

# LPGE Health Services Monthly Board Report

**May 2026**

**Long Prairie-Grey Eagle Elementary & Secondary Schools**

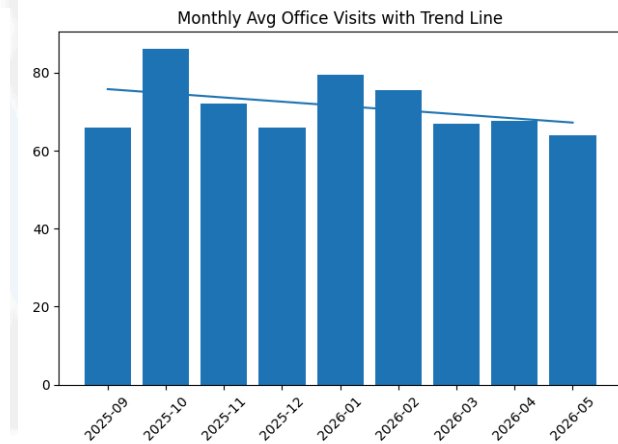
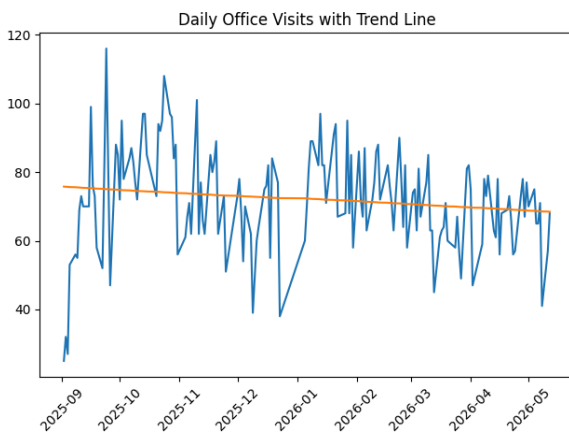
*Melissa Meagher BAN, RN, PHN, LSN*

## Overview

This report provides a summary of student health services, trends, and activities for the reporting period. Health services continue to play a critical role in student safety, attendance, academic readiness, and regulatory compliance across both buildings.

## Health Office Activity

**Approximate number of student visits** September 2nd, 2025 - May 13th, 2026: 11,545. This averages approximately 72 student visits per school day.



### Top common reasons for visits:

Illness/symptoms-

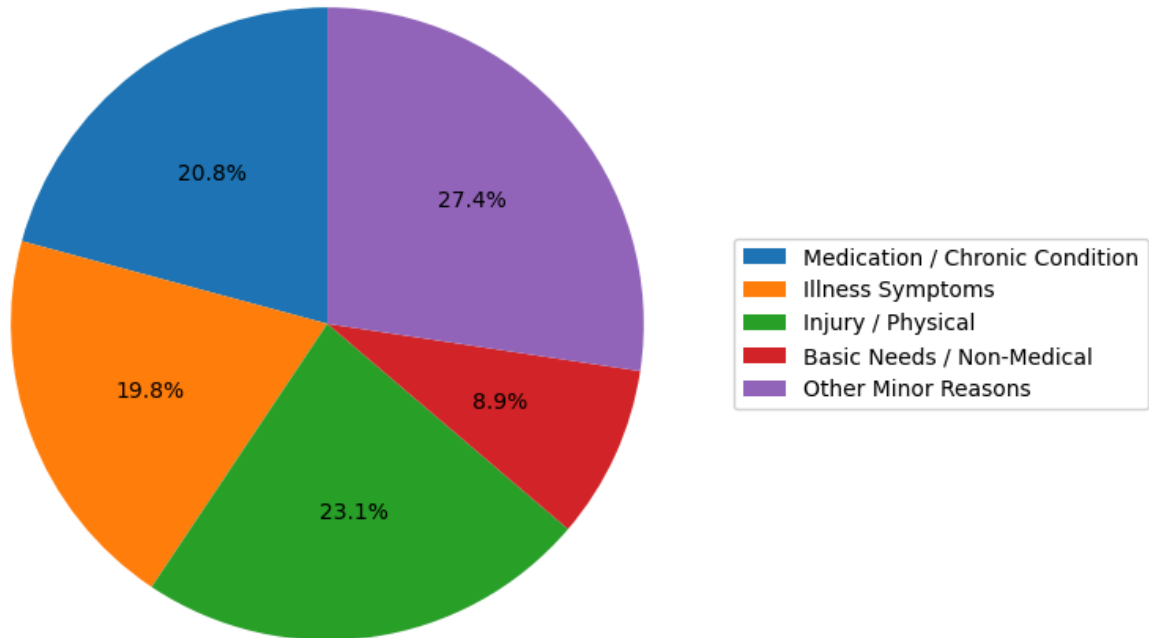
- Congestion- 216
- Cramps- 270
- Headache- 891
- Stomach ache- 898

