**CHRISTIANACARE HEALTH SERVICES**

**SCHOOL-BASED HEALTH CENTER**

**POLICIES and PROCEDURES MANUAL**

**2019/2020**

A review and revision of all Policies and Procedures was completed on this date.

\_\_Karen J. Antell, MD MPH FAAFP\_\_\_\_\_\_ \_\_\_\_10/1/2019\_\_\_\_\_\_\_\_\_\_\_\_

Karen Antell, MD,MPH, FAAFP Date

Medical Director

**CHRISTIANACARE HEALTH SERVICES**

**SCHOOL-BASED HEALTH CENTER**

**POLICIES/PROCEDURES**

**Table of Contents**

Page

|  |  |
| --- | --- |
| ACCEPTING REFERRALS | 3 |
| ADVISORY COUNCIL | 4 |
| ARCHIVAL OF INACTIVE STUDENT CHARTS | 5 |
| CHAPERONE USE IN THE SBHC | 6 |
| CLIENT DISSATISFACTION & CONCERNS | 7 |
| COLLABORATION WITH SCHOOLS DURING A CRISIS | 8 |
| COMMUNICATION WITH PRIMARY CARE PROVIDER | 9 |
| CONFIDENTIALITY | 10 |
| CONSENT FOR TREATMENT | 11 |
| DISPOSAL OF WASTE MATERIALS | 12 |
| DPH LAB | 13 |
| DRUG AND ALCOHOL ASSESSMENT | 14-15 |
| FIRE AND OTHER EMERGENCY | 16 |
| IMMUNIZATION POLICY | 17-18 |
| INFECTION PREVENTION | 19-20 |
| LIABILITY OF SCHOOL AND CONTRACTOR | 21 |
| MAINTENANCE OF PHARMACY AND LAB AREA | 22-24 |
| MEDIA | 25 |
| MEDICAL EMERGENCY | 26-30 |
| MEDICATION DISPENSING PROCEDURE | 31-32 |
| MEDICATION RECONCILIATION | 33 |
| MISSED APPOINTMENT | 34 |
| OFFICE SECURITY | 35 |
| ORDERING MEDICATION | 36-37 |
| PREGNANCY SCREENING | 38 |
| PROVISION OF MENTAL HEALTH SERVICES TO MINORS | 39-40 |
| PROVISION OF SBHC SERVICES (IEP/504 Plans) | 41-43 |
| PSYCHIATRIC EMERGENCY | 44-45 |
| QUALITY ASSURANCE | 46 |
| RECORD RETENTION | 47 |
| RESPONSIBILITY OF REFERRAL AND TREATMENT | 48 |
| SBHC OFF HOURS | 49 |
| SCHEDULING APPOINTMENTS | 50 |
| STANDING ORDERS | 51 |
| STUDENT ARRIVAL & DEPARTURE | 52 |
| STUDENT'S BILL OF RIGHTS | 53-54 |
| SUSPECTED CHILD ABUSE & NEGLECT | 55 |
| THIRD PARTY BILLING | 56 |
| TIME STAMPING | 57-58 |
| UNINSURED STUDENTS | 59-64 |
| WEATHER CLOSURES | 65 |

CHRISTIANA CARE HEALTH SERVICES POLICY

**SCHOOL-BASED HEALTH CENTER**

|  |  |
| --- | --- |
| POLICY TITLE: | Accepting Referrals |
| SECTION: | School-Based Health Center (SBHC) |
| LAST REVISION/REVIEW DATE: | 09/19 |
| DATE OF ORIGIN: |  |

**POLICY:**

The SBHC accepts referrals for students from school personnel, parents/guardians and students. Non registered students will be either encouraged to register and/or referred to appropriate school resources.

**PROCEDURE:**

1. Written or verbal referrals for service are forwarded to the appropriate provider if the student is registered.

2. If the student is not registered, the urgency of the referral will be assessed by the appropriate provider.

1. If urgent, the student will be immediately referred to appropriate school resource.
2. If non- urgent, the SBHC registration packet will be distributed to the student. Parent or Guardian may be contacted.
3. In accordance with Delaware law any minor age 14 or over may consent for voluntary outpatient mental health services and parent consent is NOT required. (Please see Policy: Mental Health Services to Minors Without Parent Consent)

3. An appointment will be made for the student with the appropriate provider when SBHC registration is verified.

4. A written referral form is available for individuals to document concerns regarding a student and submit to SBHC. A referral made verbally by school personnel will be documented on a collateral form.

5. Appropriate follow up with the referred source will be provided by the provider.

CHRISTIANA CARE HEALTH SERVICES POLICY

**SCHOOL-BASED HEALTH CENTER**

|  |  |
| --- | --- |
| POLICY TITLE: | Advisory Council |
| SECTION: | SBHC |
| LAST REVISION/REVIEW DATE: | 09/19 |
| DATE OF ORIGIN: |  |

**POLICY:**

SBHC will convene a group of stakeholders who represent and advise the SBHC. The purpose of the council is to discuss issues that are occurring in the school, and how the Center might help address these concerns.

**PROCEDURE:**

1. Members of the group are to include SBHC stakeholders such as parents, school staff, and students.
2. The agenda items for the meetings will be determined by the SBHC Coordinator or designee to reflect current issues and concerns.
3. The SBHC Coordinator and the School Liaison will serve as members of the Advisory Council. Advisory Council members will assist in making recommendations to the District School Board.
4. Members of the Advisory Council should meet at least twice a year.
5. Council members will represent the SBHC and educate the community about the available services.
6. Meeting minutes will be maintained and distributed to the State Director of SBHC, and SBHC supervisor.

CHRISTIANA CARE HEALTH SERVICES POLICY

SCHOOL-BASED HEALTH CENTER

|  |  |
| --- | --- |
| POLICY TITLE: | Archival of Inactive Student Charts |
| SECTION: | SBHC |
| LAST REVISION/REVIEW DATE: | 09/19 |
| DATE OF ORIGIN: |  |

## POLICY:

Charts of graduated and withdrawn students of the SBHC will be moved to an inactive file area. These medical records will be securely maintained as per Christiana Care Health System standards.

## PROCEDURE:

1. Annually the Administrative Assistant reviews a list of graduating and withdrawn students within the school and compares it to the SBHC registration list of students.
2. The inactive students’ chart are removed from the active file, labeled and stored in a separate file area that is secure.
3. It is the Administrative Assistants responsibility to delete the inactive students from the School-Based Health Center database per the end of the year instruction.
4. Medical records will be maintained for 10 years and then destroyed per CCHS standards.
5. Archived records will be maintained at each center for at least one year and then boxed and sent to a CCHS approved site.

CHRISTIANA CARE HEALTH SERVICES POLICY

**SCHOOL-BASED HEALTH CENTER**

|  |  |
| --- | --- |
| POLICY TITLE: | Chaperone use in the SBHC |
| SECTION: | SBHC |
| LAST REVISION/REVIEW DATE: | 09/19 |
| DATE OF ORIGIN: | 1/6/10 |

**POLICY:**

An appropriate physical exam is often a critical component of a visit to the SBHC. The extent of the physical exam is determined by the reason for the visit and by diagnostic considerations. If an exam requires a student to be unclothed or partially disrobed, the student must be offered a chaperone.

**PROCEDURE:**

1. Purpose and scope of the physical exam should be made clear to the patient.
2. The provider should assess the patient’s comfort level with the exam.

3. Under the age of 18, a chaperone must be present for all unclothed or partially disrobed exams.

4. A student under the age of 18 years cannot decline a chaperone.

1. The student has the right to decline a specific staff member who was proposed as a chaperone. If there is not another suitable chaperone available, the student will need to reschedule or be referred for care.
2. A chaperone must be at least 18 years of age. A friend cannot serve as a chaperone.
3. If a chaperone is not available, students will be rescheduled or referred for care depending on the emergent nature of the visit.
4. If at any time during an unchaperoned exam, if the provider or student wants to have a chaperone present, the exam should be stopped immediately.
5. When a chaperone is present, their first and last name must be documented on the visit sheet.

## \*reference CCHS Policy: Chaperone Policy

CHRISTIANA CARE HEALTH SERVICES POLICY

**SCHOOL-BASED HEALTH CENTER**

|  |  |
| --- | --- |
| POLICY TITLE: | Client Dissatisfaction & Concerns |
| SECTION: | SBHC |
| LAST REVISION/REVIEW DATE: | 09/19 |
| DATE OF ORIGIN: |  |

**POLICY:**

SBHC staff endeavors to provide quality care services. We are committed to resolving patient concerns and grievances in a timely, reasonable and constant manner. Responses to patient concerns and grievances reflect The Christiana Care Way.

The following procedure is in effect to facilitate channels of communication in an effort to have complaints resolved as expediently as possible.

**PROCEDURE:**

1. Concerns will be directed to the SBHC coordinator/ program manager.
2. Concerns are to be investigated promptly by the program manager or coordinator.
3. If the complaint cannot be immediately resolved or if the complainant continues to be dissatisfied with the response he/she will be directed to SBHC Lead Nurse Practitioner.
4. Lead Nurse Practitioner will contact SBHC Administrator and Medical Director.
5. If the complainant remains dissatisfied, the grievance process should be initiated as outlined in the CCHS policy titled “Patient Concern and Grievance Management”.
6. A record of all complaints and solutions are kept on file. The content of a particular complaint process is confidential information.

**CHRISTIANA CARE HEALTH SERVICES POLICY**

**SCHOOL-BASED HEALTH CENTER**

|  |  |
| --- | --- |
| POLICY TITLE: | Collaboration with Schools During a Crisis |
| SECTION: | School-Based Health Center (SBHC) |
| LAST REVISION/REVIEW DATE: | 09/19 |
| DATE OF ORIGIN: | 9/16 |

**POLICY:**

The SBHC staff is committed to being a valuable resource to the schools in which we provide services. In the event of a crisis within the school environment, the SBHC will assist with school’s crisis plan as warranted.

**PROCEDURE:**

* 1. SBHC staff will take effective steps following an incident affecting the school.

a. Program Manager/Coordinator will meet with school administration to

discuss ways the SBHC staff could be of service.

b. If needed, qualified SBHC staff will assess and administer appropriate

emergency care regardless of registration status of the student.

2. SBHC can provide short-term support services and make appropriate referrals.

3. SBHC will bridge the services from the community to the school as needed.

CHRISTIANA CARE HEALTH SERVICES POLICY

SCHOOL-BASED HEALTH CENTER

|  |  |
| --- | --- |
| POLICY TITLE: | Communication with Primary Care Provider |
| SECTION: | SBHC |
| LAST REVISION/REVIEW DATE: | 09/19 |
| DATE OF ORIGIN: | 11/11 |

## POLICY:

## The goal of the SBHC is to supplement the care provided by the students’ primary care provider (PCP). The following procedure will be followed to increase communication and coordinate care with the students’ medical home.

