

# **SCHOOL HEALTH SERVICES (SHS) ONLINE REPORTING SYSTEM**

## **USER MANUAL**



**AUGUST 2015**

## Table of Contents

Introduction .....	2
Logging In .....	2
Home Screen .....	2
School Health Services Update (Staffing Survey) .....	3
Special Health Care Needs Survey .....	5
End of Year Student Encounters and Outcomes.....	6
Immunizations .....	7

## Introduction

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

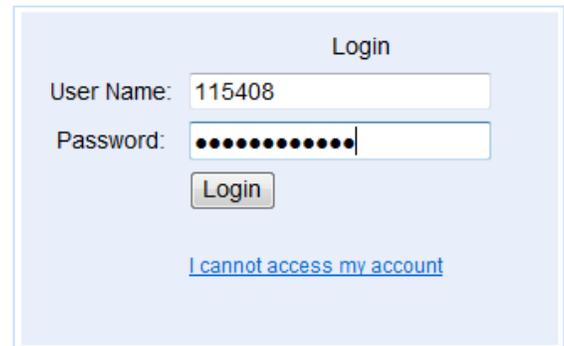
## Logging In

Username and password for each school district was provided to the superintendent. The superintendent is requested to assign this password to the lead school nurse. The Online Reporting System can be accessed at:

<https://webapp01.dhss.mo.gov/SchoolHealth/login.aspx>

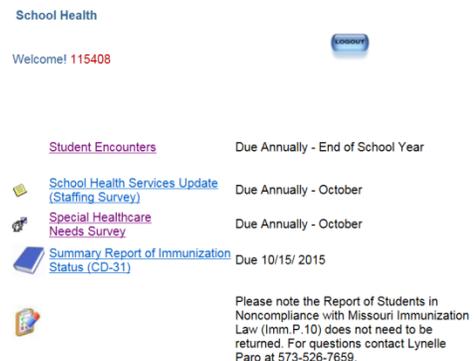
or by going to the school health home page at <http://health.mo.gov/living/families/schoolhealth/> and clicking the Online Reporting System link. It is suggested to bookmark these pages for quick access to the system.

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](mailto: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, all reports can be accessed.



School Health

Welcome! 115408

<a href="#">Student Encounters</a>	Due Annually - End of School Year
<a href="#">School Health Services Update (Staffing Survey)</a>	Due Annually - October
<a href="#">Special Healthcare Needs Survey</a>	Due Annually - October
<a href="#">Summary Report of Immunization Status (CD-31)</a>	Due 10/15/ 2015

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 used by the Department of Health and Senior Services 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 Services Program appreciates your input.

Click the “School Health Services Update” link on the home page. Choose the current school year (for example, **2016** for the **2015-2016** school year) and “Create School Health Services Update.” This function automatically enters the previous years’ 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 haven’t been included. “Delete” positions that are no longer with the program.

To “Add Staff” fill in the identifying information for each position, including choosing the title from the drop down list. RNs and Social Workers have an additional drop-down list for the degree received as well as certifications. “Lead Contact” is a new option to choose for those staff who are the lead contact for School Health Services for the district, but not in a health position. (Ex. Superintendent for a school without nurses, or the person responsible for supervising the nurse(s) in the event that person is not a nurse.)

After all positions have been updated, the user can “Submit” the School Health Services Update.

## School Health Services Update



Nurse Name	Position	Lead	Degree	E-Mail	ES Hrs.	MS Hrs.	HS Hrs.	Other Hrs.	Total Hrs.	Edit	Delete
Boop, Betty	LPN			bboop@test.mo.gov	0	0	0	30	30	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
Chin, Harry	SW		BSW	harry.chin@test.mo.gov	0	0	36	0	36	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
Nott, Elvis	LPN				15	15	0	0	30	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
Sting, May	Certified School Nurse (RN)	Yes	MSN	maysting@test.mo.gov	0	0	36	0	36	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>

According to the Nurse Practice Act, a LPN cannot practice without a supervisor. If an LPN is submitted without an RN or Physician also being listed when the survey is submitted, the system will request supervisory information.

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

Name:

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

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

Once submitted, a call to DHSS is required to have the system unlocked if update or changes are necessary.



[School Health Services Update \(Staffing Survey\)](#)

[Special Healthcare Needs Survey](#)

[Summary Report of Immunization Status \(CD-31\)](#)

Submitted

Due Annually - October

Due 10/15/ 2014

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.

## Special Health Care Needs Survey

The Special Health Care Needs survey is an annual statewide survey used by the Department of Health and Senior Services to track information regarding common conditions affecting Missouri's school-aged children. This tool is used to identify trends and assist with allocation of resources.

Access this survey by clicking "Special Health Care Needs Survey" on the Home Screen after logging in to the Online Reporting System. Begin the survey by choosing the correct school year and clicking "New Special Needs."

Choose the user's school/district using the drop-down box and verify the county. Enter the name of the RN Coordinator/Lead Nurse for the school district.

Complete each box by entering the number of students in the school/district that have a medical diagnosis if listed chronic conditions and/or a special health care needs.

When finished, click "Save."

