date |
|---|-----------------------------------|
| Student Encounters | Due Annually - End of School Year |
|  School Health Services Update (Staffing Survey) | Due Annually - October |
|  Special Healthcare Needs Survey | Due Annually - October |
|  Summary Report of Immunization Status (CD-31) | Due 10/15/ 2021 |

Please note the Report of Students in Noncompliance with Missouri Immunization Law (Imm.P.10) does not need to be returned. For questions contact Lynelle Paro at 573-526-7659.

School Health Services Update (Staffing Survey)

The School Health Services Update (aka Staffing Survey) is an annual survey DHSS uses to identify statewide school health staffing information on health aides, health clerks, LPNs, RNs, and social workers; calculate the nurse-to-student ratio; and update the list of lead contacts/nurses for Missouri schools. Your completion of this survey is valuable, and the School Health Program appreciates your input.

- Click the “School Health Services Update” link on the home page.
- Choose the current school year (for example, **2022** for the **2021-2022** school year) and “Create School Health Services Update.” This function automatically enters the previous year’s information into the survey.
- The user then only needs to “Edit” positions that have changed (hours, name, etc.), or “Add Staff” for any new positions that have not been included or “Delete” positions that are no longer with your program.

See Attachments, page 7.

After updating the positions, click to submit the School Health Services Update.

School Health Services Update



[Submit](#) [Add Staff](#)

| Nurse Name | Position | Lead Degree | E-Mail | ES Hrs. | MS Hrs. | HS Hrs. | Oth Hrs. | |
|-------------|-----------------------------|-------------|-------------------------|---------|---------|---------|----------|--|
| Boop, Betty | LPN | | bboop@test.mo.gov | 0 | 0 | 0 | 30 | |
| Chin, Harry | SW | BSW | harry.chin@test.mo.gov | 0 | 0 | 36 | 0 | |
| Nott, Elvis | LPN | | | 15 | 15 | 0 | 0 | |
| Sting, May | Certified School Nurse (RN) | Yes MSN | mayingsting@test.mo.gov | 0 | 0 | 36 | 0 | 36 Edit Delete |

School Year: Select New Special Needs

No Special N... the User

- Select
- 2021 - 2022
- 2020 - 2021
- 2019 - 2020
- 2018 - 2019
- 2017 - 2018
- 2016 - 2017
- 2015 - 2016
- 2014 - 2015
- 2013 - 2014
- 2012 - 2013
- 2011 - 2012
- 2010 - 2011
- 2009 - 2010
- 2008 - 2009

According to the Nurse Practice Act, a LPN cannot practice without a supervisor. If submitting as a LPN without a RN or Physician listed, the system will request supervisory information.

Do you have a supervisory agreement with a/an Registered Nurse, Physician, Other, or None?

Name: _____

RN *
 RN
 Physician
 Other
 None

[Save](#) [Cancel](#)

This survey is due for completion in October of each school year.

If you need to make any changes or additions to your staff list, please call DHSS to unlock your information: 573-522-2822.

| | |
|--|-----------------------------------|
| Student Encounters | Due Annually - End of School Year |
| School Health Services Update (Staffing Survey) | Submitted 11/22/2021 |
| Special Healthcare Needs Survey | Due Annually - October |
| Summary Report of Immunization Status (CD-31) | Submitted 10/12/2021 |
| <p>Please note the Report of Students in Noncompliance with Missouri Immunization Law (Imm.P.10) does not need to be returned. For questions contact Lynelle Paro at 573-526-7659.</p> | |

Special Health Care Needs Survey

The Special Health Care Needs survey is an annual statewide survey used by DHSS to track information regarding common conditions affecting Missouri's school-aged children. DHSS uses the information collected to identify trends and assist with allocate resources.

Access this survey by clicking "Special Health Care Needs Survey" on the home screen after logging in to the OnlineReporting System. Begin the survey by choosing the

correct school year and clicking “New Special Needs.”

