Division of School Health

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SCHOOL HEALTH PROGRAM

The Division of School Health office relocated on 8-3-17.
Please note our new address and update your records to reflect this change.
Our new address is: 30 Kline Plaza, Harrisburg, Pa 17104. Our phone, fax and emails are unchanged.

The School Health Program is the oldest program of public health services in Pennsylvania, with responsibilities predating 1895. The School Health Program serves all children of school age attending public, private and non-public schools in Pennsylvania.

The School Health Program is responsible for providing technical assistance, training and coordination of programs and services to schools, parents and the community at large regarding school health programs and services.

www.health.pa.gov
www.health.pa.gov/schoolhealth
SCHOOL HEALTH TOPICS A - Z

A
Abuse (Child and Adults)
Access (Pennsylvania School-Based Access Program)
Act 48
Allergies
Arthritis
Asthma
Attention Deficit/Hyperactivity Disorder (ADD/ADHD)
Automated External Defibrillator (AED)

B
Bedbugs
Behavioral Risk Factor Surveillance System (BRFSS)
Bleeding Disorders
Bloodborne Pathogens
Board of Nursing, Department of State
Body Mass Index (BMI)

C
Cardiovascular Conditions
Catheterization
School Health Annual Reimbursement Request System (SHARRS)

Access SHARRS at the following link: https://apps.health.pa.gov/sharrs

• There have been significant changes made to the submission dates due to the new processing system.

  It is important that reports and dental hygiene authorization plans be submitted timely. There will now be “hard” open and close dates.
SHARRS (cont.)

- It is important that schools mark their calendars with the following **Annual Report and Dental Hygiene Plan Due Dates**.
  - It is the school’s responsibility to ensure compliance with due dates.
  - The School Health Annual Reimbursement Report will now open for data entry **May 15 and close September 30**.
    - Only the Superintendent/CEO may submit the SHARRS report.
• The Dental Hygiene Services Program Authorization Plan will now open for data entry **April 1 and close April 30.**
  - Any SHARRS user may submit the Dental Hygiene Authorization Plan.
  - The Dental Hygiene Authorization Plan must be closed before the SHARRS system can be opened for data entry in order for the system to process reports correctly.
SHARRS (cont.)

Schools that do not
- Have a hygienist hired, or
- Have a plan, developed and approved by the school dentist and administration, submitted to the Division of School Health on time

Will revert to a Mandated Dental Program and cannot be changed after the closing date due to processing requirements.
The September 30 SHARRS due date is written in law. From the Public School Code of 1949:

Section 2505.1. Reimbursement for Health Services. “...(b) ...Reimbursement on account of health services rendered by a school district or joint school board may be withheld by the Secretary of Health unless the actual expenditures for the health services are certified to the Secretary of Health within three months after the end of the school year...” (the school year officially ends June 30 per the Department of Education).
SHARRS (cont.)

- An instructions button is located in the top right corner of every page.
- The instructions provide detailed guidance on how to complete the report, manage user accounts and determine which data must be included.
- The instructions button will direct the user to the section of the instructions that correlates to the page the user is on.
• SHARRS data is used for statistical reporting and research, and should be accurate.
  - Ungraded special education has been removed from the ADM field, as directed by PDE.
  - Grade should be entered as defined in the student’s IEP.

• A CSN should review the report prior to submission to ensure healthcare data is accurate.

• Data entry errors delay the processing of the report and may result in deductions to a school’s reimbursement.
SHARRS (cont.)

- SHARRS webpage
  - Tally sheets
  - Instruction manual
  - Hard copy report
ACT 48

• The Bureau of Public Health Preparedness (BPHP) will enter Act 48 credits into PERMS only as a last resort for certified school staff who have no other tools, such as a school or PASNAP membership.
  ▶ All school districts are approved Act 48 providers.
  ▶ If the school will not submit the hours, it may need to be a contractual issue discussion.
The certificates must be scanned and emailed to:

RA-DHPATRAININGCOORD@pa.gov

This email inbox receives emails for the entire bureau. If not submitted correctly the credits will not be entered nor will you be contacted.

In the subject line put “CON ED” so they know it is for Act 48 entry.
ACT 48 (cont.)

