Revised July 2015

SCHOOL HEALTH

ANNUAL REIMBURSEMENT

REQUEST SYSTEM

(SHARRS)

INSTRUCTION MANUAL

PREFACE

This Instruction Manual is also available on the Division of School Health (DSH) website at:
www.health.state.pa.us/schoolhealth

Select the **School Health Annual Reimbursement Request System (SHARRS)** link

It is not recommended these instructions be printed out as they are updated as necessary

Public school entities (school districts, charter schools, cyber charter schools and comprehensive career and technology centers) are required to annually submit a Request for Reimbursement and Report of School Health Services to the Department of Health (DOH), Division of School Health (DSH). This Instruction Manual has been prepared to assist administrators, business managers and school health program personnel in its completion. The purpose of this report is twofold:

1) To provide a mechanism for school entities to document the provision of, and receive reimbursement for, health services as provided for in Article XIII Section 1303a (Immunizations), Article XIV (Health Services), and Article XXV Section 2502.1 (Reimbursement by Commonwealth and Between School Districts) of the Pennsylvania Public School Code of 1949
http://www.legis.state.pa.us/WU01/LI/LI/US/HTM/1949/0/0014..HTM
and Title 28 Chapter 23 (School Health) of The Pennsylvania Code
http://www.pacode.com/secure/data/028/chapter23/chap23toc.html

2) To obtain information about Pennsylvania's school health programs, including student health status, dental and medical health service utilization and selected nursing activity

The report is due within three months (September 30) after the end of the school year to apply for reimbursement and is submitted via the on-line application School Health Annual Reimbursement Request System (SHARRS). SHARRS provides aggregate reports of dental and medical school health information, expenditures, and data relative to the provision of the school health program in all buildings served by the public school entity during the school year. This includes school health services provided to non-public or private schools, part-time career and technical centers, alternative education programs, home schooled students

Reimbursement to school entities is based on 1) the actual cost of health services less any charges deemed unreasonable by the Department of Health, 2) the average daily membership (ADM) of the school entity and 3) reimbursement amounts established by law

Data obtained from this report are utilized by schools, state agencies and other organizations and individuals in monitoring and analyzing health status indicators and service needs of Pennsylvania's students

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Chapter 1: SHARRS Login Page

SHARRS is accessed on the internet at the following link: **https://apps.health.pa.gov/SHARRS/**

User names and passwords from the previous version of SHARRS are invalid. All school personnel who require access to SHARRS MUST request a new user account by following the "Request New User Account" instructions

Users are locked out of SHARRS after 5 failed login attempts.
- The school's User Account Manager (UAM) is the only staff person able to unlock an account
  - The Superintendent/CEO chooses the staff to be assigned the UAM function
  - Contact the Superintendent/CEO office to find out who is the school's UAM

Request New User Account
On the Left Navigation Column, select "Request New User Account" and complete all fields on the form
School Entity Name: Select the user's school entity from the drop down menu
First Name:
Last Name:
Title: Select the user's title from the drop down menu
- Business Manager
- Certified School Nurse
- School Dental Hygienist
- Superintendent/CEO (must be the current Superintendent/CEO)
- Support Staff
- Other

Phone Number: Enter a 10 digit school entity phone number
Phone Extn (Extension), if applicable:
Email: Enter an official school entity email address
- Home/private email addresses are discouraged
- SHARRS generated messages will be sent to this email address

Confirm Email:
User Name: Create a 1-10 character user name that is easily remembered
- The user name is NOT case sensitive
- The user name is unique to SHARRS
- Once created the User Name cannot be changed or used by any other user in SHARRS, including other school entities

Password: Create a 8-15 character password that is easily remembered
- The password IS case sensitive
- Must contain three (3) of the following: Lowercase, Uppercase, Numbers, Special Characters such as !@#$%
- May not contain: First Name, Last Name or User Name
- May not be one of the previously used ten (10) passwords

Confirm Password:
Security Questions 1-3:
- Select 3 different questions from the drop down menu

Security Answers 1-3:
- The answers are NOT case sensitive
- Keep the answers in a secure location, as they cannot be recovered if lost (but can be changed by a user)

When all fields are complete select the **"Click for Approval by Your School"** button to send the request for approval by the school's User Account Manager (UAM)
- A message at the top of the screen confirms the request was sent for approval
- Upon approval the user will receive a system-generated email

Select **"Cancel"** to delete the contents of ALL fields
If **"Return to Login Page"** button is selected before the "Click for Approval by Your School" button is selected the information is deleted and the request is not sent

Forgot/Reset Password

On the Left Navigation Column, select "Forgot/Reset Password" to open the "Recover User Credentials" page

Enter the "User Name" and "Email Address"; select "Next"

Select one "Authentication Method" by selecting either "Email authentication" or "Answer security questions" then select "Next"

When "Email authentication" is selected, a message at the top of the screen states that a temporary password has been sent to the user's email address. If this email is not received it may have been routed to the user's spam folder. If it is not in the spam folder the user must contact the UAM or Superintendent/CEO

Retrieve the emailed password and return to the "SHARRS Login Page"

Enter the user name and temporary password and select "Submit" (It is helpful to "copy and paste" the password from the email)

The user will be prompted to create a new password

Create a new password and select "Change Password". The user will automatically be returned to the "SHARRS Login Page" and a message at the top of the page will say "Your password has been reset"

Enter the User Name and the new password and select the "Submit" button to access the SHARRS main menu

When "Answer security questions" is selected, provide the answers to the two security questions displayed and select "Next"

Create a new password and select "Change Password". The user will automatically be returned to the "SHARRS Login Page" and a message at the top of the page will say "Your password has been reset"

Enter the User Name and the new password and select the "Submit" button to access the SHARRS main menu

Forgot User Name

On the Left Navigation Column, select "Forgot User Name" to open "Recover User Credentials"

Enter the user's email address and select "Next"

A message at the top of screen is displayed which confirms a system-generated email with the recovered User Name was sent to the email address. If this email is not received it may have been routed to the user's spam folder. If it is not in the spam folder the user must contact the UAM or Superintendent/CEO

Absence of Both the Superintendent/CEO and the UAM Users

When the Superintendent/CEO who was also the User Account Manager (UAM) is no longer at the school entity or when both the former Superintendent/CEO and the UAM are no longer at the school entity:

The new or acting Superintendent/CEO follows the instructions in **"Request New User Account"**

School administration must send an email using an official school email address to the Division of School Health (DSH) at **c-paschool@pa.gov** with the name of the school entity and the name of the new or acting Superintendent/CEO

DSH will approve the New User account and assign the Superintendent/CEO all user functions including the UAM function.

When approved, a system-generated email will be sent to the Superintendent/CEO to confirm the approval. If this email is not received within two business days, the email may have been routed to the Superintendent/CEO's spam folder

To assign a new UAM the Superintendent/CEO follows the instructions in **"Assign User Account Manager (UAM)"**

Chapter 2: Assign User Account Manager (UAM)

Reminder: Information entered **<u>but not saved or submitted will be lost</u>**

Only the **Superintendent/CEO** has access to the "Assign User Account Manager (UAM)" page and the authority to assign the UAM, to unlock the UAM's account, and to reset the UAM's password

This page displays information on the current UAM and/or the proposed UAM as well as a summary grid of the school's active users. The name of the current UAM is located above the grid; a **"Reset Password"** button and an **"Unlock Account"** button, visible only when the UAM's account is locked, are located to the right of the name

Role of the UAM
The UAM manages the SHARRS user accounts, approves new school users, assigns user functions, views/edits/unlocks user accounts, resets user passwords, and assists the school entity's SHARRS users. Only one UAM may be assigned per school entity

Assign a new UAM
After logging in to SHARRS select **"Assign/Manage UAM"** on the Left Navigation Column of the Main Menu page

- Review the grid of school users to locate the name of the proposed UAM. If the proposed UAM is not listed they may be the current UAM (displayed above the grid) or the user did not request a new user account
- The Superintendent/CEO may choose to retain the UAM functions but it is not recommended
- All school users with "Active" or "Pending user "Status" are listed on the grid. To review a user profile select **"View"**; select **"Hide"** to close the user's profile

Only users with the **"Select"** option may be assigned as the new UAM
Select **"Select"** to assign a school user as the new UAM

- The name of the selected school user and the date of the request are displayed next to **"Requested UAM"**; the "Select" options are automatically removed from other school users; and confirmation of a system-generated email appears at the top of the screen
  - Select **"Cancel Request"** if the wrong user was selected, confirmation of the cancellation appears at the top of the screen

The Division of School Health (DSH) activates or denies the UAM request

- When the "Requested UAM" is activated by DSH a system-generated email is sent to the new UAM and the Superintendent/CEO confirming the activation
  - On the "Assign User Account Manager (UAM)" page, the name of the "Requested UAM" is removed from the summary grid and listed as the "Current UAM"
  - On the current UAM's "User Profile", a checkmark is automatically inserted to designate the "UAM" function
    - The UAM may edit their own "User Profile" to assign additional functions as needed
    - If the "Current UAM" was a school user with a "Pending" status, the activation process changes the status to "Active"

- When the "Requested UAM" is denied by DSH a system-generated email is sent to the "Requested UAM" and the Superintendent/CEO confirming the denial

Reset the UAM's Password
When the UAM is not able to access SHARRS to change their own password, the Superintendent/CEO must reset the password by selecting **"Assign/Manage UAM"** on the Left Navigation Column of the Main Menu. Then select the **"Reset Password"** button, located next to the name of the current UAM, to send a system-generated email with a temporary password to the UAM

When the Superintendent/CEO also functions as the UAM and cannot access their account to change their own password, the DSH must be notified to reset the password

Unlock the UAM's Account

Only the Superintendent/CEO has access to unlock the UAM's account

To unlock the UAM's account the Superintendent/CEO selects **"Assign/Manage UAM"** on the Left Navigation Column of the Main

Select the **"Unlock Account"** button, located next to "Reset Password" button adjacent to the name of the current UAM. After the account is unlocked, the UAM may login into SHARRS with the same password used before being locked out or have the password reset as described above

When the Superintendent/CEO also functions as the UAM and is locked out of their account, only DSH can unlock the account

SHARRS will automatically generate an email to DSH to unlock the account. Once unlocked, a system-generated email will inform the Superintendent/CEO/UAM the account was unlocked

Chapter 3: User Accounts

Reminder: Information entered **<u>but not saved or submitted will be lost</u>**

When **"User Accounts"** is selected from the Left Navigation Column, the **"User Account – School User"** page opens for all users except the User Account Manager (UAM).
(The "User Account Summary - UAM" page opens for the UAM)

"User Account – School User" displays the logged-in user's SHARRS "User Profile" with the option to view/change security questions/answers and password. All users have one SHARRS "User Name" but may be assigned multiple "User Functions"

"User Account - UAM" opens the **"User Account Summary - UAM"** displays a grid of all the school users. When the UAM selects a specific user, the **"User Account Detail - UAM"** displays the user's profile

User Account – School User

User Profile
The **"User Profile"** is populated with the information entered on the "Request New User Account" and the assigned "User Function(s)"

The user may update only the following fields:
First Name
Last Name
Phone Number
Email
Password
Security Questions/Answers

To change the password, select the **"Change Password"** button. Enter a new password and confirm.

