SECTION 3

POLICIES AND PROCEDURES MANUAL

SCHOOL BASED HEALTH CENTERS
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Policy: The purpose of the school-based health centers is to improve the overall physical and emotional health of students. The specific goals of CFA’s health centers are:
- to provide and make accessible preventive health care,
- to improve student knowledge of behavioral and physical health care issues,
- to foster health-promoting behaviors,
- to provide initial assessment and treatment of acute illnesses or injuries and assist in obtaining appropriate subsequent care,
- to improve students’ decision-making about health matters therefore reducing risk-taking behaviors,
- to assess and treat signs of emotional stress and psychosocial problems through individual, group, and/or family therapy;
- to work collaboratively with school staff and families to better support the functioning of students across environments; and
- to provide a link with community behavioral and physical health care providers thus fostering the continuity of comprehensive behavioral and physical health care for students.

Procedure:
1. School-based health centers provide services that are accessible, student/family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective.
2. It is the practice of the school-based health centers to be integrated with other community health care services to provide comprehensive and continuous preventive health care rather than to duplicate services already provided within the community.
3. Families will be encouraged and assisted in finding a source for primary health care within the community.
4. Health care professionals recognize that many children and adolescents enter the health care system with physical health concerns and also may have other unrelated concerns or questions. Every opportunity will be made to address all concerns and to provide the individual student with appropriate information, guidance and printed materials.
5. School-based health centers provide access to evidence-based care, including education and self-management support.
6. Instructions will be provided on the program’s brochure for the transfer of records to the health center. A secure fax number will be listed for SBHC Administrative Offices.
7. The SBHC team in each school will determine a time each week to discuss issues of concern regarding shared students, pending referrals, any issues regarding the school, their weekly schedules, etc. Issues identified in these meeting (which are typically referred to as “the Huddle”) will be documented and this documentation will be kept at the health center and shared with CFA administration when requested. No identifiable patient information will be recorded.
Policy: All students enrolled in the school are eligible to utilize the health center.

Procedure:

1. Students MUST have a signed parental or legal guardian registration form on file before receiving services.
   a. If a non-registered student has an urgent health problem, that student may be seen by School Based Health Center (SBHC) staff in consultation with school staff and/or to stabilize a student while waiting for response to a 911 call. A registration form for the SBHC will be offered to the parent/guardian for future provision of services.
   b. When the SBHC medical staff has been used ONLY for medical consultation by school personnel, the school personnel will follow guidelines for parental involvement as outlined in the policies of the New London/Groton/Norwich/Stonington Public Schools or LEARN.

2. In emergency situations, the SBHC staff will follow the policies of the school as established by the New London/Groton/Norwich/Stonington Public School systems or LEARN.

3. The school-based health centers will operate during the academic year and will provide services during regular school hours. When necessary, an appointment can be scheduled before or after those hours in order to accommodate the needs of a student/family. Scheduled appointments are available for physicals, immunizations, health screenings, follow-up, and for behavioral health. Acute care visits and crisis visits are available as walk-in visits, usually by self-referral or from school staff.

4. For medical services during summer vacation: Prior to school dismissal, a phone number for a virtual mailbox will be provided to the families of all students. The outgoing message on the phone will tell them to leave their name and phone number and that a nurse practitioner will call them back within 24 hours during the work week, or on the next day of regular work, to set up an appointment with one of the nurse practitioners. There will be at least one nurse practitioner working in each of the communities (New London/Waterford, Groton/Stonington, Norwich). During school year vacations, a message will be left on the voicemail at each school telling the caller to contact the SBHC administrative offices. Staff at the SBHC administrative offices will further direct the caller as to the availability of a nurse practitioner. For after-hours/weekends, voicemail messages will direct the caller to go to their Primary Care Provider (PCP) or in an emergency to call 911 or go to the nearest emergency department.