- Provide your 7 digit PPID number and your name as it is listed in PERMS on the certificate.
- Make sure the name and date of the course and the number of credits awarded is on the certificate.
- Incomplete or inaccurate submissions will not be accepted, responded to or entered.
- Do not send certificates to the Division of School Health. They will not be entered or forwarded to the Bureau of Public Health Preparedness.
BPHP has also agreed to review and approve training courses for Act 48/58 credits.

- It is the responsibility of the course presenter to obtain Act 48/58 approval and issue the certificate to attendees.
  - BPHP will supply the presenter with a blank certificate and attendance roster.
  - If certificates are submitted for courses taken independently, the certificate will not be reviewed for ACT 48/58 approval.
The course materials must be scanned and emailed to:

RA-DHPATRAININGCOORD@pa.gov

In the subject line put “CON ED Course Approval” so BPHP knows it is for course approval.

Incomplete or inaccurate submissions will not be accepted.

For information on course submission requirements contact BPHP at the above email address.
• § 21.131. Continuing education

(a) Requirement of continuing education. A registered nurse seeking licensure renewal shall complete 30 hours of continuing education approved by the Board during the biennial renewal period immediately preceding the application for renewal in accordance with section 12.1 of the act (63 P.S. § 222) and this subchapter. The Board will not renew a license of a registered nurse who fails to verify compliance with the continuing education requirement.
A registered nurse whose license is not renewed by the expiration of the biennial renewal period may not engage in the practice of professional nursing until the continuing education requirements are satisfied and the license has been renewed, reinstated or reactivated.

... (5) For school nurses, evidence that the nurse’s certification by the Department of Education is current.
• Recommendations:
  - Print screenshot proving active status from your Department of Education TIMS profile on the day your license is renewed
  - Mail screen shot and Educational Specialist Certificate to BON if audited.
NARCAN (NALOXONE)

• Act 139 of 2014
  
  Administration of Naloxone
  
  School Health naloxone webpage
  
  Adapt Pharma Program
  
  Awarded a grant from the Clinton Foundation to Adapt Pharma.
  
  Address questions to:
  
  RA-DHNARCAN-SCHOOLS@pa.gov
The free Narcan doses, distributed by the Department of Health, will expire May 31, 2018.

There are currently no plans to offer replacement doses.

For replacement or additional doses, schools may purchase them from Adapt Pharma at a reduced cost (currently $75 per 2-dose carton).
• Adapt Pharma qualifies schools as “Direct Purchasers”

  ▶️ https://www.narcan.com/direct-purchasers

  Download and complete the “Intake Form” from the above link. If you have any questions, please call ADAPT Customer Service at 1-844-4-NARCAN (844) 462-7226

  ▶️ Fax or email the completed form to ADAPT Customer Service at (484) 367-7815 or customerservice@adaptpharma.com
• Act 86 of 2016 amended the Public School Code (Article XIV; 24 P.S. 14-1401 to 14-1424) with a number of provisions related to diabetes care in Pennsylvania schools.
Act 86 permits school nurses, in consultation with their chief school administrator or a designee, to identify at least one school employee (“Identified Employee”) in each school building attended by a student with diabetes to be designated in a student’s service agreement or Individualized Education Program (IEP) to administer diabetes medication, use diabetes monitoring equipment and provide other diabetes care.
• This is not a mandated Act. Schools may voluntarily choose to implement the program.
• Only schools that implement the Act 86 program are required to view the training modules and comply with all the requirements.
• The training slides may be used by anyone for informational purposes, if they so choose.
• Schools decide whether they want to allow unlicensed personnel to provide care to students with diabetes.
• Schools participating in Act 86 must adhere to all Act 86 requirements.
• Employees shall have the right to decline the responsibility.
Section 1414.9. Administration of Epinephrine Auto-injectors by School Bus Drivers and School Crossing Guards.--The provisions of 42 Pa.C.S. §§ 8332 (relating to emergency response provider and bystander good Samaritan civil immunity) and 8337.1 (relating to civil immunity of school officers or employees relating to emergency care, first aid and rescue) shall apply to a school bus driver and a school crossing guard.

