Rev. 8/23/2024

## Ownership and History

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Revision history 8/23/2024 Updated dates for AED reporting

**7/1/2024** Updated for New Look/Tool Search

August 4, 2023 Added Section G – Tracking of Portable Automated External Defibrillators (AED)

July 3, 2023 Update for 2023-24 school year

April 10, 2023 Added Titer to the Immunization exception list

July 14, 2022 Updated Data Steward list

April 7, 2022 Update the data steward.

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## Overview

### Description

Health services delivered to students while they are in school are recorded in the health module.

## Regulation citation(s)

- KRS 156.502 describes health services to be the provision of direct health care including the
  administration of medication, the operation, maintenance, or health care through the use of
  medical equipment or the administration of clinical procedures. To facilitate reducing barriers to
  learning (KRS 158.6451 (1)(e), all chronic health conditions documented by a medical provider
  and noted on the student's health information card should be entered.
- KRS 158.037, 902 KAR 2:055, and 902 KAR 2:060 Immunizations
- 702 KAR 1:160– Vision Examination and Screening and Hearing Screening

#### Data use

- The Kentucky Department of Education collects annual data on current immunizations, health conditions, physical exams, dental screenings/exams, vision exams, hearing and vision, health screening, health office visits and discharges, district nurse/student ratio (nurse counts) and use of stock emergency medications (Narcan, Epinephrine and Rescue Inhaler)
- Data Sharing between systems P20 (?)
- School Report Card reporting Number of district nurses

### Related ad-hoc filters and reports

Health Condition Alerts Student Health Immunization KY Student Health Screening KY Health Office Visit Stock Rescue Inhaler Report

Health Audit Grade 00 w/No Dental Record Health Audit Grade 00 with no Physical Exam Health Audit Grade 00 with no Vision Exam Health Audit Grade 06 w/No Physical Exam Health Codes with ICD-9 Code Set Health – HOV Missing Discharges Health Students without Hepatitis A vaccine Health 16-year-olds without Meningitis Booster

#### Training

Health Document

Entering Health Data into Infinite Campus PowerPoints

## Section A – Conditions and Alerts

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### **Tool Search: Health Conditions**

### **Health Conditions**

Enter all students with a documented chronic disease under the appropriate health condition code. Use the Description Search to locate the Health Condition/ICD-10 Code. After searching, choose the Health Condition for the student from the drop-down menu. 'Other' should not be chosen. KDE does not require standardized health conditions. A list of KDE recommended ICD-10 codes to be used when choosing health conditions can be found here.

Health Condition		
Code Search	Description Search	
*Code	*Description	
*Start Date	End Date	
*Status	*Initials	
Doctor Name	Doctor Phone	
Flag		
User Warning		
Instructions		
		^
Comments		-
o minento		•
		Ŧ

Start Date: Enter start date in which student was diagnosed with this condition.

Status: Select the status of the condition:

- Not Resolved
- Resolved
- Unknown

Initials: Enter initials of user entering condition

#### Flag:

Check this box for medical conditions that will require an emergency action if a condition occurs. These conditions would be seen as life threatening and need immediate attention, i.e., Glucagon for a student with diabetes receiving insulin experiencing very low blood sugar. Checking the box will create this flag on student's screen:



#### **User Warning:**

Enter brief emergency information relating to the student's health condition and treatment that will display when user hovers over alert symbol. (Example: Glucagon kept in nurse's office)

😤 Health Condition

Trees, grass, mulch, pollen,; Asthma

#### Instructions:

Enter further details regarding emergency treatment procedures required and locations of medication. (Example: Administer medication and call parent). These instructions will be visible in a popup box when clicking on the alert symbol.



## Section B – Immunizations

#### **Tool Search: Immunizations**

#### \*Required by KDE for Initial Entry and students entering Grade 6.

Immun	ization Certificate				
Date		Expiration	 Туре	•	

**Date:** Enter the date the certificate was signed by local health care provider. If there is a waiver, enter the date of the waiver.