## PROCEDURE:

1. Direct phone calls will be placed to PCP if indicated. Phone calls may be made in the following circumstances, but not limited to:
2. Verify vaccination status when not on the Delvax system.
3. Questions about medication or treatment plan.
4. If documentation is required following a major illness or injury.
5. Coordination of Care
6. Referral may be written, faxed or called to the PCP. A copy should be given to the student to give to parent or PCP.
7. Once completed, physical forms are faxed to the PCP. If the student’s PCP is unknown a copy should be given to the parent.
8. PCP’s will be notified of pertinent non-confidential visits as appropriate. Complete fax “PCP Correspondence form.” This form is found on the collaborative website.
9. If a vaccine is administered, enter into DelVAX and fax a copy to the PCP to communicate administration of the vaccine.
10. Communications to the student’s PCP shall be documented on the visit sheet or on the pertinent form.

CHRISTIANA CARE HEALTH SERVICES POLICY

SCHOOL-BASED HEALTH CENTER

|  |  |
| --- | --- |
| POLICY TITLE: | Confidentiality of SBHC Information |
| SECTION: | SBHC |
| LAST REVISION/REVIEW DATE: | 09/19 |
| DATE OF ORIGIN: |  |

## POLICY:

Protecting the confidentiality of student’s receipt of health services is important to the SBHC. Student records are confidential. A parent or guardian has the right to information about services rendered at the SBHC that are not considered confidential by law.

**Confidential services include:** Pregnancy testing and diagnosis and treatment of sexually transmitted infections. In SBHC where expanded reproductive health services are offered, condom distribution, contraception and HIV testing is also confidential by law.

## PROCEDURE:

1. SBHC staff will maintain student confidentiality based on state and federal law.
2. A parent or guardian does not have the right to information about confidential services without student permission.
3. Maintaining student confidentiality is not absolute. The SBHC will release information without first obtaining student consent if there is concern regarding safety of the student or others.

1. Contagious diseases will be reported to public health in accordance with state law.
2. Suspected child abuse will be reported in accordance with the state law.
3. Information requested in a subpoenas shall be provided in accordance with law and CCHS policy.

1. SBHC staff may inform a student’s parents of the length of time that a student is present in the SBHC.
2. The necessary health information shall be given to third party payers to allow for reimbursement of services.
3. A written authorization will be obtained from the parent or guardian when a request for information has been received by the SBHC.
4. Parents will be afforded access to appropriate portions of a student’s records upon request. The parent will be offered the opportunity for an appointment to review the chart with a provider.
5. In the event that the student’s right to confidentiality is contested by a parent / guardian, the SBHC parental consent for treatment is reviewed with the requesting party.

CHRISTIANA CARE HEALTH SERVICES POLICY

SCHOOL-BASED HEALTH CENTER

|  |  |
| --- | --- |
| POLICY TITLE: | Consent for Treatment |
| SECTION: | SBHC |
| LAST REVISION/REVIEW DATE: | 09/19 |
| DATE OF ORIGIN: | Formerly Enrollment Process |

## POLICY:

Students 12 and over are eligible for services at the SBHC, in the school where they are enrolled.

## PROCEDURE:

1.The student must be enrolled in the SBHC to receive services.

2. To enroll a student, the parent/guardian must complete and sign a SBHC parental consent for treatment and health history form and return it to the SBHC.

3. The SBHC packets which include cover letter, Notice of Privacy Practice, parental consent, health history form, and insurance information are distributed to new or unregistered students and their parents/guardians through mailings, home visits by school staff and direct distribution. These forms are also available through the school website, school staff and the SBHC.

1. Insurance information is obtained at the time of registration and monitored throughout the school year.
2. Verify parent signature on new consent returned for updated services if there appears to be a discrepancy in parent signature.
3. Any student, who is 18 or older, may sign their own consent form for the SBHC.
4. Students 14 and older may consent to voluntary outpatient mental health services only.

CHRISTIANA CARE HEALTH SERVICES POLICY

**SCHOOL-BASED HEALTH CENTER**

|  |  |
| --- | --- |
| POLICY TITLE: | Disposal of Waste Materials |
| SECTION: | SBHC |
| LAST REVISION/REVIEW DATE: | 09/19 |
| DATE OF ORIGIN: | 8/25/97 |

**POLICY:**

SBHC staff will appropriately dispose of bio hazardous waste.

**PROCEDURE:**

1. All needles and sharps should be placed in a sharps container. When the needle container is 3/4 full, it is placed in the biohazard box.
2. Any waste materials that have come in contact with bodily fluids or secretions should be placed in a red biohazard bag and then put in the biohazard box for disposal.
3. As defined by the Delaware Regulations Governing Solid Waste, the definition of “infectious waste” would be disposable items from any patient soiled with blood, body fluids, or soiled with excretions/exudates containing visible blood.
4. The SBHC coordinator or NP will contact Curtis Bay to arrange for a pick up and disposal of waste materials at minimum annually (phone: 1-855-228-1715).

5. Prior to pick up the red bag is tied in a single knot. The box is taped closed with

2 inch packing tape.

6. Each site has a customer account number that should be utilized when arranging

for pick up.

CHRISTIANA CARE HEALTH SERVICES POLICY

**SCHOOL-BASED HEALTH CENTER**

|  |  |
| --- | --- |
| POLICY TITLE: | DPH Lab |
| SECTION: | SBHC |
| LAST REVISION/REVIEW DATE: | 09/19 |
| DATE OF ORIGIN: | 10/11/97 |

**POLICY:**

DPH considers the SBHC as an extension of their contagious disease services. Supplies for theses test may be obtained from the DPH Lab.

**PROCEDURE:**

1. Contact the supply room at the State Lab for a current list of available products.
2. Supply orders for the lab are emailed to [labsupplies@state.de.us](mailto:labsupplies@state.de.us) . Lab supplies include: culturettes, Gonorrhea, Chlamydia DNA Amplification, and urine culture containers.
3. Lab supplies will be delivered to the designated DPH State Service Center.
4. Lab specimens obtained by the SBHC will be delivered to the DPH State Service Center.
5. Director of the SBHC for DPH is to be made aware of any changes to the drop off and pick up site utilized by the SBHC.

**CHRISTIANA CARE HEALTH SERVICES POLICY**

**SCHOOL-BASED HEALTH CENTER**

|  |  |
| --- | --- |
| POLICY TITLE: | Drug and Alcohol Assessment |
| SECTION: | SBHC |
| LAST REVISION/REVIEW DATE: | 9/19 |
| DATE OF ORIGIN: | 11/2017 |

**POLICY:**

The SBHC mental health provider or Nurse Practitioner will administer a drug and alcohol assessment (currently CRAFFT Version 2.1 Student Self-Report) to all students, regardless of whether they disclose a history of substance use or not. This assessment is intended to determine the extent, if any, of substance use, the likelihood of abuse and to make additional recommendations regarding where to seek treatment if necessary. The SBHC does not provide ongoing substance abuse treatment.

**PROCEDURE:**

1. Every school year, each student will be given the CRAFFT version 2.1 to complete. This screening (attached) interview assessment tool will be administered by both the NP and the MH providers and will be used to determine the next steps in the process. A positive screen has more than 2 “yes” answers in the lower portion of the assessment. For zero or one “yes”, the screen is considered negative. The results of the screening will be documented in the contact note that accompanies the screening as well as reflected in the CRA POS / CRA NEG tracking codes on the Encounter forms.
2. If the results of the CRAFFT screening tool indicate a positive screen, the provider (if NP) will refer the student to the MH provider. The MH provider will review the assessment and will discuss options for on-going substance abuse education counseling at the SBHC and/or a referral for an appropriate community substance use treatment program if the student so desires.
3. If school personnel/administration requests a drug and alcohol assessment, the SBHC mental health provider will inform the school that the results of the assessment will only be released to the School with the consent/permission of the student. Otherwise, the school will be given a list of alternative locations for assessment in the community.
4. Parent involvement will be suggested in certain circumstances, consent will be required by the student.
5. If school personnel/administration request assistance in referring a student who is involved in a drug and/or alcohol school violation, appropriate community resources will be provided.
6. If a probation officer or court liaison request drug and alcohol education from the SBHC to assist a student in fulfilling court obligation, the SBHC will provide a contracted number of sessions that the student will be expected to attend. A letter of attendance and completion of Drug and Alcohol Education will be provided.

ATTACHMENT:  
CRAFFT Questionnaire Version 2.1

CHRISTIANA CARE HEALTH SERVICES POLICY

**SCHOOL-BASED HEALTH CENTER**

|  |  |
| --- | --- |
| POLICY TITLE: | Fire or Other Emergency |
| SECTION: | SBHC |
| LAST REVISION/REVIEW DATE: | 09/19 |
| DATE OF ORIGIN: |  |

**POLICY:**

In the event of a fire or other emergency, the SBHC will focus primary attention to the safe and orderly evacuation of students and staff.

**PROCEDURE:**

1. A written place of evacuation shall be visibly posted in a prominent place in the SBHC.
2. The evacuation route is usually established by the school.
3. All SBHC staff will review and rehearse evacuations as scheduled by the school.
4. The SBHC coordinator shall maintain monthly records of evacuation drills and perform an annual evaluation of fire drill procedures.
5. In and emergency or drill, staff shall turn off lights, close all doors, and lock files containing medical records.
6. Students who are in the SBHC at the time of the emergency will evacuate with the SBHC staff.

CHRISTIANA CARE HEALTH SERVICES POLICY

SCHOOL-BASED HEALTH CENTER

|  |  |
| --- | --- |
| POLICY TITLE: | Immunization Policy |
| SECTION: | SBHC |
| LAST REVISION/REVIEW DATE: | 09/19 |
| DATE OF ORIGIN: | 10/12/97 |

## POLICY:

Immunization status of students will be reviewed. Students identified with immunization deficiencies will be given information about obtaining needed immunizations.

## PROCEDURE:

1. When a student chart is initiated, the immunization status of the student is verified.

2. Students in need of an immunization will be referred to their PCP.

3. Parents/guardian may opt to have their students vaccinated

at the SBHC.

4. Once a vaccine deficiency is identified an immunization consent form will be sent home.

5. Students 18 or older may sign their own consent forms. Signature on the Vaccine

Administration Record indicates VIS was received.

6. A pre-immunization questionnaire will be filled out and signed by the student. This questionnaire will be reviewed and signed by the Health Care Provider prior to administration of the vaccine.

7. Administer immunizations according to guidelines established by Advisory Committee on Immunization Practices (ACIP) and Standards of Child & Adolescent Procedures.

8. Observe the student for 15 minutes after vaccine administration.

9. In the event of an immediate adverse reaction to the vaccine, follow protocol for management of anaphylactic reaction & VAERS Reporting.

10. The most current Vaccine Information Statement (VIS) must be distributed each

time a vaccine is administered.