Act 2 was approved May 16, 2017 and took effect 60 days later.
The school bus driver or school crossing guard may administer an epinephrine auto-injector to a student in a manner consistent with the policies established by their employer (school or independent contractor).

The school bus driver or school crossing guard must successfully complete a training program developed and implemented by the Department of Health.
• Suspected Child Abuse & Neglect
  ✰ Free live training for school nurses.
  ✰ Developed by the Pa Academy of Pediatrics.
    ✰ Presented on-site by a physician and a local Children & Youth worker.
    ✰ Approved for 3 credits (48/58) that satisfy Act 126 and Act 31 requirements.
  ✰ Go to www.pascan.org to submit your presentation request.
  ✰ Contact Teresa Olsen, Program Director at the PA Chapter, American Academy of Pediatrics at tonsen@paaap.org with questions.
Patients who are residents of the commonwealth who have a serious medical condition that have been certified by a practitioner may obtain medical marijuana. A patient may name a caregiver, and the caregiver may obtain the medical marijuana for the patient.
What is the Safe Harbor?

The Safe Harbor guidelines state that a caregiver, who has completed an application provided by the Pennsylvania Department of Health and been approved, may not violate Act 16 or the Pennsylvania Controlled Substance, Drug, Device and Cosmetic Act. The caregiver legally obtains medical marijuana in one of the approved forms under Act 16 to administer to a minor (under the age of 18) who suffers from one of the 17 serious medical conditions covered by Act 16.
Who is considered a “caregiver” under the act?

- An individual 21 years of age or older, unless otherwise authorized:
  - Parents
  - Legal guardians
  - Designees

- An individual fitting the description above who has successfully completed an application to the PADOH and completed a background check
Can a caregiver be designated by more than one patient?

Yes. A caregiver can have up to five patients.
What is a “serious medical condition” under the act?

- Amyotrophic Lateral Sclerosis
- Autism
- Cancer
- Crohn’s Disease
- Damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity
- Epilepsy
- Glaucoma
- HIV (Human Immunodeficiency Virus) / AIDS (Acquired Immune Deficiency Syndrome)
- Huntington’s Disease
- Inflammatory Bowel Disease
- Intractable Seizures
- Multiple Sclerosis
- Neuropathies
- Parkinson’s Disease
- Post-traumatic Stress Disorder
- Severe chronic or intractable pain of neuropathic origin or severe chronic or intractable pain in which conventional therapeutic intervention and opiate therapy is contraindicated or ineffective
- Sickle Cell Anemia
HOW TO APPLY FOR MM

HOW TO GET MEDICAL MARIJUANA IN PENNSYLVANIA
WHEN THE PROGRAM IS FULLY IMPLEMENTED

1. Discuss Medical Marijuana with your doctor.
2. Get a recommendation from your doctor saying that medical marijuana is right for you.
3. Apply to the Department of Health for a medical marijuana ID card.
4. Visit a dispensary in Pennsylvania to obtain medical marijuana.

Pennsylvania Department of Health
QUESTIONS ABOUT MM

Questions?


To contact the staff at the Pennsylvania Office of Medical Marijuana, send an email to RA-DHMedMarijuana@pa.gov.
• Full document located on School Health website under Field trips.
• Children entitled to same health services they need during school day.
Consider the following when planning:

- Pennsylvania licensed prescriber order and written parental consent are required for all medications, including OTC’s.
- Parent may be asked, but not required, to attend.
- Parent may recruit “parental designee.”
School may not request a parent to sign a waiver of liability in relation to medication administration.

Self-administration and/or self-carrying may be permitted for certain medications: rescue inhaler, epinephrine auto-injector, and diabetes medications (Glucagon/insulin).
• EMTs and paramedics function under EMS medical command only, so they may not be utilized.

• Consider Pennsylvania licensed volunteers.

  Licensure verification: www.pals.pa.gov
Licensed volunteer must:

- Function within scope of practice;
- Have necessary skills;
- Know plans of care/provider order; and
- Have clearances.