5. For behavioral health services during the summer and school vacations, clinicians will offer continued services for those students who have been in treatment during the school year. New clients can access services either through the voicemail system or by calling the school-based health center Administrative Offices, where they will be directed to the clinician on-call. For after-hours/weekend calls, callers to the School Based Health Centers are directed to the Agency’s after-hours call number. (Please refer to the applicable policy in Section 2 of the Policy & Procedures Manual)
Policy: All center records are kept confidential and remain within the center. See Section 1 for all HIPAA regulations regarding confidentiality. Any statement in a client's chart pertaining to client or family substance abuse, mental health, sexual health, or abuse/neglect, whether current or historical, should be sourced appropriately (i.e. "mother reported," "DCF reported," "per client report").

Exceptions to the confidentiality policy are:

1. Any situation in which there exists a potential threat of bodily harm.
2. Any situation which requires emergency intervention.
3. Any communicable illness that is required to be reported to the State Department of Health.
4. Reports of physicals, immunizations, and significant treatment for acute medical care are routinely shared with the student’s Primary Care Provider as indicated on the SBHC enrollment form. This does not include information about confidential reproductive care that is protected in state statute.
**Policy:**

It is the policy of the school-based health centers to encourage parents to actively participate in the health care of their child.

**Procedure:**

1. Parents are welcome to schedule a visit to the health center by appointment with the health center staff. Every effort will be made to encourage the student to include his/her parents in the care received at the health center. In situations involving a potential threat of bodily harm, and/or a situation requiring immediate intervention to prevent complications and/or a potential health risk, the parent/guardian will be notified as soon as possible. In addition, parents/guardians will be contacted with the student's knowledge when:
   a. A child's condition requires a prescription medicine or outpatient test that must be obtained by the parent/guardian.
   b. A child has received significant medical treatment.
   c. SBHC staff have any concerns about a child (medical, developmental, somatic, mental health).
   d. Parents/Guardians request contact with SBHC staff.
   e. A child's condition requires intervention beyond the health center's services (e.g. referral).

2. When a child is referred to the Health Center for mental health services, parents/guardians will be contacted:
   a. Prior to the provision of non-emergent services.
   b. When a child is referred by the school principal and/or the school's child study team.
   c. Prior to referrals for other community services (with the exception of services an adolescent may access without parental knowledge or consent, if that student refuses parental involvement).

3. In addition, parents/guardians may request services for their child at any time and may contact the SBHC staff with any information and/or concerns they may have about their child. If a parent/guardian cannot be contacted by telephone, SBHC staff will attempt to reach them via the emergency contact person listed on the child's registration form. If the staff member is unsuccessful, she/he will mail a letter with the appropriate information to the parent/guardian.
Policy:
Student's initial access to the school-based health center for physical health care services may be by referral from the school nurse or the request of the student/parent. The frequency and content of communication with school administration and nursing staff is defined by relevant governing and licensing bodies. The referral and communication process for SBHC mental health services varies by school site and is determined in conjunction with school administration. Clinicians are expected to adhere to their school site’s referral and communication process.

Procedure:
1. The school nurse will continue in the established role of providing school health services. The school nurse will initially assess each student's health problem and refer those students who are registered and require services/assessments beyond the scope of the school nurse's practice.
2. Any registered student can access the school based health center's service directly for personal or confidential concerns.
3. Students evaluated and treated for a specific health problem may report directly to the health center for follow-up care.
4. PA 12-1 Sec. 96 § 96 — SCHOOL-BASED HEALTH CENTER (SBHC) COMMUNICATIONS AGREEMENT

The act requires, by July 1, 2013, each SBHC that receives operational funding from DPH to enter into an agreement with the school's local or regional board of education to establish minimum standards for the frequency and content of communications between the SBHC and the school's nurses or nurse practitioners.

School nurses and school based health centers play a critical role in addressing the comprehensive needs of the whole child. School nurses perform early intervention services such as periodic assessments for vision, hearing, special education needs, and dental problems in an effort to remove barriers to learning, and crisis planning and interventions. School nurses use their specialized knowledge, assessment skills and judgment to manage children’s increasingly complex medical conditions, and to develop individualized health care plans, with instructions to educators on emergency care plans.