11. The following information must be documented and maintained in the record.

* Name of vaccine given
* Date vaccine was given
* Date VIS was given
* Name of manufacturer
* Lot number
* Name and title of the person who gave the vaccine
* Address of clinic where vaccine was given
* Publication date of VIS

12. Administered vaccines are entered into the Delvax system. An updated immunization record will be printed for the chart.

13. An update of student’s immunization will be communicated to the primary health care provider when contact information available. The school nurse is notified of student’s immunization.

14. Vaccines will be maintained in a temperature controlled refrigerator. Temperature range is 2º- 8ºc or 36º - 46ºF. A data logger is used to monitor tempature.

15. For sites without a backup generator, vaccines will be transferred to a Christiana

Care Pharmacy (Wilmington or Christiana) for storage and monitoring during

extended school closings. Vaccines will be returned to the VFC program or CC Pharmacy during the summer when school is closed.

16. Vaccines are ordered from the State Vaccines for Children Program.

17. Non-VFC vaccines are purchased through the CCHS pharmacy and billed to the

student’s insurance.

18. VFC rules and regulations are followed.

CHRISTIANA CARE HEALTH SERVICES POLICY

SCHOOL-BASED HEALTH CENTER

|  |  |
| --- | --- |
| POLICY TITLE: | Infection Prevention |
| SECTION: | SBHC |
| LAST REVISION/REVIEW DATE: | 09/19 |
| DATE OF ORGIN: | 9/98 |

**POLICY:**

The Infection Prevention policy is intended to minimize the risk of infection in patients and employees by adherence to procedures as outlined in the Christiana Care IP Manual and department policy.

**PROCEDURE:**

1. The IP Manual is available on the Christiana Care Portals.
2. Staff is required to adhere to all Christiana Care IP policies and procedures.
3. Standard Precautions are to be followed.
4. Staff is to report needlesticks, blood/body fluid exposure to his/her manager and to the Employee Health Service Nurse Practitioner immediately. (Utilize the Report2Learn found on employee portal.)
5. Check expiration dates and/or maintain supplies according to the “event-related sterility policy”
6. Personal Protective Equipment (PPE), e.g., gloves, goggles, are on site in the exam room or lab. Gloves are worn according to “Glove Selection and Us” policy of the IP Manual. Goggles and mask/face protection will be worn when there is the potential for body fluids to splash into the eyes, nose or mouth. Gowns will be worn if exposure to patient body fluid is anticipated.
7. Infectious waste disposal is provided by Curtis Bay. Contaminated trash will be placed in red bag lined boxes for disposal by Curtis Bay. Needles and syringes will be disposed of in sharp containers. Needles are not to be recapped. Refer to the Christiana Care IP Manual. Replace sharps container when three fourths full.
8. Temperature of medication refrigerator will be checked twice daily during business days and recorded. On non-business days electronic thermometers will be used according to the IP Manual, “Refrigerator Maintenance” policy.
9. Soap from wall or hand dispensers will be used.
10. Hand gel is acceptable when hands are not visibly soiled.
11. General cleaning of the SBHC will be conducted by the school’s custodial staff.
12. Patient Care equipment will be cleaned after use with CCHS approved disinfectant.

**Patient Care Equipment Reference**

**(See list of approved disinfectants below)**

|  |  |  |
| --- | --- | --- |
| **Equipment** | **Cleaning Agent** | **Frequency** |
| Blood pressure cuff | PDI Super Sani-cloth | After use |
| Clipboard | PDI Super Sani-cloth | Daily |
| Computer screens | PDI Super Sani-cloth | Daily |
| Electronic thermometer | PDI Super Sani-cloth | After use |
| Exam Table | PDI Super Sani-cloth | After use |
| Keyboards | PDI Super Sani-cloth | Daily/after use |
| Otoscope/opthalmascope | PDI Super Sani-cloth | After use |
| Phones (nurse st. & pt.) | PDI Super Sani-cloth | Daily |
| Portable pulse ox | PDI Super Sani-cloth | After use |
| Standing scale | PDI Super Sani-cloth | After use |
| Stethoscope | PDI Super Sani-cloth | After use |
| Visitor chairs | PPI | Daily |

\*Entire patient care equipment reference on nursing portal.

**The contact times needed for the disinfectants to be effective are:**

**Disinfectants (Wear gloves to protect Contact time (Wet**

**Skin) time)\***

PDI Wipes (purple top) 2 minutes

PDI Wipes (Red top) 3 Minutes

PDI Wipes (Gray top) 3 Minutes

PDI Bleach Germicidal Wipes 4 Minutes

Virex 256 10 Minutes

\*Contact time – Item must remain wet for the required number of minutes to be effective

CHRISTIANA CARE HEALTH SERVICES POLICY

**SCHOOL-BASED HEALTH CENTER**

|  |  |
| --- | --- |
| POLICY TITLE: | Liability of School and Contractor |
| SECTION: | SBHC |
| LAST REVISION/REVIEW DATE: | 09/19 |
| DATE OF ORIGIN: | 11/11 |

**POLICY:**

This policy outlines the liability of the school and contractor.

**PROCEDURE:**

1. Copies of aggregate reports, completed contracts, policy and procedure manuals, and staff resumes will be available to school administration.
2. Services under this contract (appendix G #19) may be terminated in the event the School Board votes to close the school based health center.
3. The School Board and Division of Public Health must approve the addition of any services beyond those initially implemented.

CHRISTIANA CARE HEALTH SERVICES POLICY

**SCHOOL-BASED HEALTH CENTER**

|  |  |
| --- | --- |
| POLICY TITLE: | Maintenance of Pharmacy & Laboratory Area (Quality Assurance) |
| SECTION: | SBHC |
| LAST REVISION/REVIEW DATE: | 09/19 |
| DATE OF ORIGIN: | 5/06 |

**POLICY:**

SBHC will maintain pharmacy and laboratory areas in accordance with Federal, State, School and Christiana Care standards.

**PROCEDURE:**

1. Storage of Medications

1. All medications shall be labeled and stored per CCHS policy. All medications need a separate labeled bin for storage.

See CCHS Medication Storage & Labeling Standards Policy for guidelines for labeling and storage requirements of medications.

1. Medications, needles, syringes, and prescription pads are to be secured in a locked

Cabinet at all times.

1. A thermometer shall be placed to monitor room temperature in area where the

medication refrigerator is located.

1. Each SBHC shall maintain the following records:
   * Sign out sheets for all medications dispensed
   * Medication expiration dates are to be checked weekly. A log should be maintained to verify date medication was checked and initialed by the person checking.

e. A resume or CV for all medical providers as well as copies of all current

pertinent licenses should be available.

f. A copy of nurse practitioners collaborative agreement should be available.

g. The medication area should not adjoin any dirty area.

2. Laboratory Area

1. The lab area shall include:
   * + A spill kit
     + A sign with the contact information for Poison Control
     + A current CLIA waiver license
2. Quality control testing shall be performed on point of care tests
   * + - Quality control is performed on urine pregnancy test when box is opened monthly.
       - Quality control is performed on rapid strep when box is opened. QA log for rapid strep is faxed to the POCT lab.
       - Quality control testing is performed on urine strips with each

patient testing or monthly. The QA logs are maintained and faxed monthly to the POCT lab.

* + - * Humidity and temperature shall be monitored in the storage and testing areas of point of care devices. A certified min/max combination thermometer / hygrometer shall be placed in a strategic location of devices. Temperature and humidity shall be checked daily when the SBHC is open. If the temperature and humidity are out of range, staff shall perform quality control testing on the devices are performed.

The following parameters are acceptable range for each POCT:

* 1. Urine hCG – temp 59 – 86F and humidity up to 80%
  2. HIV rapids – Unigold temp 35.6 – 80.6 F

Chembo Surecheck 46 – 86 F

* 1. UA strips - temp 59 – 86F and Humidity 20-65%
  2. Rapid strep – temp 59 -86 F
     + - Follow the below guidelines for out-of-range readings:

1. POCT supplies that are packaged individually (HIV rapids and Strep) do not have manufacture set acceptable humidity ranges. It is recommended to take the testing kit out of the package immediately prior to patient testing.
2. If temperature or humidity readings are noted to be out-of-range, it is recommended to perform an additional quality control and if acceptable, continue with patient testing. Out-of-range actions, date, and time should be documented on the back of the Record of Room Temperature and Humidity form.
3. For the Siemens UA MultiStix, keep tightly capped with desiccant in the vial.  Perform quality control checks when the humidity exceeds 65%.
4. If quality control results are acceptable, resume patient testing.
5. If quality control results are not acceptable, obtain new testing supplies and re-run quality controls.  If the new supplies pass the QC check, discard compromised supplies and proceed with using the new supplies.
6. Record all corrective actions taken on the back of the Temp/Humidity and QC log sheets.  Include the date, specific actions taken and your name.
7. Lab supplies may be stored in the Health Center over breaks. Temperature and humidity monitoring devices should remain in-place over the period of center closure. Follow the above protocol when center reopens.

c. Safety Data Sheets (information on chemicals to staff) are available from

the employee Portal, Systemwide, Workplace Chemical List (WPCL).

If unable to access the employee portal call dispatch at 733-1080.

3. Care of the Refrigerator

1. Laboratory devices/specimens/tests and vaccines/medications should be maintained in separate refrigerators.
2. Temperatures of refrigerators need to be maintained between 36º-46ºF

(2º-8º C)

1. A sign that says “DO NOT UNPLUG” shall be placed next to the refrigerator’s electrical outlet or on the refrigerator.
2. Documentation of medication refrigerator temperatures needs to be done twice daily when SBHC staff is present. Documentation of the temperature of the lab specimen refrigerator shall be checked once a day when SBHC staff is present.
3. A data logger is placed in the vaccine refrigerator for 24-hour monitoring. Data

logger information shall be downloaded at least every 30 days.

CHRISTIANA CARE HEALTH SERVICES POLICY

**SCHOOL-BASED HEALTH CENTER**

|  |  |
| --- | --- |
| POLICY TITLE: | Media |
| SECTION: | SBHC |
| LAST REVISION/REVIEW DATE: | 09/19 |
| DATE OF ORIGIN: |  |

**POLICY:**

In order to protect the privacy of students, no media contact will be permitted with students without parental/guardian permission.

**PROCEDURE:**

1. All media personnel who request an interview or want to film students regarding the SBHC shall contact External Affairs. All media requests are the responsibility of External Affairs. During business hours External Affairs can be contacted at 327-3300.
2. The program manager or coordinator should also notify the Lead NP.
3. A CCHS Media Consent Form will be obtained with parental signature.
4. If a student is 18 or older, he/she can sign his/her own media release.
5. Verbal permission from a parent/guardian is acceptable if the delay of written consent interferes with the timely reporting of a media event.