Consider: orientation to district, CPR, first aid, TB test if > 10 hours per week in direct contact with students.
• Out of state: School should ensure licensed nurse or licensed volunteer permitted to practice under Pennsylvania license.  
https://www.ncbsn.org

• Out of country: U.S. State Department may be of assistance in reaching consulate.  
http://www.state.gov/s/cpr/rls/index.htm
• School jurisdiction
  - Public School Code, Section 510
    - School board may adopt rules during time students are under supervision of school, including time spent in coming to and returning from school.
  - 22 Pa. Code, Section 15.1
    - Equal opportunity to participate in the school program and extracurricular activities.
Schools are required to provide nursing services to students any time they are under school jurisdiction.

School jurisdiction includes:

- Trips 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).
SCHOOL JURISDICTION (cont.)

- U.S. Department of Education 2013 Guidance
  Civil rights protections for students with disabilities under section 504
  - [http://www2.ed.gov/about/offices/list/ocr/letters/colleague-201301-504.html](http://www2.ed.gov/about/offices/list/ocr/letters/colleague-201301-504.html)
“A school district that offers extracurricular athletics must do so in such manner as is necessary to afford qualified students with disabilities an equal opportunity for participation. This means making reasonable modifications and providing those aids and services that are necessary to ensure an equal opportunity to participate, unless the school district can show that doing so would be a fundamental alteration to its program.”

http://www2.ed.gov/about/offices/list/ocr/letters/collleague-201301-504.html
PRIVATE/NON PUBLIC SERVICES

• Provision of School Health Services to Private/Non-Public Schools
  • School Nurse Act, Act 707 of 1962
    • Equal health services are required for public and non-public schools.
    • Neither the law nor regulation distinguish differences in the level of service to public vs. non-public schools.
  • Pa. Public School Code, § 14-1401 and 14-1402
    • (1) "Children of school age“ ...means every child attending or who should attend an elementary grade or high school, either public or private, within the Commonwealth
    • Section 1402(a.1) requires that “every child of school age shall be provided with school nurse services ...”
Provision of School Health Services to Private/Non-Public Schools

- A function of the school nurse is to interpret the health needs of individual children including:
  - assessment of student health care needs, development of appropriate plans of care, medication administration, first aid and emergency care, etc.

- School nurses rotate to every assigned building; amount of time necessary is based on assessment of student health needs as determined by the school nurse.

28 Pa. Code § 23.74
PRE-K AND K

- Schools do not have to provide services to K and/or pre-K if those grades are not offered in the public school, unless there is an memorandum of understanding.
- Schools do have to provide services if the K or pre-K is an “integral” part of the school district. Integral means that the pre-K is operated by the public school district, not just renting space in the school building.
- Schools may not receive reimbursement via SHARRS for “Pre-K Counts” students, as they already receive funding for these students (double dipping).
• Section 1106 of the Public School Code of 1949. Duty to Employ.--The board of school directors in every school district shall employ the necessary qualified professional employees, substitutes and temporary professional employees to keep the public schools open in their respective districts in compliance with the provisions of this act.

http://www.legis.state.pa.us/cfdocs/legis/LI/uconsCheck.cfm?txtType=HTM&yr=1949&sessInd=0&smthLwInd=0&act=14&chpt=11&sctn=6&subsctn=0
Section 1410. Employment of School Health Personnel.

Except as otherwise provided in this article, all school districts alone or jointly with other districts or joint school boards shall employ school physicians and school dentists but only with the approval of the Secretary of Health... and shall employ one or more school nurses...
§ 23.31. Administration.

(a) General. The administration of the local school health program shall be the responsibility of the school board or joint school board. The administrative officer shall be the district superintendent, the supervising principal or the county superintendent.
§ 23.31. Administration.

(b) **Duties of the administrative officer.** The administrative officer, through the board of school directors, shall arrange for the appointment of all health personnel including physicians, dentists, nurses, dental hygienists, medical and dental assistants, and medical technicians. With the assistance of these personnel, the administrative officer shall plan the health program. He shall check and file periodic progress reports and sign all reports for the various Commonwealth departments. He shall integrate the educational phases of the school health program with the school curriculum, promote the formation of advisory school health councils and attempt to integrate the school health program with community health programs.
Responsibility of nurse to determine appropriate level of care for students.