**Expiration:** Enter the expiration date of the certificate submitted. If medical or religious exemption is checked, no expiration date is required.

**Type:** Select from the dropdown menu the type of certificate provided:

- Provisional
- Standard
- Medical
- Religious

**Note**: If Medical or Religious is chosen, user must also choose Medical or Religious waiver in the dropdown under each immunization for which the waiver is applicable and enter the waiver date. If a Titer Immune certificate is presented the waiver must be added to the immunization and a waiver date must be entered as well.

#### NOT required by KDE:

### KDE does <u>not</u> require the entry of individual shot dates.

**Other considerations**: All Kentucky schools will be asked to complete an immunization survey through their local health department each year as required by the **Kentucky Department of Public Health** (KRS 158.037 and 902 KAR 2:055). To assist with completing this survey, schools may enter the data for the immunizations. Instructions for entering immunizations can be found on <u>Campus Community</u>.

## Section C – Screenings

#### **Tool Search: Health Screenings**

#### Select the Screening Type

	Screening Detail		
	*Date	*Type	Comments
	07/03/2023	~	
l		Early Childhood	
1	Sports Physic	Health Appraisal	
	Height/Weigh	Sporte Physical	
	III 16-i	Child & Teen Checkup	
	Vision	Placement	
	Hearing	Height/Weight	
	Early Childho	Re Screen	
	Child and Tee	Vision	
	Development	Hearing	
	E Social Emotio	Vision/Hearing	
	Social-Elliptic	Scoliosis	
	Speech	Lead Level	
	Tuberculosis	Developmental	
	Scoliosis	Social-Emotional	
	Dental	Concussion	
		Speech	
		Other	
. 1	Concussion		

Date: Enter date of screening

**Type:** Select the required KY screening:

- Child and Teen Checkup (Physical Exam)
- Vision (Exam and Screening)
- Hearing
- Dental (Exam or Screening)

#### **Guidance for each Screening Type**

#### Child and Teen Checkup (Physical Exam) - Required for Initial Entry and 6th Grade

NOTE: Multiple sections will open but data entry is only required in this section. **Date of Exam:** Enter the date on the student's form. If a student is entering kindergarten with a preschool or Head Start physical, that initial screening date may be used, even if more than one year prior to kindergarten enrollment.

**Type:** Select from drop down menu:

- I: Initial Entry
- 6: 6th Grader

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• 9: 9<sup>th</sup> Grader (optional in Kentucky)

**Status:** Select from drop down menu:

- Normal
- Referred
- Known condition

Screening Detail "Date "Type 07/03/2023 Child & Teen Checkup	Comments		
Sports Physical			
Height/Weight and Vital Signs			
■ Vision			
■ Hearing			
Early Childhood Screening			
Child and Teen Checkup			
Date of Exam 07/03/2023 Early Childhood Expiration Date	Type	Location Sta Healthcare	atus ✓
Comments	6: 6th Grader 9: 9th Grader		
Follow-ups			
Add Follow-up			
Developmental			
Social-Emotional			
Speech			
Tuberculosis			
E Scoliosis			
Dental			
Lead Level			
Concussion			

**Vision Exam** – Required for students three, four, five or six for Initial Entry to school, must be completed before January 1 of the current school year.

Date: Enter the Vision Exam date

Vision Check Type: Select Vision Exam from the drop-down menu

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tion

**Vision Screening** – For students <u>after</u> Initial Entry. Districts determine which grades will be screened per 702 KAR 1:160.