School nurses also deliver health promotion and disease prevention services, referring students to SBHCs for primary care health concerns. SBHCs complement the care provided by school nurses by offering an additional comprehensive range of services including medical evaluations and assessments, dental, mental health, and other services.

Both models provide access to immunizations, help reduce emergency room visits, provide care planning and work to ensure that children – and in some cases family members – are enrolled in public health insurance programs. Our joint efforts enhance our ability to implement health promotion and disease prevention programs, and effectively detect and prevent chronic health conditions.” (NASN and NASBHC)

5. Given this broad definition of functions, the following minimum standards for the frequency and content of communications between the SBHC and the school’s nurses or nurse practitioners are:

a. Information to be shared by SBHC Provider with the school’s nurses or nurse practitioners:
   • Concerns for a student after the SBHC provider performs a physical (as stated on Health Assessment Record (HAR 3);
   • Management and care coordination for students who are referred by the school’s nurses or nurse practitioners (except for those confidential issues covered by CT State statute);
   • Communicable Illnesses or conditions of students that may affect the school community;
   • Medication Authorizations for students prescribed by SBHC NP;
   • Disposition of students referred by school’s nurses or nurse practitioners (such as, return to class/dismissed/need to be evaluated further); and
   • “As needed” information in order to effectively care for the student.
Section: School Based Health Centers  
Subject: Referrals and Communication (con’t)

b. **Information to be shared by the school’s nurses or nurse practitioners with the SBHC provider:**
   - height(s) and weight(s),
   - immunizations,
   - screening results (vision, hearing, scoliosis, tuberculin skin tests),
   - blood glucose and hemoglobin,
   - allergies
   - chronic/acute illnesses or injuries,
   - medications,
   - demographic data and emergency numbers

c. **Frequency:** The disposition (other than returning to class) of students referred by the school’s nurses or nurse practitioners shall be communicated to the school nurse by the SBHC provider. At a minimum the school nurses or nurse practitioners and the SBHC provider shall communicate once a month re: the health concerns for the student population (ex. influenza immunization).
Policy: It is the policy of the Child and Family Agency School Based Health Centers to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs and to promote the full realization of that policy through a positive, continuing program of its services to the community. Admission and treatment of clients will be conducted without regard to race, religion, creed, sex, gender identity, sexual orientation, national origin or ability to pay. Provision will be made to assist clients who are members of national origin minority groups with language differences. Additionally, provision will be made to assist clients who are hearing impaired or have other special needs.

Procedure:

1. School-based health centers will follow the Agency’s Non-Discrimination Policy for Clients as outlined in Section 1 of the Policy & Procedures Manual. This includes providing interpretation services as required.

2. Brochures and registration/consent forms will be provided in English and Spanish as well as publicly available resources in other languages when possible.
Policy: School-based health centers adhere to all agency documentation standards as defined in Section 2 of Policy and Procedures. School-based health center Nurse Practitioners will adhere to documentation standards as defined below.

Procedure:

1. Every School Based Health Center encounter will be documented in the individual student's record.
2. Case records shall contain only information that is relevant to the client's presenting problems and needs. All information is to be recorded in a specific, factual manner, with sources for information noted.
3. The agency institutes various documentation mechanisms (e.g. regarding case recording and billing) and timelines (e.g. progress note and summary documentation completion, cosigning and locking) to ensure that all recordkeeping is complete, accurate, respectful, timely and representative of services being provided. The specific mechanisms and processes may change from time to time, and so are defined and communicated orally and in writing outside of this manual. Staff are expected to adhere to these standards.
4. For the protection of client confidentiality, the presence or medical history of HIV/AIDS for a family member will be referred to as "a chronic, terminal illness" in all case record documentation.
5. Case records shall contain assessment and diagnostic information that adequately addresses stated presenting problems and provides sufficient basis for treatment.
6. To whatever extent suggested by client need and actual or potential Agency services, the nurse practitioner will request, gather and place in the case record additional information from other medical providers.
7. Information regarding ongoing services will be maintained in each client's electronic medical record. Included shall be:
   8. Progress Notes and telephone encounters, recording all significant client and client-related contacts (face-to-face and telephone);
   9. Any program/contract/project specific documentation
10. Documentation will be reviewed by the appropriate service supervisor or director as required by programmatic and licensing standards.
11. Established paper health records of current students will be stored in locked files and remain within the health center. When a student leaves that school, the record will be transferred to their new school if there is a school based health center, or to the SBHC Administrative office for scanning into the electronic health record system.
12. All records will be secured at the end of the day.
13. Access to records is granted only to authorized staff of the Child and Family Agency, DPH Regulatory/Programmatic personnel, DCF, and authorized managed care auditors.
14. Records remain the property of Child and Family Agency.
Policy: School-based health centers will provide appropriate physical and behavioral health services.