1. Choose the user’s school/district using the drop-down box and verify the county.
2. Enter the name of the RN Coordinator/Lead Nurse for the school district.
3. Entering the number of students in the school/district that have a medical diagnosis for the chronic conditions and/or special health care needs listed.
4. When finished, click “Save.”

This survey is due for completion in October of each school year.

*See worksheet guidance on page 8 in Attachments.

School Health Administration
 New Special Needs for 048914
 INVENTORY OF STUDENTS WITH SPECIAL HEALTH CARE NEEDS 2021 - 2022 SCHOOL YEAR

Special Needs


School District Name: [Dropdown]
 County: [Dropdown]
 Name of Person Submitting Report: [Text]
 Students With Health Insurance: [Text]

Please enter the total number of students in your school district that have been diagnosed or identified with the following special health care need(s) or health condition(s). Students may be entered more than once.

| Special Healthcare Need | # of Students | Special Healthcare Need | # of Students |
|---|---------------|--|---------------|
| Allergies – life threatening - Food | [] | Hemophilia/bleeding disorder | [] |
| Allergies – life threatening - Insect | [] | Hydrocephalus shunt | [] |
| Allergies – life threatening - Latex | [] | Kidney disease | [] |
| Asthma – on medication at home or school | [] | Mental Health | [] |
| Blind/Visually Impaired | [] | ADD/ADHD | [] |
| Cancer-History, not on medication | [] | * Anxiety | [] |
| * Taking Chemotherapeutic Medication | [] | * Autism Spectrum Disorder (ASD) | [] |
| Chronic infection (e.g., Hepatitis, etc.) | [] | | |
| Cleft lip and palate | [] | * Bi-polar | [] |
| Cystic Fibrosis | [] | * Depression | [] |
| Daily special health care procedures | [] | * Obsessive Compulsive Disorder | [] |
| * Blood sugar check | [] | * Oppositional Defiance Disorder | [] |
| * Catheterization care | [] | * Post Traumatic Stress Syndromes | [] |
| * Nebulizer Treatment | [] | * Tourette's Syndromes | [] |
| * Ostomy care | [] | | |
| * Suctioning (oral, nasal/pharyngeal) | [] | | |
| * Tube feeding | [] | Migraine headaches | [] |
| * Ventilator dependent | [] | Neuromuscular disorder, non-progressive (e.g., Cerebral Palsy, etc.) | [] |
| Deaf/Hearing Impaired with no cochlear | [] | Neuromuscular disorder, progressive | [] |

Student Encounters and Outcomes


The Student Encounter and Outcomes survey is a survey to determine the nursing disposition of students seen in the health office annually. This is a counting of visits to the health room, including for routine medication administration. Please indicate year-end total for the number of students seen by RN, LPN, or health aide and if returned to class, sent home (including sent home with a recommendation to see a health care provider), or 911 called.

School Health Administration 

New Health Office Visit for **001090** All fields denoted with an asterisk * are required fields.

STUDENT HEALTH OFFICE VISITS 2021 - 2022 SCHOOL YEAR

Student Encounters and Outcomes

Instructions 

School District Name *

Please enter the total number of students in your school district that have had health office visits, and the outcome of the visit

Student Encounters

| Student Encounter | RN | LPN | Health Aide |
|--|---|---|---|
| Student returned to class/Stayed in school | <input style="width: 40px;" type="text"/> | <input style="width: 40px;" type="text"/> | <input style="width: 40px;" type="text"/> |
| Student sent home | <input style="width: 40px;" type="text"/> | <input style="width: 40px;" type="text"/> | <input style="width: 40px;" type="text"/> |
| Called 911 | <input style="width: 40px;" type="text"/> | <input style="width: 40px;" type="text"/> | <input style="width: 40px;" type="text"/> |

Immunization Reporting

The following form is available online, and instructions for completion will be provided by the DHSS Bureau of Immunizations.

For more information, contact the Bureau of Immunizations at SchoolImmunizationReporting@health.mo.gov.