- PDE- CSPG 95- Principal
  - A principal may supervise and direct nurses ... exclusive of directing health services controlled by the Nurse Practice Act.

- CSPG 101- Paraprofessional
  - A paraprofessional shall not be directed to engage in health-related activities reserved exclusively for licensed professionals.
In loco parentis

Public School Code, Section 1317 Authority of Teachers, Vice Principals and Principals over Pupils.

Every teacher, vice principal and principal in the public schools shall have the right to exercise the same authority as to conduct and behavior over the pupils attending his school, during the time they are in attendance, including the time required in going to and from their homes, as the parents, guardians or persons in parental relation to such pupils may exercise over them.

Does not provide parental authority for medication administration and other nursing functions.
• Sharing health information

49 Pa. Code § 21.18 Nurse Practice Act

- Covers standards of nursing conduct, requirement for registered nurses to safeguard patients’ dignity, right to privacy and the confidentiality of patient information.

- Records that are transferred to a student’s new school are to be maintained by the new school.

- Records entered into an electronic database must be secure from unauthorized personnel access to a student’s health information.

  - Records should never be sent back to the student’s previous school, as that school no longer has a right to the student’s health information.
Sharing health information

Pa. Public School Code, § 14-1409

All health records ... shall be confidential, and their contents shall be divulged only when necessary for the health of the child or at the request of the parent or guardian to a physician ...

28 Pa. Code § 23.55

Health records shall be maintained for each child ... kept in the school building where the child attends ... available to the school nurse at all times ... shall be transferred with the child when he moves from one school to another or from one district to another.

Personally identifiable information should not be submitted to the Division of School Health.
• Family Educational Rights and Privacy Act
  - Health records maintained by a school district that receives funds under any program administered by the U.S. Department of Education are “education records” subject to the Family Educational Rights and Privacy Act (FERPA).
  - FERPA allows schools to disclose a student’s health and medical information to teachers and other school officials, without written consent, if these school officials have “legitimate educational interests” in accordance with school policy.
• Family Educational Rights and Privacy Act

- The school district must issue annual notice of rights under FERPA to parents and to students over age 18, which includes information regarding criteria used by the school for determining which school staff members have been designated as “school officials” and what is “legitimate educational interest” for staff access to education records.

- FERPA@ed.gov
• HIPAA

School nurses may communicate concerns about medical orders or share related health issues or information that may be relevant to the treatment regimen with the physician.

HIPAA allows the school nurse and physician to communicate with each other without written authorization of the parent if it is for treatment purposes.

State licensure statutes and professional standards of practice for nurses and physicians require nurses to question/clarify medical orders, when indicated, before carrying them out, regardless of the healthcare setting. They also require physicians to provide nurses with sufficient information for safe execution of the treatment plan.
• The definition of a student “awaiting foster care placement” was removed from the definition of “homeless children and youth” effective Dec. 10, 2016.
  
  These students are subject to the same requirements of any enrolling student, such as immunizations.

  Access the current Department of Education's Basic Educational Circular (BEC) on homeless youth here.

  To view all Department of Education BECs: http://www.education.pa.gov/Pages/Codes%20and%20Regulations/Basic-Education-Circulars.aspx
Questions?

Contact Mr. Storm Camara
Pennsylvania Department of Education
ECYEH state coordinator
717-772-2066
scamara@pa.gov
School nurses function under multiple laws:
- Nurse Practice Act
- Public School Code
- Federal accommodation laws

Licensure requirements in effect regardless of the nurse’s practice setting
NURSE PRACTICE ISSUES (cont.)

• CSN caseload
  - CSN must go to all assigned buildings on a regular basis.
    - School district is responsible for provision of school health services.
    - Based on number of students and health needs.
    - CSN can’t cover a caseload they never see.

• CSN substitute
  - Only CSN can “officially” substitute for another CSN.
• Responsibilities:
  - Coordinate care.
  - Develop plans of care.
  - Participate in teams (ex. student assistance, IEP).
  - Communicate with parents.
  - Perform duties exclusively connected with medical and dental school health activities (28 Pa. Code Chapter 23, Section 23.34).