Head Injury- 834

Chronic condition support-

- Asthma- 328
- Diabetes- 959

## Student Office Visit Category Breakdown (Total = 15,962)



The most common reasons for student visits continue to be medication administration, diabetes management, headaches, stomach aches, and bathroom use, followed closely by injury-related visits such as head checks and extremity injuries. These trends reflect both the medical complexity of student needs and the high volume of daily care provided.

### **Notable trends or changes observed:**

Over the course of the school year, several consistent trends have emerged in student health office utilization. The overall volume of visit reasons (15,962) reflects both the high demand for services and the increasing complexity of student needs.

A significant portion of visits continues to be driven by medication administration and chronic condition management, including Diabetes and Asthma management. These services require ongoing clinical oversight and contribute substantially to the daily workload.

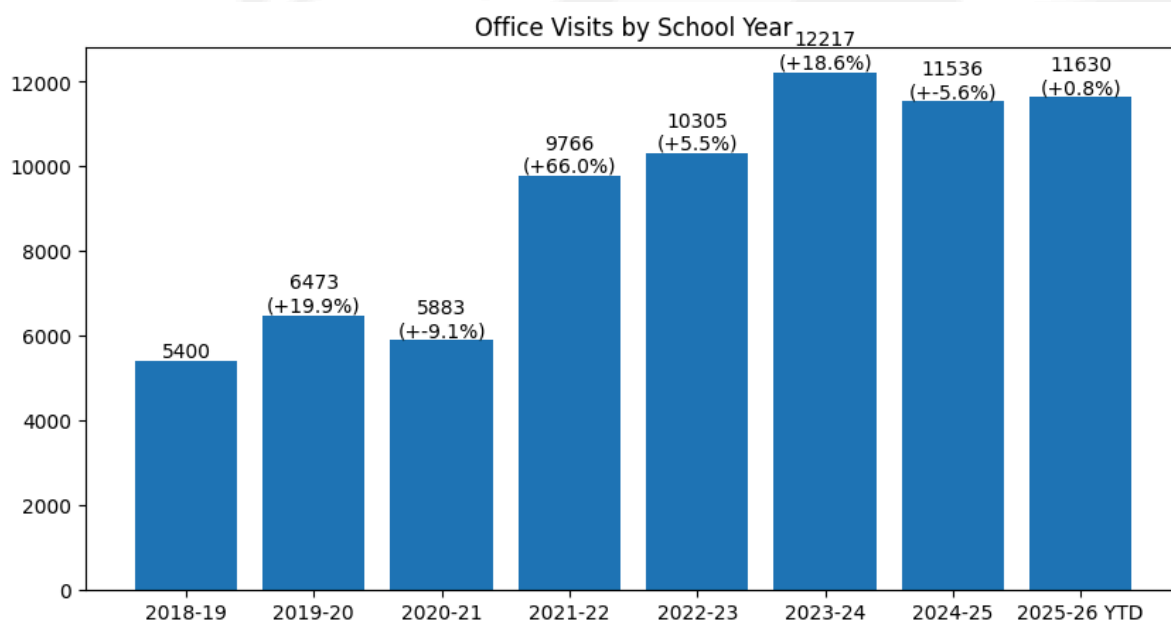
In addition, illness-related complaints, particularly headaches, stomach aches, and upper respiratory symptoms, remain among the most frequent reasons for visits. These trends are consistent with seasonal patterns, with increased volume during fall and winter months.

Injury-related visits also account for a large share of health office utilization. Head checks, extremity injuries, and minor trauma (e.g., bumps, cuts, and falls) occur frequently and require assessment, monitoring, and follow-up to ensure student safety.

Non-medical or basic needs, such as bathroom use, hunger, and clothing changes, continue to contribute to overall traffic in the health office. While these visits are often brief, they affect workflow and the availability of clinical time.