Select the **"Cancel Password Change"** button to remove the change

To change the security questions/answers, select new question(s) from the drop down menu and provide the corresponding answers

If no changes have been made, select **"Return/Cancel"** to return to the "Main Menu". The Left Navigation Column may also be used to navigate to other pages

If changes have been made select **"Save"** and "Account has been updated" will appear at the top of the screen

Only the UAM may update the following fields for a user:
Title
User Function(s)

Contact the UAM for issues/assistance with resetting the password or unlocking the account

User Account - UAM
User Account Summary – UAM

Reminder: Information entered **<u>but not saved or submitted will be lost</u>**

Only the User Account Manager (UAM) has access to the User Account Summary - UAM page and the authority to manage all the school's user accounts. By selecting a user, the UAM may view the user's profile, edit the user's profile (excluding the school entity name, email and user name), assign or change "User Functions", unlock user accounts, reset passwords, approve new users and inactivate former users.

The UAM selects **"User Accounts"** from the Left Navigation Column to open the **"User Account Summary - UAM"** page, displaying a grid of all the school users.

User Search Criteria – Summary Grid
The **"default"** summary grid is set to display the user accounts by "All" User Functions, "All" User Titles, and "Active & Pending" User Status

The summary grid may be sorted to display the user accounts by selecting any or all three of the "User Function', "User Title" and/or "User Status" criteria from the dropdown menus and select **"Submit"**

To clear previous search criteria and return to the default settings, select **"Clear Search Criteria"**

When the UAM selects "edit" for a specific user from the summary page, the "User Account Detail - UAM" page opens and displays the "User Profile" for the selected user

User Account Detail – UAM

Only the UAM has access to this page and the authority to manage the school's user accounts

Approve a Pending "Request New User Account"
All new users must complete the "Request New User Account" request. When the new user selects "Click for Approval by Your School", a system-generated email is sent to the UAM, and the new user's request appears as a "Pending" user on the "User Account Summary - UAM" page

Locate the name of the "Pending" new school user to be activated; select **"Edit"** to display the **"User Account Detail – UAM"** page with the "User Profile"

Assign "User Function(s)":
Prior to activating a new user account, the UAM must know, from administration, the "User Functions" to be assigned

To assign a function select the checkbox next to the "User Function(s)".
At least one "User Function" must be assigned to every user:

Data Entry Annual Report/Revisions: enables user to enter data into the SHARRS report
Review, Certify & Submit Annual Report/Revisions: enables the Superintendent/CEO to submit the report. This function is automatically assigned to the Superintendent/CEO)
User Account Manager (UAM): enables the user to activate, edit and manage user accounts
View/Print Reports: enables user to view/print copies of reports
View/Print Vouchers: enables user to view/print the payment voucher

Assign Status:
Only one Superintendent/CEO per school entity may be "Active" at any time. The account of the former Superintendent/CEO must be inactivated before a new Superintendent/CEO can be activated

Activate:
To activate a user select **"Active"** from the dropdown menu
Select the **"Save"** button. "Account has been updated. Activation notice emailed to user" is displayed at the top of the screen. The email includes the user name and password and recommends the user review the "Instructions" throughout SHARRS and to contact the UAM with questions
If **"Save"** is not selected, the user will not be activated and information will not be updated

Inactivate:
To inactivate a user select **"Inactive"** from the dropdown menu
Select the **"Save"** button. "Account has been updated" is displayed at the top of the screen. If "Save" is not selected, the user will not be inactivated. This user's information is retained in the summary grid in the User Status in the inactive drop down menu and can be reactivated in the future.
If **"Save"** is not selected, the user will not be inactivated and information will not be updated

To return to the "User Account Summary" page Select **"Return/Cancel"** or choose an option from the Left Navigation Column

Reject a Pending "Request New User Account":
Locate the name of the "Pending" new school user to be rejected; select **"Edit"** to display the **"User Account Detail – UAM"** page with the "User Profile"
Assign **"Status"**:
Select **"Rejected"** from the dropdown menu
Select the **"Save"** button
A "Reject User Confirmation" pop-up appears with the message "WARNING by rejecting the user's account, their information will be removed from SHARRS"
Select **"Confirm"** to confirm the rejection
If the request is rejected a system-generated email is sent to the UAM (not the person who requested the user account) confirming the rejection. The rejected "User Profile" is deleted; the system returns to the "User Account Summary"
Select **"Cancel"** to cancel the rejection and return to the "User Profile"

View Status History: is only visible to the UAM;
Select **"View Status History"** to view a grid of the selected user's "Status", "Status Start Date" and Status End Date"
Select **"Hide Status History"** to close the grid

Cancel:
When no changes have been entered, select "Cancel" to return to the "User Account Summary – UAM" page". The Left Navigation Column may also be used to navigate to other pages

Reset a School User's Password:
Select the **"Reset Password"** button. A system-generated email with a temporary password is sent to the user
The user logs in using the temporary password and follows the instructions to create a new password

Unlock a School User's Account:
Select the **"Unlock Account"** button located next to the "Reset Password" button
The "Unlock Account" button is only visible when the user's account is locked
The UAM should notify the user that the account is unlocked.
The user may then log into SHARRS using their current password

Chapter 4 – Initiate a New SHARRS Report

Reminder: Information entered **<u>but not saved or submitted will be lost</u>**

SHARRS is accessed at the following internet address: **https://apps.health.pa.gov/SHARRS/**

To Initiate a New SHARRS Report:
Log into SHARRS using the username and password that was created on the "User Profile" to open the Main Menu page
On the Left Navigation Column select **"Annual Report"** to open the **"Report Status Summary"** page
Select the school year to be entered from the **"School Year"** drop down menu or select **"Start/Revise/Print"** for the appropriate school year located in the far right column of the grid to open the "Report Status Detail" page

If the **"Status"** column says:
"School Editing" any school user with the data entry function may edit the report
"Submitted" only the Superintendent/CEO may select **"Void Annual Report Submission"** to allow users to make edits and it will then need resubmitted
"Under Review" contact the Division of School health (DSH) to gain access to the report
"Approved" the report has been processed and the school may not make any edits. If edits are necessary a revised report must be submitted.
To make a revision see the instructions on the "Review, Certify and Submit" page

On the **"Report Status Detail"** page select **"Edit"** on the far right column of the grid to open the "Demographics" page

Each page of the SHARRS report is accessed by selecting a tab, located at the top of the screen, which corresponds to a specific SHARRS page
The pages can be completed in any order except the "Review, Certify & Submit" page which must be completed last and may only be accessed by the Superintendent/CEO. After review of the report the Superintendent/CEO attests that the report is correct by selecting the Certify and Submit button which submits the report to the Division of School Health (DSH). The report may be edited by the school at any time prior to when the Superintendent/CEO submits it and DSH processes it. For more information see the instructions on the "Review, Certify and Submit" page

Session Timeout:
Each SHARRS session times out in 30 minutes, unless reset. The timer automatically resets during active data entry and upon going to a new page. It does not reset upon opening the instructions. The user may reset the timer anytime by clicking the symbol. Five minutes before the session times out, a popup message alerts the user to the five minute countdown. If the session is not reset before the timer reaches zero, data entered but not saved or submitted will be lost

Instruction Manual and Button:
A link to the "Instruction Manual" is located on the Left Navigation Column and on the DSH website. There is also a INSTRUCTIONS button on the top right corner of each page to view the instructions applicable to that page of the report. Reset the "Session timeout" before opening the "INSTRUCTIONS" and before 30 minutes elapses as the timer continues to count down while the instructions are open

Save Section and Submit Buttons:
On each page there is a Submit and/or Save Section: button
The "Submit" button must be selected on every page when all data on the page is complete. When all the data is correctly entered upon selecting the Submit button a green checkmark (√) will appear on the tab at the top of the page. If there is an error in an entry, an error message will appear at the top of the page indicating what is wrong and the green check mark will not appear on the tab.
The "Save Section:" button is available to use when a page is broken down into several sections allowing a page to be worked on one section at a time. After saving a section a user may move to a different page or section without losing the data in that section

Chapter 5 - Demographics Page

Reminder: Information entered **but not saved or submitted will be lost**

The Demographics section of the report captures contact and identifying information about the school entity. The information is used by the Division of School Health (DSH) and the Comptroller's Office for telephone and email correspondence, which includes; system availability/issues, questions regarding the content of the report, reimbursement payment and other pertinent information. Therefore, it is essential the Demographic Page contain accurate information

Verify that the automatically prepopulated information is correct:
If there is any incorrect information email the corrections to DSH at **c-paschool@pa.gov**

School Entity Demographic Information:
The following information is **automatically prepopulated** into the SHARRS the report yearly:

- School Year
- Health District
- County
- Vendor Number
- AUN (The "Administrative Unit Number" issued by the Department of Education)
- School Entity Name & Address
- Phone and Phone Extension Numbers
- PENN*LINK Email Address
- School Entity Type
  - School District
  - Comprehensive Career and Technology Center (CTC)
  - Charter School or Cyber Charter School
    - Charter Schools must check "Yes" or "No" to the question, "Cyber Charter School?"
- Dental Program (Mandated or Dental Hygiene)
- Modifications:
  - DSH approved grade level modifications to the standard mandated school health services (exams and screens)
  - For information on modification options and requests, refer to:
    - The Public School Code of 1949: Articles 13, 14 and 25
    - The Pennsylvania Code: Title 28 "Health and Safety" Chapter 23 "School Health"
      - The DSH website:
      - **www.health.state.pa.us/schoolhealth**

Primary Contact Person and Secondary Contact Person Regarding Report:
Enter the demographic information for the Primary and Secondary contact persons who will be the point of contact for questions regarding the contents of the SHARRS report

A Certified School Nurse (CSN) must be listed as one of the contact persons for this report
The demographic information entered on this page must be identical to the information on the contact person's "User Profile" if they have a "User Account"

Select **"Submit"** to complete this page. A green check mark (√) will appear on the Demographic tab to indicate the page is complete

Chapter 6 - Itemized Expenditures Page

Reminder: Information entered **but not saved or submitted will be lost**

The Itemized Expenditures section of the report captures costs for special medical and dental services, medical and dental supplies and equipment, and other related costs to the school health program, while students are under school jurisdiction. Hardcopy documentation should remain on file with the school entity to support claimed expenditures for future auditing purposes

The term under school jurisdiction includes but is not limited to:

- On the way to and from school while in school furnished transportation
- Class time (including lunch, recess, physical education)
- School sponsored extracurricular activities, field trips and camps
- Non PIAA sports/athletic activities (such as intramural activities)

Itemized Expenditures:
Include expenses for medical/dental reasons (not related to academic placement)
Include fee-for-service costs (not salaries, health or other fringe benefits)
Do not include expenses related to sports/athletic programs
Do not include expenses reimbursed by any other source such as private insurance, grants or medicaid

01 Special Medical, Diagnostic, and Treatment Services
Include:
Enter the amount paid by the school and select "Add" for each applicable category
Identify costs according to the following specialist categories (drop-down menu options)

ENT Specialist/Audiologist, such as:
- Deaf/hearing impaired support
- Special hearing examination
- Speech therapy

Occupational/Physical Therapist
Ophthalmologist/Optometrist, such as:
- Special eye examination

Psychiatrist/Psychologist, such as:
- Grief counseling
- Emotional support
- Suicide prevention

Other: The source of other medically necessary specialist services must be specified, such as:
- Ambulance/Emergency Medical Services (EMS)
- Blind Association contracted to perform mandated student vision screenings
- Hearing Loss Association contracted to perform mandated student hearing exams
- Orientation and Mobility Specialist
- Special Office visit such as:
  - Neurologist, Dermatologist

Do Not Include:
Costs if the specialist is a member of the school staff such as school counselors, behavioral specialist, teachers for the blind or hearing impaired, school physicians, school nurses, health room aids, clerical support staff or private duty and agency nursing/health room staff
Costs related to academic placement or educational instruction
Costs related to athletic/sports examinations or programs
Costs for insurance/malpractice coverage
Costs for salaries or health and other fringe benefits
Services reimbursed by any source, such as, paid by student/family, grants, Medical Assistance, private insurance, etc

02 Medical Supplies, Equipment, Lab Services, and Educational Materials
Costs paid for supplies, equipment, lab services, and educational materials used in conjunction with the medical component of the school health program while students are under school jurisdiction
Do Not Include:

Costs for the services of school medical or non-medical personnel
Supplies or equipment to support the school athletic programs
Expenses for office equipment or furniture, such as filing cabinets, computer hardware/software/technical support

02A Administrative Supplies

Include:

Costs of office supplies to support the medical component of the school health program, such as:

- File folders, Envelopes, Postage, Office supplies
- Professional membership fees, subscriptions, Continuing Education courses and professional insurance paid by the school for school medical staff

02B General Supplies

Include:

Costs paid for medical-related supplies to support the medical component of the school health program, such as:

- First aid supplies
- Emergency care supplies and equipment
- Automated External Defibrillators (AEDs), replacement pads or batteries
- Medical waste disposal
- Refrigerator for medical use only
- Stock medications for standing orders

02C Medical Exam/Health Screening Supplies and Equipment

Include:

Costs for supplies and equipment used to perform the mandated medical examinations and health screenings, such as:

- Supplies and equipment purchase/recalibration/repair
- Supplies related to pre-employment physical examinations, lab work, etc. for school employees
- Cost for immunization vaccines and supplies for students/employees/volunteers
- Supplies for drug testing when performed by school staff

Do Not Include:

Costs for supplies to perform lice checks
Costs for supplies or equipment to support school athletic programs
Costs for drug testing performed by an outside source
Costs for school or agency nurses
Costs of administrative or school staff
Costs for the school physician or contracted health care provider to perform student or pre-employment examinations

02D Reference and Educational Materials

Include:

Costs for reference and educational materials used in conjunction with the medical component of the school health program, such as:

- Books, Pamphlets, Charts, Posters, videos/DVDs, health models
- CPR/first aid/AED training for school medical personnel only

Do Not Include:

Cost of reference materials to support school athletic programs
Cost of CPR/first aid/AED training for non-medical/non-dental school staff

03 Special Dental Preventative, Diagnostic and Treatment Services

Enter the amount paid by the school and select "Add" for each applicable category
Identify costs according to the following specialist categories (drop-down menu options)
Preventative, such as:

- Application of sealants
- Fluoride treatments
- Other prophylaxis treatments

Diagnostic, such as:

- Dental examination
- X-ray

Treatment, such as:

- Extractions
- Repairs

Restorations
Treat oral diseases

Include:

Fee-for-service costs paid for special dental examinations, evaluations and treatment performed by properly qualified dental specialists to preserve oral health and/or to avert oral health problems; services must be performed for dental reasons and not related to academic placement, athletic programs, etc.

Identify costs according to the following specialist categories (drop-down menu options):

Preventative, such as:
- Application of sealants
- Fluoride treatments
- Other prophylaxis treatments

Diagnostic, such as:
- Dental examination
- X-ray

Treatment, such as:
- Extractions
- Repairs
- Restorations
- Treat oral diseases

Do Not Include:

Services reimbursed by any source, such as, paid by student/family, grants, Medical Assistance, private insurance, etc

04 Dental Supplies, Equipment, Fluoride and Educational Materials

Include:

Costs paid for supplies, equipment, lab services, and educational materials used in conjunction with the dental component of the school health program while students are under school jurisdiction

04A Administrative Supplies

Include:

Costs of office supplies to support the dental component of the school health program, such as:
- File folders, Envelopes, Postage, Office supplies
- Professional membership fees, subscriptions, Continuing Education courses and professional insurance paid by the school for school dental staff

Do Not Include:

Costs for supplies or equipment to support the school athletic programs

Expenses for office equipment or furniture such as:
- Filing cabinets
- Computer hardware/software/technical support

04B Dental Exam/Screening Supplies and Equipment/Fluoride Supplies

Include:

Costs for supplies and equipment used to perform the mandated dental examinations and dental screenings, such as:
- Dental equipment such as dental mirror, gloves and tongue blades
- Equipment purchase/recalibration/repair
- Topical fluoride, fluoride tablets or mouth rinses
- Sealant application materials
- Materials to take impressions for mouth guards for special needs students

04C Reference and Educational Materials

Include:

Costs paid for reference and educational materials used in conjunction with the dental component of school health program, such as:
- Books, Pamphlets, Charts, Posters, Videos/DVDs
- Dental health models

CPR/first aid/AED training for school dental personnel only

Select **"Submit"** to complete this page. A green check mark (√) will appear on the Itemized Expenditures tab to indicate the page is complete

Chapter 7 – Average Daily Membership (ADM) & Cost of Services Page

Reminder: Information entered **but not saved or submitted will be lost**

The ADM and Cost of Services section captures data on the average daily membership for the school entity. Include all students, for whom the school entity (School District, Charter School, Cyber Charter School, and Career and Technology Center [CTC]) provides or coordinates health related services, including students in private/non-public schools, Intermediate Units (IU), Special Education, Alternative Education and home schooled students

Include the costs of medical, dental, and certified/supplemental school nurse services for students under school jurisdiction
The term under school jurisdiction includes but is not limited to:

- On the way to and from school while in school furnished transportation
- Class time (including lunch, recess, physical education)
- School sponsored extracurricular activities, field trips and camps
- Non PIAA sports/athletic activities (such as intramural activities)

01 ADM by Grade:
The ADM for SHARRS is identical to the ADM reported to the Pennsylvania Department of Education (PDE). ADMs are not the enrollment figures
The ADMs are broken down and reported by each GRADE and separated out by PUBLIC and PRIVATE/NON-PUBLIC STUDENTS

- Report the ADMs to the third decimal point
  - Enter 0.000 for grades with no ADM; blank fields are not permissible
  - To calculate the ADMs:
    - Divide the total aggregate days' membership by the number of days in the session. Since days in the session can vary by grade or building, use the actual number of days when school was in session

For further assistance contact PDE at 717-787-5423
http://www.portal.state.pa.us/portal/server.pt/community/financial_data_elements/7672

Report the ADM for students according to one of the three following categories:

- Grades K4-12
  - **Include:**
  - K4 students when the program is an **integral** part of the school;
    - When the program is provided/run by the school district or when the school district has contracted to provide nursing services
  - Report alternative education, private/nonpublic, home schooled and part-time CTC students in their appropriate grades.
  - **Do Not Include:**
  - K4 programs funded by a separate grant, such as "PreK Counts", "Headstart" or any program that rents a room from the school
  - Preschool for students less than 4 years of age
  - Students attending full time CTC's are counted in the CTC's report not the school district's report

- Ungraded Special Education (Intermediate Unit) classes housed within school district buildings

- Other
  - The "Other" category is limited to home schooled and alternative education students where a single grade is not assigned by the school
  - An explanation is required in the comment box to describe why a grade level cannot be determined for students listed