The duties of school nurses shall be those assigned by the school district or joint school board which are exclusively connected with medical and dental school health activities. The technical content of the duties of the nurse shall be those prescribed by the Department of Health.
NURSE PRACTICE ISSUES (cont.)

- Supplemental staff:
  - May not carry a caseload.
  - Function under their own license.
  - Function under the direction of the CSN.

- Responsibilities:
  - Daily care of students.
  - Assist with completion of mandated screens and exams.
• Licensed Practical Nurse
  - A CSN may supervise if he or she has supervisory certificate.
    - Practice of practical nursing—The performance of selected nursing acts in the care of the ill, injured or infirm under the direction of a licensed professional nurse, a licensed physician or a licensed dentist which do not require the specialized skill, judgment and knowledge required in professional nursing.
School-Based ACCESS Program (SBAP) Nursing Services
SBAP allows local education agencies (LEAs) to seek reimbursement for certain medically necessary health-related services documented in IEPs for Medical Assistance (MA)-eligible students provided in school settings.

- Includes nursing services and medication administration
• Medical Authorization Requirements
As a condition of Medicaid payment, health-related services identified in a student’s IEP must be ordered/prescribed by a licensed practitioner (i.e. CRNP) within their scope of practice, and enrolled in the Medical Assistance (MA) Program.

• Services provided to students prior to the date of the medical authorization are not compensable.
• Practitioner’s orders must be documented on prescription or SBAP medical practitioner authorization forms (MPAF).

• Practitioner’s orders must be concurrent with the IEP and obtained at least annually, or whenever there is a change to a student’s health-related service(s).
Ordering, Referring, Prescribing (ORP) Providers:

- Federal law requires physicians and other practitioners within their scope of practice who order, refer or prescribe services for MA beneficiaries to enroll as MA providers.
- All licensed practitioners within their scope of practice signing prescriptions or MPAFs must be enrolled in the MA program.
• The prescribing practitioner’s credentials must be provided on the prescription or MPAF:
  - National Provider Identifier (NPI) – 10-digit number, assigned to the provider on the federal level
  - MA Provider Number – 13-digit number, assigned to the provider on the state level by DHS
SBAP AT A GLANCE (cont.)

• In Pennsylvania, CRNPs must have a collaborative agreement with a licensed physician to order, refer or prescribe services (CRNP Practice 49 Pa. Code Section 21.282a) and to enroll in the MA Program.

• Only licensed MD’s or DO’s can prescribe personal care services in the SBAP, effective 1/1/2017.

• CRNPs signing medical authorizations for SBAP must have a collaborative agreement per their scope of practice.
Enrolling in MA:
MA Program online provider enrollment application:
https://provider.enrollment.dpw.state.pa.us

• CRNPs would enroll as Provider Type 09

• DHS provider enrollment hotline 1-800-537-8862
Individual or group services:

• Individual and/or group must be clearly identified on both the MPAF and the IEP with the frequency and duration specified for each type of session.

• A combination of individual and/or group may be listed on the MPAF and the IEP, so long as it is deemed medically necessary and clearly indicates the frequency and duration for each type of session.
Compensable examples for IEPs:

- “individual speech therapy for 30 minutes 2x per week”
- “group speech therapy for 30 minutes 2x per month”

Non-compensable example for IEPs:

- “individual or group therapy for 30 minutes 10x per month” (does not properly identify the service to be provided)
Billing Units:

• Most SBAP services, including nursing services, are billed on a 15-minute unit, with the exception of evaluations and medication administration.
  - Medication administration is billed on a per encounter unit of service.
  - Evaluations are billed on a per evaluation unit of service.
• Medication administration should be logged separately from all other nursing services, since they are separate rates.
• Service minutes can accumulate only when the following occurs: same student, same date and same service.
• Provider logs are required to contain exact “start time” and “end time” – do not round off or round up!
• **Provider Logs** used for billing have been updated for FY 2017-2018 dates of service – LEAs can modify templates but must contain all DHS-required fields.

• Logs are to be completed by qualified providers only.

• Direct services, face-to-face with the student, are the only ones that are compensable.

