The following *Best Practice Protocols for Delivering Primary Health Care Services in a School-Based Health Center* have been developed by School-Based Health Alliance to assist both new and established school-based health centers (SBHCs) develop and/or improve the efficiency, effectiveness, and quality of their primary health care services.  
  
While the majority of these protocols are intended to be implemented by primary health care providers, some involve other SBHC staff, sponsoring agency or partners Therefore, it is important that all SBHC staff -- particularly managers, primary health care providers, and other staff, including behavioral healthcare providers -- become familiar with the best practices outlined in these protocols.  
  
Although comprehensive, the protocols do not address every aspect of delivering primary health care services nor every function or role assumed by a primary care provider. SBHCs are encouraged to adapt these protocols to address the specific programmatic, clinical and administrative needs of their SBHC and/or sponsoring agency. SBHCs may also wish to use this set of protocols to develop their own, based on the services provided and population served. In addition, the SBHC sponsoring agency will have primary care protocols to integrate into the SBHC clinical setting.  
  
School-Based Health Alliance endorses these SBHC protocols as consistent with established best primary care and healthcare practices at national, state, and local levels. These protocols have been reviewed by an expert panel of school-based primary health care administrators and clinicians.

**24-Hour Access to Care**

**BEST PRACTICE**

The School-Based Health Center (SBHC) will provide and coordinate 24-hour access to appropriate routine/urgent care services and clinical advice during and after office hours.

**PROTOCOL**

Routine health center hours will be posted at the SBHC and school office and publicized to students, faculty and parents in school meetings and all SBHC publications and appropriate school publications.

Students, faculty, and parents can access the SBHC care team for routine and urgent care needs by office visit, by telephone and through secure electronic messaging. SBHC staff considers patient care needs and preferences when determining the urgency of patient requests for same-day access.

Clinicians return calls or respond to secure electronic messages (i.e. emails) in a timely manner*,* as defined by the practice to meet the clinical needs of the patient population.

The SBHC ensures on-call coverage (pre-arranged access to a clinician) when the school or SBHC is not open. A healthcare facility or service will be designated as the back-up resource for medical care outside of normal operating hours. The SBHC will coordinate with the assigned location regarding patient clinical information and history to ensure continuity of care and follow-up for SBHC patients.

Students and parents are provided information about how to obtain medical care at any time, twenty-four (24) hours per day, every day of the year. Students in need of non-emergency care during non-SBHC hours will be instructed to phone the back-up care facility or service. Such instructions will be posted at the SBHC, on brochures, and on the message phone.

Crisis numbers are also available for behavioral health services.

A medical coverage plan will be developed and implemented by the SBHC coordinator to cover professional staff absences.

**ADA Accessibility**

**BEST PRACTICE**

The School-Based Health Center (SBHC) complies with the Americans with Disabilities Act (ADA) concerning service accessibility for the physically impaired, visually impaired, and the hearing impaired.

**PROTOCOL**

The SBHC will identify the populations that are served in the center and plan accordingly to meet the needs for interpreters and signers on a yearly basis.

The SBHC will ensure that at least one entrance, one bathroom, doorways, and hallways, are accessible to the physically impaired.

Staff will receive training relevant to the populations they serve regarding patient rights and cultural diversity.

### Age Appropriate Reproductive Health and STDs/STIs

#### BEST PRACTICE

The School-Based Health Center (SBHC) will provide reproductive health and sexually transmitted disease/infections (STD/STI) services in accordance with state laws, community acceptance, memorandum of understanding with school partners and documented need. While stressing abstinence, students will have access to education, screening, diagnostic testing and treatment for sexual development and reproductive health services.

#### PROTOCOL

The type of services provided by the SBHC, including specific requirements for family planning services, will be identified and recommended by the center’s advisory committee to the sponsoring agency, and if appropriate to the local school board, consistent with PROTOCOLs mandated in the legislative language.

Appropriately trained SBHC staff will provide the following reproductive health services:

* Abstinence Education
* Responsibility – male and female
* Screening for sexual development
* Preventive education, including
  + Self-breast exam
  + Self-testicular exam
  + STD/STI prevention
* Preventive screening, including
  + Breast exams
  + Testicular exams
  + Pap smears
* STD/STI testing and treatment
* Pregnancy testing

If the local advisory board recommends that family planning be provided as a service, then any public information brochure will include family planning in its description of the entire array of services provided by the center.

***Family Planning Exams***

All students requesting a family planning exam must also receive information/education on anatomy, physiology, safe sex, birth control options, and abstinence. The purpose of this education is to encourage abstinence and to enable the student to make an informed decision as well as prepare the student for their exam.

A special “family planning” visit form will be used for charting the visit. The center will establish referral relationships and develop a contact list of those agencies that can provide center clients with birth control drugs or devices, with a minimum of difficulty in terms of costs, transportation to the agency, waiting periods, and the need for a repeat physical exam and laboratory work if the center is not able to dispense onsite.

All students receiving exams and referred elsewhere for additional services will be followed up within one week of the referral appointment.

***Pregnancy Tests***

Pregnancy testing will be available for all walk-ins, following triage to determine if the student meets the criteria to receive the test (to be determined as a clinical protocol, for example, based on date of last menses).

Test results will be available at the time of testing.

Those students with positive results will be scheduled for a visit as soon as possible with the center’s clinician or referred to their own provider. They will receive follow-up within one week.

Students with negative results will be encouraged to attend a reproductive health educational session and scheduled for a family planning exam as soon as possible if appropriate.

# **STDs/STIs**

STD/STI testing will be available for all walk-ins, following triage to determine if the student meets the criteria to receive the test (to be determined as a clinical protocol.)

Test results will be available at the time of testing if possible.

Those students with positive results will receive care as soon as possible with the center’s clinician or referred to their own provider, and informed of center reporting requirements to the county health department’s infectious disease surveillance office. They will receive follow-up within one week.

Students with negative results will be encouraged to attend a reproductive health educational session and schedule a family-planning exam as soon as possible if appropriate.

Positive results will be reported to the county health department’s infectious disease surveillance office.

The health department will also receive notification of those students who do not seek treatment for positive results.

**Annual Employee Training**

#### BEST PRACTICE

The School-Based Health Center (SBHC) will provide Annual Employee Training with identified topics for staff development and training.

**PROTOCOLS**

**The topics for annual employee training include:**

* 1. Standards of Conduct
     1. Ethics
     2. Conflict of Interest
     3. Harassment / Bullying / Sexual Harassment
  2. Infection Control
     1. Preventing the Transmission of Germs / Nosocomial Infections
     2. Personal Protective Equipment
     3. Hand washing
     4. Blood Borne Pathogens
     5. Standard Universal Precautions
     6. Sharps
  3. Client Rights
     1. Privacy and Confidentiality
     2. HIPAA
  4. General Safety including:
     1. Safety
     2. Environment of Care
     3. Disaster Preparedness
     4. Emergency Response / Communication
     5. Security in the Workplace
     6. Fire Safety – Emergency Alarms, Use of Fire Extinguisher
     7. Workplace Hazards
     8. Client Safety
     9. Errors
     10. Medical Equipment and Electrical Safety

**Appointment Length Guidelines**

**BEST PRACTICE**

The following are guidelines for establishing the amount of time to allow for different types of visits. These are guidelines only and it is recognized that some variation will invariably occur due to client differences. The chart allows you to add times together to determine the length of a complex visit. Each team divides duties related to visits differently and this chart allows for that flexibility.

**PROTOCOL**

**APPOINTMENT GUIDELINES**

|  |  |  |  |
| --- | --- | --- | --- |
| **VISIT TYPE** | **PREP TIME**  **(HA/MOA/LPN)** | **PROVIDER TIME** | **CHN TIME** |
| Walk-in triage | 5 minutes | 10 minutes or | 15 minutes |
| Illness visit | 10 minutes | 15-30 minutes |  |
| Brief re-check | 5 minutes | 10-15 minutes or | 10-15 minutes |
| History review |  | 15 minutes or | 15 minutes |
| Wellness education/FP method counseling |  | 15-30 minutes or | 15-30 minutes |
| Immunization counseling/administration |  | 15 minutes or | 15 minutes |
| FP group education | 45-60 minutes |  | 45-60 minutes |
| FP infection check | 10 minutes | 30 minutes |  |
| FP repap | 5 minutes | 15 minutes |  |
| FP annual | 15 minutes | 30 minutes |  |
| FP initial | 15 minutes | 45 minutes |  |
| Pregnancy test | 5 minutes | 15 minutes or | 15 minutes |
| BP/Rx | 5 minutes | 15 minutes or | 15 minutes |
| HIV counseling/test |  | 30 minutes or | 30 minutes |
| F/U stable condition (e.g. asthma) | 5 minutes | 15-30 minutes or | 15-30 minutes |
| Complex problem/multiple complaints (e.g., HA, fainting) | 10 minutes | 30-45 minutes |  |

**Acronym / Abbreviations:**

CHN = Community Health Nurse

FP = Family Planning

F/U = Follow Up

HA = Health Assistant

H/A = Headache

LPN = Licensed Practical Nurse

MOA = Medical Office Assistant

**Child Abuse and Neglect**

**BEST PRACTICE**

School Based Health Center (SBHC) staff will assess for possible signs of abuse or neglect during all visits, including preventive services visits, and provides appropriate follow-up.

**PROTOCOL**

All SBHC staff will attend training on child maltreatment reporting and be aware of their legal obligations to report possible child maltreatment to the appropriate agency.

If SBHC staff believes there is *any cause to suspect* abuse and/or neglect, the SBHC reporting PROTOCOL must be followed, in accordance with the state Child Protection Law. Staff is not responsible for substantiating the suspicion.

The staff person with cause for suspicion should file an oral report immediately to Protective Services by phone at (include phone # here).

If the client is obtaining health care at the time, appropriate clinical staff should   
assess and document other clinical signs of abuse or neglect in accordance   
with clinical protocols. Staff should *not* attempt to conduct a sexual assault exam unless they are the designated provider of such exams in their community.

The reporting staff will inform the SBHC coordinator, medical director, and school principal (if appropriate and part of MOU) of the report within the time frame dictated by state laws and within sponsoring agency and school policies. Staff should then determine if it is appropriate to contact the parents or guardians to notify them that the report has been made.

Staff should determine and record in writing the extent to which the center will follow-up on the oral report to Protective Services, including whether to involve other SBHC or school staff in the case.

Within 24 hours, the reporting person will contact Protective Services and request an update on the status of the report. This must be documented in the client’s record.

The reporting person must file a written report within a stated time frame, as required by state law. A copy of this report should be placed in the client record.

Staff will document all contact with Protective Services, family members, and others related to the report.

When staff is uncertain on whether or not to report, they must notify the center coordinator or medical director.

Staff will collaborate with other agencies in the development of a follow-up plan, within the limits of state regulations/law. The SBHC will continue to see the student as a client as appropriate.