CHRISTIANA CARE HEALTH SERVICES POLICY

SCHOOL-BASED HEALTH CENTER

|  |  |
| --- | --- |
| POLICY TITLE: | Medical Emergency |
| SECTION: | SBHC |
| LAST REVISION/REVIEW DATE: | 09/19 |
| DATE OF ORIGIN: |  |

## POLICY:

In the event of an accident or medical emergency within the SBHC, emergency procedures will be followed to ensure the safety of the individual involved.

## PROCEDURE:

1. Qualified SBHC staff will assess and administer appropriate emergency care.
   * 1. **In the event of cardiac arrest:**

* All SBHC staff are CPR certified.
* CPR will be initiated.
* SBHC staff will retrieve AED from school to be used if indicated
* Initiate EMS
  + 1. **In the event of anaphylaxis or syncopal episode:**
* Medical Providers in the SBHC will follow the Immunization Action Coalition “Medical Management of Vaccine Reactions in Children and Teens” for Anaphylaxis and Syncopal episodes.
* Initiate EMS

c. **In the event of hemorrhage:**

* Have patient lie down
* Elevate legs
* If possible, keep the affected area elevated
* Apply direct pressure continuously for at least 20 minutes

if applicable

* Initiate EMS

d. **In the event of respiratory difficulty:**

* Medical provider will assess patient
* Elevate patient’s head
* If respiratory distress is a result of an allergic reaction or

Anaphylaxis, administer epi according to “Medical

Management of Vaccine Reactions in Children and Teens”

* If patient is wheezing, administer albuterol via nebulizer or meter dose inhaler
* If no relief or increased distress, initiate EMS
* Continue to monitor patient

1. SBHC staff will:

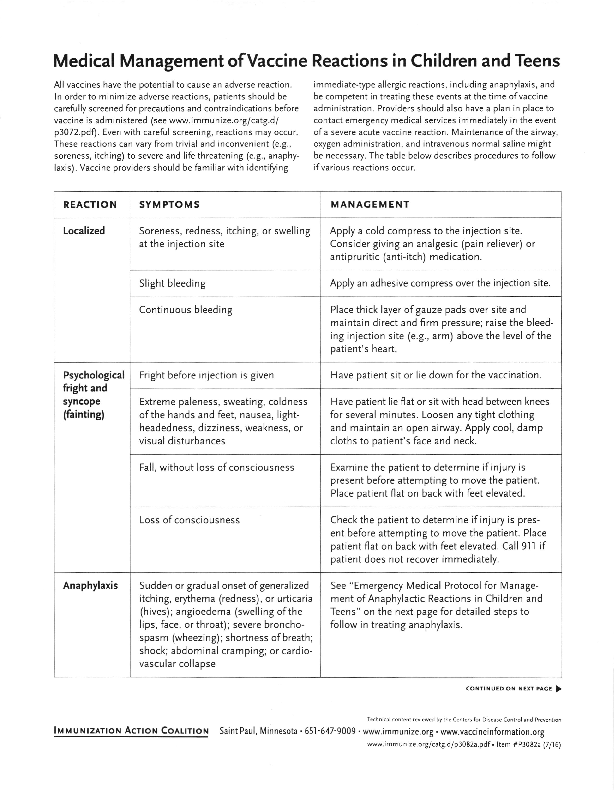
a. Dial 911 and contact the School Principal and School Nurse.

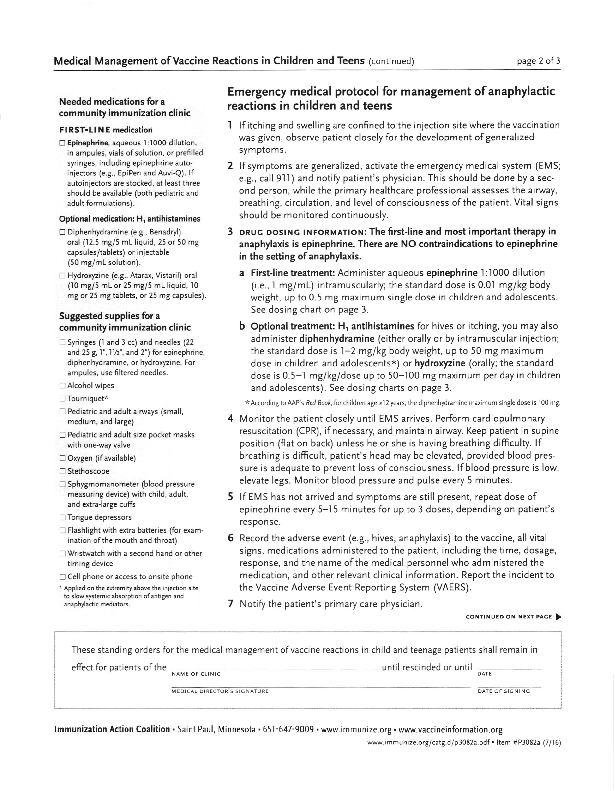
b. Remove other students from the immediate area.

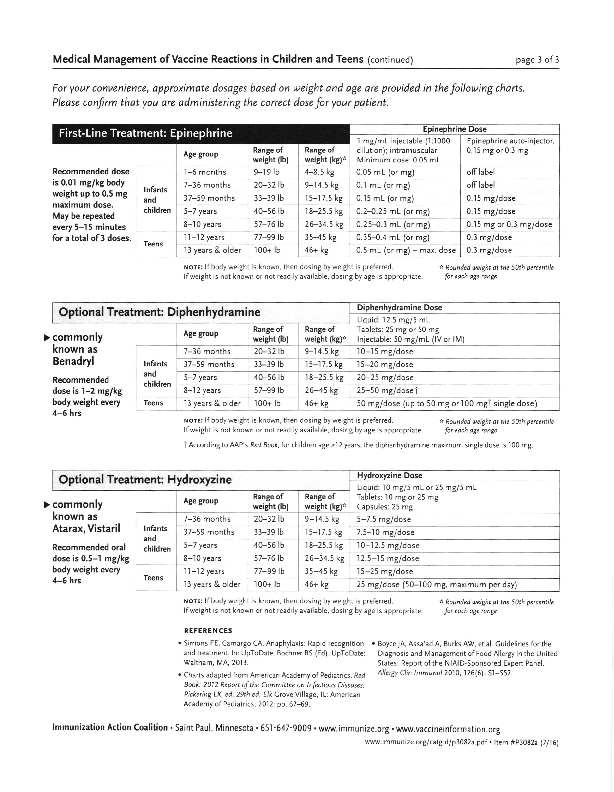
c. Notify patient’s parent or legal guardian of the patient’s disposition.

d. Share appropriate information with ambulance crew.

1. Any care provided is documented on progress notes.
2. The SBHC Coordinator is informed of the emergency.
3. Referring provider will notify triage nurse of the receiving emergency center regarding medical status of the student.







CHRISTIANA CARE HEALTH SERVICES POLICY

SCHOOL-BASED HEALTH CENTER

|  |  |
| --- | --- |
| POLICY TITLE: | Medication Dispensing Procedure |
| SECTION: | SBHC |
| LAST REVISION/REVIEW DATE: | 09/19 |
| DATE OF ORIGIN: |  |

## POLICY:

Medications may be prescribed, administered or dispensed by a physician or Nurse Practitioner with prescriptive privileges.

## PROCEDURE:

1. Written prescriptions must contain the students name, drug, strength, quantity and directions on how to take the drug including rate of administration, clinician’s name, address and date written. Prescriptions should be noted in students chart.

2. When dispensing medication, it must be labeled to comply with the Board of Pharmacy requirements for dispensing mediation. Labels must have the patients name, date of prescription, medication name, strength, route, frequency, instructions and the name of the person(s) prescribing and/or dispensing the medication.

3. A label with center’s address and phone number must be placed on dispensed medication.

4. A patient information sheet regarding dispensed prescription medication needs to be given to the student. Patient information sheets can be found on the Nursing Portal under Formulary.

5. A parent or guardian should be notified when a medicine is being prescribed or dispensed for medical treatment other than for STI/UTI’s. This policy does not apply to single dose dispensing at time of visit.

6. Medications administered or dispensed to students should be logged in the medication log and must be written in the patient’s chart to include drug, strength and quantity.

7. Allergies to medication should be noted on the medication reconciliation sheet and on the Critical History Form.

8. Expired medication from DPH pharmacy needs to be returned using the “Pharmacy Return Sheet.” This sheet needs to be signed by the site manager and can be found in the DPH pharmacy manual.

9. To ensure medication safety, medication should be stored at DPH pharmacy over summer closure. Medication should be boxed with the following information on the outside of the box:

To: State Pharmacy

From: Site Name

“Meds for summer storage”

Contact person: name and number

Drop off location: Site service center

Date box is to return to drop off site or indicate “will call for return.”

11. Medications from outside the SBHC will be administered by the school nurse.

12. Medications for students must be picked up at the SBHC or School Nurse at the end of the school day. Students are not permitted to carry medication with them in school.

CHRISTIANA CARE HEALTH SERVICES POLICY

SCHOOL-BASED HEALTH CENTER

|  |  |
| --- | --- |
| POLICY TITLE: | Medication Reconciliation |
| SECTION: | SBHC |
| LAST REVISION/REVIEW DATE: | 09/19 |
| DATE OF ORIGIN: | 10/10 |

## POLICY:

It is the policy of the SBHC that all students will have medication reconciled at each medical visit (that is, a comparison of the student’s current medication with those ordered). This process allows safe medication management by preventing duplications and adverse events.

## PROCEDURE:

1. At the first medical visit, a list of medication used by the student shall be obtained. This list shall include over - the - counter, herbal supplements, and vitamins.
2. The list of medications should be documented under chronic medications on the history page (inside of the chart on the right hand side).
3. With each subsequent visit, this list of medication should be reviewed and updated and then noted on the visit form.
4. Medication prescribed to be taken on a daily bases is documented under Chronic Medication. Any medications, including over the counter medications, prescribed by the SBHC provider should be listed under acute medications. The acute medication page is located beneath the history page where chronic medications are documented.

CHRISTIANA CARE HEALTH SERVICES POLICY

SCHOOL-BASED HEALTH CENTER

|  |  |
| --- | --- |
| POLICY TITLE: | Missed Appointment |
| SECTION: | SBHC |
| LAST REVISION/REVIEW DATE: | 09/19 |
| DATE OF ORIGIN: |  |

## POLICY:

In order to encourage responsible use of health care, the following procedure will be followed with regard to student’s failure to attend scheduled appointments.

## PROCEDURE:

1. When a student does not arrive for an appointment, a note is made in the student’s chart.
2. Attempts will be made to reschedule a follow-up with the student.
3. The appropriate provider will assess the level of need and if deemed necessary, the provider will have the student called to the SBHC from class.
4. The provider may notify the teacher that a student has missed their appointment at the SBHC.
5. If the teacher or administration inquires the SBHC staff can verify if student was in the SBHC.