Procedure:

1. Physical health care services at the school based health centers include:
   - General and sports-related physical examinations;
   - Screening for health problems;
   - Diagnosis and treatment of acute illness and injury;
   - Diagnosis and management of chronic illness in conjunction with the student's primary care provider;
   - Immunizations;
   - Comprehensive health promotion and education;
   - Diagnostic testing (e.g. dip stick urine, rapid strep, hemoglobin);
   - Prescription and dispensing of medication for treatment;
   - Referral for clinically complicated and specialty services that are beyond the scope of SBHC services;
   - Parent education;
   - Individual/group health education and classroom presentations; and
   - Consultation to school staff.
   - Testing and treatment for sexually transmitted infections, including HIV. (If HIV test is positive, student will be informed in the presence of a social worker from Connecticut Children's Medical Center's infectious disease department. This is to help the student/family with subsequent testing and treatment.
   - Assistance with applying for insurance coverage under the state's Medicaid/HUSKY plan.

2. Behavioral health and social services offered at each school-based health center site include:
   - Assessment and treatment of psychological, social and emotional problems;
   - Crisis intervention, counseling, and referral as appropriate; short term individual, family and group counseling, and referral when appropriate;
   - Substance abuse prevention education, risk reduction, and early intervention;
   - Identification of and outreach to students at risk;
   - Therapeutic and psycho-educational groups focusing on issues prioritized by school administration, special services staff, faculty and students (i.e. anger management, conflict resolution, self-esteem, depression, loss, sexual harassment, healthy lifestyle choices);
   - Advocacy and referral for concrete services such as child care, housing, legal aid and employment;
   - Parent education;
   - Classroom presentations; and
   - Consultation to school staff.
Policy: If the school based health center is unable to provide a specific service that is integral to the student's well-being, referral will be made to the student's primary healthcare provider or to an appropriate local specialist.

Procedure:
1. Students requiring emergency psychiatric evaluations will be referred to an appropriate resource (e.g. Lawrence and Memorial Hospital; Care Plus; Backus Hospital; Emergency Mobile Psychiatric Services (EMPS)).
2. Any emergency situation will be handled in accordance with existing written school guidelines and policy.
3. The prescription and distribution of contraceptives by SBHC personnel shall be a community decision based on local need and this policy shall be developed by the SBHC and kept on file in the policies and procedures manual located on site at the Center as stated in the SBHC contract. Direct referral for abortion is NOT allowed.
Policy: Child and Family Agency will employ Advanced Practice Registered Nurses to provide health care in School Based and School Linked health centers.

Procedure:

Nurse Practitioners employed by Child and Family Agency will:

1. Be licensed as a registered nurse;
2. Be licensed as an Advanced Practice Registered Nurse (APRN) in the State of Connecticut;
3. Be certified as a Nurse Practitioner from a National certifying organization (ANCC, PNCB, etc.);
4. Perform advanced level nursing practice activities in accord with the Nurse Practice Act of the State of Connecticut (see attached) and Policies and Procedures of Child and Family Agency;
5. Be certified in Cardiopulmonary Resuscitation;
6. Will be guided in their practice by the Advanced Nurse Practice Act (Public Act 14-12) and by the Policies and Procedures of Child and Family Agency.
7. Will have signed collaborative practice agreement with a physician in accordance with current state law when needed.
8. ANY new service or dispensing/prescription for a new class of medication shall be reviewed and approved by the Associate Director of SBHC Medical Services with consultations of the Medical Director as necessary, BEFORE implementation, regardless of scope of practice standards.
Policy: Child & Family Agency Nurse Practitioners will follow standard protocols in the performance of their practice.