School Health Services Update (Staffing Survey)

Staff Title options:

Health Aide: Unlicensed assistive personnel with primary role of staffing the school health office. Responsibilities include activities to provide student care, perform appropriately delegated tasks and assist with reports.

Health Clerk: Unlicensed assistive personnel tasked with assisting to staff/cover the school health office. Responsibilities may include activities to provide student care, perform appropriately delegated tasks and assist with reports.

Lead Contact: This position serves as the primary contact to receive school health services updates and information regarding recommendations and guidelines for the school health office. This position may or may not have responsibilities in the school health office. Example: Superintendent for a school without nurses, or the person responsible for supervising the nurse(s) in the event that person is not a nurse.

LPN: Licensed Practical Nurse, who by licensure, must practice under supervision of a Physician or RN.

RN: Registered Nurse with training and certifications noted in the additional drop-down list of options (Diploma, Associate Degree, Bachelor Degree, Master Degree, Advanced Practice RN, Doctorate Degree)

NCSN: Nationally Certified School Nurse. This is an RN, who has met the eligibility requirements, and passed the National Certification Examination for School Nurses.

Social Worker: Professional position with education as Bachelor or Masters prepared social worker.

Inventory of Students with Special Health Care Needs worksheet
20__ -20__ School Year

¹School District Name: _____

County: _____ Name of Person Submitting Report: _____

²# of Students with Health Insurance: _____ (note: use 0 if the data is not collected)

³Please enter the total number of students in your school district that have been diagnosed or identified with the following special health care need(s) or health condition(s). Students may be entered more than once.

| Special Healthcare Need | # of Students | Special Healthcare Need | # of Students |
|---|---------------|--|---------------|
| Allergies – life threatening – food | | Sickle Cell Disease | |
| Allergies – life threatening - insect | | Heart disease with activity restrictions | |
| Allergies – life threatening – latex | | Hemophilia/bleeding disorder | |
| Asthma – on medication at home or school | | Hydrocephalus shunt | |
| Blind/Visually impaired | | Kidney disease | |
| Cancer – History, not on medication | | Mental Health | |
| • Taking chemotherapeutic medication | | • ADD/ADHD | |
| Chronic infection (i.e. Hepatitis, etc.) | | • Anxiety | |
| Cleft lip and palate | | • Autism Spectrum Disorder (ASD) | |
| Cystic fibrosis | | • Bi-polar | |
| Daily/prn special health care procedures | | • Depression | |
| • Blood sugar check | | • Obsessive Compulsive Disorder | |
| • Catheterization care | | • Oppositional Defiance Disorder | |
| • Nebulizer treatment | | • Post-Traumatic Stress Syndrome | |
| • Ostomy care | | Tourette’s syndrome | |
| • Suctioning (oral, nasopharyngeal) | | Migraine headaches | |
| • Tube feeding | | Neuromuscular disorder, non-progressive (i.e. Cerebral Palsy, etc.) | |
| • Ventilator dependent | | Neuromuscular disorder, progressive (i.e. Muscular Dystrophy, etc.) | |
| Deaf/Hearing Impaired with NO assistive devices | | Organ Recipient | |
| • With FM systems | | Orthopedic disability (permanent) | |
| • With hearing aids | | Orthopedic disability (temporary) (i.e. Osgood-Schlatter, fractures, etc.) | |
| • With cochlear implants | | Scoliosis requiring treatment | |
| Diabetes | | Pregnancy | |
| • Type 1 | | Teen Parenting | |
| • Type 2 | | Rheumatoid Arthritis | |
| Eating disorder (i.e. Anorexia, Bulimia, etc.) | | Autoimmune disease (i.e. Lupus, etc.) | |
| Gastrointestinal disorders (i.e. Irritable Bowel Syndrome, etc.) | | Routine medications at school | |
| • Crohn’s Disease | | Seizure disorder | |
| • Ulcers | | Students with “do not attempt resuscitation” (DNAR) order | |
| Bowel/Bladder incontinence | | Traumatic Brain Injury | |
| Chromosomal abnormalities (i.e. Down Syndrome, Neurofibromatosis, etc.) | | 504 Plans | |