CHRISTIANA CARE HEALTH SERVICES POLICY

**SCHOOL-BASED HEALTH CENTER**

|  |  |
| --- | --- |
| POLICY TITLE: | Office Security |
| SECTION: | SBHC |
| LAST REVISION/REVIEW DATE: | 09/19 |
| DATE OF ORIGIN: | 10/1/02 |

**POLICY:**

The SBHC is committed to the safety of students and staff. The office, student files and supplies are to be kept secured.

**PROCEDURE:**

1. Maintaining Safety of Staff and Students

* + - 1. The office entrance should be locked when only one person is working in the office outside of routine school hours.
      2. If a student or parent becomes aggressive, immediately contact the Main Office, the Student Resource Officer, or if no answer, call 911.
      3. Sites with a bathroom should have a key available to unlock the bathroom in case of an emergency. Keys should be kept in a lock box outside the bathroom door.

2. Securing Student Files

1. The cabinets containing student files will be locked at the end of each day or at any time they are left unattended.
2. Access to the locked student file cabinet will be limited to SBHC staff.
3. Keys shall be dispensed by the Coordinator to those persons granted access. Only the Coordinator is authorized to obtain copies of keys and distribute keys.
   1. Securing the Office
   2. The door to the office and appropriate areas will be locked at the end of the day.
   3. The custodian and custodial employees shall have access for cleaning the SBHC facilities during after school hours.

4. Securing medications, needles and syringes

a. The medications, needles and syringes are kept locked in a secure location.

b. The cabinet shall remain locked at all times except for removal and replenishment of supplies.

c. Access to the locked medication cabinet shall be limited to the medical provider.

CHRISTIANA CARE HEALTH SERVICES POLICY

**SCHOOL-BASED HEALTH CENTER**

|  |  |
| --- | --- |
| POLICY TITLE: | Ordering Medication |
| SECTION: | SBHC |
| LAST REVISION/REVIEW DATE: | 09/18 |
| DATE OF ORIGIN: | 10/11/97 |

**POLICY:**

The SBHC maintains a small supply of medication to be dispensed for student use. The Department of Public Health Pharmacy has established a list of medication and supplies that can be ordered by the SBHC. Other medication maintained at the SBHC is obtained from CCHS pharmacy.

**PROCEDURE:**

**Department of Public Health Pharmacy:**

1. Forms provided by the Division of Public Health, Director of School Based Health Centers are to be utilized.
2. The medical provider can order medications utilizing the SBHC

Medication and Supplies Order Form. Only medications listed on this

form are allowed to be ordered.

1. The Reproductive Health Pharmacy Order form is utilized for ordering

Depo-Provera, condoms and contraceptives.

1. Completed order form is faxed to the Department of Public Health Pharmacy at 302-223-1090.
2. All orders must include school name, contact person, and the site where the medication is to be delivered (State Service Center).
3. The medication will be delivered to the designated State Service Center to be picked up by the nurse practitioner.
4. Medication delivered should be checked against the order form and if there are discrepancies, the pharmacy should be notified.
5. Fax the invoice form delivered with the medication back to the State Pharmacy (302-223-1090).

**CCHS Pharmacy Ordering Procedures:**

1. Each SBHC has an order form template from the CCHS pharmacy that is to be utilized.
2. Complete order form and fax to the pharmacy number provided on the order form.

Both the pharmacy from Wilmington Hospital and Christiana Hospital is utilized to fill pharmacy orders. Northern schools utilize the Wilmington Hospital pharmacy and more southern schools utilize Christiana Hospital pharmacy.

1. Medication will be delivered to the SBHC site by CCHS transportation.
2. Medication delivered is checked against the order form. Call pharmacy with discrepancy.

CHRISTIANA CARE HEALTH SERVICES POLICY

**SCHOOL-BASED HEALTH CENTER**

|  |  |
| --- | --- |
| POLICY TITLE: | Pregnancy Screening |
| SECTION: | SBHC |
| LAST REVISION/REVIEW DATE: | 09/19 |
| DATE OF ORIGIN: |  |

**POLICY:**

The SBHC offers, upon voluntary request by the student, urine pregnancy testing. Pregnancy testing is a confidential service provided by the SBHC. As part of this screening, pregnancy options counseling is provided, pregnancy prevention information for negative results and referral for follow-up care for positive results.

**PROCEDURE:**

1. Students requesting an appointment for a pregnancy test must have parental consent for testing on the SBHC parental consent form. Students who are 18 or older may give consent.

2**.** If parent or guardian does not consent on the SBHC enrollment form for student to have pregnancy testing at the SBHC, student will be referred to community resources and/or a new parental consent form will be offered to be completed.

3. Negative test results: Advise the student to have a repeat test if no menses in one to two weeks and encourage condom use. Refer for contraceptive care, if not an approved service by the SBHC.

1. Positive test results: Encourage student to speak with parents and partner, options counseling should be given and referral to social worker. Provider should follow-up with student in one week to facilitate referrals to community agencies if needed.
2. If student desires to continue pregnancy, a referral is made for prenatal care. Follow up with student to verify they have scheduled prenatal care. Refer student to dietitian.

6. For student’s continuing pregnancy, permission should be obtained from student for SBHC to advise school nurse, or student should advise school nurse of pregnancy.

7. If the student is continuing the pregnancy, and the parent or guardian is not aware, options are offered to facilitate parental notification.

**CHRISTIANA CARE HEALTH SERVICES POLICY**

**SCHOOL BASED HEALTH CENTER**

|  |  |
| --- | --- |
| POLICY TITLE: | Provision of Mental Health Services to Minors (ages 14 and over) without Parental Consent |
| SECTION: | School-Based Health Center (SBHC) |
| LAST REVISION/REVIEW DATE: | 9/19 |
| DATE OF ORIGIN: | 09/17 |

**POLICY:**

Delaware law allows for minors, ages 14 to 18, to seek out and consent to their own mental health treatment. Delaware Code, Title 16, Health and Safety Section 5003 of the Voluntary Admission Procedure, paragraph 3, subsection a states that any minor, ages 14-18, who is in need of mental health treatment may request voluntary outpatient treatment. Their consent is valid and fully effective for all purposes to this end. A parent or legal guardian may not abrogate the consent given by the minor.

**PROCEDURE:**

1. A student is referred to the SBHC MH provider via the school guidance counselor, administration or by their own individual interest.
2. The student will sign the Voluntary Consent for Mental Health treatment and will complete the Registration form to the best of their ability.
3. This Voluntary Consent allows the student to participate in individual and group mental health treatment within the limits as dictated on the Consent form.
4. The AA should attempt to get a “face sheet” from e-School, the School Nurse or Guidance for additional information and if possible, should attempt to identify whether the student is covered by any health insurance. The Delaware Medical Assistance Portal (DMES) can be searched for Medicaid verification.
5. The student’s information should be entered into REDCap database.
6. An appointment will be scheduled with the mental health provider per standard procedure.
7. During the initial appointment, a RAAPS and a CRAFFT should be completed as usual with the student. The MH Provider should also attempt to explore the viability of having the parents/guardians complete and sign a full registration packet or the reasons why this is not feasible at this time. If the student believes that their parent would be willing to give consent for the SBHC services, and it will not create a safety risk for them to ask their parents for their consent, then a registration packet should be sent home with the student and they should return it when possible.
8. If it is determined that it is not safe or that it puts the student in jeopardy, or if a student is convinced that their parents/guardians do not condone mental health treatment and would therefore refuse to give consent if asked, a registration will not be sent home and the student’s voluntary consent for MH services will stand. There will be a 5 visit limit for most students, dependent upon the clinical judgement of the MH provider.
9. Where clinically feasible, the MH provider should work with the student during the course of treatment and encourage them to involve their parents as much as possible to gain their consent and awareness for ongoing services.
10. If the student has verified Medicaid, the encounter form will be completed by using the T1015 code, 90832/90834, the appropriate diagnosis and tracking disposition codes, including the TRMHS code, and will be billed to Medicaid as a standard visit.
11. If the student has commercial insurance or no insurance, the encounter form will be completed using the NC000 code (no other CPT codes required), the appropriate diagnosis and tracking disposition codes, including the TRMHS code. Commercial insurance is not billed until parent permission is obtained.

ATTACHMENT:  
MINOR CONSENT FORM

**CHRISTIANA CARE HEALTH SERVICES POLICY**

**SCHOOL BASED HEALTH CENTER**

|  |  |
| --- | --- |
| POLICY TITLE: | Provision of SBHC Services as a requirement of Educational Plans (IEP/504 Plans) |
| SECTION: | School Based Health Center (SBHC) |
| LAST REVISION DATE: | 9/19 |
| DATE OF ORIGIN | February 15, 2013 |

**POLICY:**

At times, school administrations, IEP teams, Special Education teams and others may rely on the SBHC to provide services to members that are critical to that student’s educational plan. The SBHC will provide services if appropriate. A referral form will be utilized to allow the SBHC to structure the provision of services in a way that meets the needs of the education plan as well as the scope of the SBHC.

**PROCEDURE:**

l. Referring School Personnel should complete the IEP referral form.

2. In addition to the referral, a signed Release of Information must be included in the member's file prior to starting services that are specific to the educational plan.

3. A copy of the student's IEP or a 504 plan must be provided to the SBHC and reviewed by Mental Health Provider or Coordinator to determine what SBHC services will be linked to the IEP or a 504 plan.

4. Services will be documented as usual on a SBHC progress note. The SBHC Billing and Encounter Form will be completed in order to capture the services for counting/database purposes. IEP/504 Plan Services are NOT a BILLABLE SERVICE, therefore, please circle NC000 at the top of the Encounter Form and complete the remainder as usual.

5. If a student receives SBHC services that are not directly linked to IEP, those services are billable and will be documented and billed as per the usual policy of the SBHC.

6. Each SBHC will develop their own tracking system to identify those students who receive SBHC services via an IEP or a 504 plan so that at the beginning of each school year, those services resume automatically for those students. Legal educational documents (IEP's and 504's) are written for 12 calendar months, not just a school year.

Therefore, it is the responsibility of the SBHC to begin providing those services to the identified students immediately upon school's beginning each fall.

**DEFINITIONS**:

**IEP Defined -** Each public school child who has an identified disability and receives special education and related services must have an Individualized Education Program (IEP). Each IEP must be designed for one student and must be a truly individualized document.

**504 Plan Defined -** The 504 Plan is a plan developed to ensure that a child who has a disability identified under the law and is attending an elementary or secondary educational institution receives accommodations (not necessarily special education services) that will ensure their academic success and access to the learning environment.

**Differences -** Not all students who have disabilities require specialized instruction. For students with disabilities who do require specialized instruction, the Individuals with Disabilities Education Act (IDEA) controls the procedural requirements, and an IEP is developed. The IDEA process is more involved than that of Section 504 of the Rehabilitation Act and requires documentation of measurable growth. For students with disabilities who do not require specialized instruction but need the assurance that they will receive equal access to public education and services, a document is created to outline their specific accessibility requirements. Students with 504 Plans do not require specialized instruction, but, like the IEP, a 504 Plan should be updated annually to ensure that the student is receiving the most effective accommodations for his/her specific circumstances.