Procedure:

Nurse Practitioners employed by Child & Family Agency will:

1. Maintain and follow standard operating procedures for activities carried out in the performance of their work (e.g., procedure for performing a quick strep test, procedure for obtaining a hemoglobin determination) Such procedures are generally found in the manufacturer’s instructions with each box of supplies.

2. Procedures for diagnostic testing shall be reviewed by the nurse practitioner on a yearly basis.

3. Additions, deletions or changes will be approved by the Associate Director of SBHC in consultations with the Medical Director.

4. Any new service or dispensing/prescription for a new class of medication shall be reviewed and approved by the director of SBHC Medical Services with consultations of the Medical Director as necessary, before implementation, regardless of scope of practice standards.

5. Parents who have recently moved into the school district and have enrolled in the SBHC sometimes seek a prescription for a psychotropic medication for their child. These requests will be considered on an individual basis. An example of this is if the child has moved from another state and has run out of the medication. A one month prescription can be written by the nurse practitioner after a conversation with the prior prescriber to ensure that such medication and the dosage were actually prescribed in a time consistent with the request. Referral to either Child & Family Agency’s Child Guidance Clinic’s psychiatrist or to another community provider shall be made immediately in order to avoid another lapse of medication.

6. The Collaborative Practice Agreement will be signed by the nurse practitioners who are required to have one and also by the Medical Director. It shall be kept in the SBHC Procedure Manual front pocket at the relevant SBHC site. (Collaborative Practice Agreement template follows on next page.)
COLLABORATIVE PRACTICE AGREEMENT

The Advanced Practice Registered Nurses (“APRN”) employed by Child & Family Agency of Southeastern Connecticut, Inc. and the Physicians contracted by the same agency to serve as consultants, agree to enter into a collaborative agreement for the provision of health care to children in the School Based and School Linked Health Centers.

When the School Based Health Centers are closed, students followed by the APRNs during clinic hours will receive any additional care needed from their primary health care provider, or by the emergency departments of Lawrence & Memorial Hospital or a medical facility of their choice.

Consultation with the physicians and referral shall be on a specific case-by-case basis as warranted by the student’s condition and as determined by the APRN based upon his/her level of expertise.

Psychotropic medications, including medications for ADD/ADHD, will not be prescribed by the APRNs under this agreement.

Patient outcome will be measured by clinical response of the patient and/or by reviewing the prescribed medical therapeutics, corrective measures, laboratory tests, or other diagnostic procedures, as per standard office procedures.

The collaboration of the physician/APRN will be disclosed to the students and their parent/guardian either verbally or by written statement.

Physician ___________________________ Date ________________
Vijay Sikand, M.D.

APRN ___________________________ Date ________________

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Policy: The Agency shall maintain infection control standards that are in compliance with state and federal guidelines.

Procedure: The Infection Control Policy in Section 1 of the Policy & Procedures Manual is applicable in its entirety to SBHC.

In addition:

1. For general patient care, a plain, non-antimicrobial soap is recommended in dispenser form. For hand antisepsis an antibacterial soap or hand sanitizer should be used. (This would be used when persistent antimicrobial activity on the hands is desired, or when it is important to reduce numbers of resident skin flora in addition to transient micro-organisms.)

2. All specimen containers must be closeable and leak proof. Gloves should be worn when handling specimens of blood or body fluids.

3. Disposable items (i.e. cups, exam table papers, urine specimen cups, patient gowns) will be disposed of in lined, covered waste containers.

4. Non-disposable equipment will be cleansed with a 1:10 part bleach solution or a cold sterilization solution after patient use. The solution will be made fresh every twenty-four hours, or before use as needed.

5. The oral thermometers with disposable probe covers will be wiped with an alcohol wipe or bleach solution after the cover has been discarded.