• Discussion of “Other Direct Service” – provider must provide a clear description of the service.
Random Moment Time Study (RMTS)

What is the purpose of RMTS?
The Random Moment Time Study (RMTS) methodology is used to select, capture and code moments in time for determining on a statewide basis how frequently participants are involved in a Medicaid billable activity.
• Nurses providing SBAP services can be included on the school’s Direct Services Staff Pool and would be eligible to be randomly selected for a “moment” or one minute moment of time.

• All staff receiving a “moment” must respond within five days to be valid.

• It is important for participants to both respond timely to the moment and provide a clear description of the activity during the moment.
• “ Moment” notifications are emailed directly to the randomly selected participants each quarter and copied to the school.

• Follow-up questions are used if clarification or additional information is needed to code the moment.

• Failure to respond will disqualify the moment, impacting the state response rate.
RMTS Moment Questions:

1. Were you working during your sampled moment? (If the answer is “no,” the survey ends.)
2. Who was with you?
3. What were you doing?
4. Why were you doing this activity?
5. Is this activity regarding a special education student?
6. Is the service you provided part of the child’s IEP?
DHS Contact Information:
SBAP Website:
http://www.dhs.pa.gov/provider/School-BasedACCESS/

Becky Ludwick, SBAP director
717-787-5512
rebludwick@pa.gov
CSN may designate unlicensed school staff to administer the following medications:

- Asthma rescue inhalers.
- Epinephrine auto-injectors.
- Glucagon (if opts into Act 86).
- Insulin (if opts into Act 86).
- Narcan (naloxone).
• If self administration or unlicensed staff are permitted, it requires at a minimum:
  ▶ School policies and procedures.
  ▶ Provider order and permission.
  ▶ Parent/guardian permission.

• CSN determines staff designation based on a student’s health needs.
  ▶ CSN assures staff training is completed.
  ▶ CSN assesses staff/student annual competency.
  ▶ CSN assures student acknowledgement.
• Provider orders are good for one year.
• Summer school and other school sponsored activities may need to be considered if standing orders are used over the summer.
• School year officially begins July 1 per the Pa Department of Education.
Standing orders must have school physician approval for use in the following cases:

- Non-licensed staff is giving emergency medications like rescue inhalers, epinephrine auto-injectors, and naloxone;
- District licensed nurses are providing care at non-public/private schools;
- District volunteers are providing care; and
- Supplemental nurses at CTC are using district standing orders.
• Schools may minimize use of medications under standing orders for various factors, including cost, expiration date, etc.

• OTC’s require an order and parent permission.

• Standing orders are null and void if the district loses its school physician, necessitating individual orders.
• Orders must contain exact dose, (age and or weight), route, frequency and indication. (Orders must not state, “per package or parental instructions.”)
• Orders must not require nurse to diagnose. (Example= Tinactin, Lotrimin)
• Fluoride tablet availability:
  - Bulk fluoride tablets are no longer being manufactured and/or the price has increased dramatically.
  - Systemic fluoride tablet supplementation should be individualized and all sources of fluoride for the individual should be considered before using systemic fluoride tablets.
  - Fluoride varnish is the most effective way to provide topical fluoride supplementation with sustainable fluoride benefits lasting up to 3 months.
    - Currently the only people that can apply fluoride varnish in schools are certified school dental hygienists.
WORKING WITH AGENCY NURSES

• The CSN maintains the caseload at all times the student is under school jurisdiction.
• The agency staff functions as a supplemental staff under the guidance of the CSN.
• The agency must share with the school district the most current provider orders and nursing plans of care.
• School nurses should be included in care conferences and receive all updated information.
• The school nurse should also receive copies of agency nurse notes to show care provided during school day (maintenance of comprehensive school health record).

• The school nurse should receive copies of the medication administration record (MAR). Meds administered by an agency should be counted in SHARRS.
• Home Health Agencies function under HIPAA except when in a school setting, at which time they function under FERPA.

• Agencies must ensure the school is provided with all the appropriated parental consents, a daily report of the care provided and mediation administered.
COMMUNICABLE DISEASES

• Report suspected cases and questions related to communicable disease to your local Pennsylvania state health center or, when appropriate, the local county or municipal health department.

• Immunization questions should be directed to your immunization nurse consultant. If they are not available, contact the Division of Immunizations.