02 Cost of Medical Services:
Costs of medical services associated with the provision of the medical component of the school health program while students are under school jurisdiction

02A School Physicians:
Include:
Costs paid as fee for service or salary excluding health/other fringe benefits to physicians/group practices, such as
- Payment for the position of school physician
- Payment to the school physician to perform the mandated or pre-employment examinations
- Payment to the school physician to perform an examination that is necessary to develop a medical plan of care

Do Not Include:
- Payments for an Individualized Education Program [IEP] without a medical component
- Payments for sports physicals/examinations or services for athletic teams/Special Olympics

02B Supplemental Staff
Include:
Costs paid excluding health/other fringe benefits to the following staff that assisted or worked under the direction of the certified school nurse:
- **Licensed:** Registered Nurses (RN), Licensed Practical Nurses (LPN), Certified Registered Nurse Practitioner (CRNP), Certified School Nurse (CSN) who were hired as supplemental staff not in the capacity of a CSN
  - Costs paid to long-term licensed medical substitutes who worked more than 10 consecutive_days in the school year
  - Costs paid to short-term licensed medical substitutes who worked less than 10 consecutive_days in the school year when hired to assist the CSN during special events such as:
    - Vaccination clinics
    - School sponsored activities such as field trips
    - Screenings and examinations
- **Unlicensed Assistive Personnel:** medical assistants, health aides, clerical staff

Pro-rate the cost of school staff who assisted with both medical and dental services and enter the pro-rated medical costs in this section

Do Not Include:
- Day to day substitutes
- Unlicensed agency staff
- Costs for additional nursing/agency licensed medical staff hired as supplemental staff to provide individual care, such as:
  - One-on-one care to a student
  - Staff hired to ride the bus with a student with special needs

02C Special Medical, Diagnostic and Treatment Services
Costs paid for special medical examinations, screenings, evaluations and treatment by properly qualified medical specialists are automatically prepopulated from Itemized Expenditures, 01 Special Medical, Diagnostic & Treatment Services

02D Medical Supplies, Equipment, Lab Services and Educational Materials
Costs paid for supplies and equipment used in conjunction with medical examinations and health screenings are automatically prepopulated from Itemized Expenditures, 02 Medical Supplies, Equipment, Lab Services & Educational Materials

03 Cost of Dental Services
Costs of dental services associated with the provision of the dental component of the school health program while students are under school jurisdiction

03A School Dentists
Include:
Costs paid as fee-for-service or salary excluding health/other fringe benefits to dentists/group practices/mobile dentists associated with the provision of the dental component of the school health program

Do Not Include:
- Costs covered/reimbursed by a grant, Medical Assistance, other insurance, etc
- Costs for dental-related services specific to athletic programs/Special Olympics teams

Costs for a dental specialist, the school dentist/mobile dentist/certified dental hygienists to perform special dental services

03B Dental Hygienists

Include:

Costs paid as fee-for-service or salary excluding health/other fringe benefits to certified dental hygienists in a Dental Hygiene Services Program which has been approved by the Pennsylvania Department of Health

Do Not Include:

Costs covered/reimbursed by a grant, Medical Assistance, other insurance, etc Costs for dental hygienists who are employed by the school dentist's practice or mobile dentist to assist in school dental examinations

Costs for a dental specialist, the school dentist/mobile dentist/certified dental hygienists to perform special dental services

03C Dental Assistants

Include:

Costs paid as fee-for-service or salary excluding health/other fringe benefits to school personnel, such as dental assistants, dental clerks, etc. who are assisting the school dentist/mobile dentist and/or dental hygienist

Pro-rate cost of school staff that assisted with both medical and dental services and enter dental costs in this section

Do Not Include:

Costs for dental-related services specific to athletic/Special Olympics teams

Costs covered/reimbursed by a grant, Medical Assistance, other insurance, etc.

Costs for Dental Assistants who are employed by the school dentist's practice or mobile dentist

03D Special Dental Preventative, Diagnostic and Treatment Services

Costs paid for specialized dental preventive, diagnostic, and treatment services by properly qualified dental specialists are automatically prepopulated from Itemized Expenditures, 03 Special Dental Preventive, Diagnostic & Treatment Services

03E Dental Supplies, Equipment, Fluoride and Educational Materials

Costs paid for supplies and equipment used in conjunction with dental examinations and health screenings are automatically prepopulated from Itemized Expenditures, 04 Dental Supplies, Equipment, Fluoride & Educational Materials

04 Cost of Certified School Nursing Services

Costs of salaries excluding health/other fringe benefits paid to Certified School Nurses (CSN) and travel expenses of CSNs associated with the provision of school nursing services.

04A Certified School Nurses

Include:

Costs paid to CSNs

Cost paid to CSNs on sabbatical or medical leave

Long-term CSN substitutes (worked more than 10 consecutive days during the school year)

A new CSN hired to replace the CSN who has retired or was on sabbatical or medical leave

Do Not Include:

Costs paid for day-to-day substitutes

04B Travel

Include:

Costs paid to certified school nurses for travel directly related to the performance of routine and emergency school health services or on behalf of students, such as:

Between school and administrative buildings

To accompany students with special needs, such as field trips

To the district magistrate

To accidents on or around school property

Do Not Include:

Travel related to conferences, training paid for by the school, sports or athletic events

Select **"Submit"** to complete this page. A green check mark (√) will appear on the ADM & Cost of Services tab to indicate the page is complete

Chapter 8 - Certified School Nurses Page
Summary Section

Reminder: Information entered **but not saved or submitted will be lost**

The Certified School Nurses Summary is an overview of information entered into the Certified School Nurses Detail section. It identifies the school RNs who are certified by the Pennsylvania Department of Education (PDE) as an "Educational Specialist School Nurse" or are "Emergency Certified" by PDE. In both instances, the RN must have been employed by the school in the position of a Certified School Nurse (CSN). National school nurse certification does not meet the requirement for PDE certification

The CSN does not need to be physically present in a building daily to manage/carry the student caseload but a CSN must be on duty and must be available to provide the supplemental staff nurse with direction as needed. A CSN is **at all times responsible for managing the caseload, including those students with agency or private duty nurses,** while students are under school jurisdiction and must rotate through all buildings on a "regular" basis. The CSN must spend enough time in each building to be totally familiar with the students' health issues, treatments, medications and maintain the health records and plans of care

- A CSN is required to coordinate the healthcare of the student caseload
- The student caseload may not exceed 1,500 students for each CSN
- The student caseload consists of both public and private school for which the CSN provides nursing services
- The acuity level of students should be used to determine the amount of time the CSN needs to be present in the building to manage the student caseload
  - A student caseload includes: creating an emergency care plan or medical plans of care, providing medical input for a 504 or IEP with a medical component, administer medications, tend to injuries/illnesses, perform treatments, etc
- The CSN needs more time to manage a caseload that includes students with social, emotional, and/or physical health issues
- A CSN hired as a short-term substitute may not carry a caseload but may cover another CSN's caseload; the substitute CSN must also be familiar with the students

Schools may hire supplemental nurses (non-certified RNs, LPNs or unlicensed staff) to assist the CSN. The supplemental/agency/private duty staff may not manage/carry a caseload but may provide daily care of students and assist with completion of mandated screens and exams, as their licensure allows but it is not appropriate to have only a supplemental/agency/private duty nurse assigned to a building without a CSN to carry the caseload
Per PA Regulation 23.53 The school administrator, in determining the number of pupils to be served by a school nurse, shall consider the number of schools, distance between schools, travel difficulties, and special health needs of the area
http://www.pacode.com/secure/data/028/chapter23/subchapBtoc.html

Once entered, the CSN information, excluding license expiration date, will automatically prepopulate both the summary and detail sections in subsequent years from the previous year's information. Each year the school entity must verify the nurses are still employed in the CSN position, enter the license expiration date and enter any new CSN's information

To **ADD a CSN**, select the "Add Certified School Nurse" button on the summary grid
To **EDIT a CSN's** data, select the "Edit" link on the summary grid
To **DELETE a CSN** select the "Delete" link on the summary grid
To **VIEW a GRID** of all CSN's licensure status, credentials, caseload and cycle details select the **"CSN Caseload Report"** link on the top right corner of the summary section

If there is **NO CSN employed** by the school check the **"No Data"** box located on the bottom right below the grid. Documentation as to why there is no CSN is required in the comment box

Select "**Submit**" after all CSN and Building/Caseload data is entered and saved in the detail section

Certified School Nurses Page
Detail Section

Reminder: Information entered **but not saved or submitted will be lost**

The Certified School Nurses Detail section captures detailed information on employment/credentials and buildings/caseloads specific to each CSN. Once information is entered and saved on the detail section, it automatically populates the CSN summary page. As well, the supplemental staff building details page section 03 will automatically populate with the names of the CSNs

If a certified school nurse's employment ends (terminates, retires, etc.) during the year and another certified school nurse fills the position, report ONLY the certified school nurse who carried the caseload at the end of the year; DO NOT report both certified school nurses. Do not include staff employed by the non-public or private schools, part-time career and technical centers, alternative education programs

To access the Certified School Nurses Detail section, select either "Add Certified School Nurse" to enter data for a new CSN or "Edit" for a CSN already entered from the grid on the summary page

Employment Details
01 First Name
02 Last Name
Enter the first and last name exactly as it appears on the RN license
03 Credentials
Pennsylvania RN License Number, including leading letters
Pennsylvania RN License Expiration Date
PDE Certification
Select either CSN or RN, Emergency Certified
For all CSNs enter their 7 digit PPID# (Professional Personnel ID number)
The PPID# can be obtained from the Department of Education at
https://www.perms.ed.state.pa.us/Screens/wfPublicAccess.aspx
Credentials in addition to CSN
Indicate Yes or No to the three options listed (CRNP, PA, School Nurse Practitioner)
04 Hours Per Week Worked
Enter the total number of hours per week worked regardless if worked in multiple buildings
If the number of hours varies per week, enter the "average" hours worked per week over the span of the school year
05 Job Sharing
Select Job Sharing **ONLY** when two part-time certified school nurses share one full-time position and share the same caseload
This will open the **Job Share Details** section where the employment details of the second CSN are entered.
Select the **"Save Section: Certified School Nurse"**
Upon returning to the summary page the summary grid will show the two CSNs sharing the same caseload and building(s)

