**Diastat Administration Reporting Form (to be completed upon student’s return to school)**

Following administration of Diastat to students or staff, please use this data collection tool to complete the on-line Emergency Data Reporting Form at [www.schoolhealthny.com](http://www.schoolhealthny.com). While not mandatory, submitting this information will allow the Center to monitor the incidence and details of Diastat use in schools. This data will be used to plan programs and training, create educational resources, and provide support to school health professionals in the care of students/staff.

1. School District Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Region/County:

🞏 Capital (Albany, Columbia, Greene, Saratoga, Schenectady, Rensselaer, Warren, Washington)

🞏 Central (Cayuga, Cortland, Madison, Onondaga, Oswego, Tompkins)

🞏 Finger Lakes (Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Wayne, Wyoming, Yates)

🞏 Long Island (Nassau, Suffolk)

🞏 Mid-Hudson (Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester)

🞏 Mohawk Valley (Fulton, Hamilton, Herkimer, Montgomery, Oneida, Schoharie)

🞏 New York (Bronx, Kings, Queens, New York, Richmond)

🞏 North Country (Clinton, Essex, Franklin, Jefferson, Lewis, St. Lawrence)

🞏 Southern Tier (Broome, Chemung, Chenango, Delaware, Otsego, Schuyler, Steuben, Tioga)

🞏 Western (Allegany, Cattaraugus, Chautauqua, Erie, Niagara)

3. Type of School: 🞏 Public 🞏 BOCES 🞏 Nonpublic/Private

 🞏 Charter 🞏 4201 (NYS Operated Schools) 🞏 Other

4. Level: 🞏 PreK/K 🞏 Middle School 🞏 PreK – 12

 🞏 Elementary 🞏 High School 🞏 Other

5. Date of Occurrence: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Time of Occurrence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am / pm

6. Diastat given:

 🞏 Before school 🞏 During school 🞏After school 🞏 Activity not related to school

 🞏 If before or after school, incident occurred during: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Recipient was a: 🞏 Student 🞏 Staff Member

8. Did this individual have a previous history of Diastat use?

🞏 Yes 🞏 No 🞏 Unknown

9. Location of individual when symptoms developed:

🞏 Bus 🞏 Cafeteria 🞏 Classroom/Hallway 🞏 Gym 🞏 Outdoors 🞏 School Office 🞏 Other

10. Location of individual where Diastat was administered:

🞏 Bus 🞏 Cafeteria 🞏 Classroom/Hallway 🞏 Gym 🞏 Outdoors 🞏 School Office 🞏 Other

11. Location of Diastat storage:

 🞏 Gymnasium 🞏 Health Office 🞏 Main Office 🞏 Other:

12. Diastat was administered by:

🞏 RN 🞏 Parent/Parent Designee

 🞏 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Approximate time between onset of symptoms and administration of Diastat:

🞏 1 – 5 minutes 🞏 Greater than 10 minutes

🞏 6 – 10 minutes

14. Is there an Emergency Care Plan in place (if student)?

🞏 Yes 🞏 No 🞏 Unknown

15. Was the School Medical Director notified of the incident?

 🞏 Yes 🞏 No 🞏 Unknown

16. Was the student/staff member transported to the Emergency Room after the incident?

 🞏 Yes 🞏 No

17. Was a debriefing (follow-up) meeting held concerning this incident?

 🞏 Yes 🞏 No

18. We value your feedback and suggestions for collecting data in the school setting.

 Your comments are appreciated.