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| School-Based Health Center & School Principal Collaborative Protocols(Discussed and completed in joint meeting; updated annuallySchool: [*Enter Name*] School Year: 2018-2019 |

**Principal*:*** [*Enter Name*]

**Principal’s Designated Liaison for SBHC:** [*Enter Name*] **& Contact Information**: [*Phone and office#*]

**SBHC Staff Present at Protocols Meeting:** [*Enter Names*]

**School Staff Present at Protocols Meeting**: [*Enter Names*]

**Enrollment Collaboration: *Ongoing enrollment/assistance with parental consent process throughout the year.***

| **Activities** | **Contact Person(s)** | **Notes** |
| --- | --- | --- |
| * Inclusion of SBHC consent packet with school registration documents annually |  |  |
| * Designate central office point person to distribute and collect consents and work with the SBHC |  |  |
| * Robo Calls to the parents regarding enrolling their child in health Center |  |  |
| * Advertising of SBHC services throughout the school via posters and flyers throughout the campus |  |  |
| * Presentations in classroom to inform students about the SBHC services and consent process. |  |  |
| * Presentations of SBHC services at faculty meetings * When is your professional development day scheduled |  | Work with \_\_\_\_\_\_\_\_\_\_\_\_\_ to be on the agenda on P.D. days  PD Day(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_  PD Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Attendance at parent association meetings and orientations to speak about the SBHC |  | Work with parent, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for parent meetings |
| * Work with DOE LYFE program to ensure students who are parents are aware of SBHC services and are enrolled( if applicable ) |  |  |

**Administrative Procedures: *Collaboration between the school and SBHC on shared forms, schedules, systems, procedure etc.***

| **Task/Systems** | **School Contact Person(s)/Location** | **Procedure** | **Notes** |
| --- | --- | --- | --- |
| * Access to student immunization information |  |  |  |
| * Access to student class schedules   (Skedula) electronically or hard copy |  |  |  |
| * Access to Blue Cards ( updated contact info and updated insurance info ) |  |  |  |
| * Appointment Schedule System   (where the SBHC places the student appointment reminder slips within the schools) |  |  |  |
| * Passes for the SBHC Walk-In Visit   (where do students get a pass to go to SBHC ) |  |  |  |
| * Recall of students to the SBHC (how to call down a student the SBHC needs to see immediately – who gets contacted in school ) |  |  |  |
| * Health Center Closures |  |  |  |

**Emergency Procedures Collaboration: *School and SBHC working guidelines on notification of emergency situations and planning collaboratively to assure student wellness.***

| **Issue** | **Who in the school does the SBHC notify when the issue arises?** | **When (i.e., immediately, at regular meeting, etc.)** | **How do you notify the school (i.e., in person, telephone, etc.)/Notes** |
| --- | --- | --- | --- |
| **First Aid and Emergency Care: The provider must develop, in consultation with the principal, a plan to provide first aid and emergency care services to all students on campus whether or not the student is enrolled in the SBHC as per the NYCDOE MOU.** | | | |
| * Medical Provider Absence from SBHC |  | Immediately |  |
| * Sick student (needing to go home from SBHC ) |  | Immediately |  |
| * All DMAF/MAF/504 -Medications for students onsite ( All forms should be sent to the SBHC and they are responsible for the students care ) |  | Immediately |  |
| * Epipen School Designee   (as per chancellor regs) | List name of faculty/contact information  Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | N/A |  |
| * CPR school Designee   (as per chancellor regs) | List name of faculty/contact information  Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | N/A | Note the AED locations in the school buildings : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * 911 Medical Emergency Situation   (Who will accompany if parent not available). |  | Immediately |  |
| * Post Dismissal Emergency Situation |  | Immediately |  |
| * ACS Report made (Name of student and state central registry (SCR) # only) |  | Immediately |  |
| * Police Report made on student related to incident at school or related to school threat. |  | Immediately |  |
| * Inappropriate Behavior by Teacher or school staff (i.e., physical abuse, punishment, sexual abuse, or harassment) |  | Immediately |  |
| * Knowledge and/or rumor of planned fights/physical assaults in school/ on school premises |  | Immediately |  |
| * Knowledge or rumor of students carrying weapons or assaulting other students in school/on school premises |  | Immediately |  |
| * Drug Issues   + Student sale at school   + Staff member sale at school |  | Immediately |  |
| * Gang related activities/incidences at school/ school premises or a threat to the school. |  | Immediately |  |
| * Suicide Emergency   + Attempt/serious plan needing transport to ER   + Who will accompany student if parent unavailable |  | Immediately |  |
| * Psychiatric Emergency needing a safety plan and transport to ER * Who will accompany student if parent is unavailable |  | Immediately |  |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal [*Enter Name Here*] SBHC Manager/Administrator [*Enter Name Here*]

Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SBHC Staffing Patterns: Attached please find the Staffing Grid for the current SBHC staff for this academic year.**

**(**The SBHC must inform the principals and the Office of School Health of staffing changes as they occur)

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| --- | --- | --- | --- | --- |
|  |  |  |  | |
| **Staffing for the XXXXX(enter campus name) SBHC 2018-2019** | | | | | |  |  | |  |  | |
| **Direct Service Staff** | | | | **Name of Staff person** | | **Lunch Hour** | | **Monday** | | | **Tuesday** | | **Wednesday** | **Thursday** | **Friday** |  |  |  |  |
| **Hours Per Day** | | | | | | | |  |  |  |  |
| Indicate hours worked (8-4, 8:30-4:30 etc.) | | | | | | | |  |  |  |  |
| **Hours SBHC is open** | | | |  | | x | |  | | |  | |  |  |  |  |  |  |  |
| **Front Desk Clerk/Receptionist** | | | |  | |  | |  | | |  | |  |  |  |  |  |  |  |
| **Medical Assistant** | | | |  | |  | |  | | |  | |  |  |  |  |  |  |  |
| **Medical Assistant** | | | |  | |  | |  | | |  | |  |  |  |  |  |  |  |
| **NP/PA** | | | |  | |  | |  | | |  | |  |  |  |  |  |  |  |
| **NP/PA** | | | |  | |  | |  | | |  | |  |  |  |  |  |  |  |
| **Physician** | | | |  | |  | |  | | |  | |  |  |  |  |  |  |  |
| **RN/LPN** | | | |  | |  | |  | | |  | |  |  |  |  |  |  |  |
| **Mental Health Provider** | | | |  | |  | |  | | |  | |  |  |  |  |  |  |  |
| **Mental Health Provider** | | | |  | |  | |  | | |  | |  |  |  |  |  |  |  |
| **Health Educator** | | | |  | |  | |  | | |  | |  |  |  |  |  |  |  |
| **Health Educator** | | | |  | |  | |  | | |  | |  |  |  |  |  |  |  |
| **Other** | | | |  | |  | |  | | |  | |  |  |  |  |  |  |  |
| **ADMINISTRATION:** | | | |  | |  | |  | | |  | |  |  |  |  |  |  |  |
| **SBHC Program Manager/Administrator** | | | |  | |  | |  | | |  | |  |  |  |  |  |  |  |
| **SBHC Site Coordinator/Manager** | | | |  | |  | |  | | |  | |  |  |  |  |  |  |  |
| **Medical Director** | | | |  | |  | |  | | |  | |  |  |  |  |  |  |  |
| **Medical Supervisor** | | | |  | |  | |  | | |  | |  |  |  |  |  |  |  |
| **Mental Health Director** | | | |  | |  | |  | | |  | |  |  |  |  |  |  |  |
| **Mental Health Supervisor** | | | |  | |  | |  | | |  | |  |  |  |  |  |  |  |
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