Building/Caseload Details
To access this section select the **"Add Building"** button on the Building/Caseload Details grid and scroll to the end of the page to input the data as explained in 01-06 below

Each building/caseload details section is tied to the specific CSN named at the top of the page
Include the information for all school buildings (public, private/non-public) where the school district provides any services or maintains student health records

Repeat entering data in 01-06 for **each building** a CSN is assigned to

When all buildings are entered for a specific CSN select the **"Return to Summary Page"** to return the summary grid and select the next CSN and repeat the process for **each CSN**

If access to the building detail page is needed after returning to the summary page select "edit" for a specific building on the summary grid or the "Add Building" button to enter a new building

01 Assigned School Building

Enter the name of the school/school building to which the CSN is assigned
Select Yes or No whether the CSN manages a student caseload
When "Yes" is selected, complete fields 02-05
When "No" is selected, fields 02-05 are disabled and two options are displayed
Check **"School Health Coordinator"** when the CSN is hired only for administrative duties
Check **"Floating"** when the CSN floats between buildings and covers the caseload that another CSN manages
A float assignment requires a description of the assignment in 06 Comments
The float status does not show up on the grid on the summary page but does show up on the CSN Caseload Report

02 School Type

Identify the type of school according to the following drop down menu options:
Public (School District, Charter, Cyber Charter, CTC-formerly called VoTech)
Public (School District Cyber ONLY) - School district owned cyber school
Private/Non-Public

03 Days Per Cycle in Building or OTHER Cycle

The number of days per the school's cycle that the CSN is assigned to each specific building listed in 01 "Assigned School Building"
A typical cycle could be five, six, or seven days; such as 5/5 (5 out of 5 days), or, 3/6 (3 out of 6 days), 4.5/7 (4.5 out of 7 days) or whatever cycle to school uses
Do NOT enter 0/0 as a cycle

OTHER Cycle: is checked when the number of hours or days the CSN is scheduled to be present at a specific building is outside of the schools standard "Cycle" schedule, such as 2 hours every other week, 1 day per month, or when the cycle varies from week to week. A description of the "OTHER Cycle" is required in the comment box

04 Students Per Building

The total number of students enrolled in the building from kindergarten through 12th grade, including those in regular classes, intermediate units, alternative education, homeschooled, etc
Include students in a K4 program only when the program is an integral part of the school (a program housed and managed by the school)

05 Student Caseload Per CSN

Enter the number of students in the building that is in the CSN's caseload
This is the actual number of students present in the building NOT the ADM
When more than one CSN is assigned to the same building, identify the number of students in the caseload for each CSN separately (for example, a building with 2500 students: CSN#1 carries 1250 students and CSN#2 carries 1250 students for a total of 2500 students)
In contrast to the job sharing scenario the summary grid will show each CSN with an individual caseload

06 Comments

Enter comments as needed to clarify the information provided

Select **"Save Section: Building/Caseload"** button to return to the detail page to enter information for another building in that CSN's caseload

When all CSN's information is entered select the **"Return to Summary Page"** button to return to the summary page to enter information for another CSN
Repeat the above steps for each CSN

Select the **"Submit"** button when all information is entered in order to receive the green check mark (√) on the Certified School Nurses tab

Chapter 9 – Supplemental Staff Page
Summary Section

Reminder: Information entered **but not saved or submitted will be lost**

The Supplemental Staff Summary page is an overview of information entered into the Supplemental Staff Detail section. It captures information on Staff Assisting the Certified School Nurse (CSN).

Supplemental staff **may not manage a student caseload**
Include:
Registered Nurses (RN)
Licensed Practical Nurses (LPN)
Certified Registered Nurse Practitioners (CRNP)
Unlicensed personnel employed by the school district/charter school/comprehensive charter school
Do Not Include:
Short-term substitutes,
1:1 staff
Licensed staff hired to assist with screenings
Staff employed by the non-public or private schools, part-time career and technical centers or alternative education programs
Do not include dental staff in this section

A supplemental staff nurse (RN or LPN) may be hired to work under the CSN's direction in a public or private school setting
The supplemental staff nurse may provide the day to day school health services, administer medication, and perform treatments as their licensure permits

The CSN does not need to be physically present daily to manage the student caseload but must be available to provide the supplemental staff nurse with direction as needed. A CSN is **at all times responsible for managing the caseload, including those students with agency or private duty nurses,** while students are under school jurisdiction and must rotate through all buildings on a "regular" basis. The CSN must spend enough time in each building to be totally familiar with the students' health issues, treatments, medications and maintain the health records

Once entered, the supplemental staff information, excluding license expiration date, will automatically prepopulate both the summary and detail sections in subsequent years from the previous year's information. The school entity must verify the nurses are still employed in the supplemental staff position and enter the license expiration date or enter the new supplemental staff information each year

To **ADD a SUPPLEMENTAL STAFF**, select the "Add Supplemental Staff" button on the summary grid
To **EDIT a SUPPLEMENTAL STAFF** data, select the "Edit" link on the summary grid
To **DELETE a SUPPLEMENTAL STAFF** select the "Delete" link on the summary grid
To **VIEW a GRID** of all current Supplemental Staff, select the "Supplemental Staff Coverage Report" link on the top right corner of the summary section

If there is **NO SUPPLEMENTAL STAFF employed** check the "No Data" box located on the bottom right below the grid. Documentation as to why there is no Supplemental Staff is required in the comment box

Select **"Submit"** after all Supplemental Staff and Building Details data is entered and saved in order to receive the green check mark on the Supplemental Staff tab

Supplemental Staff Page
Detail Section

The Supplemental Staff Detail section captures detailed information on employment, credentials and buildings assignment of each supplemental staff. Once information is entered and saved on the detail section, it automatically populates the summary page

If a supplemental staff person's employment ends (terminates, retires, etc) during the year and another supplemental staff person fills the position, report ONLY the supplemental staff person who was employed at the end of the school year. DO NOT report both

Supplemental staff assisting with dental services is not captured in the report

If the school does not employ supplemental staff check **"No Data"** on the bottom right of the grid

Employment Details

01 First Name

02 Last Name

Enter the first and last name exactly as it appears on the professional license if applicable

03 Credentials

From the drop down box select RN, LPN or Unlicensed

Enter Pennsylvania professional license number, including leading letters and expiration date

Indicate Yes or No to the three options listed (CRNP, RN or PA)

04 Hours Per Week Worked

Enter the total number of hours per week worked regardless if worked in multiple buildings

If the number of hours varies per week, enter the "average" hours worked per week over the span of the school year

For staff that assists with both medical and dental services pro-rate the time spent on medical services and report those hours only

Select **"Save Section: Supplemental Staff"**

This will then enable the "Add Building" button on the Building Details grid

Building Details

To access this section select the **"Add Building"** button on the Building Details grid and enter the information as described in 01-03 below

01 Assigned School Building

Enter the name of the school/school building to which the supplemental staff is assigned

If there is not a permanent bldg assignment then check the **"Floating"** box

The 03 CSN Assigned to Students in Building field is then grayed out

A description of the float assignment is required in the comment box

02 Function

Check whether the supplemental staff duties include Clerical, Health Care or Both

03 CSN Assigned to Students in Building

Select the name of the CSN in the "CSN(s) Available" box that the supplemental staff person is assigned to assist. Then select the **"Add"** button to move the name to the "CSN(s) Selected" box

Ensure the chosen CSN is listed as a CSN assigned to that building on the CSN Detail page

Select the **"Save Section: Building"** button to return to the detail page

Repeat these steps for **each building** a supplemental staff is assigned to

Select the **"Return to Summary Page"** when all buildings are entered for a supplemental staff

Repeat the above process for **each supplemental staff**

When all supplemental staff information is entered select the **"Return to Summary Page"**

Select the **"Submit"** button when all information is entered in order to receive the green check mark (√) on the Supplemental Staff tab

Chapter 10 – Other Health Professionals Page
Summary Section

Reminder: Information entered **<u>but not saved or submitted will be lost</u>**

The Other Health Professionals Summary page captures the information entered into the Detail page

Once entered, the Other Health Professionals information, excluding license expiration date, will automatically prepopulate both the summary and detail sections in subsequent years from the previous year's information. Each year the school entity must verify the Other Health Professionals are still serving in that position, enter the license expiration date and enter any new Professional's information

To **ADD an Other Health Professional**, select "Add Health Professional" on the summary grid
To **EDIT an Other Health Professional** data, select the "Edit" link on the summary grid
To **DELETE an Other Health Professional** select the "Delete" link on the summary grid

If there is **No School Physician or No School Dentist employed** check the **"No Data"** box located on the bottom right below the grid. Documentation as to why there is no school physician or no school dentist is required in the comment box

A Dental Hygiene Services Program (DHSP) is required to have a school dentist of record

Other Health Professionals
Detail Section

01 First Name:
02 Last Name: Enter the first and last name exactly as it appears on the professional license. If a group practice, enter the name of one dentist who will assume responsibility to ensure dental services are provided to the school
03 Group Practice Name: (if applicable) Identify the name of the dental group
04 Title:

School Physician: ONLY a Pennsylvania licensed MD or DO may serve as the "School Physician". A Certified Registered Nurse Practitioner (CRNP), a Chiropractor, or a Physician Assistant (PA) may not be the school physician; a CRNP or PA may perform the mandated exams

School Dentist or Mobile Dentist Group as School Dentist: ONLY a Pennsylvania licensed DDS or DMD may serve as the "School Dentist".
A mobile dentist group may serve as the School Dentist when dental services are provided to all students in mandated grades without charging a fee to the student, their insurance/Medicaid or does not receive payment from any source such as a grant or award
A school dentist may examine a student as the school dentist and then refer the student to themselves for further treatment as the student's family dentist

Mobile Dentist Group as Family Dentist: A Mobile Dentist Group arranged by or permitted by the school entity to provide dental services to students and charge a fee of the students, their insurance or receive payment from any other source such as a grant and does not agree to provide services to all students