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

Special Healthcare Need	# of Students	Special Healthcare Need	# of Students
Allergies – life threatening - Food	<input type="text"/>	Hemophilia/bleeding disorder	<input type="text"/>
Allergies – life threatening - Insect	<input type="text"/>	Hydrocephalus shunt	<input type="text"/>
Allergies – life threatening - Latex	<input type="text"/>	Kidney disease	<input type="text"/>
Asthma – on medication at home or school	<input type="text"/>	Mental Health	<input type="text"/>
Blind/Visually Impaired	<input type="text"/>	ADD/ADHD	<input type="text"/>
Cancer-History, not on medication	<input type="text"/>	* Anxiety	<input type="text"/>
* Taking Chemotherapeutic Medication	<input type="text"/>	* Asperger's Syndrome	<input type="text"/>
Chronic infection (e.g., Hepatitis, etc.)	<input type="text"/>	* Autism	<input type="text"/>
Cleft lip and palate	<input type="text"/>	* Bi-polar	<input type="text"/>
Cystic Fibrosis	<input type="text"/>	* Depression	<input type="text"/>
Daily special health care procedures	<input type="text"/>	* Obsessive Compulsive Disorder	<input type="text"/>
* Blood sugar check	<input type="text"/>	* Oppositional Defiance Disorder	<input type="text"/>
* Catheterization care	<input type="text"/>	* Post Traumatic Stress Syndromes	<input type="text"/>
* Ostomy care	<input type="text"/>	Tourette's syndrome	<input type="text"/>
* Tube feeding	<input type="text"/>	Migraine headaches	<input type="text"/>
* Ventilator dependent	<input type="text"/>	Neuromuscular disorder, non-progressive (e.g., Cerebral Palsy, etc.)	<input type="text"/>

## Student Encounters and Outcomes

The student encounter and outcomes survey is a new survey to determine the nursing disposition of students seen in the health office annually. Please indicate the year-end total for the number of students seen by RN, LPN, or HA 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** Logout

New Health Office Visit for **115408** All fields denoted with an asterisk \* are required fields.

STUDENT HEALTH OFFICE VISITS 2013 - 2014 SCHOOL YEAR

### Student Encounters and Outcomes

 [Instructions](#)  Back

School District Name  \*

Number of Schools in the District  \*

Number of RNs in the District  \*

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

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Special Healthcare Need

Number of Schools Reporting  \*

Number of RNs Reporting  \*

Student Encounter	RN	LPN	Health Aide
Student returned to class/Stayed in school	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student sent home	<input type="text"/>	<input type="text"/>	<input type="text"/>
Called 911	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Immunization Reporting

The following form is available online, and instructions for completion will be provided by the DHSS Bureau of Immunization Assessment and Assurance. For more information, contact Lynelle Paro at [SchoolImmunizationReporting@health.mo.gov](mailto:SchoolImmunizationReporting@health.mo.gov).

# Summary Report of Immunization Status of Missouri Public, Private, and Parochial School Children (CD-31)



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 2010-2011 SUMMARY REPORT OF IMMUNIZATION STATUS OF  
 MISSOURI PUBLIC, PRIVATE AND PAROCHIAL SCHOOL CHILDREN

By OCTOBER 15, 2010 this completed CD-31 form must be submitted online or forwarded to: Missouri Department of Health and Senior Services Bureau of Immunization Assessment & Assurance P.O. BOX 570 Jefferson City, MO 65102-0570 (573) 751-6124 toll free 1-866-628-9891

If School Name or Address has changed, email changes to [SchoolImmunizationReporting@dhs.mo.gov](mailto:SchoolImmunizationReporting@dhs.mo.gov) or call (573) 751-6124

Phone:  \*

Email Address:  \*

Prepared By:  \*

School Name:

Address:

Date:  /  /  2010 \*

Approved By\*  
(Superintendent or School Administrator)

2010-2011	GRADE LEVEL													<input type="checkbox"/> Ungraded	
	K	1	2	3	4	5	6	7	8	9	10	11	12		
<b>Total Number Of Students Enrolled</b>															
<input type="checkbox"/> DTAP DT TD TDAP	K	1	2	3	4	5	6	7	8	9	10	11	12	Ungraded	
<b>DTAP DT TD TDAP</b>	4+ doses	4+ doses	4+ doses	4+ doses	4+ doses	4+ doses	4+ doses	4 doses	4 doses	4 doses	4 doses	4 doses	4 doses	3+ doses	
Students fully immunized															
Students in Progress <a href="#">(See ACIP Schedule)</a>															
Students with medical exemption															
Students with religious exemption															
Students Noncompliant with Immunization records *															
Students Noncompliant without immunization records *															
<input type="checkbox"/> Tdap	K	1	2	3	4	5	6	7	8	9	10	11	12	Ungraded	
<b>Tdap</b>									1 dose						
Students fully immunized															
Students with medical exemption															
Students with religious exemption															
Students Noncompliant with Immunization records *															
Students Noncompliant without immunization records *															
<input type="checkbox"/> POLIO	K	1	2	3	4	5	6	7	8	9	10	11	12	Ungraded	
<b>POLIO</b>	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	
Students fully immunized															
Students in Progress <a href="#">(See ACIP Schedule)</a>															
Students with medical exemption															
Students with religious exemption															
Students Noncompliant with Immunization records *															
Students Noncompliant without immunization records *															
<input type="checkbox"/> MMR (MEASLES, MUMPS, RUBELLA)	K	1	2	3	4	5	6	7	8	9	10	11	12	Ungraded	
<b>MMR (MEASLES, MUMPS, RUBELLA)</b>	2 doses	2 doses	2 doses	2 doses	2 doses	2 doses	2 doses	2 doses	2 doses	2 measles, 1 mumps, 1 rubella					
Students fully immunized															
Students in Progress <a href="#">(See ACIP Schedule)</a>															
Students with medical exemption															
Students with religious exemption															
Students Noncompliant with Immunization records *															
Students Noncompliant without immunization records *															