**ATTACHMENT(S):**

**REFERRAL FORM**

**EDUCATIONAL – SCHOOL BASED HEALTH CENTER SERVICES**

**REFERRAL FORM**

**Referral from**: \_\_\_\_\_Administration

\_\_\_\_\_Special Education Team / IEP Coordinator / Educational Diagnostician \_\_\_\_\_Other

**For purposes of**: **To SBHC for**: \_\_\_\_\_Physical Health

\_\_\_\_\_IEP Related Services \_\_\_\_\_Mental Health

\_\_\_\_\_504 Plan Services \_\_\_\_\_Nutrition Services

\_\_\_\_\_Functional Behavioral Assessment (FBA)

\_\_\_\_\_Behavior Intervention Plan Services (BIP)

\_\_\_\_\_Informal Contract with Student

**Specific Services Requested**:

\_\_\_\_\_Physical / Medical Services \_\_\_\_\_Problem Solving Skills

\_\_\_\_\_Anger Management \_\_\_\_\_Increase Concentration / Focus

\_\_\_\_\_Crisis Management \_\_\_\_\_Time Management / Organizational Skills

\_\_\_\_\_Grief Work \_\_\_\_\_Emotional Support

\_\_\_\_\_Social Skills Training \_\_\_\_\_Nutrition Services

\_\_\_\_\_Positive Behavior Support \_\_\_\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Specific Requirements of Services Requested** (frequency per week, # of minutes of services per week, etc.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Please attach a **COMPLETED (Signed and Dated) Release of Information** to each Referral Form BEFORE submitting to the School Based Health Center

\*\*If the referral is related to IEP / 504 Plan services, please attach a **copy of the IEP/504 Plan** for inclusion in our records.

Rec’d and Approved by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (SBHC Staff)

CHRISTIANA CARE HEALTH SERVICES POLICY

SCHOOL-BASED HEALTH CENTER

|  |  |
| --- | --- |
| POLICY TITLE: | Psychiatric Emergency |
| SECTION: | SBHC |
| LAST REVISION/REVIEW DATE: | 09/19 |
| DATE OF ORIGIN: |  |

**POLICY:**

In the event of a psychiatric emergency within the SBHC, emergency procedures will be followed to ensure the safety of the individual and the site.

**PROCEDURE:**

1. If an unregistered student presents to the SBHC with a psychiatric emergency, qualified SBHC staff will make an assessment of appropriate intervention to take in collaboration with the school.
   1. In the event that no mental health provider is on-site, the school psychologist, school nurse, guidance counselor, or school administrator will be called for intervention.

3. Qualified SBHC staff will make an initial assessment of the student’s mental

status.

a. If needed, remove other students from the immediate area.

b. Notify Program Manager/Coordinator of psychiatric emergency.

c. Follow the Guidelines established in the SBHC Suicide Prevention Pathway

(see attached).

1. SBHC staff contacts the parent/guardian and assists the family in obtaining appropriate mental health services by providing information about community resources.

a. It is considered the responsibility of the parent/guardian to obtain

needed services once they have been advised of the risk.

b. For Uninsured Students or those covered by Medicaid who are under 18, Crisis

Intervention Services will be contacted (1-800-969-4357). For students 18 or older,

Adult Crisis Services will be contacted (302-577-2484).

c. For privately insured students, the parent/guardian will have the responsibility of

obtaining a Psychiatric Assessment at a qualified location, such as MeadoWood,

Rockford, or the closest Emergency Room.

d. SBHC staff will follow up within 24 hours by making a phone contact

to verify the parent/guardian has made arrangements for the needed

services.

5. SBHC staff will notify the appropriate designated school personnel that an

emergency situation exists with a student.

6. The student is kept under continuous adult supervision either by SBHC or school

personnel until parent/guardian is informed of the situation and picked up their child at the school to take them for psychiatric evaluation.

a. If at any time during the assessment or while waiting for the parent/

guardian to arrive, the student becomes uncooperative, violent or

threatens to leave the building, school resource officer and ambulance

are contacted to ensure safe transportation of the student to the local

hospital emergency room for further evaluation.

7. All care, contacts and events are documented in progress notes.

\*\*\*PLEASE CONSULT YOUR INDIVIDUAL SCHOOL REGARDING THEIR POLICY AND REQUIREMENTS FOR ANY MENTAL HEALTH EMERGENCY AND ANY DOCUMENTATION THAT THEY WILL REQUIRE BEFORE SENDING A STUDENT OUT OR ALLOWING THEM TO RETURN\*\*\*

ATTACHMENTS:

SBCH Suicide Prevention Pathway

Columbia Suicide Severity Rating Scale

Student Safety Plan

**CHRISTIANA CARE HEALTH SERVICES POLICY**

**SCHOOL-BASED HEALTH CENTER**

|  |  |
| --- | --- |
| POLICY TITLE: | Quality Assurance (QA) |
| SECTION: | SBHC |
| LAST REVISION/REVIEW DATE: | 09/19 |
| DATE OF ORIGIN: |  |

**POLICY:**

In order to enable provision of quality care, QA audits of students charts will be performed on a semi-annual basis.

**PROCEDURE:**

1. The Coordinator or designated staff will audit ten (10) charts semi-annually using the designated checklist.
2. Deficiencies identified in the audits will be addressed by the Coordinator to improve our services. SBHC staff will address noted areas for improvement.
3. The Nurse Practitioner charts will be reviewed annually by the medical director and by peer review.
4. Mental Health provider charts will be reviewed annually by the lead Mental Health Providers.

CHRISTIANA CARE HEALTH SERVICES POLICY

**SCHOOL-BASED HEALTH CENTER**

|  |  |
| --- | --- |
| POLICY TITLE: | Record Retention |
| SECTION: | SBHC |
| LAST REVISION/REVIEW DATE: | 9/19 |
| DATE OF ORIGIN: | 3/28/08 |

**POLICY:**

SBHC will retain information for the length of time required for compliance with legal, regulatory and accreditation requirements and standards. Information should be destroyed in accordance with the Disposal of Confidential and Private Information Policy once it has been retained for the recommended time.

**PURPOSE:**

The purpose of this policy is to clarify and establish guidelines for retention of information unique to the SBHC and not otherwise specified in the Christiana Care Health System policy on Record Retention.

**PROCEDURE:**

1. The following records are to be maintained at the SBHC site for three years.

* Medication inventory logs
* Refrigerator temperature logs
* Point of Care control checks logs
* Fire and Safety Inspection checklist
* Meeting minutes
* Quality Control monitoring
* Budget invoices and receipts, including receipts for workday.
* Appointment schedule books (may be archived with medical records)
* Student sign in sheet (may be archived with medical records)
* Monthly and Semi-Annual reports for three years
* Semi-Annual chart review

2. The following are to be retained by the SBHC for 10 years:

* Student medical records

**CHRISTIANA CARE HEALTH SERVICES POLICY**

SCHOOL-BASED HEALTH CENTER

|  |  |
| --- | --- |
| POLICY TITLE: | Referral and Treatment |
| SECTION: | SBHC |
| LAST REVISION/REVIEW DATE: | 09/19 |
| DATE OF ORIGIN: |  |

## POLICY:

During the provision of physical and mental health services, SBHC staff members may identify various concerns for students and their families that may indicate a need for referral for services for the student and/or his/her family beyond the SBHC scope of care for the student and/or their family.

## PROCEDURE:

1. When a need is identified for an external resource, the SBHC staff will initiate a referral.
2. The parent or guardian shall be contacted regarding potential referral to external resource.
3. The SBHC provider will assist if necessary, the student and parent/guardian in arranging an appointment with community provider or agency.
4. It is the legal responsibility of the parent/guardian to obtain recommended services once they have been advised of the need.
5. The parent or guardian is responsible for making any necessary financial agreements with the external provider.
6. Parents and/or students may be asked to complete an “Authorization to Release Health Information” form to permit SBHC staff to share information and coordinate care with external provider.
7. A referral and follow up plan shall be noted in the student’s chart along with the presenting problem.

CHRISTIANA CARE HEALTH SERVICES POLICY

**SCHOOL-BASED HEALTH CENTER**

|  |  |
| --- | --- |
| POLICY TITLE: | SBHC Off Hours |
| SECTION: | SBHC |
| LAST REVISION/REVIEW DATE: | 09/19 |
| DATE OF ORIGIN: |  |

**POLICY:**

Parents will be able to obtain information regarding the school-based center on a twenty four hour basis.

**PROCEDURE:**

1. When staff is not in the office, the SBHC answering machine will inform parents of the office hours. The caller will be advised to dial 911 for emergencies or on call primary care provider for non-emergent issues.
2. During school hours messages will be checked by the SBHC staff and calls will be returned as soon as possible.
3. The voicemail for summer closure should be:

You have reached the \_\_\_\_\_\_\_\_\_\_\_\_ School-Based Health Center. We will be closed for the summer and return on \_\_\_\_\_. If this is an emergency, please hang up and call 911. If this is not an emergency, contact your primary care provider or visit a Medical Aid Unit. If you would like to schedule an appointment, call us on \_\_\_\_. Please do not leave a message. We will not have access to check messages. Have a wonderful summer!

CHRISTIANA CARE HEALTH SERVICES POLICY

SCHOOL-BASED HEALTH CENTER

|  |  |
| --- | --- |
| POLICY TITLE: | Scheduling Appointments |
| SECTION: | SBHC |
| LAST REVISION/REVIEW DATE: | 09/19 |
| DATE OF ORIGIN: |  |

## POLICY:

## Appointments will be scheduled for those students who are enrolled in the SBHC. Students with urgent healthcare needs will be seen on a walk-in basis.

## PROCEDURE:

1. Students enrolled at the SBHC should come to the health center, call to make an appointment, or be referred.

2. School staff are not entitled to use the services of the SBHC.

3. When a student does not arrive for an appointment, attempts will be made to reschedule a follow up with the student.

4. The students will be given passes for appointments, as teacher consent is needed in order for the student to miss class.

5. After the student is seen, they will be given a pass back to class.

CHRISTIANA CARE HEALTH SERVICES POLICY

**SCHOOL-BASED HEALTH CENTER**

|  |  |
| --- | --- |
| POLICY TITLE: | Standing Orders |
| SECTION: | SBHC |
| LAST REVISION/REVIEW DATE: | 09/19 |
| DATE OF ORIGIN: |  |

**POLICY:**

Medical and nursing services at the SBHC will be provided in accordance with the accepted standards of current medical and nursing practice.

**PROCEDURE:**

1. Advanced practice nurses work with a collaborating physician.
2. Advanced practice nurses with prescriptive authority are exempt from standing orders.