**Clinical Laboratory Improvement Amendments of 1988 (CLIA)**

**BEST PRACTICE**

The SBHC will ensure quality laboratory testing and specimen collection through participation in and compliance with the CLIA program where appropriate. The center will have a certificate of waiver, a certificate for provider performed microscopy PROTOCOLs, or a registration certificate.

**PROTOCOL**

A laboratory manual that includes copies of manufacturer’s instructions and quality control PROTOCOLs is keep current and accessible.

Laboratory equipment is labeled, in working order, and calibrated on an annual basis.

The following CLIA waved tests may be performed on site:

* Dipstick or tablet reagent urinalysis (non-automated)
* Fecal occult blood
* Ovulation test
* Urine pregnancy test
* Erythrocyte sedimentation rate (non-automated)
* Hemoglobin (automated) by single analyte instruments with self-contained or component features to perform specimen-reagent interaction, providing direct measurement and readout
* Cholesterol test
* Blood glucose by glucose monitoring devices cleared by the FDA, specifically for home use
* Rapid strep screen

Other tests as indicated by Guidelines Adolescent Preventative Services (GAPS) or Bright Futures and medical symptoms / conditions.

Refer to sponsoring agency for PROTOCOLs on individual test.

CLIA certificate is current and must be available or displayed.

All tests need to be logged in appropriate lab log sheet or system for tracking tests   
performed and results.

Record tests in student’s health record.

More information may be found on the Internet at <http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/IVDRegulatoryAssistance/ucm124105.htm> and related links.

# **Clinic Hours**

**BEST PRACTICE**

The School-Based Health Center (SBHC) will be open for operation on a regularly scheduled basis. Students will be notified of these hours. Appointments will be encouraged. Walk-ins will be seen as soon as possible within time and staffing constraints.

**PROTOCOL**

The hours and services schedule will be reviewed and revised annually based on student needs, school schedule, previous years’ experience, and staffing.

Hours of center operation means posted hours when students can receive primary, behavioral health, and oral health care both with and without an appointment.

All efforts shall be made to provide care during hours when students are not in class.

The SBHC shall be open for health education and health promotion services at other times, in addition to primary care hours.

For the hours the SBHC is not open, the phone message will direct people to afterhours care and a sign on the door is posted with afterhours care instructions.

**Collaborative Oversight and Management**

**BEST PRACTICE**

The School-Based Health Center (SBHC) is located in a school setting, sponsored by a local health partner such as a county health department, community health center, hospital, etc.

The foundation of a successful SBHC is a well thought out collaborative agreement, requiring the health and education partners to provide adequate oversight and management.

**PROTOCOL**

The SBHC and partners must develop a Memorandum of Understanding / Agreement (MOU or MOA) to address the partnership and the roles and responsibilities.

The SBHC and partners must develop mechanisms for oversight and management, including, but not limited to:

* regularly scheduled meetings to review the terms of the MOU/MOA
* reporting frequency of any shared data or updates
* emergency designates for signatures, crisis situations, media contacts
* supervision: evaluation and job performance reviews

Access to the SBHC after hours for cleaning and maintenance

#### Collaboration with Primary Care Providers

**BEST PRACTICE**

The School-Based Health Center staff will communicate with student/client’s community primary care providers (PCP) in order to promote continuity of care, facilitate provider collaboration and assure appropriate utilization of available health resources by enrollees.

**PROTOCOLS**

###### Definition: Primary Care Provider – physician or other health care professional in the community providing or assigned by an insurance program to provide health care services to a School-Based Health Center (SBHC) student.

* The parent or guardian (applies state minor consent laws as appropriate)   
  will meet face to face with a SBHC staff member to complete the SBHC enrollment process.
* This meeting will serve to identify the student’s PCP and inform the parent or guardian of the SBHC plan to communicate visit findings to and coordinate services with the PCP.
* Release of information forms for the PCP will be signed by the parent or guardian   
  during the face-to-face meeting.\*
* Parents or guardians will be provided with a SBHC pamphlet, describing the SBHC after-hours service plan.
* Parents or guardians will be provided with a plan to assure 24-hour access to a health care provider for SBHC enrollees.
* Parents or guardians will be educated to utilize their PCP or the SBHC for all non-emergency care needs occurring during customary office hours.
* Each completed release of information form will be faxed to the PCP accompanied by the letter “Information for Community Physicians Whose Patients Have Enrolled In the School-Based Health Center”.
* Communication with PCP’s will not be initiated if the care delivered in the SBHC is uncomplicated acute care or follow-up of uncomplicated acute visits.
* A copy of the Parent and Primary Care Provider Notification Form will be faxed to the PCP’s office for SBHC preventive care visits, for visits to be followed-up at the PCP’s office, for complex emergent or urgent visits, or for treatment follow-up or case management of chronic conditions.
* Information will be faxed to the PCP within 3 working days of the SBHC visit.
* Notes forwarded to the PCP will include subjective, objective, assessment and treatment data.
* PCP notification of SBHC mental health visits will be initiated by the SBHC only if a clinical diagnosis is assigned and/or medication is prescribed by the SBHC.
* PCP approval will be obtained by telephone contact prior to each referral initiated by the SBHC.
* PCP’s, parents, guardians or students age 18 years or older (apply state statue as appropriate) may request a comprehensive report of all medical visits provided to the student at the SBHC.
* PCP’s may request collaboration with the SBHC to develop individualized patient care plans for shared clients.

\*Be sure to also coordinate care with the School Nurse as indicated. Obtain consent for information sharing between the SBHC and school nurse when the parent is present and/or according to state minor consent laws

**Communicable Disease Reporting**

**BEST PRACTICE**

Reportable communicable diseases will be identified using current Center for Disease Control (CDC) and State Health Department guidelines and reported to the local health department.

**PROTOCOL**

# Definition

*Communicable disease is any disease that is transmitted by infection or contagion directly or via a vector (e.g. tick, mite, mosquito).*

Only those students with signed parental/guardian consent to receive school-based health center (SBHC) services or meet the state minor consent laws will be assessed in the SBHC for a possible reportable communicable disease.

The patient will be treated and/or referred for further care to their primary care provider or emergency room the day of diagnosis of the reportable communicable disease.

Once a reportable communicable disease has been identified, it will be reported   
to the appropriate county/state public health department utilizing the required   
reports and forms.

The SBHC medical sponsors/providers, in collaboration with the public health department, may meet with school officials to inform them of the risks of reportable communicable disease when appropriate, especially when those exposed need to obtain evaluation and treatment.

For more information contact:

* State health department’s website
* CDC’s website: <http://www.cdc.gov/osels/ph_surveillance/nndss/phs/infdis.htm>

**Communications with Media**

**BEST PRACTICE**

The School-Based Health Center (SBHC) is highly visible and provides services which may be seen as controversial. The public has a right to accurate and timely information about the SBHC. It is recognized that the presence of the media may cause disruption to the normal operations of the program and potentially break a client’s confidentiality. It is the BEST PRACTICE of the SBHC that it will follow the protocols outlined by the sponsoring agency. In addition, the following PROTOCOL should be followed for SBHC sites.

**PROTOCOL**

Staff should direct all requests from media (TV, radio, and print) to the SBHC Administration.

If media request a site visit, sponsoring agency management/SBHC Administration will make the decision as to where to direct the media, and will notify staff of their decision. SBHC Administration/program manager will schedule media visits when the SBHC has no clients or appointments.

Staff is expected to accommodate requests of the media at the direction of SBHC Administration/program manager so long as client confidentiality is maintained.

The media must gain access to the school campus through the Principal, and must bring their own photo/video tape release forms and ensure it meets the school’s requirements for photo/tape. The SBHC Administration will inform the media that they are responsible for obtaining school clearance with regard to school BEST PRACTICE on this matter. Some schools and principals will not permit students to be interviewed, photographed, or taped on campus, including at the SBHCs.

Media who appear on-site without notice will be asked leave and to contact the sponsoring agency/SBHC administration for appropriate clearance and scheduling.

### Confidentiality

**BEST PRACTICE**

While we support and encourage parental involvement in a student’s health care, all exchanges between health center staff and the student are considered privileged and confidential in accordance with state and federal information acts, the Health Information Portability and Accountability Act (HIPAA) and applicable state and federal laws and regulations. All records will be maintained in compliance with state statute.

**PROTOCOL**

Students must be informed during their visit that one or more staff members may be involved in their treatment or care plans. If the student does not want certain staff persons informed of their care, this must be documented on the chart.

No discussion of visits can occur outside of the center staff without the student’s   
expressed written permission.

No verbal or written request for information on a student can be provided to others, without the explicit permission of the student if they meet age of consent. This includes, but is not limited to, information on whether the student is enrolled in the SBHC, dates of visits, types of services, and requests for referrals. Certain health conditions are reportable to parents or guardians. These conditions may include: cancer, pregnancy, chronic illness, illness requiring hospitalization, surgery, the need for extensive treatment, other life or limb threatening conditions, serious infectious diseases of a highly contagious nature, and threat to self or others

Parents will be notified of these conditions, in the presence of the student, unless the student chooses not to be present.

SBHC staff will encourage students to involve their parents or guardians in all   
aspects of their care.

The medical director or SBHC coordinator have the discretion not to inform parents   
under certain cases of suspected parental abuse or neglect, in which case a report   
must be made to the Protective Services Agency.

The SBHC BEST PRACTICE on confidentiality must be posted in a prominent place, and students must be informed during their first visit of the specific conditions in which parents and guardians will be notified by staff. This discussion must be documented in the medical record.

Each staff member will be oriented to confidentiality regulations and sign a verifying such orientation.

**Continuing Education**

**BEST PRACTICE**

It is the BEST PRACTICE of the School-Based Health Center (SBHC) Program that Training funds for Program Staff will be budgeted and administered by the SBHC Program Administration. This is consistent with programmatic support of staff and team professional development. Each individual staff is primarily responsible for all Continuing Education credits required keeping their license or certification. The SBHC Program may provide training opportunities that may qualify individual staff for Continuing Education credits in their discipline. Each staff is allowed one day paid leave for Continuing Education courses.

**PROTOCOL**

Education and training budgets are for the fiscal year July 1 through June 30th for each individual SBHC sites.

Unspent dollars may not be carried over into the following fiscal year.

Education and training budgets may only be used for job-related education and training needs of the SBHC staff.

Employees shall adhere to the sponsoring agency BEST PRACTICE on education and training.

Employees may be granted a leave of absence to attend seminars, conferences, workshops, or similar activities designed to improve the employee’s skills, increase professional knowledge, and/or enhance the quality of service delivery, research planning, or enforcement of public health laws beyond the one day paid leave.

Approval of requests will be based on the individual development plan for each employee, and the program or team’s training plan. Reimbursement may be full or partial, and leave may be granted with or without pay depending on the current fiscal resources and negotiation with individual staff members.