School Dental Hygienist (SDH): All school entities are classified as having a "Mandated" dental program except for entities that received official approval by the Department of Health as a "Dental Hygiene Services Program (DHSP)"
School entities that employ a SDH in a mandated dental program enter their information on this page. A school entity that employs a SDH in an approved "DHSP" program enters their information on the "Dental Hygiene Services Program" detail page

05 Credentials: Professional License Number, including leading letters and expiration date
06 Comments: Enter comments as needed to clarify information provided

Select the **"ADD"** button to save the other health professional data

Select **"Submit"** after all Other Health Professionals Details data is entered and saved in order to receive the green check mark (√) on the Other Health Professionals tab

Chapter 11 - Dental Services Page
Mandated Dental Program

Reminder: Information entered **but not saved or submitted will be lost**

This page is disabled for Career and Technical Centers (CTC)/Vo-Techs as they are not required to perform dental exams due to no student enrollment in grades K, 1, 3, or 7

The Mandated Dental Program section will automatically display for all schools that do not have a Dental Hygiene Services Program authorized by the Department of Health

School entities with a Dental Hygiene Services Program authorized by the Department of Health should refer to the instructions for the Dental Hygiene Services Program

The Mandated Dental Program captures data on dental examinations performed by a Family Dentist and by a School Dentist for public school students and private/non-public students, respectively

The "Other Health Professionals" instructions define what constitutes a family or school dentist

Only exams that are counted in 01 A and 02 A services are reimbursed. The data in 02 B, C and D is collected for statistical purposes only. School incurred costs for Fluoride is claimed on the "Itemized Expenditures" page under section 04 B

01 Examined by the Family Dentist

A. Grades K, 1, 3, and 7

Enter the number of students in grades K, 1, 3, or 7 who received an exam by their Family Dentist

Enter the number in the appropriate column for both Public and Private/Non-Public students

02 Examined by the School Dentist

A. Grades K, 1, 3, and 7

Enter the number of students in grades K, 1, 3, or 7 who received an exam by the School Dentist

Enter the number in the appropriate column for both Public and Private/Non-Public students

B. Other Grades

Count any student in any other grade than K, 1, 3, or 7 who received an exam by the school dentist for any reason.

If a student in grades K, 1, 3, or 7 are seen for any reason other than an exam are also included in this count

C. Referred For Further Evaluation/Treatment

Count any student who received an exam by the school dentist who was then referred for further evaluation/treatment

A school dentist may refer a student with insurance/Medicaid to themselves for follow up services and serve in the capacity of the student's family dentist and then bill the student or their insurance

D. Completed Referrals Reported

Count any student who reported the referral was completed

A copy of the report is good to have for their health record but is not required

03 Fluoride Program

A. Fluoride Mouth Rinse Program

B. Fluoride Tablet Program

C. Fluoride Topical Program

Count the students in all grades who received fluoride treatment by any of the three methods of administration

Select **"Submit"** after all mandated Dental Program data is entered and saved in order to receive the green check mark (√) on the Dental Services tab

Chapter 11 - Dental Services Page
Dental Hygiene Services Program

Reminder: Information entered **but not saved or submitted will be lost**

This page is disabled for Career and Technical Centers (CTC)/Vo-Tech as they are not required to perform dental exams due to no student enrollment in grades K, 1, 3, or 7
The Dental Hygiene Services Program section will automatically display for all schools that have a Dental Hygiene Services Program (DHSP) authorized by the Department of Health
School entities with a Mandated Dental Program should refer to the instructions for the Mandated Dental Program

The Dental Hygiene Services Program captures data on the school dental hygienists; the Dental Hygiene Services Program plan; dental examinations performed by a Family Dentist and dental screens performed by the school dental hygienist; prophylaxis/preventative treatment and dental health education/activities provided to students. In addition, data is collected for schools with a fluoride and/or sealant program

School Dental Hygienist Summary

Once entered, the School Dental Hygienist information, excluding license expiration date, will automatically prepopulate both the summary and detail sections in subsequent years from the previous year's information. The school entity must verify the School Dental Hygienist is still employed and enter the license expiration date or enter the new School Dental Hygienist information each year

To **ADD a School Dental Hygienist**, select the "Add Dental Hygienist" button on the summary grid
To **EDIT School Dental Hygienist** data, select the "Edit" link on the summary grid
To **DELETE a School Dental Hygienist,** select the "Delete" link on the summary grid

School Dental Hygienist Detail Section

The School Dental Hygienist Detail section captures detailed information on employment/credentials specific to each School Dental Hygienist. Once entered and saved on the detail section, the information automatically populates the School Dental Hygienist summary grid

01 First Name
02 Last Name
Enter the first and last name exactly as it appears on the Dental Hygienist license
03 Phone and **Phone Extn** (if applicable)
04 Email and **Confirm Email**
05 Credentials
- Pennsylvania Dental Hygiene License Number, including leading letters
- Pennsylvania Dental Hygiene License Expiration Date
- PDE (Pennsylvania Department of Education) Certification
  - Select either Certified, Emergency Certified or None

Enter the 7 digit PPID# (Professional Personnel ID number)
- The PPID# can be obtained from the Department of Education at
  - **https://www.perms.ed.state.pa.us/Screens/wfPublicAccess.aspx**

Indicate Yes or No to the two options listed
- Public Health Dental Hygiene Practitioner (PHDHP)
- Other Licensed Credentials

06 Days Per School Year Worked
- Enter the number of day worked during the school year

07 Comments
- Enter any comments needed to clarify any answers

Select **"Save"**

Dental Hygiene Services Program (DHSP) Plan Section

The DHSP Plan section captures changes (if applicable) to the DHSP Plan submitted to the Department of Health in May of the prior school year

1 Answer Yes or No as to whether the DHSP Plan was amended since the authorization was submitted

2A Prepopulated from the DHSP. If **2B** is answered Yes, field opens allowing the correction

2B Answer Yes or No as to whether the number of public schools receiving services has changed since the DHSP was submitted

3A Prepopulated from the DHSP. If **3B** is answered Yes, field opens allowing the correction

3B Answer Yes or No as to whether the number of private/non-public schools receiving services has changed since the DHSP was submitted

Dental Hygiene Services Provided Section

The Dental Hygiene Services Provided section captures detailed information on the number of students, in public and private/non-public schools combined, who actually received dental hygiene services. The grades identified in the DHSP authorization form will be automatically prepopulated for each category (01A, 02A, 03A and 04A)

01 Exams Family Dentist

01B

Enter the number of students by grade who received a dental exam by their Family Dentist

02 Exams/Screens School Dental Provider

02B

Enter the number of students by grade who received a dental exam/screen by the School Dental Provider

03 Prophylaxis/Preventative Treatment

03B

Enter the number of students by grade who received prophylactic/preventative treatment as part of the Dental Hygiene Services Program (scaling, cleaning, polishing, plaque control programs, brush-ins, caries susceptibility testing, etc)

04 Dental Health Education/Activities

04B

Enter the number of students by grade who received dental health education as part of the Dental Hygiene Services Program (oral hygiene instruction, nutrition education, tobacco use, special dental projects, etc)

Select the **Save Section: Dental Hygiene Services Provided**

05 Follow-up Exams/Screens School Dental Provider

05A Referred For Further Evaluation/Treatment

Count the number of students who received an exam by the school dentist who was then referred for further evaluation/treatment

05B Completed Referrals Reported

Count the number of students who reported the referral was completed

06 Fluoride Program

Count students in all grades who received fluoride by any of the three following three methods

06A Fluoride Mouth Rinse Program

06B Fluoride Tablet Program

06C Topical Fluoride Program

07 Sealant Application Program

Count the students in all grades who received a sealant application by any of the two methods

07A Sealant Application by School Dental Provider

07B Sealant Application coordinated through school entity or DHSP plan but services provided by other than a School Dental Provider

Select the **Save Section: Follow-up, Fluoride and Sealant**

Select **"Submit"** after all Dental Hygiene Services Program data is entered and saved in order to receive the green check mark (√) on the Dental Services tab

Chapter 12 – Health Services Page
Health Exams, Screens and Select Services

Reminder: Information entered **but not saved or submitted will be lost**

The Health Services section of the report captures data on select medical and nursing services to school students and staff/other adults in public and private/non-public schools, respectively, which occurred while under school jurisdiction.

A student is considered under school jurisdiction:
On the way to and from school while in school furnished transportation
Class time (including lunch, recess, physical education)
School sponsored extracurricular activities, field trips and camps
Non PIAA sports/athletic activities (such as intramural activities)

This report is not intended to collect data on ALL of the duties performed by nursing staff

Staff/Other Adults
Health Services
01 Staff/Other Adult Contacts for Acute/Chronic ILLNESS
Count the number of contacts when staff/other adults required nursing assessment or intervention for an acute or chronic illness
02 Staff/Other Adult Contacts for Acute/Chronic INJURY
Count the number of contacts when staff/other adults required nursing assessment or intervention for an acute or chronic injury
03 Staff/Other Adult Emergencies Requiring Activation of Emergency Medical Services (EMS)
Count the number of incidents that required activation of the Emergency Medical Services (EMS) due to staff/other adult illness or injury
Emergency Medical Services includes ambulance services with basic or advanced life support
04 Staff/Other Adult Emergencies Requiring Use of an Automated External Defibrillator (AED)
Count the number of incidents that required the use of an AED for a staff/other adult

Select the **Save Section: Staff/Other Adults**

Students
Health Services
01 Student Contacts for Acute/Chronic ILLNESS
Count the number of contacts when students required nursing assessment or intervention for an acute or chronic illness. For multiple contacts in one day count each contact separately
02 Student Contacts for Acute/Chronic INJURY
Count the number of contacts when students required nursing assessment or intervention for an acute or chronic injury. For multiple contacts in one day count each contact separately
03 Students Requiring Skilled Nursing
Count the number of students who required skilled nursing procedures. Only count each student once (do not include the student contacts here)
Include:
Procedures, assessments and monitoring ordered by a primary care provider, specialist or deemed necessary by the CSN
For example; but not limited to, blood glucose testing, catheterization, concussion status monitoring, blood pressure monitoring, colostomy care, IV medication, tube feedings, ventilator care, pulse oximetry, nebulizer treatments, suctioning, wound care, etc.
04 Students with a Plan of Care (IHP, ECP, 504, IEP with a medical component)
Count the number of students with a medically necessary plan of care. Only count each student once
05 Students Sent from School for Health Reasons
Count each instance a student was sent home from school for a health reason. Count each instance separately