6. Any solution will have the container dated when opened the product expiration date will be noted and listed within the clinic. Products will not be used if outdated.

7. MSDS sheets for all products containing chemical will be kept on site in a folder that is easily retrievable.
Section: School Based Health Centers  
Subject: Pharmaceutical Control

Policy: A safe, accountable method will be used to stock and maintain a supply of vaccines, prescription, and non-prescription over-the-counter medicines which may be dispensed or given to students as determined by a licensed APRN/PA/MD/DMD.

Procedure:

1. School Based Health Centers will participate in the State of Connecticut Vaccine Program. Monthly reports regarding vaccine usage will be made to the State, along with a requisition for anticipated vaccine needs. The stock of vaccines will be kept at a Health Center approved by the State and stored according to manufacturer's directions. As needed these supplies will be taken to individual SBHCs and handled according to manufacturer's directions. Outdated vaccines will be handled according to the State directives. The required annual Provider Profile and Provider Agreement will be provided to the CT Immunization Program with the requirements reviewed yearly with the APRN staff. (Ref: http://www.ct.gov/dph/cwp/view.asp?a=3136&q=466892)

2. Hepatitis B (Engerix) and seasonal Flu Vaccine for staff, or any vaccines for students who are not eligible for the State Vaccine Program will be ordered from a supplier and stored per manufacturer's specifications. Multi-dose bottles will be dated upon opening and discarded per manufacturer's directions. Outdated biologicals will be discarded.

3. Stock prescription and non-prescription, oral and topical medications, will be ordered from a supplier or supplied by the State of Connecticut STD program. They shall be stored in a locked cabinet (or refrigerator, as appropriate) at the individual SBHCs. Medications will be stored according to manufacturers' directions. Under no circumstances will a student be given any medication to take out of the health center. If a small supply of medication is needed, it should be put in a medication envelope and marked with the student's name, name of medication, directions for using/taking it, and name of the provider (including their advanced practice title). This envelope must then be picked up at the school by the parent/guardian. If the parent/responsible adult cannot be reached by telephone, a note will be sent home with the child explaining the reason for prescribing the medication.

4. A log of expired medication/supplies will be kept at each SBHC site.

5. A list of on-hand medications will be posted inside the locked cabinet at the SBHC, including the expiration date.

6. Expired medications will be flushed into a toilet and the containers will be discarded in a lined trash container. An exception to this is outdated epinephrine. This is not to be flushed/poured.

7. Samples of medications, frequently given by pharmaceutical representatives, will be handled in the same manner as those purchased by the Agency.

8. Nebulized medications will be from single-dose supplies, and students will use tubing and nebulizer which then becomes their own and is stored in the SBHC clinic cabinet. After use, it is cleaned in warm, soapy water, air dried, and stored in a plastic bag marked with the student's name.
Policy: Laboratory procedures will be performed when mandated by State Law or when the practitioner determines that it will be helpful in making a clinical assessment. The procedures will be carried out in compliance with OSHA standards (i.e. universal precautions and disposal of regulated waste – please refer to the applicable policies in Section 1 of the Policy & Procedures Manual). The laboratory will maintain a high level of quality control.

The laboratory procedures currently performed in the school-based and school-linked health centers are CLIA—waived and include: urine dip stick, hemoglobin, blood glucose, qualitative urine pregnancy, rapid strep detection, pH detection using either V-Sense or litmus paper, microscopic testing using saline/KOH, collection of specimens for sexually transmitted infections which are sent to the State laboratory via USPS.

When further laboratory testing is indicated, the student/parent may either request that the specimen collection be done at the SBHC and sent to the Quest Laboratories, or they can be given an order for such lab work to be done at the laboratory of their choice.