Status: Select results of *Vision Screening* from drop down menu:

- P: Passed
- F: Failed
- C: Cannot test
- R: Refused
- RE: Referred
- RC: Referral Complete

Referral Date: Enter the date a referral was sent home to the parent/guardian, if needed

Screening Detail  *Type *Type 07/03/2023  Vision	Comments		
Sports Physical			
Height/Weight and Vital Signs			
E Vision			
Screening Date 07/03/2023	Vision Check Type S: Vision Screening 🗸	Test Name	Status 🗸
Far Acuity R	Far Acuity L 20/	Cor Lens	P <sup>-</sup> Passed
Near Acuity R	Near Acuity L 20/	Plus Lens	F: Failed, needs follow-up C: Cannot Test
Cover Test	Color Vision	Convergence	R: Refused RE: Referred
Comments		Referral Date	RC: Referral Completed
Follow-ups			
Add Follow-up			

**Hearing Screening** – *Required for students. Districts determine which grades will be screened per* 702 KAR 1:160.

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Date: Enter the Hearing Screening date

Type: Select Original from drop down menu

Status: Select results of hearing screening from drop down menu:

- P: Passed
- F: Failed
- C: Cannot test
- R: Refused
- RE: Referred
- RC: Referral Completed

Sc	reening Detail			
*Da	ate *Type //03/2023 E Hearing	Comments		
٠	Sports Physical			
	Height/Weight and Vital Signs			
	■ Vision			
	Hearing			
	Screening Date	Status	Туре	
	07/03/2023	×		
		P: Passad		
	Tympanometry R	F: Failed, needs follow-up	Tympanometry L	Otoscopic L
	×	C: Cannot Test, absent	<b>~</b>	×
	250 R	R: Refused	250 L	3000 L
	500 R	RE: Referral Completed	500 L	4000 L
	1000 R	6000 R	1000 L	6000 L
	2000 P	8000 P	2000 I	80001
	2000 K	8000 K	2000 L	5000 L
	Comments			
	Follow-ups			
	Add Follow-up			

Note: There is no Referral date in the Hearing Screening. If a referral is made, two screenings must be entered. One with the actual status of the screening and a second with the referral.

**Dental Screening or Exam** – Required for students aged five or six who enroll in a public school. Proof of a dental screening or exam is required within the calendar year of the initial enrollment

Date: Enter the date of the dental screening or exam

Test Type: Select Dental Exam or Dental Screening from drop down menu

Referral Date: Enter the date a referral was sent home to the parent/guardian, if needed.

Sci	reening Detail			
*Da	ate <u>*Type</u> Comments			
07	/03/2023 Dental			
۰	Sports Physical			
	Height/Weight and Vital Signs			
	Vision			
	Hearing			
	Early Childhood Screening			
	Child and Teen Checkup			
	Developmental			
	Social-Emotional			
	Speech			
	Tuberculosis			
	Scoliosis			
	Dental			
	Date	Test Type	Status	Expiration Date
	07/03/2023	~	<b>v</b>	
	Dental Sealants Present		Untreated Caries	Soft Tissue Pathology
	V Melanskalan	E: Dental Exam	V Destaution Open	
	Maiocclusion	S: Dental Screening	Restorative Care	Preventative Care
	Dental Erosion	Dental Waiver Date	Dental Waiver Reason	
		Dental Walver Date		
	Referral Date	Comments		
		Comments		
		-		
	Follow-ups			
	Add Follow-up			
	Aug Louow-up			

# Section D – Body Mass Index (BMI) Data

#### **Tool Search: Health Screenings**

#### **BMI Data Entry**

Body Mass Index data is not a required data entry (702 KAR 1:160). However, KDE recommends that school districts enter student BMI data as part of their district's wellness program. This is entered under the Height/Weight Screening Detail Type.

Sc	reening Detail				
*D 07	ate *Type 7/03/2023 Height/Weight	Comments			
	Sports Physical				
	Height/Weight and Vital Signs	5			
	Screening Date	Status			
	07/03/2023		~		
	Height	Weight		BMI	BMI Percentile
	inches	lbs.			%
	Blood Pressure	Pulse		Respiration	
	Comments				
		13			
	Follow-ups				
	Add Follow-up				

### Height/Weight and Vital Signs

Screening Date: Enter Date of screening

Height: Student's height in inches

Weight: Student's weight in pounds

BMI and BMI Percentile will automatically calculate when a student's height and weight are entered.

Note: Status on height/weight is not used in Kentucky. This information can also be entered as part of a Child & Teen Checkup or Early Childhood exam.