Education and training dollars may be spent for the following purposes:

#### Conference Registration Fee

###### Hotel/Lodging

* Transportation
* Per Diem
* Other (specify)

Individuals attending conferences/trainings have a responsibility to bring back and share the information and knowledge they have gained from the experience.

**Additional Considerations for PROTOCOL:**

# SBHC Program Parameters

The Program’s Training funds are budgeted in the following manner. Each position in a classification (level of professional licensure) has been allocated a dollar amount based on the total amount available during the current fiscal year.

Site teams will be limited to approving **only one team member’s attendance per conference or training opportunity**. Administration approval is required if additional staff members wish to attend the same conference or training opportunity.

During the first year of implementation, self-directed teams are granted the authority to recommend that budgeted training dollars be spent for individual team members.

Final approval, however, falls within the authority of management. In the event that management does not approve a team’s recommendation, the team will be informed of the decision and, if need be, offered additional coaching.

After one year of successful budgetary decision-making, teams can elect to negotiate right of approval with management.

Management retains the right to, at any time, either increase or decrease team authority based on performance.

# Decision-Making Guidelines for Site Teams

The site team process should include participation by all involved team members.

Individual education and training requests must be job-related and should meet annual performance objectives.

Consideration should be made for licensed personnel required to meet continuing education credit for continued licensure.

Educational leave should be encouraged and supported by site teams, but should not result in undue hardship to the functioning of the team, to providing customer service, nor should it result in over-spending.

# Pertinent Questions for Site Teams

The following are some questions that teams may find helpful in determining the best   
way to expend their education and training budgets:

* How will the site team/program/clients benefit from having the individual attend this conference/training?
* Does the request to attend this conference/training meet the individual's   
  performance objectives for the year?
* Is this educational request appropriate for the individual’s job classification?
* How much money and/or educational time has this individual used this year?

*A formal request must be made to the program manager and approved prior   
to registration for training.*

**Coordination of Client Care with Outside Providers**

**BEST PRACTICE**

It is the BEST PRACTICE of the School-Based Health Center (SBHC) Program to coordinate services with outside providers whenever possible and appropriate. The SBHC Program also recognizes that clients have a right to privacy for services received at the SBHC or elsewhere.

If students choose to receive health services through the SBHC Program, they will not be refused services. Insurance level and/or access to insured health care should never be a barrier to the access of SBHC services.

Students have the ability to choose the SBHC as their medical home or primary health care provider (PCP). If students have an established relationship with another PCP, the SBHC will encourage the students to seek care through that PCP whenever possible.

Proper tracking in services and referrals provided at outside facilities, as well as timely follow-up, is essential to ensuring the continuity of care for the student. If a student’s primary or specialty care provider(s) is located elsewhere, the SBHC should ensure that timely summaries or pertinent records necessary for care management are obtained from the other (external) provider(s) and incorporated into their clinical record and provided to the other external health care professionals, as appropriate, where future care may be provided.

**PROTOCOL**

Coordination of services with outside providers is accomplished using the following guidelines (sponsor specific):

* All student charts or electronic health records should include insurance information.
* Students’ health records should include names and contact information for all providers involved in the client's care.
* In most instances, students requiring specialty services should be referred back to the SBHC for follow-up or referred to their primary care provider (if not the SBHC).
* Students’ health records should provide a summary of past and current diagnoses or conditions, past PROTOCOLs, and history of ordered tests exams to facilitate the continuity of care.

All students should be encouraged to sign "Release of Information" forms for coordination of care between care providers including the school nurse. This is particularly true in the following areas:

* Students with chronic health conditions
* Laboratory findings
* Immunization
* Serious acute conditions

Students have the right to maintain all services received either at the SBHC or at outside providers as private and may choose to limit the release of clinical information for any provider as allowed by minor consent laws and state statue.

Providers should evaluate the need for either verbal or written contact with other care providers at each visit and obtain appropriate releases as needed.

For release of SBHC Information Example:

Students X years or older may sign their own "release of information" forms for primary health care.

Students age X years old or older may sign for "release of information" related to mental health treatment.

Students of X age may sign "release of information" forms specific to family planning services.

**Credentialing Practitioners**

**BEST PRACTICE**

All prospective School-Based Health Center (SBHC) practitioners must be credentialed. Regular verification of credentials and definition of privileges increase patient safety, reduce medical errors and assist in ensuring the provision of high quality health care services.

**PROTOCOL**

Eligibility Criteria:

* To be eligible to apply for initial appointment or reappointment to the Medical Staff, physicians, physician assistants, advanced nurse practitioners, dentists, podiatrists, psychologists and other health care providers must:

1. have a current unrestricted license to practice in this state and have never had a license to practice revoked or suspended by any state licensing agency;
2. where applicable to their practice, have a current, unrestricted DEA registration and state controlled substance license;
3. have current, valid professional liability insurance coverage consistent with privileges satisfactory to the SBHC;
4. have never been convicted of Medicare, Medicaid, or other governmental or private third-party payer fraud or program abuse, nor have been required to pay civil penalties for the same;
5. have never been excluded or precluded from participation in Medicare, Medicaid or other governmental payer program;
6. have never had medical staff appointment or clinical privileges denied, revoked, resigned, relinquished, or terminated by any health care facility or health plan for reasons related to clinical competence or professional conduct;
7. have never been convicted of any felony, or of any misdemeanor relating to the practice of medicine, including controlled substances, governmental or private health insurance fraud or abuse, or violence;
8. have successfully completed a training program; and
9. maintain Board certification and, to the extent required by the applicable specialty/subspecialty board, satisfy recertification requirements. Recertification will be assessed at reappointment.

*Disaster privileges may be granted when the emergency management plan has been activated.*

* **Sample Credentialing Checklist for Practitioners**
* Application for employment with attestation and release signed / dated
* Current CV
* State medical license
* National Provider Identifier (NPI) – this number is often given during residency
* Current DEA License
* Certificate of completion of residency and internship
* Letter(s) of good standing from any states in which you have held a medical license
* Proof of board certification or board eligibility
* Personal / professional recommendations from supervisors of program in which you trained
* Surgical log (if applicable)
* Proof of malpractice insurance (BEST PRACTICE number and copy of BEST PRACTICE face sheet)
* Malpractice Claims History
* Disciplinary Actions, Convictions, Sanctions – copy all documentation
* Medicare number include any sanctions
* Professional education / post graduate training – copy of CME certificates as applicable
* National Practitioner Databank Query
* Federation of State Medical Board Query
* Office of Inspector General List of Excluded Individuals Cumulative Sanction Report
* Completion of new employee orientation (Blood-borne pathogen, safety, compliance, HIPAA, MDS, cultural diversity training, organizational topics, clinical topics, BEST PRACTICE and PROTOCOLs, handbook and so forth)
* Immunization Documentation: Proof of current TB clearance, proof of current immunity for Hep B, MMR, Varicella
* Background check
* If applicable, copy of current BLS or ACLS Certification
* ID badge

## Dental Services

**BEST PRACTICE**

A dental screening will be offered to each student enrolled for care at the School-Based Health Center (SBHC) and a dental plan will be developed that meets the needs of that student.

**PROTOCOL**

Students will receive dental screening during a comprehensive physical examination visits or during their first episodic SBHC medical visit.

Students in need of dental services will be referred to a dentist for appropriate dental care.

**Eligibility**

**BEST PRACTICE**

A currently enrolled student, or the child of a student, whose parent, legal guardian or person acting in loco parentis has completed the School-Based Health Center (SBHC) enrollment process, is eligible to receive all SBHC services. Faculty and Staff may be seen as time and space permit and in accordance with the MOU with the school district and sponsoring agency.

**PROTOCOL (specifics will depend on state minor consent laws and MOU with school district)**

Each student must complete a registration form and necessary consent forms for enrollment and eligibility in the SBHC.

Unregistered students may be seen if they have a written parental consent form (or minor consent option if allowed by state statute) in hand or if the parent or guardian gives verbal consent via telephone. This must be witnessed by two SBHC staff, document and signed by both staff members. In the case of verbal consent, a written consent form must be received in order for the student to be seen again.

Unregistered students whose parent or guardian in not available via telephone will not be seen at the SBHC unless minor consent laws apply and student can consent for care.

Exceptions to the above are students who wish to be seen under related state statute, which provides minors the legal right to access services for things such as communicable disease, pregnancy, substance abuse, and emotional disturbances without parental consent.

Any student, registered or not, will be seen and treated for emergencies or first aid.

Students suspended from school who were previously enrolled at the SBHC are eligible to receive SBHC services with their principal’s permission.

All enrolled students will be served, regardless of insurance status or ability to pay.

The SBHC staff has the right to refuse service to any person that, in the judgment of the staff, behaves inappropriately.

**Emergency Care of Non-Registered Patients**

**BEST PRACTICE**

It is the BEST PRACTICE of the School-Based Health Center (SBHC) to render aid in the case of emergency to anyone on the campus of the schools where we are housed.

**PROTOCOL**

The SBHC defines emergency care as a person who is bleeding profusely, unconscious, in an extreme emotional state, or who is deemed in need of emergency care by the medical and/or mental health professionals on site. On site health professionals may respond to other situations based on their clinical judgment of the emergency nature of the event.

The SBHC staff will respond to the emergency until other health care providers arrive on the scene (EMS, etc.). A verbal report of activity is made to the arriving professionals by center staff.

The SBHC staff will document their actions for non-registered patients. These records will be held in secured place by the clinic coordinator. The principal of the school will be notified that SBHC staff has responded to an emergency on an unregistered student.

If the emergency care was rendered to a non-registered student, then, the staff of the SBHC will attempt to obtain a parental consent for that student.

Reports of emergency services rendered by the team will be made at the next regular staffing by the health center team. The Medical Director and the Chief Executive Officer will review the quarterly staffing reports.

Sites will be aware of the school site’s emergency response plan and participate accordingly.

### Emergencies during Center Hours

#### BEST PRACTICE

The School-Based Health Center (SBHC) will have a written plan for responding to emergencies, within the context of center services, school policies, and the needs of the injured.

#### PROTOCOL

* The SBHC will provide emergency first aid to any student able to enter the center, if trained staff is available.
* The SBHC will provide emergency first aid to any person injured on school property on school property in the event that trained staff is available at the time.
* The SBHC will not respond to emergencies off of school property, but will make a 911 call to alert emergency medical services.
* In providing emergency care, the SBHC staff will attempt to stabilize the injured person, including administering Cardio Pulmonary Resuscitation, choking PROTOCOLs, wound bandaging, and treatment for shock in accordance with their professional abilities and will call 911 as soon as it is possible.
* Staff will stay in attendance until other emergency medical care arrives.
* Efforts will be made to contact parents immediately.
* Payment for ambulance or other first aid care provided to the injured person is not the responsibility of the SBHC.
* The principal’s office must be notified as soon as possible and be responsible for filing all school district accident and injury reports.
* Sponsoring agency administration will receive a summary report of the emergency response in accordance with sponsor’s BEST PRACTICE.