06 Student Emergencies Requiring Activation of Emergency Medical Services (EMS)

Count the number of incidents that required activation of the Emergency Medical Services (EMS) due to student illness or injury. Students may be counted more than once

Emergency Medical Services includes ambulance services with basic or advanced life support

07 Student Emergencies Requiring Use of an Automated External Defibrillator (AED)

Count the number of incidents that required the use of an AED for a student

Select the **Save Section: Student Health Services**

Physical Examinations

08 Examined by Family Health Care Provider

A Grades K or 1, 6, & 11

Count the number of students examined by a Pennsylvania licensed family health care provider (i.e. physician, physician assistant, certified registered nurse practitioner) to satisfy the mandated physical examination requirement. Chiropractors may not perform the mandated physical examination

Athletic and Driver's license/ permit examinations satisfy the mandate as long as they are not performed by a chiropractor

09 Examined by School Health Care Provider

A Grades K or 1, 6, & 11

Count the number of students examined by the school physician

A certified registered nurse practitioner or physician assistant may perform school physicals on behalf of the school physician

B Other Grades

Count the number of students examined by the school physician in grades other than the mandated grades

C Referred for Further Evaluation/Treatment

Count the number of students identified in 09 A and 09 B referred by a school health provider for further evaluation and/or treatment

D Completed Referrals Reported

Count the number of students who reported the referral was completed

Select the **Save Section: Student Physical Examinations**

Health Screens

Include:

All students screened even if a student subsequently transfers out of the school

Do Not Include:

Students who are rescreened

Students who transfer into the school after the screens have been performed and is not screened

Transfer students screened at their previous school are counted in the previous school's report

10 Vision Screens

Count the number of students in grades K-12 and ungraded screened for vision problems

Screens performed by private health care providers may be accepted as long as they meet the screening components included in the guidelines

Any brand of screening equipment is acceptable as long as they meet the screening components included in the guidelines

A Referred for Further Evaluation/Treatment

Count the number of students referred for further evaluation and/or treatment

B Completed Referrals Reported

Count the number of students who reported the referral was completed

11 Hearing Screens

Count the number of students in grades K, 1, 2, 3, 7, 11 and all ungraded classes screened for hearing problems

A Referred for Further Evaluation/Treatment

Count the number of students referred for further evaluation and/or treatment

B Completed Referrals Reported

Count the number of students who reported the referral was completed

12 Scoliosis Screens

Count the number of students in grades 6 & 7 who were screened for scoliosis

Students who had a 6th grade physical meet this requirement, do not need screened by the nurse and should be included in the count

Students currently under the care of a healthcare provider for scoliosis do not need screened and are counted as if the screening was performed

A Referred for Further Evaluation/Treatment

Count the number of students referred for further evaluation and/or treatment

B Completed Referrals Reported

Count the number of students who reported the referral was completed

Growth Screens:

Count the number of students who were weighed, measured, and for whom Body Mass Index (BMI) and BMI-for-Age Percentile was calculated

*****Currently the Division of School Health (DSH) percentiles differ from the CDC percentiles

BMI percentiles calculated using the CDC percentiles must be recalculated to match the current DSH percentiles

13 Growth Screens-grades K-6

14 Growth Screens-grades 7-12

A Underweight – Less Than 5th Percentile*

Previously, this category was called "At Risk for Underweight"

B Healthy Weight – 5th Percentile to 85th Percentile*

This category was not required in previous years

C Overweight – Greater Than 85th to Less than 95th Percentile*

Previously, this category was called "At Risk for Overweight"

D Obese – Equal To or Greater than 95th Percentile*

Previously, this category was called "Overweight

15 Total Growth Screens

SHARRS will automatically total and populate this section

Select the **Save Section: Student Health Screens**

Select **"Submit"** after all Health Exams, Screens and Select Services data is entered and saved in order to receive the green check mark (√) on the Health Services tab

Chapter 13 – Chronic Conditions Page

Reminder: Information entered **<u>but not saved or submitted will be lost</u>**

The Chronic Conditions section of the report captures data on the number of students with certain select chronic conditions. If a condition is not one of the 14 conditions listed do not include it in the report

The count of students with these select chronic conditions must be taken between **March 15 and March 30**

This two week timeframe will help minimize the duplicate reporting of students in certain circumstances, such as students who relocate to different buildings within the same school entity, students who relocate to different school entities within the same school year

Include:

Students with a chronic condition that has met at least one of the following 3 criteria:

- A **current active** medical diagnosis made by a *licensed health care provider or medical specialist
- A medical diagnosis documented in a previous school year plus documentation by a *licensed health care provider, medical specialist, or school health personnel regarding an exacerbation or medical follow-up within the past five (5) years
- No official medical diagnosis but the student has a medication order for a specific condition prescribed by a *licensed health care provider or medical specialist within the past twelve (12) months

*A licensed health care provider is defined as a physician, physician assistant, or certified registered nurse practitioner

Students with multiple unrelated chronic conditions are counted in each respective condition

Do Not Include:

Students with innocent heart murmurs (05)
Students with a history of febrile seizures (10)
Students with food sensitivities, such as, lactose intolerance or gluten intolerance (11)
Students with sickle cell trait (12)
Students with a condition not listed in the 14 categories

Select **"Submit"** after all Select Chronic Conditions data is entered in order to receive the green check mark (√) on the Chronic Conditions tab

Chapter 14 – School Injuries Page

Reminder: Information entered **<u>but not saved or submitted will be lost</u>**

The School Injury section of the report captures data on students in public and private/non-public schools, combined, who incurred injuries while under school jurisdiction

A student is considered under school jurisdiction:
On the way to and from school while in school furnished transportation
Class time (including lunch, recess, physical education)
School sponsored extracurricular activities, field trips and camps
Non PIAA sports/athletic activities (such as intramural activities)

To be considered a Serious School Injury, the student's injury must meet at least **one of the three** following criteria:

- Emergency Medical Services (EMS) was activated
- Immediate care by a physician or dentist, such as a family health provider, an emergency room physician or medical/dental specialist;
- The loss of one-half or more days of school

For each serious injury, identify the ONE most relevant option in EACH of the following three categories

The total of these three sections must equal one another

Nature of Injury: The specific type of the injury. If a student sustains multiple injuries; include only the primary or most serious injury that is identified by a health care provider or by using nursing judgment

Time period: when the injury occurred

Location: where the injury occurred

Nature of Injury:

01 Burn: An injury caused by exposure to heat, chemicals, or radiation (excluding the eye)

02 Concussion (Possible): A concussion or traumatic brain injury (TBI) caused by a bump, blow or jolt to the head that can change the way the brain normally works

03 Contusion: An injury that causes a hemorrhage (bruise) on or beneath the skin, but does not a break the skin

04 Cut/Laceration/Puncture: An open wound, a break in the skin's surface, in which there is external bleeding, a wound made by tearing or cutting of body tissues, or a deep or narrow wound in the skin and/or underlying organs, such as a stab wound from a nail or knife

05 Dental Injury: An injury to the tongue, lips, teeth, and soft tissues of the mouth such as a fractured, chipped, or broken tooth, avulsed (knocked-out) tooth, loosened permanent tooth, intruded (pushed into the gum) tooth, uncontrolled bleeding of the soft tissues, laceration of the tongue or lips

06 Dislocation (Possible): An injury to the joint resulting in misalignment of the bone ends so that they are no longer in contact. Include students who exhibit symptoms of a possible dislocation, such as deformity, severe pain, swelling, and the inability of the student to move the injured joint

07 Eye Injury: An injury to the eye, eyelids, and surrounding soft tissue. Such as a foreign body in the eye, exposure to heat, chemicals, or radiation, eye avulsion (knocked out), a blow, cut, puncture, or penetrating injury to the eye

08 Fracture (Possible): An injury caused by a break or rupture in a bone. Students who exhibit symptoms of a possible fracture, such as deformity, compound fracture (bone protruding through the skin), tenderness, severe pain, swelling, or inability of the student to move the injured bone

09 Sprain/Strain/Tear (Possible): An injury to a muscle, tendon, or ligament caused by a sudden or violent twisting of a joint causing the stretching or tearing of tendons or ligaments, a violent contraction or an excessive forcible stretching beyond its normal range of motion

10 Other: Any injury not represented by one of the above nine categories that meets at least one of the three criteria for a serious school injury

Select the **Save Section: Nature of Injury**

Time Period

Identify the ONE most relevant option in the "time period" category for EACH serious injury counted in the Nature of Injury section

01 After School: An injury that occurred from the time of the school dismissal bell until the student arrives at home or at a non-school destination, whichever occurs first such as at drop off bus stops, during transit (vehicular or walking), during intramural sports, and after-school sponsored activities
02 Before School: An injury that occurred from the time the student leaves home until the official start of the school day, such as at pick up bus stops, during transit (vehicular or walking), during intramural sports and before-school sponsored activities
03 Class Change: An injury that occurred while a student is in transit from one class to the next
04 Class Time: An injury that occurred during an in school instructional class, home room, study hall, driver's education classes and detention
05 Field Trip: An injury that occurred at any location while a student is on a school sponsored trip
06 Lunch Period: An injury that occurred during a student's lunchtime, on or off campus
07 Physical Education (P.E.) Class: An injury occurring during a class period for physical education, whether in a gymnasium, on an athletic field, or other outside recreational areas
08 Recess: An injury occurring during a recess period, whether indoors or outdoors
09 Science Lab/Family & Consumer Science Class/Technology Education Class: An injury that occurred during a class period for science lab, family and consumer science class, and technology education class
10 Other: Any injury not represented by one of the above nine categories, such as during emergency evacuations and drills, assembly programs, pep rallies, clubs, and other school sponsored activities