## Section E – Employment Assignment for District Hired Health Staff

All district-hired school health staff should be entered under the District Assignments tab. The information will sync to State Edition and be available for retrieval by KDE. The service providers tracked in this tab will have District Employment Records.

#### **Tool Search: District Assignments**

Demographics	Identities	Households	Relationships	Enrollments	District Employment	District Assignments
Save Delete	New					
Employment	t Assignr	ment Informatio	n			
*School			Department	_		
*Start Data			Title	•		
			Inte		•	
Туре		FTE of Assignment	Assignment Co	ode		
07:Other	•				•	
Alternate Type			Highly Qualifie	d		
		•		•		
Reading First			PD Year			
•			•			
Evaluation Override			PD Class Type			
			DD Olass Orad	•		
PD Class Offered By			PD Class Cred	IT		
PD Class Applied Ho	urs					
Teacher Special E	i Program	Behavior Healt	h	Behavior Response Approver	Response to	

School Name: Choose school name from drop down box.

Demographics Identities Households Relationships Enrollments District Employment     Save Delete New     Employment Assignment Information      School <ul> <li>Pepartment</li> <li>Image: Start Date</li> <li>Image: End Date</li> </ul> School <ul> <li>Pepartment</li> <li>Image: Start Date</li> <li>Image: End Date</li> <li>Image: Title</li> <li>Image: Tit</li></ul>							
Save       Delete       New         Employment Assignment Information <ul> <li>School</li> <li>Image: School</li> <li>Image: S</li></ul>	Demographics	Identities	Households	Relationships	Enrollments	District Employment	District Assignments
School   School   Start Date   End Date     Title     Title     Type   FTE of Assignment        Alternate Type   V     Highly Qualified     V     PD Class Type        PD Class Offered By   PD Class Credit        PD Class Applied Hours     Teacher Special Ed Program     Behavior   Health   Approver   Intervention	Save	e New					
School Department   * Start Date End Date   Type FTE of Assignment   07:Other *   Alternate Type   V V   Alternate Type   V V   Reading First   V V   PD Class Type   V V   PD Class Credit   V V   PD Class Applied Hours   V Admin   Health   Behavior Response Response to intervention	Employmer	nt Assignr	ment Informatio	n			
*Start Date End Date     Title        Type           Type        Type        Type        Type        Type        Type        Type        Type        Type           Type  Type   FTE of Assignment   Assignment Code <th>*School</th> <th></th> <th>•</th> <th>Department</th> <th>•</th> <th></th> <th></th>	*School		•	Department	•		
Type FTE of Assignment   O7:Other *   Alternate Type   Highly Qualified     *     Reading First   *     PD Year     *     Evaluation Override   *   PD Class Type   *   PD Class Offered By   *   PD Class Credit   *   PD Class Applied Hours   *     Teacher Special Ed Program Behavior     Health   Behavior Response to intervention   Admin   Admin   Health   Behavior Response to intervention	*Start Date		End Date	Title			
Type Pie of Assignment   07:Other *     Alternate Type     Highly Qualified     *     *     PD Year     *     PD Year     *     PD Class Type     *     PD Class Offered By        PD Class Offered By        PD Class Applied Hours     Teacher Special Ed Program Behavior Health Admin     Admin     Health Admin     Admin     Admin     Public Evaluation Constrained to the program Behavior Health Admin     Admin     Public Evaluation Constrained to the program Behavior Health Admin     Public Evaluation Constrained to the program Behavior Health Admin     Public Evaluation Constrained to the program Behavior Health Admin     Public Evaluation Constrained to the program Behavior Health Admin     Public Evaluation Constrained to the program Behavior Response Response to intervention						•	
Alternate Type     Highly Qualified     v     PD Year     v     PD Year     v     PD Class Type     v     PD Class Offered By        PD Class Offered By        PD Class Offered By        PD Class Applied Hours     Teacher Special Ed Program Behavior Admin     Health   Admin     Health   Approver	07:Other	•	F IE of Assignment	Assignment	Jode	•	
Reading First   PD Year   v   PD Class Type   v   PD Class Offered By   PD Class Credit   PD Class Applied Hours   Teacher Special Ed Program Behavior Admin   Health Behavior Response Response to Intervention   Admin	Alternate Type			Highly Qualifi	ied		
Reading First PD Year   v v   Evaluation Override PD Class Type   v v   PD Class Offered By   PD Class Offered By PD Class Credit   PD Class Applied Hours   v v   Teacher Special Ed Program Behavior Health Admin   Admin Admin   PD Class Defense Response to Intervention   Intervention			•		*		
v v   Evaluation Override PD Class Type   v v   PD Class Offered By PD Class Credit v PD Class Applied Hours Teacher Special Ed Program Behavior Admin Admin Admin Approver Intervention	Reading First			PD Year			
Evaluation Override     PD Class Type       v     v       PD Class Offered By     PD Class Credit       v     PD Class Applied Hours       Teacher Special Ed     Program       Behavior     Health       Admin     Admin       Admin     Intervention	•			•	]		
PD Class Offered By PD Class Credit   PD Class Applied Hours     Teacher Special Ed   Program   Behavior   Health   Admin   Admin     Health   Approver   Intervention   Intervention	Evaluation Override	•		PD Class Typ	e		
PD Class Offered By PD Class Credit	<b>*</b>				•		
PD Class Applied Hours  Teacher Special Ed Program Behavior Health Behavior Response to Admin Approver Intervention	PD Class Offered B	y		PD Class Cre	dit		
Teacher     Special Ed     Program     Behavior     Health     Behavior Response     Response to Intervention       Image: Ima	PD Class Applied H	lours					
Teacher     Special Ed     Program     Behavior     Health     Behavior Response     Response to Intervention       Image: Comparison of the system							
	Teacher Special I	Ed Program	Behavior Heal	lth	Behavior Response Approver	Response to Intervention	
	• • • • • • • • • • • • • • • • • • • •	···· •······	<b>-</b>		••••••••••••••••••••••••••••••••••••••		