**End of the Year Protocol**

**BEST PRACTICE**

It is the BEST PRACTICE of the School-Based Health Center (SBHC) to follow end-of-the-year PROTOCOLs to close each site at the end of the school year.

**PROTOCOL**

* Responsibilities of the SBHC team include, but are not limited to the following: an accurate inventory of all medicine, medical supplies, office supplies, and forms used by the health center. Additionally, the SBHC team is responsible for completing an inventory of equipment and furniture. Any untagged equipment is to be highlighted on the equipment and furniture log.
* Each nurse / care coordinator will report equipment/file cabinet(s) left at each school site.
* All equipment that must be calibrated over the summer must be brought to the designated site via the SBHC’s sponsoring agency’s end-of-the-year PROTOCOLs.
* All medicine is to be returned to the administrative headquarters of the SBHC’s sponsoring agency.
* Any heat-sensitive materials (thermometer sheaths, Multistix, and so on) are to be returned to the administrative headquarters of the SBHC.
* All refrigerators are to be turned off and defrosted prior to leaving the health center for the summer.
* Equipment left on the site is to be secured under lock and key for the summer.
* All file cabinets are to be locked and secured for the summer in the school-based health center.
* Employees are to report to the headquarters of the SBHC sponsoring agency at the appropriate time for checkout PROTOCOLs. All keys are to be left with administration. No employee is free to leave without securing the needed signatures of administrative staff.

**Health Education and Health Promotion**

**BEST PRACTICE**

It is the BEST PRACTICE of School-Based Health Center (SBHC) to provide health education and health promotion to the extent that is possible at all school-based health centers to clients/students and their families/guardians.

**PROTOCOL**

In order to prioritize the needs within each SBHC, staff will aggregate the following information for discussion by each cluster of medical/mental health professionals:

* Types of cases reported to staffing
* Aggregate risk factor information by school
* Annual reports from the Adolescent and School
* Health Initiative by school
* Other community data

Health Education and Promotion will be by individual case, group health education, and classroom presentations.

The SBHC staff and sponsoring agency will review information and plan activities for each school year.

The SBHC will seek out the best health education material for the types of health education and promotion identified by each school. Searches of national database information and several list-serves are monitored for the latest health education and promotion material that shows impact and outcome data.

The SBHC and sponsoring agency will seek out speakers and programs from other community resources to assist in these endeavors.

The SBHC will seek out community partners in providing health education and promotion opportunities (churches, organized community groups, i.e., Boys/Girls Clubs, and so on).

**Hiring Qualifications/Licensing/Verification**

**BEST PRACTICE**

The SBHC will hire staff based on the sponsoring agency’s qualification and licensing requirements. Preferences are given to applicants who have experience working with SBHC age clients.

**PROTOCOL**

The personnel department will post position descriptions upon approval of the SBHC program manager.

The hiring process will be done according to the sponsoring agency requirements.

All positions requiring specific qualifications and/or licensing will be filled without exception to those requirements.

All candidates for positions in the SBHC will have their qualifications and/or licenses verified by personnel prior to completing the hiring contract/process.

Positions may not be filled unless the appropriate verification has taken place and licenses are current and in good standing.

**HIV / AIDS**

**BEST PRACTICE**

It is the BEST PRACTICE of the School-Based Health Center (SBHC) to follow state and federal laws/policies regarding prevention education, counseling, testing, and confidentiality.

**PROTOCOL**

Clients may receive testing for evidence of HIV infection in the SBHC. Current CDC guidelines for the United States recommend HIV screening in health-care settings for all persons 13-64 years of age.

The SBHC will follow state and health department recommendations for testing criteria.

As with any PROTOCOL and treatment, consent must be obtained from the client by the provider.

Nursing protocols for privacy, charting and lab slips are followed in the school-based health centers.

**Hours of Operation**

**BEST PRACTICE**

It is the BEST PRACTICE of the School-Based Health Center (SBHC) that hours of operation are set by the individual health centers within the following parameters: 6:45 am until 4:00 pm.

**PROTOCOL**

SBHC employees set their start and end times at the beginning of each year. Those times correspond to the following parameters:

6:45 AM – 2:45 PM

7:00 AM – 3:00 PM

7:15 AM – 3:15 PM

7:30 AM – 3:30 PM

8:00 AM – 4:00 PM

Each employee sets their start and end time. All hours of operation must be clearly posted.

If a parent/guardian or other interested adult wants to discuss a student and their health care at a time outside of the set hours, the SBHC staff person is expected to accommodate the parent/guardian if possible within SBHC staffing guidelines.

The SBHC staff has a 30-minute lunch period each day. In a school-based health center, the team should stagger their lunch times, making sure two staff is present in the SBHC at all times.

The SBHC staff is expected to be on-site for eight hours every day that students are on campus during the regular school year.

**Immunizations**

**BEST PRACTICE**

It is the BEST PRACTICE of the School-Based Health Center to check records of immunizations of all registered students according to the immunization schedule promulgated by the [State] Office of Public Health and in consideration of the availability of vaccines through the Vaccines for Children program.

**PROTOCOL**

The SBHC staff will make every effort to obtain the updated immunization records on all registered students in the health centers. Sources of information include, but are not limited to, the student’s primary care provider, the parent/guardian, the cumulative folder of the student, the school health records, and the state web-based program.

The SBHC administrative staff conducts random chart monitoring for immunization records on the chart on a regular basis. Reports of the percentage of charts with immunization records are given to the health staff during the site visit.

The medical staff, under the direction of the Medical Director, has a targeted approach to updating a student’s immunization status during the school year.

The SBHC staff work with the parent liaisons of the school system and others to obtain needed permission from the parent/guardian for immunization updates.

Thermometers are in use in all refrigerator / freezers at each site. Readings are taken twice per day per SBHC requirements.

No personal or food items will be stored in the refrigerator or freezers that contain vaccines.

If the area is in a target zone for severe storms / power outages all vaccine must be shipped back to public health department or sponsoring agency under recommended transport conditions.

**Immunizations: Emergency Storage**

**BEST PRACTICE**

The School-Based Health Center (SBHC) needs to assure that vaccines are appropriately cared for during vacations and during the threat of severe weather when electricity may be lost in the area.

**PROTOCOL**

1. Vaccines will be appropriately stored in a refrigerator with an accurately   
   functioning thermometer.
2. When there is an extended period of time that the center will be closed, the   
   vaccines will be transported to the sponsoring agency (county health department, community health center, hospital, etc.) for appropriate storage.
3. When there is inclement weather predicted, staff will determine the need to   
   provide backup electricity if available or make arrangements for transporting   
   of the vaccines to an appropriate facility with adequate refrigeration   
   capacity and appropriate supervision.
4. All vaccines will be inventoried prior to any transporting.
5. Vaccines will be transported in safety containers to decrease breakage.

**Incident Reports**

**BEST PRACTICE**

It is the BEST PRACTICE of the School-Based Health Center (SBHC) to investigate any reported incident where the SBHC staff is involved.

**PROTOCOL**

Incident reports will be investigated by a representative of the administrative staff of SBHC sponsoring agency in a timely fashion.

The SBHC staff will complete an incident report that occurs within the confines of the school-based health center.

SBHC staff will complete a school system incident report and a SBHC sponsoring agency incident report if they are direct witnesses to the events of the incident.

Any incident report will be taken to SBHC administration for review and recommendation to the CEO/sponsoring agency human resources.

**Infectious Waste Disposal**

**BEST PRACTICE**

It is the BEST PRACTICE of the School-Based Health Center to store infectious waste in: closeable containers, constructed to contain all contents and prevent leakage of fluids, labeled or color coded and closed prior to removal. SBHCs are to follow state and federal requirements on disposal.

**PROTOCLS**

**Summary of Federal Requirements (2012)**

On the Federal level, the storage and management of medical waste is primarily regulated by OSHA.

The OSHA regulations only apply to human blood, human infectious wastes, and human pathological wastes.

Under OSHA:

* contaminated reusable sharps must be placed in containers that are: puncture resistant; labeled or color coded; and leak-proof on the sides and bottom,
* reusable sharps that are contaminated with blood or other potentially infectious materials must not be stored or processed in a manner that requires employees to reach by hand into the containers,
* specimens of blood or other potentially infectious material are required to be placed in a container that is labeled and color coded and closed prior to being stored, transported or shipped,
* contaminated sharps must be placed in containers that are: closeable, puncture resistant, leak-proof on sides and bottoms, and labeled or color coded,
* regulated wastes (liquid or semi-liquid blood or other potentially infectious materials, contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling, contaminated sharps, and pathological and microbiological wastes containing blood or other potentially infectious materials) must be placed in containers that are: closeable, constructed to contain all contents and prevent leakage of fluids, labeled or color coded, closed prior to removal,
* all bins, pails, cans, and similar receptacles intended for reuse, that have the likelihood of becoming contaminated with blood or other potentially infectious materials are required to be inspected and decontaminated on a regularly scheduled basis,
* labels affixed to containers of regulated wastes, refrigerators and freezers containing blood or other potentially infectious materials, and other containers used to store, transport, or ship blood or other potentially infectious materials must: include the biohazard symbol, be fluorescent orange or orange-red or predominantly so, with lettering and symbols in contrasting color; and affixed as closely as possible to the container by adhesive or wire to prevent loss or removal.

Biohazard Containers are clearly marked with biohazard sticker and red bags.

When a biohazard container is ready for disposal, the medical provider should seal the container with tape, making sure that the top of the container is taped down securely and brought to the SBHC administrative office for disposal.

At the end of every school year, all infectious waste (sharps) containers are brought to SBHC administrative office.

The containers are transported for proper disposal in their biohazard material system.

See the sponsoring agency’s Exposure Control Plan for more specific information regarding PROTOCOLs to promote safe work practices.

**Injections**

**BEST PRACTICE**

It is the BEST PRACTICE of the School-Based Health Center (SBHC) Program that any immunization or antibiotic injection given at an SBHC site should be followed by an observation period for safety purposes due to potential reactions.

**PROTOCOL**

Upon receiving an injection, the student will remain for 15 minutes of observation. The client does not have to be kept under direct visual observation at the SBHC site, but must remain in an area readily accessible by SBHC site staff, and in the company of others.

**Example:**A student may be allowed to return to class since the teacher could readily phone the SBHC site. However, the student should not be allowed to leave the school campus.