Overall, the data reflects a combination of high volume, diverse needs, and increasing medical and behavioral complexity, reinforcing the importance of structured systems, clear expectations, and adequate staffing to support safe and effective health services.

Office visit data over the past several school years further illustrates this trend, with total visits increasing from 5,400 in the 2018–2019 school year to 11,630 so far in the 2025–2026 school year, an increase of over 80%. The most significant growth occurred between the 2020–2021 and 2021–2022 school years, with visit volume nearly doubling. Since that time, visit numbers have remained consistently elevated, indicating that this increase reflects sustained and ongoing student needs. This sustained demand underscores the importance of maintaining adequate staffing and evaluating health office spaces to ensure they appropriately support the volume, complexity, and confidentiality required for student care.



Year	Visits
2018-19	5400
2019-20	6473
2020-21	5883
2021-22	9766
2022-23	10305
2023-24	12217
2024-25	11536
2025-26 YTD	11630

## Illness & Communicable Disease Monitoring

### Common illnesses observed this month:

Conjunctivitis (pink eye), Molluscum Contagiosum, Sinus Infections, and Gastrointestinal Illness.

**Confirmed or monitored communicable diseases (per MDH guidance):** None

## Chronic Health Conditions & Care Management

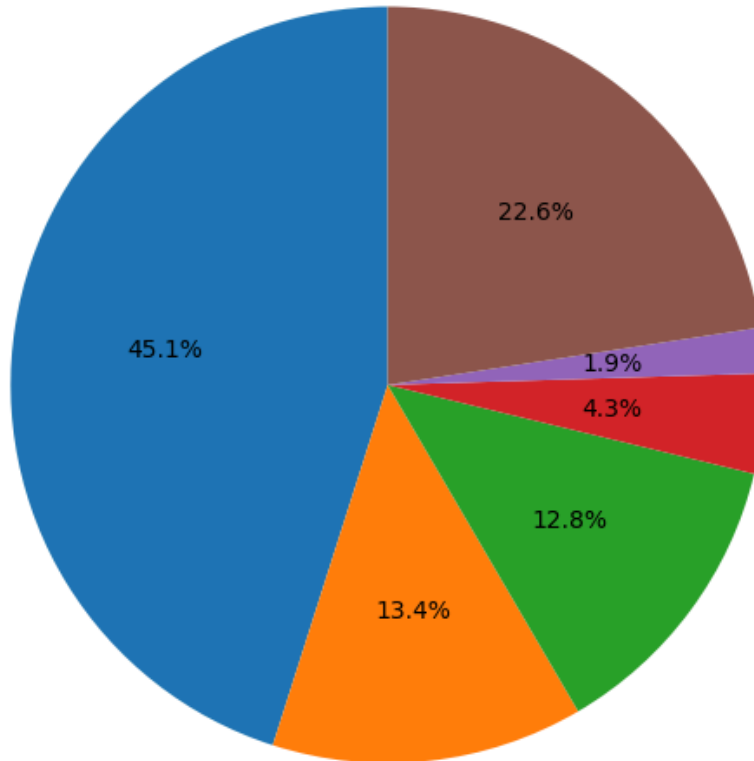
LPGE currently supports **428 documented chronic health conditions**. The majority continue to fall within respiratory, allergy, and neurodevelopmental/behavioral categories. This level of medical complexity significantly impacts daily health office workload, care planning, medication administration, emergency preparedness, and staff training needs.

- 🧠 **Neurodevelopmental / Behavioral** (ADHD, Autism, ODD, Anxiety, PTSD, Mood Disorders, Developmental Disability, etc.)  
– **113 students (26%)**
- 🌿 **Allergies** (Food, Environmental, Bee, Nut, Latex, etc.)  
– **106 students (25%)**
- 🫁 **Respiratory / Airway** (Asthma, Reactive Airway, Restrictive Lung, etc.)  
– **60 students (14%)**
- ⚠️ **Other Rare / Single Incidence Conditions**  
– **111 students (26%)**
- 👁️ **Vision / Hearing Related**  
– **13 students (3%)**
- 🌿 **Gastrointestinal / Autoimmune** (Celiac, Crohn's, GERD, etc.)  
– **10 students (2%)**
- 🩺 **Endocrine / Metabolic** (Diabetes, Hypothyroid, Pre-Diabetes, etc.)  
– **9 students (2%)**
- ❤️ **Cardiac / Circulatory**  
– **9 students (2%)**
- ⚠️ **Other Rare / Single Incidence Conditions**  
– **109 students (26%)**