Procedure:

1. Careful hand washing before and after physical contact is the single most important personal hygiene practice.
2. Disposable gloves should be worn any time there may be contact with blood or body fluids.
3. Medical personnel providing direct service to patients or performing laboratory procedures should wear a laboratory coat to protect their clothing if there is a likelihood of contamination.
4. Surfaces or equipment contaminated with blood or body fluids should be promptly cleaned and disinfected with a 1:10 bleach solution or other bactericidal/virucidal agent.
5. Expiration dates for all lab materials will be checked weekly. Outdated test products will not be used and will be discarded in a lined trash receptacle.
Section: School Based Health Centers

Subject: Universal Precautions

Policy:
All staff shall follow universal precautions guidelines per the Centers for Disease Control (CDC).

Procedure:

1. Maintenance in Health Care Settings:
   a. Extraordinary care should be used to avoid accidental wounds.
   b. All syringes and needles will be safe, with either retractable needles or self-capping devices. All used syringes, needles, and lancets will be placed in a special puncture-resistant container directly after use. Recapping needles after injection is not permitted.
   c. The containers will be locked in a cabinet or secured to the wall.
   d. Sharps containers will be disposed of according to OSHA standards as per CFA Regulated Waste Policy.
   e. The Agency will maintain a contract with a waste disposal vendor who will remove containers of used sharps and biomedical waste bags on an as-needed basis.

2. Disinfectants
   a. Any contaminated surface will be cleaned promptly with a 10% bleach solution or other commercial product.
   b. A routine schedule of cleaning of clinical areas will be performed by school custodians under the supervision of a nurse practitioner.
Policy: The Child and Family Agency has a strong commitment to its teaching and educational function in regard to student Nurse Practitioners.

Procedure:
1. The Agency Chief Executive Officer has the final responsibility for decisions regarding student candidates.
2. The assignment of preceptors and the nature of the students' placements are the responsibility of the Associate Director of SBHC. Institutions and individuals wishing to pursue possible placements should do so at least one month before the anticipated clinical experience is to begin, or it may not be possible to accommodate the request.
3. Prospective students should understand the following:
   a. An agreement detailing dates and conditions of the placement (e.g. physical exam, police check, etc.) shall be drafted by Child and Family Agency with the student signing and returning it prior to placement.
   b. An orientation shall be given at the start of placement. The agency's Policies and Procedures Manual will be reviewed prior to the start of clinical work.
   c. Students will be provided opportunities to meet the objectives of their placement and will receive regular supervision and evaluation by the preceptor.
   d. The schedule will be arranged between the student and preceptor.
4. Child and Family Agency's expectations of sponsoring institutions and students include the following:
   a. A visit by the student's course supervisor to the School-Based Health Center where the student will be working prior to the student's placement is expected. The purpose of this is to meet with the student's preceptor in order to ensure that the course objectives can be adequately met in this setting. If because of distance this is not feasible, at least a phone conversation between the course supervisor and the preceptor shall occur.
   b. Written course objectives and an evaluation form should be provided to the preceptor at least three weeks prior to the start of the clinical experience.
   c. Proof of R.N. licensure, Hepatitis B immunization, and malpractice insurance must be provided at least one week prior to beginning clinical work.
5. Child and Family Agency will provide a PPD tuberculin skin test if the student has not had one within the past year.
6. The preceptor will ensure that a copy of the student's evaluation(s) is given to the agency's administrative office to be kept on file.
Policy: School-Based Health Center (SBHC) staff will know and comply with Child and Family Agency policies and procedures for behavioral health interns (found in Section 2 of this manual).
Policy: The Nurse Practitioners will provide periodic mental health screening to students using evidence based screening tools.

Procedure:

1. Nurse practitioners will provide periodic mental health screening as part of well-child/adolescent exams or episodic encounters in accordance with current standards of care.

2. Nurse practitioners will be trained on the use of the evidence based screening tools.

3. Based on the results of the screening tool, the nurse practitioners will refer the patient as indicated to one or more of the following for further assessment:
   a. School Based Health Mental Health Clinician
   b. School Psychologist
   c. School Social Worker
   d. School Guidance Counselor
   e. Emergency Mobile Psychiatric Services
   f. Emergency Room
   g. Other community resource as clinically appropriate

4. The parent/guardian will be notified of a positive screen that is outside the normal limits.

5. The nurse practitioner will maintain proper documentation of the mental health screening, including a copy of the completed screening in the patient's chart, and a note recording any referrals that were provided.