**Resources:**

CDC Vaccine Recommendations - <http://www.immunize.org/news.d/cdc-resr.htm>

ACIP Vaccine Recommendations - <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>

Vaccine Information for Healthcare Professionals - <http://www.immunize.org/>

Guide to contraindications and Precautions to Commonly Used Vaccines - <http://www.immunize.org/catg.d/p3072a.pdf>

Medical Management of Vaccine Reactions in Children and Teens - <http://www.immunize.org/catg.d/p3082a.pdf>

**Insurance Billing**

**BEST PRACTICE**

It is the BEST PRACTICE of the School-Based Health Center (SBHC) program to maximize resources and bill insurance as appropriate.

**PROTOCOL**

All medical, mental health, oral health, and vision visits to the SBHC sites will be billed to the client's insurance provider unless the following condition(s) exist:

* The student does not have insurance coverage.
* The parent or student refuses to allow insurance company to be billed for care at the SBHC site (refuses to sign for release of information to insurance company), but consents to treatment at the SBHC site.
* The parent refuses to give consent for the student to receive services but the student is of age to give consent, i.e., X years of age or over or the student is seeking family planning services for which there is no age restriction.
* Student requests that bills not be sent to insurance company for confidentiality reasons.

**Senior OA—Responsibilities**

Collect insurance information.

* Obtain insurance information from all students at initial visit to the SBHC site. (If appropriate, contact parents to obtain insurance information.)
* Obtain appropriate signatures for release of information and billing to   
  insurance company.
* Confirm accuracy of insurance information at each visit.

Maintain up-to-date insurance records.

* Confirm that the client’s insurance information is current in HIS.
* Confirm that the label in the client’s medical record has accurate/current   
  insurance information.

Bill visits to insurance according to encounter form instructions.

* Each encounter form should be returned from the provider with specific billing instructions. (See Provider Responsibilities.)
* Portions of the visit should be either billed or suppressed according to billing instructions on the encounter form.

#### Enter billing messages in the computer.

#### All clients with insurance should have billing messages in EHR that are based upon the services they are receiving and their consent to bill for that service.

#### Messages should be updated as the client situation changes related to the billing of SBHC services. An example is:

|  |  |
| --- | --- |
| Msg. # | BILLING MESSAGE |
| 224  235  236 | OK to bill Family Planning at SBHC (Medicaid/OHP)  OK to bill Family Planning at SBHC (3rd party)  Do not bill Family Planning at SBHC (3rd party) |
| 237  238 | OK to bill Primary Care at SBHC  Do not bill Primary Care at SBHC |
| 239  240 | OK to bill Mental Health at SBHC  Do not bill Mental Health at SBHC |

Provide billing report information to team members.

* Review monthly billing reports.
* Communicate billing report information formally each month to team members at team meetings.
* Facilitate discussions regarding billing as outlined under “Team Responsibilities.”

**Provider (CHN, LPN, NP/PA, MHC)—Responsibilities**

Collection of insurance information

* Query students as appropriate regarding insurance status if no information is available on the medical record.
* At each parent contact opportunity, verify insurance information.
* Communicate new insurance information to the SOA for data entry in EHR.

Communicate billing instructions for each visit.

* At the conclusion of each visit, discuss with the student what portion of today’s visit may be billed, and what portion of the visit should be suppressed.
* Complete the billing information on the encounter form/EHR:

Bill today’s visit?

|  |  |  |
| --- | --- | --- |
| Primary Care | Yes | No |
| Family Planning | Yes | No |
| Mental Health | Yes | No |

#### Team Responsibilities

Routinely review billing practices.

* Review monthly reports regarding billing information and completeness of data in EHR. (This information sharing should be led by the Senior OA, but all team members are expected to participate in the process.)
* Identify team activities that effectively promote appropriate billing.
* Identify system and team inefficiencies that are barriers to efficient billing.

Communicate to Administrative Team:

* Team activities that promote effective billing
* System inefficiencies that are barriers to efficient billing

Acronym / Abbreviations:

CHN = Community Health Nurse

LPN = Licensed Practical Nurse

MHC = Mental Health Counselor

NP = Nurse Practitioner

OA = Office Assistant

PA = Physician Assistant

SOA = Senior Office Assistant

**Inventory**

**BEST PRACTICE**

It is the BEST PRACTICE of the School-Based Health Center (SBHC) to maintain an adequate inventory of medical and office supplies and an accurate inventory of furniture and equipment.

**PROTOCOL**

SBHC staff monitor individual site inventory (supplies and medicine) at periodic times designated at the beginning of the year. Inventory sheets are completed and turned into the Administrative Office of SBHC in a timely manner.

SBHC staff at individual sites are responsible for requesting needed supplies throughout the year. Requests are forwarded to the Inventory Coordinator of the sponsoring agency for processing and quote.

SBHC Inventory Coordinator is responsible for tagging all furniture and equipment. Staff maintains the files for all furnishings and equipment including, but not limited to, quotes for equipment (if cost is greater than $ 250), successful bid for equipment, and the tagging log of furniture and equipment.

SBHC site staff completes furniture and equipment inventories twice each school year (beginning and end of the year). Results of inventory are reported to the Administrative staff of the SBHC.

**Lab Results during School Vacations**

**BEST PRACTICE**

It is the BEST PRACTICE of the School-Based Health Center (SBHC) Program that each SBHC site provider is responsible for planning what is to be done with local-site laboratory results   
returned during times of school closure.

**PROTOCOL**

Many sites begin a lab log seven to ten days prior to school closure. This log should include the student’s name, tests done, and how to contact the student.

The log is sent to SBHC Program Administration, who will decide which administrative team member will be responsible.

Decisions about abnormal lab results can be made by the SBHC Lead Nurse Practitioner (NP) or by the SBHC sponsoring agency physician on call.

During summer vacation, the provider staffing the summer school clinic will be responsible for the lab result process.

If a log is not kept, an alternative is to write a contact phone number for the student directly on the lab slip.

If a condition would likely require treatment, the provider should initiate treatment and write, “treated.”

Lab results will be held by program administration until sites reopen, and then forwarded to the sites for filing in the charts.

**Mandated Child Abuse Reporting**

**BEST PRACTICE**

It is the BEST PRACTICE of the School-Based Health Center (SBHC) Program that all SBHC staff and all Behavioral Health Department (BHD) staff adhere to the following guidelines regarding mandated child abuse reporting. (State specific)

**PROTOCOL**

It is mandatory for all staff to report actual or suspected abuse of a child. (See attached statutes.) Advise your supervisor of your concern and make a report to:

Child Protective Services Agency (CPSA) Hot Line *[insert phone number specific to SBHC*]

A report of abuse must be documented in the progress notes of the Mental Health section of the SBHC chart and reported by telephone to the CPSA supervisor.

List applicable state statutes

**Medical Services**

**BEST PRACTICE**

The School-Based Health Center (SBHC) is committed to daily delivery of primary care services and will make every effort to provide such a service. Short-term absences of staff will be covered by 24 Hour Access policies.

**PROTOCOL**

* Students who are enrolled at the SBHC may receive services.
* Assessments, diagnosis, treatment/management and monitoring of acute and chronic illnesses and injuries will be offered according to protocols and scope of practice of the providers in the SBHC.
* Upon assessment of the illness and/or injury, the SBHC provider will develop a plan of treatment in collaboration, if appropriate and possible, with the parent/guardian, supervising physician and primary care provider.
* Triage services will be provided utilizing written protocols signed by the SBHC medical director.
* RNs may provide basic treatment for selected medical conditions outlined in nursing standing orders signed by the SBHC medical director.

*Each local community decides which services will be offered at its SBHC. Health center staff aims to build cultural sensitivity into all the services they provide. Those services vary but should include the following:*

### Medical

* Comprehensive health exams
* Diagnosis and treatment of medical conditions such as hypertension, diabetes, asthma, anemia
* Routine management of chronic conditions
* Immunizations and laboratory testing
* Preventative services
* Health education and promotion
* Referrals and coordination of outside services such as x-rays, dental work and other services not available at the SBHCs
* Age appropriate reproductive health care / pregnancy testing
* Sick visit consultation
* First aid for cuts, scratches and bruises

### Behavioral Health

* Mental health awareness and outreach, including suicide prevention
* Screening for depression, anxiety, substance abuse, and other mental health conditions
* Behavioral health care including assessment, treatment, referral and crisis intervention
* Individual, group and family therapy
* Case management
* Social service assessment, referral and follow up as needed

### Prevention

* Health promotion and risk reduction programs, including educational efforts that encourage healthy lifestyles
* Health risks assessment
* Nutrition and physical activity promotion

### Other Services that May Be Offered

* Dental services
* Vision
* Health education
* “Telehealth” services, enabling SBHC practitioners to consult with off-site medical specialists via closed-circuit television or phone.

A referral BEST PRACTICE is in place to address medical situations beyond the SBHC provider's scope of practice or beyond the allowable services as established in a Memorandum of Understanding.

### Medication Dispensing, Administration & Distribution

#### BEST PRACTICE

SBHC teams will follow state licensure rules regarding dispensing, administration, and distribution of medications in School-Based Health Centers (SBHCs). For purposes of definition, administration of a medication is considered the immediate use of the medication (regardless of route of administration) by the patient in the nurse's or mid‑level providers' presence. Administration does not include additional doses or uses of the medication after the patient leaves the SBHC. Distribution is less clearly defined by the Board of Pharmacy. Dispensing refers to medications given to the patient to take outside the clinic. (STATE LAWS AND DEFINITIONS MAY BE DIFFERENT.)

#### PROTOCOL

Nurse Practitioners (NP) and Physician’s Assistants (PA) may prescribe; state dependent.

Registered Nurses (RN) and Licensed Practical Nurses (LPN) may order, administer and distribute according to physician or mid­level provider orders, departmental standing orders, and state pharmacy laws.

NP's, PA's, RN's and LPN's may distribute prepared prescriptions delivered from the pharmacy to the client via the SBHC. Health Assistants (HA) and Office Assistants (OA) may not administer, distribute, or dispense medication to clients except as outlined in sponsoring agency policies and PROTOCOLs.

HA's and OA's may observe a patient taking the patient's own prescription for purposes of documentation when appropriate, (i.e., Direct Observed Therapy for Tuberculosis medication treatment).

NP's and PA's are authorized to give prepackaged prescription medication samples labeled "SAMPLE, NOT FOR RESALE" as long as the medication is not repackaged and is on the provider's formulary.

SBHC personnel may not repackage or re‑label any prescription or non‑prescription medication for patient use outside the SBHC.

# **Memorandum of Understanding**

**BEST PRACTICE**

A memorandum of understanding (MOU) is designed to formalize a continuing relationship between partners such as public school and health care organizations, regarding the operation of a School-Based Health Center (SBHC). Such agreements are also known as Letters of Agreement (LOA), Memorandum of Agreements (MOA), and contracts.