☐ Medications administered per provider or OTC parent orders:

- All Medication types- 2,627

Medication Administration by Category (Total = 2,627)



Category	Count	%
ADHD / Stimulants & Related	1184	45.1%
Respiratory (Asthma/Inhalers)	351	13.4%
Psychotropic / Mental Health	336	12.8%
Pain / Fever / OTC	112	4.3%
GI / Nausea	51	1.9%
Other / Specialty Medications	593	22.6%

### **Staff training provided:**

The Licensed School Nurse (LSN) attended the required CERP Assistance Grant training on May 14, 2026, at Resource Training & Solutions in Sartell. This full-day training is a programmatic requirement of the grant and supports continued development and implementation of the district's Cardiac Emergency Response Plan (CERP).

The training included a review of statutory requirements, guidance on the development, implementation, and evaluation of the CERP, alignment with district policies, and opportunities for collaboration with the Minnesota Department of Education (MDE) and Project ADAM staff.

In addition, the afternoon session included a train-the-trainer component focused on Hands-Only CPR and AED use. This supports the district's goal of building internal capacity for staff training and emergency preparedness.

Participation in this training ensures continued compliance with grant expectations and strengthens the district's ability to implement an effective and sustainable cardiac emergency response system.

### **Mental Health & Social-Emotional Observations**

#### **General trends observed (non-identifying):**

Weekly, we encounter students who present with physical symptoms that are ultimately related to underlying mental health concerns. Many students may not recognize or may be reluctant to acknowledge that anxiety or emotional stress is contributing to their physical discomfort.

Through careful assessment, targeted questioning, and elimination, we identify potential mental health factors and collaborate with school social workers and counselors when appropriate. While some students may initially decline formal support services, health office staff strive to meet students where they are by providing a supportive, nonjudgmental environment and a listening ear.

Collaboration with counseling/support staff as needed:

From September 2nd, 2025, to May 13th, 2026, 89 students were referred for counseling/social work services after presenting to the health office with physical symptoms that were determined to be mental health-related.

## **Safety & Injury Prevention**

### **Common injury types or safety concerns:**

Head injuries remain our primary injury concern. To date, we have documented 980 head injury office visits during this school year. This represents approximately 8.5% of all office visits this school year.

Each head injury is treated with the utmost caution and care. Students are evaluated using established school-based concussion screening protocols. In most cases, this involves approximately four separate office assessments throughout the school day to ensure the student remains free of concussion-related symptoms before dismissal.

If a student exhibits ongoing or worsening symptoms, families are promptly contacted and advised to seek medical evaluation for further assessment.

The majority of these injuries occur during playground activities or physical education classes.

### **Follow-up actions or prevention efforts:**

Many of the head injuries observed this month have been associated with student decision-making, such as physical altercations or failing to maintain awareness of their surroundings. Prevention efforts continue to focus on reinforcing safety expectations, promoting appropriate use of equipment, and encouraging positive decision-making behaviors among students.

## **Screenings & Preventive Care**

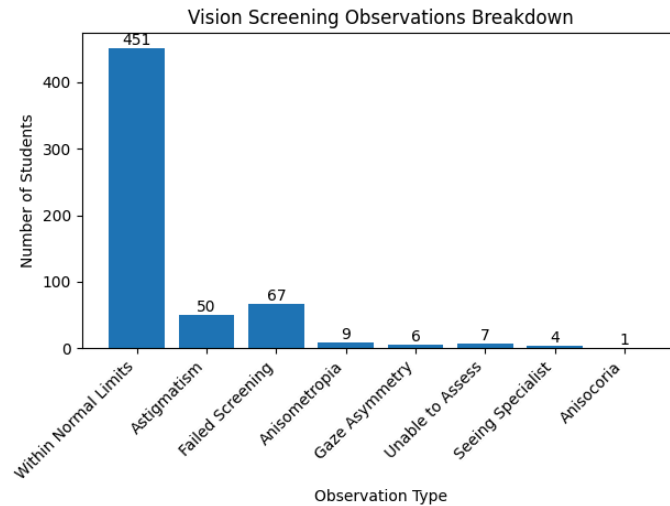
### **Vision Screenings (591 Total)**

- Passed: 450
- Rechecked: 88
- Referrals: 49
- Unable to participate: 4

A total of 591 vision screenings were completed, with the majority of students demonstrating results within normal limits. A portion of students required rechecks or referrals for further evaluation, with astigmatism and minor visual irregularities being the most commonly observed concerns. A small number of students were unable to complete the screening or are currently under the care of a vision specialist. These screenings support early identification of vision concerns that may impact student learning and classroom performance.