Select the **Save Section: Time Period**

Location
Identify the ONE most relevant "location" for EACH serious injury counted in the Nature of Injury section
01 Athletic Field/Play Field: An injury that occurred on an athletic or practice fields during physical education classes, intramural sports, or other school sponsored activities excluding PIAA sponsored events
02 Auditorium/Multipurpose Room: An injury that occurred in auditoriums or large multipurpose rooms
03 Bus Loading Area: An injury that occurred at areas where students board or depart from buses
04 Cafeteria: An injury that occurred in school cafeterias or dining rooms
05 Classroom: An injury that occurred in classrooms, including computer labs
06 Corridor/Hall: An injury that occurred in corridors, halls, catwalks, and other walkways
07 Field Trip: An injury that occurred during a field trip (day trips and overnight trips)
08 Gymnasium/Pool: An injury that occurred in gymnasiums, locker rooms, pools/deck areas
09 Playground: An injury that occurred on school playgrounds
10 Restroom: An injury that occurred in school restrooms or lavatories
11 School Bus/Public Bus: An injury that occurred on a school owned or contracted vehicle used to transport students, and public buses used by students to go to or from school
12 Science Lab/Family & Consumer Science Room/Technology Education Room: An injury that occurred in science labs, family and consumer science and technology education classrooms
13 Sidewalk: An injury that occurred on sidewalks on school property, or sidewalks used by students to go to or from school
14 Stairs/Ramp/Elevator: An injury that occurred on stairs, ramps, elevators, escalators and lifts
15 Street/Driveway/Parking: An injury that occurred on streets used by students to go to or from school, and driveways and parking lots on school property
16 Other: An injury that occurred at any other location not represented by one of the above fifteen categories, such as school library, administrative office, health office or guidance office

Select the **Save Section: Location**

Select **"Submit"** after all Serious School Injuries data is entered in order to receive the green check mark (√) on the School Injuries tab

Chapter 15 – Medication Administration Page

Reminder: Information entered **but not saved or submitted will be lost**

The Medication Administration section of the report captures data on the administration of **all** medications to **all** students in public and private/non-public schools, combined, while the students are under school jurisdiction

A student is considered under school jurisdiction:
On the way to and from school while in school furnished transportation
Class time (including lunch, recess, physical education)
School sponsored extracurricular activities, field trips and camps
Non PIAA sports/athletic activities (such as intramural activities)

ALL medications (prescription, over the counter, homeopathic, supplemental, lotions…) require a written order from a licensed prescriber and written parental permission

For more information the medication manual may be accessed on the school health website at:
http://www.health.pa.gov/My%20Health/School%20Health/Pages/Quick%20Links/School%20Nurse%20Practice%20Issues/Medications.aspx#.VYLOOGTD9D9

Neither the Professional Nursing Law nor the Practical Nurse Law permits delegation of nursing functions; therefore, a certified school nurse or other licensed personnel (RN, LPN) cannot lawfully delegate the nursing function of medication administration to the principal, teacher, or administrative personnel except for the administration of rescue asthma inhalers and epinephrine auto-injectors after they have successfully passed an approved training course as required by **Act 195 of 2014 School Access to Emergency Epinephrine**

Count the **Number of doses** administered by the nurse via an **Individual order** (from a student's healthcare provider) or a **Standing order** (from the school physician) and by the **Category of Use** based on the student's condition/diagnosis

For example Carbamazepine (Tegretol) may be prescribed for a seizure disorder a psychiatric disorder or for pain associated with trigeminal neuralgia

Include:
All doses administered while a student is under school jurisdiction, including those administered by students themselves, parents, agency or private duty nurses
Do Not Include: The administration of either oxygen or fluoride; see "Other" below for more instructions

Category of Use
01 Analgesic: Medication that reduces or eliminates pain and fever such as acetaminophen, aspirin, Midol, Tylenol with codeine, Vicodin, oral anesthetics/analgesics/antiseptics, such as Anbesol, Blistex, Caladryl, Mineral Ice, Orajel, Orabase, Solarcaine, Medicaine and sting kill swabs
Do Not Include: antibiotic soap, hydrogen peroxide, rubbing alcohol or alcohol wipes, cough drops/lozenges
02 Antibiotic: Medications that prevent and treat bacterial infections. Antibiotics are not typically ordered by the school physician as a standing order; therefore only include topical antibiotics such as, Bacitracin, Neosporin, Silvadene, etc under the standing order column
03 Anticonvulsants: Medication that prevents or relieves seizures. There is no standing order option for anticonvulsants
A Diastat: (Diazepam, Valium) only the rectal gel is counted in this column
B Versed: (Midazolam) is supplied for IM, IV or Intranasal administration
C Other than Diastat or Versed: include any other drug administered by any route for seizures
04 Antihistamine/Decongestant: Medication used to counteract physiological effects of histamine production in allergic reactions and colds; medication that breaks up congestion by reducing swelling
A Epinephrine (include auto-injector): is ordered for the emergency treatment of acute asthma attacks, anaphylaxis /allergic reactions. Count all doses that are administered by the nurse. Count doses of an epinephrine auto-injector that are administered by trained school staff and self-administered by a student

B Other than Epinephrine: Count any medication other than Epinephrine that is administered to treat allergies or respiratory congestion

05 Anti-inflammatory: Medication that reduces inflammation such as steroidal or non-steroidal anti-inflammatory drug (NSAID), such as ibuprofen, Celebrex, Lodine, Prednisone and cortisone creams/ointments,

06 Asthma (inhaler, nebulizer, oral and IV): Count all doses, maintenance or rescue, administered for the treatment and control of asthma. Count all doses that are administered by any route by the nurse. Count all doses that are administered by the nurse. Count doses of a rescue inhaler that are administered by trained school staff and self-administered by a student

07 Diabetes: Medication that is used in the management and treatment of diabetes including high and low blood sugars. There is no standing order option for diabetic medications.

Do Not Include:

Treatments such as orange juice, candy, icing, food given in the event of a low blood sugar as these are not medications

A Oral: Count all doses given by mouth

B Insulin (include bolus/adjustments to insulin pump): Count all doses administered by injection or adjustments made to a pump by the nurse or self-administered by the student with direct nurse observation as part of the students written transition plan in order to become self-sufficient in managing their diabetes

C Glucagon: Count all doses administered by injection or intravenous routes given for the emergency treatment of hypoglycemia

D Other glucose medications (glucose gel/tablets): Count all doses of other glucose medications such as glucose gel/tablets administered to treat hypoglycemia

08 Gastrointestinal: Medication that prevents or relieves symptoms of digestive disorders

A Enzymes: Count all doses of enzymes administered. There is no standing order option for enzymes.

B Other than Enzymes: Count all doses administered such as antacids, antiemetics, antidiarrheals, laxatives, lactose intolerance medications and such

09 Psychotropic: A medication that is capable of affecting the mind, emotions, and behavior. There is no standing order option for psychotropic medications

A ADD/ADHD (Attention Deficit Disorder/Hyperactivity): Count all doses administered by all routes ordered to treat the symptoms of inattention, impulsiveness and/or hyperactivity

B Other than ADD/ADHD: Count all doses administered by all routes ordered to treat any psychiatric condition other than ADD/ADHD such as depression, anxiety, behavioral issues, schizoid disorders, eating disorders, mood disorders, bipolar disorders and such

10 OTHER: Count all doses administered by a health care provider's written order that do not fit into one of the above nine categories.

Include:

Antifungal medications
Cardiovascular medications
Cough medicines (do not count cough drops and lozenges)
Dermatological application that does not fit into one of the above 9 categories, such as, sun screen
Eye wash, contact lens solution, artificial tears
Homeopathic remedies, herbal preparations, dietary supplements, anabolic or catabolic preparations, vitamins and minerals
Off-label and research medications

Do Not Include:

Medications to treat lice or other pests (these are not captured in this report)
Fluoride by tablet, mouth rinse, or topical application (count in the dental services page)
Oxygen (count as a contact for acute or chronic illness on health services page)

Select **"Submit"** after all Medication Administration data is entered in order to receive the green check mark (✓) on the Medication Administration tab

Chapter 16 – Review, Certify and Submit Page

Reminder: Information entered **<u>but not saved or submitted will be lost</u>**

The Review, Certify and Submit page documents that the superintendent or the chief executive officer (CEO) has certified to the Department of Health (DOH) Division of School Health (DSH) that the information submitted is a true and accurate statement of the health services provided and expenditures incurred by the school entity during the school year (July 1 through June 30)

Only the Superintendent/CEO has access to this page and the authority to submit the report

This page will become functional only when a green checkmark (√) is visible on each tab of the report
No checkmark will appear on this page after it is submitted

The Superintendent/CEO must enter their first and last name and select **"Certify and Submit"**

This action will submit the report to the DSH

The school may edit the report at any time until DSH has processed the report
To edit a report login and select **"Annual Report"** on the left navigation column and make the necessary edits and select **"Submit"** in order to complete the page

If the **"Status"** column says:
"School Editing" any school user with the data entry function may edit the report
"Submitted" only the Superintendent/CEO may select **"Void Annual Report Submission"** to allow users with the data entry function to make edits and it will then need resubmitted
"Under Review" contact DSH to gain access to the report in order to make edits
"Approved" the report has been processed by DSH and the school may not make any edits. If edits are necessary a revised report must be submitted
To **Revise** a previously approved report:
Return to the **"Annual Report"** and open the **"Report Status Summary"** page
Select the appropriate **"School Year"** and select **"Start/Revise/Print"** make the revision and resubmit the report

When a report is **Disapproved** by DSH the status field reverts from "Submitted" back to "School Editing" with the reasons for the disapproval documented in the comment box. Make the necessary corrections and resubmit the report to DSH

Only the Superintendant/CEO has the authority to resubmit the report to DSH

It takes approximately 6-10 weeks from the date the report is processed by DSH for payment to arrive

A thorough review of the report for accuracy before submitting it to DSH is recommended as reports are processed in the order in which they are received by DSH. Revisions are not processed until after all the initial reports are processed