**PROTOCOL**

A MOU may contain the following, including but not limited to:

* Terms of Agreement
* Roles, responsibilities of each agency
* Preparation of reports
* Data collection
* Confidentiality
* Sharing of information (HIPAA, FERPA)
* Funding and resources
* Marketing
* Governance structure
* Goods and services provided by each agency including:

1. Liability
2. Cost of and payment for goods and services
3. Billing and reimbursement
4. PROTOCOLs for obtaining appointments, consultation, referrals, etc.
5. Emergency and after hours care

* Records management

1. Access to records when the SBHC is closed
2. Storage of records on and off site

* Overview of personnel issues (shared staff)

1. Job descriptions
2. Selections
3. Credentials
4. Privileging
5. Space, office and telephone arrangements
6. Orientation and training
7. Personnel policies and PROTOCOLs
8. Supervision
9. Participation in meetings
10. Evaluation
11. Disciplinary action and process

* Addressing priorities and resolving differences between the agencies

The MOU will be within state laws regarding such agreements, especially in regards to binding authority and conflict of interest laws. Authorized officers of each partner will be able to execute the MOU. The MOU will be updated and signed annually.

**Mental Health Emergencies in the SBHC**

**BEST PRACTICE**

The School-Based Health Center will provide direct intervention when a student is at imminent risk of physical injury or death, to self or others. A mental health emergency is a situation, in which any student who is making or behaving in a manner that in the staff's observation (or report by others) can be interpreted as being either a danger to self or a danger to others. Imminent risk includes, but is not limited to, suicidal ideation or actions, homicidal threats/attempts, or suspicion of drug ingestion or overdose.

**PROTOCOL**

**Gaining Control of Crisis**

The SBHC staff member will attempt to supportively calm the student in crisis while accompanying the student to the mental health workers office or a safe and secure room.

The SBHC staff will assess the level of risk to the student or others and develop a plan according to state laws and school policies. The plan may include the following:

* possible medical treatment/psychiatric treatment
* strategy for linking student to necessary transportation if appropriate
* plan to notify parent or guardian, unless it puts the student in increased danger
* plan to notify or involve school building administrator or other   
  appropriate personnel
* remove other students from the SBHC as appropriate

At no time will SBHC staff attempt to take weapons or physically stop a fleeing student.

Additional policies and PROTOCOLs are necessary for specific situations such as an actively suicidal student and transporting students.

##### Non-Enrolled Student

#### BEST PRACTICE

Since the School-Based Health Center (SBHC) is located within the school, access to its services may be restricted to students enrolled in the school. For the security of the enrolled students and school personnel, each school principal has the right to limit building access. Students who are actively enrolled in the SBHC will be given priority; however, there may be instances when medical conditions warrant exceptions to this BEST PRACTICE.

The decision to provide services to a non-enrolled student at a SBHC should be based on:

* Lack of student resources elsewhere
* Provider Caseload
* Clinic Capacity
* Principal/School district approval and conditions

**PROTOCOL**

**Exceptions**

**Matriculating Students, Withdrawing Students** (Graduating from or withdrawing from Grade School, Middle School or High School)

It is expected that students will be linked with resources in the community prior to their graduation. A clear plan should be made and documented in the chart for efficient transfer of care. If care cannot be transferred, the case should be debriefed involving all team members. In the rare instances when this has not occurred, the student may be seen for a single visit on site at the SBHC for the purpose of transferring care to another provider or completing an ongoing service (e.g., completing the Hepatitis B series).

## Students enrolled in other schools

Students from other schools may be seen in the SBHC only when an agreement has been reached between the on-site principal, the principal of the outside school and the SBHC sponsoring agency.

**Middle School Students seen at the High School SBHC**

Middle school students, who are referred to the high school site by middle school site staff or faculty (for example (e.g.), school nurse, counselors, teachers, administrators,) may be seen at the high school SBHC. This service may include delivery of prescriptions or administration of prescription injectable medication. Law regarding age of consent must be followed.

**Special Education**

The school nurse should be the primary case manager while the special education student is in school attendance and, as such, maintains an individualized care plan for clients with special medical conditions. These students usually have a primary care provider; therefore, the SBHC should be seen as a secondary care provider on an as-needed basis only. In those instances where confidential services are requested from the SBHC, the provider must weigh the following considerations:

* Is the student able to consent to care both by age and mental capacity?
* Is it possible to involve a parent or guardian in the student’s care?
* How will the care affect ongoing treatment by the primary care provider? A two-way release of information between the primary care provider and the SBHC is strongly encouraged for these students.

# **Non‑Enrolled Partners of Enrolled Students**

There will be times when a non‑enrolled person may have valuable input to the care of an enrolled SBHC student. Providers may choose to interview these individuals at the SBHC. It is recommended that these appointments are scheduled after the close of the school day and school BEST PRACTICE regarding guests should be followed. Information from these visits will be documented in the SBHC patient record. These individuals will not become SBHC patients (such as in the treatment of Sexually Transmitted Diseases/Infections (STD/STI) and should not be treated as such.

**Orientation**

**BEST PRACTICE**

The sponsoring agency is committed to the provision of quality care. All new School-Based Health Center (SBHC) employees or subcontractors involved in delivering services to students and other potential clients at the school-based health center will receive orientation to the site, policies and PROTOCOLs and role expectations.

**PROTOCOL**

The orientation will take place within the first week of employment.

The program coordinator will be responsible for the orientation.

A standardized checklist will be utilized to document that new employee orientation has been completed.

At the completion of the orientation process, the checklist form will be signed and dated by the employee and the project coordinator or designee and placed in the employees personnel file, on file at the center, and with the sponsoring agency.

Sample Orientation Checklist for New SBHC Employees

COMPLETE WITHIN ONE WEEK OF BEGINNING WORK AT THE SBHC

Employee’s Name

Home Agency

Date of Center Employment

**The orientation must be completed before work assignments are given.**

1. Policies of the SBHC
2. Policies of the host school
3. SBHC position description (duties and responsibilities)
4. SBHC performance standards
5. Established SBHC PROTOCOLs
6. Times and days of work schedule
7. Evaluation / performance review
8. Supervision (home agency and SBHC project coordinator)
9. Health and Safety (including Bloodborne Pathogen Training)
10. Accident reporting
11. Physical Layout of school(s) and SBHC
12. Telephone usage – answering, calling, personal calls
13. Appearance
14. Smoking
15. Parking
16. Grievance Reporting
17. Introduction to co-workers
18. Paperwork
19. Communication – team conference, staff meetings, sign-in/out, mail
20. Sexual harassment BEST PRACTICE
21. HIPAA BEST PRACTICE
22. FERPA BEST PRACTICE

Employee’s Signature Date

Program Coordinator Signature Date

Copy for SBHC File, Copy to Sponsoring Agency Supervisor

**OSHA Compliance**

**BEST PRACTICE**

The School-Based Health Center (SBHC) will be in compliance with the US Department of Labor Occupational Safety and Health Administration (OSHA) rules for safety of the staff and students.

**PROTOCOL**

The staff will receive yearly training OHSA rules and requirements.

The SBHC and sponsoring agency will review OSHA rules and requirements and provide updates on a yearly basis.

Each site will complete a yearly review appropriate plans and practices.

The SBHC will have in place the following:

* Blood Borne Pathogen Exposure Plan
* Infectious Waste Management Plan
* Biohazard Waste Management Plan

The staff will practice Standard Universal Precautions at all times.

For further information on OHSA: [www.osha.gov](http://www.osha.gov)

**Parental/Guardian Involvement**

**BEST PRACTICE**

The School-Based Health Center (SBHC) staff will encourage parental/guardian involvement. Staff will assist the student in communication with their parent(s) / guardian, and when consent is given, assist the parent(s) / guardian in preventing and identifying health risks in their children in accordance with Guidelines for Adolescent Preventative Services (GAPS) or Bright Futures recommendations.

**PROTOCOL**

The SBHC will attempt to involve the parents or caregivers of students in all aspects of the student's care, *with consent from the student*. Clinicians will assist in facilitating communication between parents / guardians and clients.

The SBHC will offer parental / guardian education sessions and workshops throughout the year on topics of interest to the parents / guardians, in accordance with the GAPS or Bright Futures recommendations.

Parents / guardians will be encouraged to schedule a guidance session with the   
SBHC staff at least once during early adolescence, once during middle adolescence,   
and once during late adolescence.

The SBHC will sponsor an annual open house for parents / guardians, and other adults.

**Camp/Job/Sports Physicals**

**BEST PRACTICE**

Physicals for camp, jobs, or sport will be provided to School-Based Health Center (SBHC) students on-site through appointments all year. Special days may be designated for such a purpose at special times throughout the year. All physicals should be made a comprehensive physical exam with a risk assessment when indicated (such as more than a year since last comprehensive physical exam).

**PROTOCOL**

The staff at the SBHC will determine the child’s eligibility to receive a camp/ job/ sports physical by review of the chart/EHR for completion of the Parent Data Collection Enrollment Form and completion of appropriate consent forms.

Only those students with signed parental/guardian consent to receive SBHC services will be eligible to receive a camp/job/sports physical in the SBHC.

A camp/job/sports physical form will be completed and a copy filed in the student’s medical record.

Follow-up for a specific finding will be initiated by the provider with a documented plan of care related to the finding.

All relevant visit information will be shared with the patient’s primary care provider and parent/guardian per the Confidentiality and the Request/Consent BEST PRACTICE.

**Positive Pregnancy Test Referral**

**BEST PRACTICE**

Pregnancy testing and referral at the School-Based Health Center (SBHC) is covered in the sponsoring agency’s family planning guidelines. Early diagnosis, referral and case management of pregnant teens leads to optimum outcomes.

**PROTOCOL**

When initially counseling a client with a positive pregnancy test, the provider is expected to assess the adolescent for:

* Feelings about the pregnancy
* Risk for suicide
* Knowledge of legal options available
* Support systems
* Possible abuse by partner
* Ability to make an independent decision

This may be evidenced by:

* Is able to articulate a plan.
* Is able to keep medical appointments.
* Is able to follow medical plans.
* Has identified a support system.

If the adolescent appears to function at a mature, intellectual level, parental involvement should be encouraged and facilitated but the adolescent's right to confidentiality should be respected. The chart should document the client's wishes and the provider's criteria for deciding to breach confidentiality or not.

* In the case of an adolescent at high risk due to low intellectual function, emotional disturbance or poor judgment, the provider must seriously consider involving a parent or guardian.
* Where students are ambivalent about parent/guardian involvement the provider should offer to mediate to enable the client to involve the parent or guardian in their care.

All clients should be given the opportunity for in-depth options counseling through a referral.

* If the client's decision appears to be termination, the provider must discontinue counseling at this point and refer the student outside the SBHC.
* In the event of a decision to continue the pregnancy, the SBHC provider assists the client in obtaining prenatal care, insurance if necessary, and then tracks the client for follow-up and outcome data.

Each pregnant client should have an identified prenatal care provider outside of the SBHC. The role of the SBHC is to assess that the client is obtaining prenatal care, not to duplicate services.