## Screening Observations:

- **Within Normal Limits (WNL):** 451
- **Astigmatism:** 50
- **Failed Screening:** 67
- **Anisometropia:** 9
- **Gaze Asymmetry:** 6
- **Unable to Assess:** 7
- **Currently Seeing a Specialist:** 4
- **Anisocoria:** 1



## Hearing Screenings (614 Total)

- Passed: 494
- Rechecked: 106
- Referrals: 8
- Unable to participate: 6

The majority of students (approximately 81%) passed initial hearing screenings. A portion of students required rechecks to confirm results, while a small number were referred for further evaluation. These outcomes reflect a strong screening process focused on early identification and follow-up of potential hearing concerns.

Vision and hearing screenings are conducted throughout the school year. Screenings are performed upon request when concerns arise, as well as for students referred through the BLAST team or those undergoing evaluation for IEP consideration.

Any student who does not meet established screening criteria receives a rescreening to confirm results. If the student does not pass the rescreening, a formal referral letter is sent to the family recommending further evaluation by an appropriate healthcare provider.

### **Immunization compliance monitored:**

At this time, all students are in compliance with Minnesota school immunization requirements. Compliance is defined as having received the required immunizations, having a properly completed medical exemption signed by a licensed healthcare provider, or having a notarized conscientious exemption on file.

In preparation for the upcoming school year, immunization notification letters will be sent to families before the end of the current school year. These letters will clearly outline the immunizations required for the next school year and state that all required immunizations or appropriate exemptions must be submitted by the first day of school.

Additional reminder letters will be sent at the end of June/early July and again at the end of July/early August to support families in meeting compliance requirements before the start of school.

During the summer months, the Licensed School Nurse reviews student immunization records through the Minnesota Immunization Information Connection (MIIC) and manually updates student records in the district system to ensure accuracy and compliance.

### **Special Education/IEP Health Services**

The Licensed School Nurse (LSN) plays an active role in the special education process throughout the school year. The LSN attends all Child Study meetings to provide health-related insight and support the evaluation process for students being considered for services.

As part of this work, the LSN completes Licensed School Nurse Assessments (LSNAs) using health information provided by families, including comprehensive health histories, and provides vision and hearing screening data to support evaluation teams in determining student needs.

During this school year, the LSN completed 122 IEP-related nursing contacts and evaluations, reflecting a significant level of involvement in the special education process.

Beyond direct care and assessments, the LSN dedicates time to staff training and supervision, documentation, and completion of required SPED paperwork, including evaluation reports and service documentation. Monthly reports are submitted for Medical Assistance (MA) eligible services to Freshwater, which processes billing for nursing services. These reimbursements are returned to the district and help offset the cost of providing required health services, supporting the sustainability of nursing and special education programming.

This work ensures that student health needs are appropriately identified, documented, and considered in educational planning, supporting both student safety and access to learning.

## Cardiac Emergency Response Planning Update

Work continues to develop and refine a comprehensive Cardiac Emergency Response Plan (CERP) for the district. As a reminder, this ongoing initiative is focused on strengthening preparedness and ensuring an effective, coordinated response to cardiac emergencies across all school buildings.

As previously reported, the district received the fully executed Official Grant Award Notification (OGAN) from the Minnesota Department of Education (MDE), allowing implementation to begin. The district has begun ordering items supported through the CERP grant, including CPR and First Aid training supplies, with the goal of purchasing a significant portion of the approved items by the end of this school year. Additional purchases will continue in the coming months, with the goal of full implementation before the start of the next school year.

In addition to utilizing the MDE model plan, Resource Training & Solutions developed a detailed CERP framework for the district. As previously noted, this plan was reviewed and shared with Terasa from Project ADAM, who provided valuable feedback. That feedback has been incorporated, and a finalized draft of the CERP is being presented to the Board this evening. The Board is encouraged to review the draft and provide feedback to support final approval of the plan.