## Date: Add employee hire date.

Demographics	Identities	Households	Relationships	Enrollments	District Employment	District Assignments
Save	New					
Employment	t Assigni	ment Information	n			
*School		T End Date	Department Title	¥		
					¥	
07:Other	•	FTE of Assignment	Assignment C	ode	•	
Alternate Type		•	Highly Qualifie	d v		
Reading First			PD Year			
Evaluation Override			PD Class Type	•		
PD Class Offered By			PD Class Cred	it		
PD Class Applied Ho	ours					
Teacher Special Ed	d Program	Behavior Healt Admin	h	Behavior Response Approver	Response to Intervention	

## Type: Select "07: Other"

Demographics	Identities	Households	Relationships	Enrollments	District Employment	District
Save	te New					
Employme	nt Assignm	ent Informatio	n			
*School 01:Teacher 02:Administrator 03:Counselor 04:Support 05:Speech Therap 06:Librarian 07:Other	vist	FTE of Assignment	Department Title Assignment C	* Code	<b>v</b>	
Alternate Type		•	Highly Qualifi	ed *		

Alternate Type: Choose the correct type of license from the drop-down box.

- LPN: Licensed Practical Nurse
- RN: Registered Nurse/Advanced Practice RN

	Save Delete New					
	*Start Date	End Date		Title		
	Туре	FTE of Assig	nment	Assignment		
	07:Other 🔻					
	Alternate Type			Highly Qual		
	AUD: Audiologist			PD Year		
	INT: Interpreter					
	ISC: School Instructional Specialist/Coach					
С	LPC Licensed Professional Clinical Courseion PD Class					
	OCC: Occupational Therapist					
	ONP. Other Non-Professional PD Class ( OPR: Other Professional					
	PHT: Physical Therapist					
	PSY: Psychologist					
	REG. Recreation Therapist REH: Rehabilitation Counselor					
	RN: Registered Nurse/Advanced Pra	actice RN				
	SOW: Social Worker Health					
	WSC: Work Study Coordinator					
	Advisor Supervisor Counselor	Foodservice	Exclude B Referral	ehavior		

Check the Health box and then Save

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## Section F – District Service Providers

The District Service Providers tab tracks contract health service providers in each district by school year based on contract start and end dates. Contracted service providers can be more than one school year in duration. The information will sync to State Edition and be available for retrieval by KDE. The service providers tracked in this tab will not have District Employment records.