CHRISTIANA CARE HEALTH SERVICES POLICY

SCHOOL-BASED HEALTH CENTER

|  |  |
| --- | --- |
| POLICY TITLE: | Student Arrival/Departure |
| SECTION: | SBHC |
| LAST REVISION/REVIEW DATE: | 09/19 |
| DATE OF ORIGIN: | 5/06 |

## POLICY:

The SBHC staff will follow the arrival/departure procedures when students utilize available services.

## PROCEDURE:

1. Upon arrival the student will:

a. Notify SBHC staff of arrival and present a valid pass.

b. Sign in with arrival time in the arrival/departure log.

2. A designated SBHC staff will:

a. Verify appropriate information on registration form.

b. Pull and/or prepare chart.

c. Advise staff person(s) of the student’s arrival.

3. Upon completion of the visit the student will:

a. Sign out on the arrival/departure log.

1. Leave the SBHC with a valid pass.

CHRISTIANA CARE HEALTH SERVICES POLICY

SCHOOL-BASED HEALTH CENTER

|  |  |
| --- | --- |
| POLICY TITLE: | Student’s Bill of Rights |
| SECTION: | SBHC |
| LAST REVISION/REVIEW DATE: | 09/19 |
| DATE OF ORIGIN: | 5/06 |

## POLICY:

The SBHC will make the Student’s Bill of Rights available to the student through posting at the SBHC or individual distribution.

The SBHC is dedicated to providing quality medical care while preserving student’s dignity and importance as individuals.

**As the student, you have the right:**

1. To considerate, respectful care, with recognition of individual and personal needs provided within a safe and comfortable environment.
2. To have access to treatment or accommodations that are available and medically indicated regardless of race, creed, sex, national origin, sexual/gender orientation or handicap.
3. To be informed of rights as a patient at the earliest possible moment in treatment.
4. To privacy concerning your own medical care manifested by the following rights:
   1. To refuse to talk with or see anyone not directly involved in your care.
   2. To be interviewed and examined in surroundings designed to provide reasonable, visual, and auditory privacy. This includes the right to have a person of one’s own sex present during certain parts of physical examination, treatment or procedure performed by a health professional or you have the right to refuse that part of the exam. You have the right not to remain disrobed any longer than necessary.
   3. To expect that any discussion or consultation involving your case will be conducted privately. Individuals not directly involved with your care will not be present without your permission.
   4. To have your medical record read by individuals directly involved in your treatment or in the monitoring of its quality. Other individuals may read your medical record with your written permission or that of your legal representative.
   5. To expect communications and other records about your care, to be treated as confidential.
5. To know the name of the health care provider participating in your care and the names and functions of other persons having direct contact with you.
6. To have information necessary to understand your condition and to participate in planning your treatment.
7. To obtain information in your medical records, upon request, unless such information is specifically restricted by the healthcare provider for medical reasons.
8. To obtain an interpreter or other aides, where possible, if you do not understand the predominate language of the community or have a communication deficit.
9. To be informed if the SBHC proposed to engage in or perform medical research/educational projects affecting your care or treatment. You have the right to refuse to participate in such activity.
10. To have help in obtaining consultation with another physician at your request and own expense.
11. To expect, upon discharge, information about your continuing health care needs and the means for addressing their requirements.
12. To share concerns about the SBHC policies and services with a member of the staff, without restraint, interference or reprisal.
13. Each student has the right to information as to any relationship of the facility to other health care institutions as it relates to their care.
14. The student has the right to receive care of acute concerns with appropriate follow up or referral.
15. The Bill of Rights is available to all students and/or their responsible relative or person at the time of registration with the program.

**You Have the Responsibility to:**

1. You are responsible for being considerate of other students and personnel by:
   * + Respecting other students and the property of the center.
     + Respecting property of others.
2. You are responsible for providing accurate and complete information about present and past illnesses, hospitalizations, medications, allergies and other matters related to your health.
3. You are responsible for telling your medical provider about changes in your health.
4. You are responsible for following the treatment plan recommended by your health care provider. Inform the SBHC provider, immediately if you do not understand or cannot follow the instructions.
5. You are responsible for your actions if you refuse treatment or do not follow the instructions of the health care personnel.
6. Authorized members of your family or your legal representative are expected to be available to center personnel for review of your treatment if you are unable to communicate.

CHRISTIANA CARE HEALTH SERVICES POLICY

SCHOOL-BASED HEALTH CENTER

|  |  |
| --- | --- |
| POLICY TITLE: | Suspected Child Abuse and Neglect |
| SECTION: | SBHC |
| LAST REVISION/REVIEW DATE: | 09/19 |
| DATE OF ORIGIN: |  |

**POLICY:**

SBHC staff adhere to the mandatory reporting requirements in Delaware for suspected child abuse and neglect. Suspicion of abuse or neglect which includes physical abuse or neglect, sexual abuse, or human trafficking of a child under 18 will be reported to Division of Family Services (DFS).

**PROCEDURE:**

* + 1. When child abuse or neglect is suspected by a staff member, they will make report to Division of Family Services (DFS). If providers think they may have come in contact with a victim of human trafficking, they should call the National Human Trafficking Resource Center at 1-888-373-7888.If a provider feels a minor patient is in immediate danger, the provider should call 911.

2. The staff member, to whom the incident was disclosed, will discuss the need for reporting with the SBHC Coordinator and/or Social Worker.

3. The report is made by calling 1-800-292-9582 and providing requested information to the intake worker at DFS. The student may be present during the process if both the student and provider agree. If the student is not in immediate danger, the report may be made online at <https://kids.delaware.gov/fs/fs_can_report.shtml>

4. The mandatory reporting form must be completed following any verbal report and faxed to 302-577-5515.

1. In certain circumstances, if DFS will not take the report, the police may need to be called.
2. The SBHC will notify the designated school personnel (Guidance Counselor or Administrator) if the DFS intake is to take place on school grounds.
3. Social Worker will follow up with the student and also with DFS if they did not return follow up call within 24 hours.

CHRISTIANA CARE HEALTH SERVICES POLICY

SCHOOL-BASED HEALTH CENTER

|  |  |
| --- | --- |
| POLICY TITLE: | Third Party Billing |
| SECTION: | SBHC |
| LAST REVISION/REVIEW DATE: | 09/19 |
| DATE OF ORIGIN: | 11/11 |

## POLICY:

SBHC will bill third party payors for covered services provided in the centers. No student will be turned away based on their ability to pay. The SBHC will not collect co-pays or balance bill patients.

## PROCEDURE:

1. A copy of the insurance card is requested at time of registration.

1. If there is no insurance the student is referred to the mental health provider for

assistance.

1. Insurance must be verified. Medicaid shall be verified monthly. Commercial insurance shall be verified in July and January. The insurance type and date shall be documented on the “Cover Sheet”. Insurance can be verified utilizing Navinet, United Healthcare or Medicaid websites.
2. The patient demographics information entered into Soarian should be reviewed at first visit and updated as appropriate.
3. The Administrative Assistant shall be responsible for entering billing encounters into Soarian (CCHS approved billing program).
4. Billing encounters shall be entered into Soarian within 48 hours.
5. All encounters for the month must be entered by the 9th day of the following month.
6. All new Administrative Assistant shall receive training on Soarian through CCHS.
7. The SBHC will provide DPH with required third party pay or billing reports.

CHRISTIANA CARE HEALTH SERVICES POLICY

SCHOOL-BASED HEALTH CENTER

|  |  |
| --- | --- |
| POLICY TITLE: | Time Stamping |
| SECTION: | SBHC |
| LAST REVISION/REVIEW DATE: | 09/19 |
| DATE OF ORIGIN: | 7/12 |

## POLICY:

Good attendance and punctuality is required of all employees. All employees are expected to report to work on time and be ready to work at their scheduled time. SBHC will time stamp to account for their worked hours in accordance to Christiana Care policy.

**PROCEDURE:**

1. Stamping In:
2. Go to Portal page
3. Click on Time Stamp
4. Click on the Transfer Box
5. Enter User Name and Password
6. Click on “Sign In”
7. In “Tax Location Box” highlight “1” for non-Wilmington Sites and

“0” for Wilmington sites (Cab/Charter or Howard).

1. In “Finance Location” type “00035” for non-Wilmington Sites and

“00047” for Wilmington sites (Cab/Charter or Howard).

1. In “Department Box” type in the site Grant ID Number
2. Click “Punch”
3. Stamping Out:
4. Go to Portal page
5. Click on “Time Stamp”
6. Enter User Name and Password
7. Click “Sign Out”
8. It will ask if you had an uninterrupted lunch break – Click “No”
9. Click “Submit”
10. Time stamping must be done at a desk top computer. You may not time stamp in more than 7 minutes prior to the start of your shift or more than 7 minutes after the end of your shift without supervisor approval. Time will not be adjusted for anything within that 7 minute period.
11. Staff should review their time card in Kronos 7 every week and inform the time keeper of any adjustments. Staff should not work over 40 hours per week or it is considered overtime.
12. Employees who time stamp after the start of their shift will be considered late. Lateness is defined as any amount of time beyond the employees scheduled start time. (HR policy A-12 / HR online)
13. Each lateness is considered an occurrence. The number of occurrences which result in disciplinary action is based on shifts of duty an employee is regularly scheduled to work. (HR online Employee Handbook)
14. In the event that staff becomes aware that they will not be able to arrive at their scheduled start time staff may request to their manager 24 hours prior to the scheduled shift start time for use of paid leave. Approved time change will not result in a late occurrence and will be offset with the use of paid leave.
15. Each prorated employee will have access to their HR prorated worksheet. The spreadsheet has the hours broken down across the pay periods. Each pay period, prorated employees, need to check to see that their time is being calculated appropriately.
16. Every effort should be made to time stamp in and out on a daily basis.
17. All missed time stamps should be emailed to your coordinator and the timekeeper. The following needs to be included in the body of the email: Date, Time (example: 3:00pm), Grant ID, Reason (example: specimens to lab)

**CHRISTIANA CARE HEALTH SERVICES POLICY**

**SCHOOL-BASED HEALTH CENTER**

|  |  |
| --- | --- |
| POLICY TITLE: | Uninsured Students |
| SECTION: | School-Based Health Center (SBHC) |
| LAST REVISION/REVIEW DATE: | 09/19 |
| DATE OF ORIGIN: | 10/14 |

**POLICY:**

The SBHC does not turn students away based on lack of health insurance or ability to pay. As part of the SBHC program assistance to students and families identified as uninsured will be provided.

**PROCEDURE:**

1. If Administrative Assistant notices uninsured status at registration, they are to schedule an appointment with site mental health provider. Initiate insurance communication form.

2. Site mental health provider will meet with student and give packet of information regarding insurance (packet consists SBHC information letter, contact info and flyer for Health Guides, ACA Info and Enrollment Flyer, the CCHS Financial Assistance Program Summary, and the CCHS Financial Assistance Guidelines).