Clients should be followed to confirm that they access the referral resource successfully. If not, the provider should consider involving a parent at this point, and coordinating tracking with the field nurse.

If the first prenatal appointment is delayed, the SBHC provider may decide to do an initial assessment STD according to the sponsoring agency’s BEST PRACTICE and the American College of Obstetricians and Gynecologists (ACOG) guidelines available at www.acog.org.

**Processing Mail**

**BEST PRACTICE**

Incoming or Outgoing mail is considered the property of the SBHC/sponsoring agency and shall be opened and/or processed as such.

**PROTOCOL**

Incoming Mail

All incoming mail will be opened to insure all checks and remittance advices are properly received, dated, deposited and recorded.

Checks and remittance advices come in regular and window envelopes and those requiring ends be folded and removed. Some come addressed to specific providers because the vendors are unaware our medical providers are not private practitioners, but work for the sponsoring agency.

Only mail that is clearly marked with any combination of “Personal” or “confidential” will not be opened.

All opened mail will be stamped with that days stamp indicating the date received.

Outgoing Mail

All outgoing mail, other than packages being sent by carriers other than the U.S. Post Office, should be placed in the appropriate bin in the Business Office for weighing and metered as appropriate. This step provides the mechanism to properly charge mail expense to the using department.

Items bring shipped by all other carriers should be taken to Central Supply for proper documentation and contact with the carrier.

Personal use of the postage meter or related supplies is a serious offense and may result in disciplinary action or termination.

**Recruitment and Outreach: Client/Patients**

**BEST PRACTICE**

It is the BEST PRACTICE of the School-Based Health Center (SBHC) to actively promote the services of the school-based health center to the schools, parents, and student population.

**PROTOCOL / GENERAL ISSUES**

Each school site staff will plan and implement appropriate recruitment and outreach activities in order to educate the school, parents, and student population as to the availability of health care services.

The recruitment PROTOCOLs will include but are not limited to the following:

* School enrollment
* Mailers
* Bulletin boards/posters
* Students newspapers
* Teachers and staff education
* Campaigns and PSAs
* Newspaper articles
* Outreach to parents

SBHC staff will also convene identified youth/parent advocates to assist with recruitment activities and promote health services.

**Safe and Drug Free Workplace**

**BEST PRACTICE**

The School-Based Health Center is a safe and drug free environment. Staff and visitors will be able to work or visit the center without risk to his/her/other health or safety. The staff will not be allowed to work due to impairment by alcohol or other drug use.

**PROTOCOL**

Employees may not use, possess, distribute, sell or be under the influence of alcohol, narcotics, or any other drugs at any time during assigned work hours or while conducting business related activities both on and off premises.

The only exception is for use of prescription drugs or over the counter (OTC) medications that will not impair one’s ability to perform their job safely. A medical certificate from the doctor may be required by a supervisor.

Violations of this BEST PRACTICE will lead to disciplinary action that may include termination and/or required participation in a substance abuse rehabilitation or treatment program. Such violations may also have legal consequences and will be reported to the appropriate law enforcement agency.

For more information on disciplinary steps, please refer to the sponsoring agency policies and PROTOCOLs for Safe and Drug Free Workplace.

**Sexual Education and Counseling**

**BEST PRACTICE**

Sexuality education and counseling of students may take place onsite at a School-Based Health Center (SBHC).

**PROTOCOL**

Definitions:

**Sexuality education** – teaching relating to sexual development, reproduction, contraception, sexually transmitted diseases/infections (STD’s/STI’s) and sexual abuse.

**Sexuality counseling** – interaction between a staff member and student concerning sexuality education, sexual responsibility and decision-making.

* Age-appropriate sexuality education and counseling will be routine components   
  of health maintenance (check-up) visits or will be provided as directed by the   
  student’s presenting complaint.
* Students’ age-appropriate knowledge of sexual development, reproduction, contraception, STD’s/STI’s, and sexual abuse will be assessed and corrected if   
  inaccurate or incomplete.
* Abstinence will be promoted for all unmarried students.
* Abstinent students will be commended and supported.
* Sexually active students who are unwilling to abstain from sexual activity will be encouraged to use a contraceptive method and to use condoms to prevent STD’s/STI’s. Such reproductive health services will be available on site per state statute, minor consent laws, and SBHC and school agreements.
* Students will be encouraged to discuss sexual issues and decisions with their parents/legal guardians/ persons acting in loco parentis.
* SBHC staff will collaborate with school personnel to provide opportunities for students’ parents/legal guardians/persons acting in loco parentis to increase their knowledge about sexuality, to review teaching materials and curriculum, and to enhance their interactions with their adolescents around sexuality issues.

**Sexual Harassment Complaint by Student**

**BEST PRACTICE**

Students accessing the School-Based Health Center (SBHC) may make complaints of sexual harassment. All staff of the SBHC will understand the characteristics / definition of sexual harassment and follow PROTOCOLs to address such a complaint.

**PROTOCOL**

Sexual harassment is defined as any unwelcome sexual advance, request for sexual favors, and other verbal or physical conduct of sexual nature. This behavior is characterized by at least one of the following:

* The conduct is abusive of others and implies a gender based hostility toward the student
* The student’s response to such conduct or to the person making the proposal can be used as a basis for educational or academic decisions that affect the student
* Submission to the conduct is explicitly or implicitly made a condition of the student’s academic standing
* Such conduct interferes with an individual’s academic performance
* Such conduct creates an intimidating, hostile, or offensive   
  educational environment

Sexual harassment includes but is not limited to suggestive or obscene letters, jokes, slurs and the spreading of sexual rumors’ coercive sexual behavior, and / or unwelcome physical contact or attention.

If a student reports an incident of sexual harassment to any employee of the school-based health center, the student must be referred to the School-Based Health Center mental health provider. In a private session, the mental health provider will discuss the event and the student’s concerns. If appropriate, the mental health provider will help the student identify the incident as harassment. The mental health provider will assist the student in filing a Sexual Harassment Complaint (as outlined in the school code of discipline.)

The student must report the Sexual Harassment complaint to an administrator of the school. The student must inform the sexual harassment officer of the incident. The complainant will be requested to complete a complete form.

If the complaint is against an adult/employee of the school or district, the student must notify a building administrator. If the student is a minor the Director of Personnel will be notified and appropriate Board of Education BEST PRACTICE will be followed. If the mental health provider assesses that a child protective services referral is appropriate, the appropriate reporting PROTOCOL will be followed.

In addition to facilitating the student’s complaint of sexual harassment to appropriate school personnel staff, the mental health worker will be available to support the student and family emotionally and to identify and refer to appropriate services in the community if necessary.

**Sliding Fee Program**

**BEST PRACTICE**

Patients with income below the Federal poverty level are expected to pay for medical services received the School-Based Health Center (SBHC) on a sliding fee basis.

**PROTOCOL**

Patients indicating they are unable to pay for medical services and or medications will first be directed to the County Department of Health and Human Services to apply for a Medicaid card.

On receipt of a letter of denial of eligibility of Medicaid coverage, the patient may then apply for the SBHC’s sliding fee program.

Patients applying for the SBHC’s sliding fee program are expected to provide several

types of information as required by the sponsoring agency, such as:

* Completion of Income Verification Form – which includes family size, head of household, spouse, legal dependents, etc.
* Birth dates, Social Security Numbers as appropriate.
* Proof of Income, validated by tax returns, 1099 forms, W-2’s, unemployment receipts, and or check stubs.
* Those claiming NO INCOME, which will be very rare, must sign a swearing to the fact of no income.
* Sign a of Understanding

Using the above information the patient will be classified into an expected to pay category determined from the Federal Poverty guidelines.

A patient unable to pay their porting of the sliding fee is expected to make payment arrangements in the billing office.

Sliding Fee documentations are good for 1 year and must be renewed. The renewal process includes obtaining a new letter of denial from the Medicaid program and reevaluation of income as indicated above. SEE STATE MEDICAID GUIDELINES and Sponsoring agency for additional specificity.

### Sports Physicals

#### BEST PRACTICE

The School-Based Health Center (SBHC) center will provide quality sports physicals in accordance with the High School Athletic Association requirements for athletic participation.

#### PROTOCOL

**Note**: This PROTOCOL would need an annual calendar update for complete PROTOCOL process.

The center will establish an annual sports physical schedule, based on review and evaluation of the prior year’s experiences.

This schedule will establish four three-day sports physical round-ups: two in the summer for fall sports, one in early fall for winter sports, and one in February for spring and summer sports.

Appointment times will be scheduled in the calendar, for maximum of five appointments per week during the year on a first come, first served basis.

For school-based centers, only student athletes new to the school system following a round up will receive special appointment times for sports physicals.

In-services will be scheduled with coaches and school staff to inform them of the schedule and coordinate the round up.

The sports physical exam will be comprehensive enough in scope to qualify as a comprehensive physical exam including a risk assessment.

Educational materials and opportunities for consultation will be available at the physicals or through referral.

Parents will be notified as appropriate of the results of the physicals.

Any athlete not passing the exam, or requiring further follow-up will receive an appropriate referral and be followed up by the center.

To be valid, exams must be conducted after [month, day] for all sports beginning in the new school year (the fall semester). Additionally, written approval to participate in school sports must be signed by the qualified health care provider (physician or mid-level provider).

A risk assessment will be scheduled or conducted at the time of the sports physical.

**Staff Evaluation Cycle**

**BEST PRACTICE**

Evaluations of personnel are an ongoing process. The SBHC continually evaluates personnel so that the center can provide the highest quality clinical professionals to our clients. Measurable goals with identified measurable outcomes ensure professional growth and program excellence. Individual performance objectives are interrelated to the overall team goals.

**PROTOCOL**

# Individual Annual Performance Objectives:

First Year of Employment

During the first year of employment, an evaluation will occur at the end of the probation period (3 months post-start date), 6 months and end of school/work year. The PROTOCOLs for the evaluation process should follow those of seasoned staff below.

**Fall Review:**

Each individual SBHC staff member arrives to a fall conference with   
one or two written performance objectives for the year to share with his/her supervisor/team ***by September 30th***.

At that meeting, the supervisor/team may recommend to the individual an additional objective that would meet certain team goals.

Individuals should refer to and utilize the performance appraisal standards or other helpful materials in assessing their own performance on a consistent basis throughout the year.

The individual gathers data on performance through performance observations from team members, customers, and manager/supervisor before next review session.

**Winter Review**:

The individual reviews progress on meeting his/her performance objectives with the supervisor/team.

The individual reviews a progress report on achieving objectives with his/her supervisor/team.

Based upon team, manager/supervisor, or customer feedback, the individual may need to modify their performance objectives.

The individual continues to refer to and utilize the performance appraisal standards or other helpful materials as a self-assessment tool for performance until the next conference.

The individual continues to gather data on performance through performance observations from team members, customers, or manager/supervisor.