#### **Tool Search: District Health Service Providers**

School Year: Enter correct school year

*Note:* This information must be entered yearly even if the contract is longer than a one-year period.

District Information	District Health Service Providers	District Contracted Service	ce Providers	NTI Data Collection
🕂 New 🎦 Sa	ve			
Health Service Provide School Year S	er Editor ervice Provider	Medical Professional	# Professional	Is Provided
Health Service Provide *School Year 32:24 ×	r Detail Provider	Medical Professional	# Prof	essionals Provided

Service Provider: Choose type of service provider from the drop-down menu.

- 01. Health Department
- 02. Hospital
- 03. Staffing Agency
- 04. Federally Qualified Health Care Center

District Informa	tion District Health Service Providers	District Contracted Serv	ice Providers NTI Data Collection
+ New	Save		
Health Service School Year	Provider Editor Service Provider	Medical Professional	# Professionals Provided
Health Service	Provider Detail		
23-24 V	Service Provider	Medical Professional	Protessionals Provided
	01: Health Department		
	02: Hospital		
	03: Staffing Agency		
	04: Federally Qualified Health Care Center		

Medical Professional: Choose type of medical professional from drop down menu

- PA: Physician's Assistant
- APRN: Advanced Practice RN
- RN: Registered Nurse

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• LPN: Licensed Practical Nurse

District Information	District Health Service Providers	District Contracted Service	Providers NTI Data Collection
🕂 New 🕒 Sa	ve		
Health Service Provide           School Year         S	er Editor ervice Provider	Medical Professional	# Professionals Provided
Health Service Drewide	nr Dotail		
*School Year Service	Provider	Medical Professional	# Professionals Provided
		PA: Physician's Assistant APRN: Advanced Practice RN RN: Registered Nurse LPN: Licensed Practical Nurse	

Number Professionals Provided: Enter number of health provider staff

District Information District Health Service Providers	District Contracted Service Provider	ns NTI Data Collection
New Save		
Health Service Provider Editor	Medical Professional # Profe	ssionals Provided
	medical Froiessional #Froie	
Health Service Provider Detail  School Year Service Provider	Medical Professional	# Professionals Provided
23-24 •	×	0

**Click Save** 

# Section G - Tracking of Portable Automated External Defibrillators (AED)

As of June 29, 2023, <u>KRS 158.1621</u> requires school districts to report to the Kentucky Department of Education the number of portable automated external defibrillators at each school within the district. Using this information, KDE will publish a report on the number of portable automated external defibrillators in Kentucky public schools by school and school district to the department's website. This data will be pulled from Infinite Campus by November 1 each year. Below you will find guidance on how to enter this data into Infinite Campus.

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## **Tool Search: AED Count**

🖹 Save – 🛞 Delete All	
Select School County District Office County Elementary School County High School County Middle School County Primary Center Learning Academy	School Health Information         2023-2024 Number of AED         2024-2025 Number of AED         2025-2026 Number of AED         2026-2027 Number of AED         2027-2028 Number of AED         2028-2029 Number of AED         2028-2029 Number of AED         2029-2030 Number of AED         2020-2031 Number of AED

Enter the number of AEDs located at each school in the district.

## **Click SAVE**

If the district has additional AEDs that are not stored at individual schools, for example AEDs that are used at sporting events, district events or located at board offices/transportation offices/etc., please enter those AEDs at the "District Office". Each AED owned by the district should only be counted at one location.

## Note:

Districts may contract with facilities and these facilities may have AEDs that are maintained by the contractor. These AEDs should not be included in the counts. Future MOAs need to include requirements that the facility provides AEDs and maintains them.