6. The Nurse Practitioner will provide follow-up care as indicated.
Policy: Students may present themselves or be referred to the School-Based Health Center (SBHC) in a variety of emergency or crisis situations. These situations include but are not limited to physical and sexual abuse; suicidal statements, gestures or attempts; and psychotic episodes. Regardless of whether students in these circumstances are registered at the Center, an immediate, single-contact mental health screening is performed in consultation to school staff. The school staff member must be present during this screening. Feedback is given to all appropriate parties with the student's knowledge, and the situation is tracked until follow-through on essential courses of action is confirmed.

Procedure:

Once an emergency or crisis-related mental health screening is performed (as well as a physical examination by the Center's Nurse Practitioner, if appropriate), the following will be standard procedure:

1. Physical or Sexual Abuse:
   a. School-Based Health Center (SBHC) staff will know and comply with applicable mandated reporting statute(s) and general Child and Family Agency policies and procedures (found in Section 1 of this manual).
   b. After all steps in the mandated reporting policy noted in section I have been completed, the SBHC staff member will then inform school administration that a DCF report was made.

2. Suicidal Risk: The Agency's relevant procedures in Section 2 will be followed.
Policy: Mental health intervention within the School Based Health Centers is provided by Master's or Doctoral level counseling, social work, marriage and family therapy or psychology staff. Some students will be better served through a referral to a community behavioral health provider. Such referral will preferably occur during the one-to-four session screening phase.

Procedures:
1. Once it is determined through screening that SBHC behavioral health services should be appropriate to deal with presenting problem(s), the student and family will be assigned an available SBHC staff person. With the student's knowledge, recommendations from the screening will have been shared with the student's parent(s) or guardian(s) as to the most appropriate mental health service (i.e. family, individual, or group therapy). If a waiting list for non-emergency screening develops, an alternate or delayed assessment plan will be agreed upon between the Center, student, family, and referring school staff member.

2. When a student is seen for more than one session, a written assessment and treatment plan will be developed, discussed and signed by the clinician and the student/family. Occasionally a student will be seen once for an extended inquiry and determined to not be in need of services or referred out and this occurrence will not be considered an open treatment episode.

3. Management: A Clinical Coordinator, Clinical Supervisor, or Director of Services will provide at least weekly supervision regarding mental health services, and will review all summary documentation and other documentation as required by relevant licensing bodies.
Section: School Based Health Centers

Subject: Revocation of Parental Permission

Policy: Parents/guardians have the right to withdraw permission for their child/adolescent to receive services from the agency's school based health centers.

Procedure:

1. When a parent/guardian states their intention to remove their child/adolescent from enrollment in the SBHC program the staff of the health center will note the conversation in the student's record.

2. Staff will notify the school nurse and any other key referral resources in the school that the student is no longer enrolled.

3. Staff will provide the parent/guardian with a "Revocation of Permission" form, either in person for them to sign on site, or by mail with a return envelope and a "return receipt" request. If handled by mail, a cover letter will be included that documents the parent/guardian's verbal withdrawal of permission, with a copy of this cover letter being scanned into the student's chart (along with the return receipt when received).

4. Received revocation forms will be scanned into the record.

5. An alert will be posted by an appointed into the electronic health record under a specific SBHC category indication that permission to use the health center has been revoked.

6. If in the future the parent wishes to re-enroll the student, new enrollment forms must be filled out.
School Based Health Center

In the past, I signed the permission/registration form for my child to be able to receive services at the School Based Health Center.

____ I hereby revoke that permission and do not want my child (listed below) to receive services at the School Based Health Center at his/her school.

____ I want my child to continue to receive services at the School Based Health Center.

Name of Child_______________________________________

Date of Birth_______________________________________

Parent/Guardian_____________________________________

Phone number during the day _________________________

Signature of Parent/Guardian_________________________

Date_______________________________________________

G:\forms\sbhc\RevokePermissionSBHC1.doc