In partnership with Project ADAM, implementation efforts will continue. As noted earlier in this report, the Licensed School Nurse attended the required spring training on May 14, 2026. Additionally, Project ADAM will provide hands-only CPR training to all district staff during the fall workshop on Thursday, August 27, 2026, followed by Red Team mock emergency drills at each building. The schedule is as follows:

- Staff Hands-Only CPR Training: 8:00–9:15 AM (Secondary)
- Red Team Mock Drill: 9:30–10:15 AM (Secondary)
- Red Team Mock Drill: 11:00–11:45 AM (Elementary)

RedCaps have been completed with detailed information on the district's Emergency Response Teams ("Red Teams"). In April, Red Team members met at each building to plan and practice mock emergency response drills. These drills included scenario-based practice, student involvement at the Secondary level as participants, and coordination with administration to implement a building "HOLD" and utilize office-generated emergency documentation (victim data sheets). These practice opportunities are designed to increase staff confidence, coordination, and efficiency during real emergencies.

This initiative reflects the district's continued commitment to student and staff safety, emergency preparedness, and alignment with state and national best practices.

## Wellness Committee Update

The LPGE Wellness Committee continues to meet quarterly. Meeting notes are distributed to all staff via email and posted on the LPGE website to ensure transparency and accessibility. The next Wellness Committee meeting is scheduled for Thursday, May 21, 2026.

The district's annual wellness potlucks were successfully held at both school buildings and continue to be a valued tradition that promotes staff engagement and a sense of community.

Potluck Events Included:

Salad Bar Potluck – April 14, 2026: Staff participated in a “Midwest-style” salad bar, contributing a variety of bases, toppings, and dressings to create a shared meal experience.

Cinco de Mayo Potluck – May 5, 2026: Staff brought taco-themed dishes, sides, and desserts to celebrate together in a festive and collaborative setting.

In addition, the district is currently participating in the Better Health Collective “Move It Challenge” from May 1 through May 31, 2026. This step-based wellness initiative encourages participants to average approximately 8,000 steps per day, or 248,000 steps over the course of the month. The challenge promotes physical activity, accountability, and friendly competition among participating organizations.

Long Prairie–Grey Eagle Public Schools currently has 25 staff members participating in the Better Health Collective Move It Challenge:

- Meghan Peterson
- Teresa Perish
- Tammy Cebulla
- Joni Young
- Michelle Halonen
- Amy Langford
- Maressa Rousslange
- Bonita Middendorf
- Ashley Pohlmann
- Carissa Bitz
- Guadalupe Montanez
- Amy Lanners
- Jennifer Thelen
- Pamela Dinkel
- Paula Muellner
- Jeffrey Kalpin
- Jennifer Olson
- Melissa Meagher
- Lisa Day
- Kendra Berg
- Vanessa Wielenberg
- Mary Miklavcich
- Nicole Cuchna
- Skyler Rosenow
- Tracy Schultz

This continued participation reflects strong staff engagement and commitment to improving personal health and wellness.

The Wellness Committee remains committed to fostering a culture of health and well-being among staff and supporting district-wide wellness initiatives.

## **Health Services Updates**

We are currently observing a slight decrease in the average number of daily student visits to the Health Office, which is typical for this time of year. That being said, Health Services remains actively engaged in supporting end-of-year activities, including field trips and increased outdoor programming. For all off-campus trips, Health Office staff prepare and provide necessary medications and emergency supplies to ensure student safety, in addition to managing end-of-year responsibilities within the office.

In preparation for the upcoming school year, as stated earlier the Licensed School Nurse will send immunization notification letters to families before the end of the current school year. These notifications, sent via both email and physical letters, outline required vaccinations, particularly for incoming Kindergarten, 7th grade, and 12th grade students. Additionally, staff will complete an end-of-year inventory of health supplies and medications and communicate with families regarding medication pick-up.

Health Office staff continue to participate in training for the upcoming transition to the new Skyward Cumulative system, which will replace the current Skyward program next school year. This transition has required significant learning and preparation. While implementation will present challenges, we are optimistic that the updated system will improve efficiency and enhance student health documentation.

As always, I would like to thank the Board for its continued support of health services within our district. I remain interested in engaging the Board in ongoing discussions regarding needed updates to our health services spaces, given the increasing volume and complexity of student visits.

Thank you for your continued partnership and support of student health and safety. I welcome any questions or requests for additional data.