* 1. Mental Health provider will document visit via progress note or collateral form (whichever is more appropriate for the visit) and update insurance communication form.
  2. Mental Health provider will track students for follow up purposes.

3. If NP or RD notices student’s uninsured status for the first time they can make AA aware and then steps 1 and 2 will be followed.

4. Appointment with Health Guide (HG) can be coordinated. If student and family would like to meet with a HG in the SBHC or in the community, Mental Health Provider can contact HG liaison to assist in coordinating meeting.

ATTACHMENTS:

Health Guide Workflow

Health Guide Flyer

CCHS Financial Assistance Program Summary

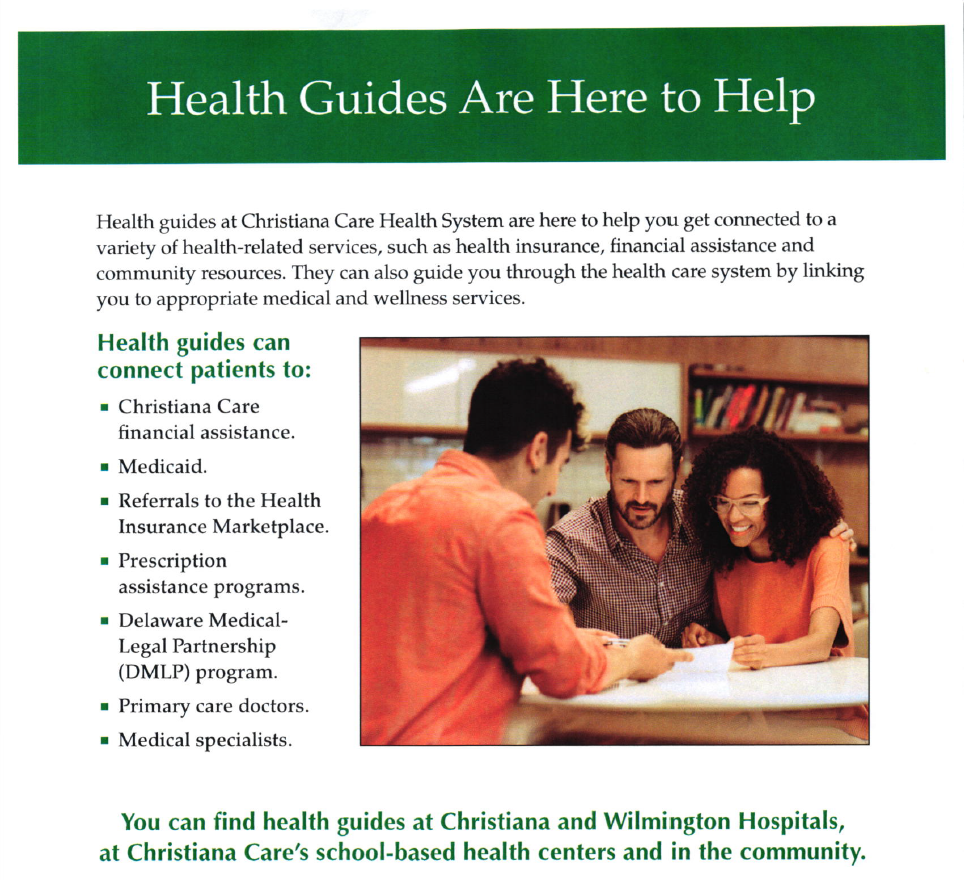
**School Based Health Centers – Health Guide Workflow**

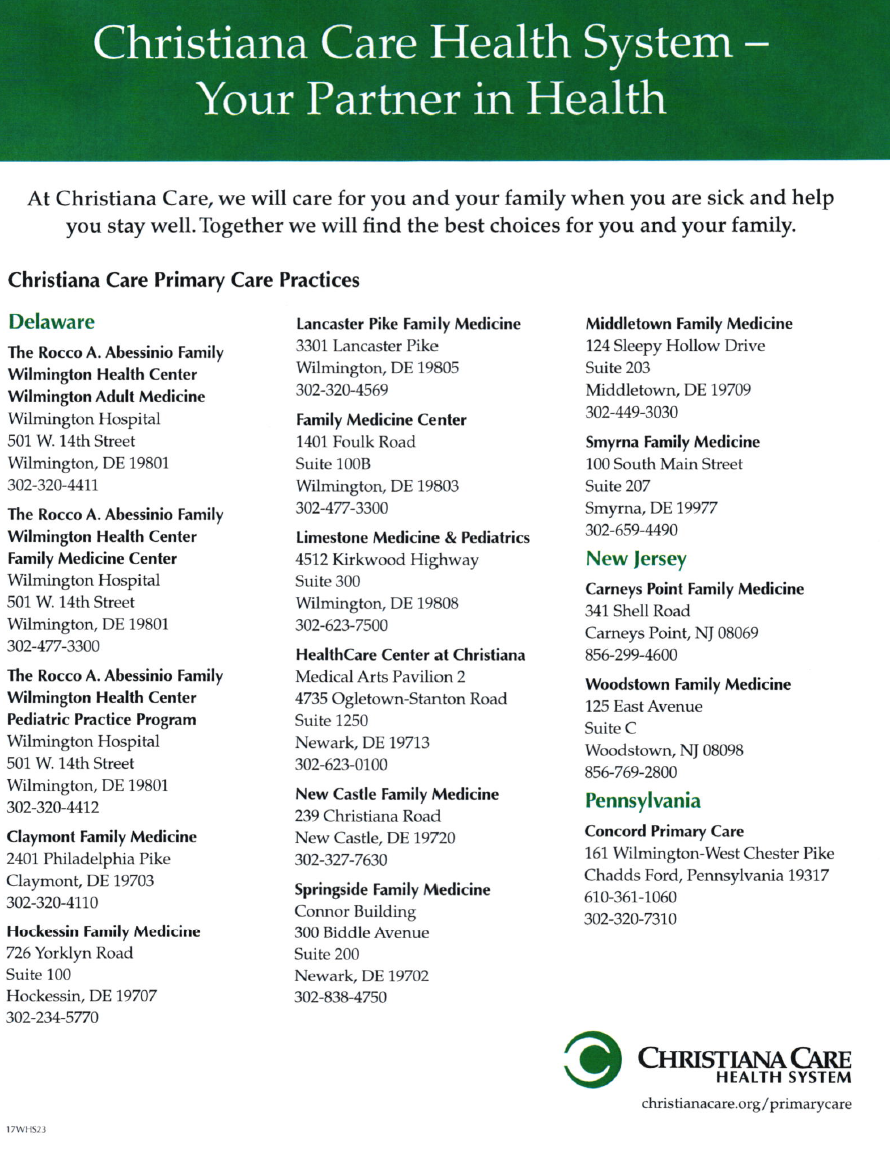
**Student has no insurance:**

* Staff assures that student does not have health insurance by contacting parent/guardian
  + - Contact parents/guardians
    - Send letter with Health Guide flyer
  1. If insurance information is acquired, chart is updated

**After uninsured status has been verified:**

* Staff can do two things:
  1. Help student with Medicaid application packet
  2. Contact **Dawn Baker** via email (CC Nicole Fournakis) with preferred contact information for student/family and any relevant information
     + Dawn will contact student/family to schedule appointment
       - Dawn will see students/families where ever it is more convenient for them – whether that is at the school or the Patient Support Services office – after agreeing on date/time
         * Dawn will then communicate that to staff at school’s SBHC
       - Assessment of student/family qualification will be done for multiple programs, including:
         * Medicaid
         * CCHS Financial Assistance
         * Health Care Connection (previously known as CHAP)
         * Health Insurance Marketplace
         * Community programs





**CCHS Financial Assistance Program Summary**

Christiana Care Health Services serves our neighbors as respectful, expert, caring partners in their health. We are committed to making care affordable and we offer discounts, payment options and financial assistance to people who cannot afford to pay for medical care, including Emergency Department services.

**Our Program**

* The program applies to all medically necessary hospital inpatient, outpatient and Emergency Department services that are billed by Christiana Care, as well as all medically necessary services provided by any Christiana Care-employed doctor. This would also include dental services that would require hospitalization.
* If your household income is less than 200 percent of the federal poverty level (FPL) and you meet the corresponding household limits, then medically necessary services may be provided at no charge.
* If you are uninsured and your household income is greater than 200 percent of the FPL, you are eligible for a standard discount of 10 percent.
* We calculate the bill using the same amounts billed to people with insurance.

**Application Process**

* You can apply for financial assistance by completing and submitting a [Financial Assistance Program application](https://christianacare.org/documents/Financial-Assistance-Program.pdf) or calling 302-623-7440.
* You can also visit the **Patient Support Services** office and have a Health Guide assist you through the process by calling **302-320-6586**.
* You can apply either before or after receiving medical services at Christiana Care.
* You may talk confidentially with a Patient Financial Services representative at 302-623-7440.
* Patient Financial Services is available to help you see if you qualify for the Financial Assistance Program and will help you complete the application by calling 302-623-7440.
* Our [Financial Assistance Program](https://christianacare.org/documents/Financial%20Assistance%20Policy.pdf) and application are available online and within our facilities.
* You may call Patient Financial Services at 302-623-7440 to request program information and an application and to talk confidentially with a representative about your situation.
* You may obtain an application and a copy of the Financial Assistance Program by visiting Christiana Care’s Finance Center, Customer Service Department (1st floor), 200 Hygeia Drive, Newark, DE 19713.
* You may mail a request for the application and information to Christiana Care Health Services, P.O. Box 2653, Wilmington, DE 19805.
* The Financial Assistance Program, application and plain language summary are available in Spanish, Mandarin and Cantonese. In addition, translation services are also available in other languages.
* Please read our complete Financial Assistance Program or call 302-623-7440 for a printed copy.
* If you are uninsured, you may qualify for health insurance through the federal Health Insurance Marketplace. To learn more, visit Choose Health Delaware, the state’s official program for low-cost, high-quality health insurance coverage.

CHRISTIANA CARE HEALTH SERVICES POLICY

**SCHOOL-BASED HEALTH CENTER**

|  |  |
| --- | --- |
| POLICY TITLE: | Weather Closures |
| SECTION: | SBHC |
| LAST REVISION/REVIEW DATE: | 09/19 |
| DATE OF ORIGIN: |  |

**POLICY:**

The SBHC follows the school district closures. If the school district is closed due to inclement weather, the SBHC will also be closed. If the school is delayed, SBHC staff reports along with the regular school faculty.

**PROCEDURE:**

1. School closing information can be obtained from radio, TV announcements, school web sites and phone tree.
2. SBHC Coordinator/Program Manager will notify center staff regarding school closing and discuss work options.
3. PTO (paid time off) will be used by staff if not working.
4. SBHC coordinators will notify their direct supervisor if they or their staff is taking PTO due to the snow day.