**Final Review:**

This final conference should be held no later than ***the end of the work/school year*.**

The individual must come prepared with his/her performance appraisal completed and word-processed in readiness for final review and team signatures.

The individual reviews both his/her accomplishments of his/her performance objectives, and the individual’s over-all performance with the supervisor/team for the last time.

Each supervisor/team member, including the person being evaluated, individually   
signs off on the evaluation.

The individual makes a copy of his/her evaluation, keeps the copy, and forwards the ***original*** to the School-Based Health Center Administrative Secretary for distribution to the manager/supervisor.

**Vision Screening**

**BEST PRACTICE**

This BEST PRACTICE shall stand as a guide for measuring distance visual acuity for trained personnel.

**PROTOCOL**

Equipment:

* Snellen Eye Chart
* Allen Eye Chart (for children below reading age or clients that are illiterate)
* Eye occluder

1. Wash hands to reduce transmission of microorganisms.
2. Assemble equipment.
3. Identify the patient and explain the PROTOCOL. *The client should not be allowed time to study the chart. The client should be informed that they will be asked to read one line at a time.*
4. Place client in a comfortable position 20 feet from the chart. The client may sit or stand.
5. Position the center of the Snellen chart at the client’s eye level. Stand next to the chart to tell the client which line to read.
6. Ask the client to cover the left eye with the occluder. Instruct the client to keep the left eye open.
7. Measure the visual acuity of the right eye first. Ask the client to start with the 20/70 line.
8. If the client is able to read the 20/70 line, proceed down the chart until the smallest line of letters the client can read is reached.
9. Observe the client for any unusual symptoms while reading the letters such as squinting, tilting of the head, or watering of the eyes. These symptoms may indicate that the client is having difficulty identifying the letters.
10. Ask the client to cover the right eye with the occluder and to keep the right eye open. Repeat steps 7, 8 & 9.
11. Record the results. Observe the numbers to side of the smallest line of letters that the client was able to read. If one or two letters was missed, the visual acuity is recorded with a minus sign next to the bottom number, along with the number of letter missed. Record any unusual symptoms that the patient may have had during the test.

**Volunteers**

**BEST PRACTICE**

Volunteers may enhance the ability of the School-Based Health Center (SBHC) to provide quality services in the SBHC within specific parameters and guidelines.

**PROTOCOL**

**Definition**

Volunteer – an individual providing service to school-based health center enrollees without receipt of monetary compensation.

Volunteers will complete a volunteer services registration form prior to performing a designated and voluntary service.

Volunteers will receive, review and sign a volunteer memorandum of understanding documenting their own and the SBHCs’ responsibilities relating to volunteer service.

Volunteers will receive, review and sign the SBHC Confidentiality Agreement prior to voluntary service.

Volunteers will be oriented to the SBHC policies and PROTOCOLs prior to performing voluntary service.

The SBHC will maintain in its records a schedule of the designated services and duties required for each individual volunteer position.

Volunteer hours worked and duties performed will be documented in the Volunteer Record Book. The program coordinator or designee will provide each volunteer with a position description and orientation and training for his or her specific duties.

Volunteers may not perform functions which put them at risk for exposure to body fluids unless they have completed all mandated OSHA training.

Volunteers may perform SBHC functions for which they are qualified, trained and knowledgeable.

Volunteers will sign in when they arrive at the SBHC, and will sign out when they leave school grounds.

Volunteers will wear a nametag while performing volunteer duties.

Credentials, certification and registration of professional volunteers who will provide direct service to students will meet the community standard of professionals performing comparable roles.

Professional volunteers and volunteer drivers will provide their own liability insurance.

Professional volunteers will not bill independently for their services provided at the SBHC.

The program coordinator or designee will be responsible for the selection and retention of volunteers.

SBHC staff will annually review and update volunteer position descriptions.

Record keeping regarding students served by professional volunteers will be consistent with the SBHC Record BEST PRACTICE.

**Walk-In Clients**

**BEST PRACTICE**

Students with appointments should be given first priority in the schedule. However, students with urgent clinical needs may be triaged into the appointment system and the schedule adjusted as needed.

**PROTOCOL**

Interview student regarding nature and extent of problem

Depending on the needs of the student, you may:

* offer the student an appropriate appointment,
* refer to the school nurse or
* route to the lead nurse for triage.

If student perceives an urgent need to be seen and it cannot be accommodated within the student's desired time frame, determine if student has any other source of ***accessible*** health care and refer if appropriate.

If the student still desires School-Based Health Center (SBHC) services only, then consult a provider (CHN/NP/PA/MHC) for a plan.

**Acronym / Abbreviations:**

CHN = Community Health Nurse

NP = Nurse Practitioner

PA = Physician Assistant

MHC = Mental Health Counselor

### Wellness Care in SBHCs

**BEST PRACTICE**

Adolescents who use the School-Based Health Center (SBHC) as their primary source of care will be offered age-appropriate wellness screening in accordance with well child care protocols.

Many adolescents have not had wellness screening since entering grade school. Furthermore, upon leaving high school, many adolescents will not seek routine health care until into their 40's. Thus, this is an age to screen for conditions missed in early childhood, which may persist, causing problems in approaching adulthood.

In addition, one of the primary goals of the SBHC's is to identify health behaviors of adolescents, which put them at risk: drug and alcohol use, early sexual involvement, violence in the home and environment, depression and others. The wellness exam must always include identification and counseling on these risk factors.

**PROTOCOL**

Types of Wellness Care Available:

* Routine Well-Child Care/EPSDT. History review and exam to screen for normal growth and development. Update immunizations.
* Sports physical. Pre-participation exam to determine whether an athlete has health conditions that would make sports participation a health risk. Required by the school districts for all athletes.
* Employment physical, as required by some employers.
* College entrance physical. Often required by colleges with documentation of complete immunizations
* Foreign study program physical. Required approval to rule out health conditions that would make foreign travel unsafe and assure immunizations are current.
* Special Olympics participation exam. Required for athletes in Special Education.
* Family Planning Initial & Annual Exams. For young women desiring reproductive health services to establish a baseline and follow health factors which could be affected by sexual activity   
  (e.g., abnormal pap smears, Sexually Transmitted Diseases/Infections).

Expectations:

* All students at first clinic visit will complete the adolescent health history or the   
  pediatric health history form.
* Within 3 visits, the history must be reviewed and problems recorded on the problem list. Sections reviewed may be signed off individually.
* The R.O.S. (Review of Symptoms) section may be reviewed later at the time physical exam is scheduled.
* Growth parameters (e.g., height, weight, Body Mass Index) shall be measured, recorded, and graphed yearly.
* Blood Pressure shall be measured yearly at a minimum, more frequently as indicated, or as dictated by protocol (i.e., Family Planning).
* Many students will need a vaccine during high school. For the most recent list visit the Advisory Committee on Immunization Practices most current recommendations at Centers for Disease Control at <http://www.cdc.gov/vaccines/recs/ACIP/default.htm>.
* Screening Hemoglobin and Urinalysis are indicated only once during high school for well adolescents.
* Vision should be checked yearly by Snellen testing.
* Hearing testing once between age 14 and 18 is recommended.
* Other lab monitored as appropriate for needs (yearly pap & sexually transmitted
  + Disease/infection screening if sexually active).
* Physical exams should be done at intervals recommended by the American
  + College of Obstetricians and Gynecologists (ACOG) guidelines family planning
  + Protocols, or as requested by clients or their parents. ACOG’s website is
* www.**acog**.org
* Parents should be encouraged to be present or to give input by phone or by
* Completing the client's medical history, except in cases of confidential treatment.
* At the time of the examination, teams may divide up responsibilities according to
  + Local site needs. Team members must coordinate activities to eliminate repetition.
* Generally the office assistant prepares the chart, assures required forms are:
* Completed and necessary parental signatures are present. The history is reviewed, and signed off by either the nurse or provider. The health assistant or nurse prepares the client for exam and readies lab specimens required. The provider does the exam. The health nurse or providers may do age-appropriate education regarding risk behaviors. The provider must sign off on the exam and other non-county forms supplied by the student.
* All non-county forms completed for the client must be copied and filed under correspondence in the client's medical record.
* Wellness education should cover adolescent risk factors, safety/accident prevention, and dental care; others as time allows. Support should be given to positive lifestyle choices, e.g., abstinence, non-smoking. Record education in the chart.
* Educational pamphlets should be displayed clearly and students allowed to help themselves. Routine handouts are rarely effective unless used in conjunction with counseling. These should be kept to a minimum of 2-3. Teams should decide which 2-3 pamphlets will be distributed for each type of exam.

**Method**

Local sites may determine how staff shall apply these PROTOCOLs. The patient parameter flow sheet must be used for anthropomorphic measurements. The health maintenance tab is the standard recording area for immunizations. Immunization that are deferred or refused should be documented on the health maintenance tab comments section.

Students should not be called in for these screenings; they should be done when the student presents for any reason. Thus, a family planning (FP) client would have, in addition to those required by FP protocol, screening for vision, UA/Hgb if not done previously and any immunizations that are due. The same would apply for sports physical, camp physical, or college entrance exam. Only clients lacking adequate immunizations must be followed in computer tracking; other wellness tracking is discretionary.

**Content of Exam**

Determined by type of exam; may include:

* HEENT (Head, Eye, Ear, Nose and Throat Examination)
* Cardiopulmonary
* Abdomen (to include inguinal canal in males)
* Genitalia ***I*** Tanner stage
* Breast exam - females over the age of 16 or FP patient
* Musculoskeletal

**Forms to be completed prior to Exam**

* Registration Form
* Health History
* Consent/Insurance Form
* Immunization Consents
* Outside agency forms (e.g., school district forms and college entrance forms

**Work Site Safety**

**BEST PRACTICE**

The School-Based Health Center (SBHC) will provide and maintain in good condition all equipment, devices, and clothing as required to perform their duties in the center for the safety of the staff and the students. The center, in conjunction with the host school, will have an emergency/disaster plan including evacuation and lock down situations.

**PROTOCOL**

Staff will receive training on the use of protective gear.

The Office Assistant will keep an inventory of the gear and review annually for needed replacements or as needed throughout the year.

Staff will use appropriate protective gear when indicated. Staff will report any defective or missing protective gear as soon as possible.

The SBHC will develop an emergency plan including evacuation PROTOCOLs with the host school.

The evacuation plan will be posted in all rooms and in group areas, including the waiting area.

## The staff will receive training during orientation on the evacuation plan and yearly updates.

The SBHC will develop a plan for lock down situations within the school building. The school crisis intervention team will be included in the development of the plan.

The staff will receive training during orientation of the lock down plan and yearly updates.

The emergency exits are clearly lit and marked.

The SBHC will undergo regular safety inspections by the fire marshal as required by the school site.

The SBHC will have regular building inspections as proscribed by the school.