INVENTORY OF STUDENTS WITH SPECIAL HEALTH CARE NEEDS

Instructions:

- ¹ Complete with name of the school district, the county the school district is in and the name of the RN Coordinator of Health Services (or other staff responsible for collection of the reporting data).
- ² Enter the number of students with health insurance. Health insurance is any private health insurance or Medicaid/MoHealthNet, Managed Care Plan. If this data is not collected, enter 0.
- ³ **Special Health care Needs:** Reporting conditions diagnosed by a health care provider. May obtain from student health forms or other reports. Fill in counts from total student population as appropriate.

Definitions:

- ♦ Allergies: diagnosed condition, may self-carry or epinephrine auto-injector maintained by the health office
- ♦ Asthma: diagnosed and student has prescribed medication at home or at school
- ♦ Blind/Visually Impaired: low vision requiring special accommodation (not including glasses)
- ♦ Cancer: history of, with/without medication management
- ♦ Chronic Infection: diagnosed condition with/without daily medication management
- ♦ Daily/prn special health care procedures: intervention requiring skilled or trained staff participation
 - ♦ Blood sugar check-includes CGM, insulin pump management, testing
 - ♦ Catheterization care
 - ♦ Nebulizer treatment
 - ♦ Ostomy care
 - ♦ Suctioning (oral, nasopharyngeal)
 - ♦ Tube feeding
 - ♦ Ventilator dependent
- ♦ Deaf/Hearing impaired with NO assistive devices
 - ♦ With assistive devices: FM system, hearing aids, cochlear implants
- ♦ Diabetes - Type 1- Type 2: includes self-managing and school nurse assistance/supervision
- ♦ Eating disorder (i.e. Anorexia, Bulimia, etc.): Complex mental health conditions that require the intervention of medical and/or psychological experts
- ♦ Gastrointestinal disorders (i.e. Irritable Bowel Syndrome, GERD, celiac disease, lactose intolerance, etc.)
 - ♦ Crohn's disease
 - ♦ Ulcers, ulcerative colitis
- ♦ Bowel/bladder incontinence: any, r/t developmental delay, structural/functional dysfunction, encopresis
- ♦ Chromosomal abnormalities (i.e. Down Syndrome, Neurofibromatosis, etc.): may or may not require clinical care
- ♦ Sickle cell disease
- ♦ Heart disease with activity restrictions: includes conditions and treatments (valve replacement) with prescribed restriction(s)
- ♦ Hemophilia/bleeding disorder
- ♦ Hydrocephalus shunt: condition managed with shunt drain system
- ♦ Kidney disease: Acute, chronic and may include loss of function

- Mental health: Diagnosed conditions with and without medication and or therapeutic management (examples of the most common mental health conditions can be found on the form)
- Tourette’s syndrome
- Migraine headaches
- Neuromuscular disorder, non-progressive (i.e. Cerebral Palsy, etc.)
- Neuromuscular disorder, progressive (i.e. Muscular Dystrophy, etc.)
- Organ Recipient: organ transplant
- Orthopedic disability (permanent): includes musculoskeletal and neuromotor impairments, and degenerative disease
- Orthopedic disability (temporary): includes Osgood-Schlatter, fractures, etc.
- Scoliosis requiring treatment
- Pregnancy
- Teen parenting
- Rheumatoid arthritis: also juvenile idiopathic arthritis
- Autoimmune disease (i.e. Lupus, etc.): includes all autoimmune diseases not specified elsewhere on the inventory
- Routine medications at school
- Seizure disorder: includes those managed with prescribed medication and VNS device treatments
- Students with “do not attempt resuscitation” (DNAR) order
- Traumatic brain injury
- 504 Plans: accommodations that may include: changes to the environment (like taking tests in a quiet space); changes to instruction (like checking in frequently on key concepts); changes to how curriculum is presented (like providing outlines of lessons)