



School-based health care support toolkit:
Information on day-to-day logistics for
working within a school



School leaders have consistently shared that a key early step in their success was assimilating care providers within the school community



WHY IS THIS IMPORTANT?

- **Helps create awareness** for your services and trust with students, families and the community
- **Accelerates the adoption rate** at which students/families sign consent forms and utilize school health services



WHAT ARE TACTICAL STEPS TO FORMING THIS KIND OF RELATIONSHIP?

- **Campaign the services you provide**
 - Appear at events families attend to both help them learn about your role and build up levels of consent and Medicaid enrollment
 - Send direct mailers on the services provided to overcommunicate your role
 - Hold events for the general and at risk community to educate them on your scope of services
 - Hold sessions for staff educating them on your role and how you will work together to make their lives easier by increasing rates of attendance and engagement
- **Work with current school health staff**
 - Meet with school care providers early on to discuss how you will work together to grow the number of students receiving Health Care
- **Build an in-school presence**
 - Do not just be in your offices for the duration of the day – make an effort to be seen in the hallways and attend school activities when possible
 - Teach school health classes to students (e.g. improving nutritional outcomes) and/or the community (e.g. first aid)

School-based health facility planning tactical guidelines – setting up the space

Privacy

- The waiting area should not be visible from an external hallway
- The examination/counseling room/s should be secluded from the rest of the health center by walls or partitions
- There should be at least one phone line in a private room
- Privacy should be fostered, both acoustically and physically (e.g. if walls are not soundproof, white noise machines should be used)

Confidentiality

- All medication should be kept behind two locks – a medication cabinet is the first lock and the clinic door is the second
- While a school may want to utilize treatment space when a provider is not in school, it can be challenging to keep the room sanitary and therefore providers advise against - it is more feasible to share a non-treatment room (e.g. with a guidance counselor), as long as medical information is kept in a locked filing cabinet and out of patients' reach
- If the health center serves both adolescents and a wider age group, provide separate spaces or specific hours of service for teen clients so that they do not fear encountering parents or neighbors in the center

Sense of well being

- Soft colors promote quiet and concentration and natural light from windows relieves strain and anxiety
- Minimizing noise can lower blood pressure and lessen frustration

School-based health facility planning tactical guidelines – physical space guidelines

Physical space¹

Note: The spatial requirements for each school health center will depend on the programs and services to be provided:

- For example, to provide mental health services there is no specific minimum space requirement
- For a physical health clinic, the Ohio minimum space requirements (in sq ft) are as follows:

School Enrollment	Elementary School	Middle/High School
	350-400	300
401-550	350	400
551-700	400	450
701-1000	450	500
1001-1500	600	600
1501+	800	600

- The spaces identified below are a partial listing of programs or services, and the range of square footage that might be required

Program/Service/Function	Estimated Square Footage
Waiting/reception area	75 - 200
Office(s)/charting area - each	60 - 120
Sick/resting area (for student cots)	100 - 200
Examination/counseling room(s) - each	80 - 100
Restroom	68 - 120
Laboratory	80 - 150
Record storage	50 - 75
General storage	50 - 100
Conference/meeting space/break room	120 - 200
Custodial closet	15 - 30

- In some situations, multiple exam or counseling rooms will be required; in others, it may be possible to create shared functional spaces, such as a charting area with laboratory, or a cot room combined with office supply storage

¹ Floor plan examples in this section's appendix

School-based health facility planning tactical guidelines - ensuring everything runs and is up to code

Climate control and ventilation	<ul style="list-style-type: none">▪ If possible, separate heating/cooling ventilation systems or separate zones on existing systems should be considered if there is capacity, particularly if it the health center will operate during non-school hours▪ Health center management should have access to these controls to ensure a comfortable and sanitary environment for patients
Plumbing	<ul style="list-style-type: none">▪ A sink with hot and cold water should be provided in each examination room, each lavatory and in the lab room/area▪ Ideally, the water controls should be hands-free to reduce contamination.
Electrical	<ul style="list-style-type: none">▪ Electrical circuit for refrigerators and freezers should remain active and connected to an emergency generator at all times, even when school is not in session, or valuable vaccines may be lost▪ Locations should be identified for telephones, computer terminals, modems and/or local area networks▪ When possible, the school's central phone, intercom, and/or public address system should be connected to the health center
Lighting	<ul style="list-style-type: none">▪ Natural lighting should supplement artificial lighting in the school health center (recommended level of 40 footcandles)▪ Special attention should be given to lighting in the space that will be used for vision testing.
Sanitary requirements	<ul style="list-style-type: none">▪ Surface finishes for floors, walls, windows, window coverings and counter tops should be designed for easy cleaning and sanitizing (preferably tile)▪ Provisions should be made for custodial services and the containment and removal of biohazardous waste
Furniture/equipment	<ul style="list-style-type: none">▪ The movable furniture and equipment required for each space should be identified: desks, tables, chairs, bookcases, cots, storage cabinets, file cabinets, computers and printers, telephones, photocopier, wall clocks, refrigerator, freezer, exam table(s), and other medical/dental equipment
ADA requirements	<ul style="list-style-type: none">▪ The construction and alteration of most public and non-profit buildings must comply with Title III of the Americans with Disabilities Act (ADA) – the ADA Standards for Accessible Design (www.ada.gov/adastd94.pdf)
Fire safety	<ul style="list-style-type: none">▪ State-licensed health care facilities require a fire safety inspection to be conducted by the local fire authority (either City fire department or County Fire Marshal for unincorporated areas)▪ Prior to your application for state licensure you may request that the fire department conduct a pre-inspection to help you identify any possible changes needed
Permitting	<ul style="list-style-type: none">▪ The facility may also need local Zoning, Building or Fire Code permits – please contact your local building department to best understand what is needed (see https://www.com.ohio.gov/documents/bbst_CommercialDepartmentList.pdf to find in your area)

School-based health facility planning tactical guidelines – security procedures

Ensuring providers understand school safety protocol

- The school should provide you onboarding logistics, the evacuation plan, information on lockdowns and other emergency strategies, as well as ensure you can join any schoolwide safety training
- Make sure the school knows when you will be on campus; also, you should know who at the school knows that information – that should be the same person that alerts you during a lockdown or another emergency procedure (e.g. via mass text) if you are not on campus
- Discuss the school Emergency Operations Plan with the school if there are sections where it does not match your procedures (e.g. schools and providers may have different protocol in responding to a student with a weapon or a suicidal child)
- Also ensure the Emergency Operations Plan does not list the provider as a necessary response if you are not there every day in a week – school needs to designate a responsible party for those other days (e.g. in the case of a choking student)

Plan for non-student visitors

- If your partnership allows for non-students to access school-based health services, consider the following:
 - Best practice is having separate entrances for students and non-students; if not feasible, ensure non-students make appointments with staff, check in when they arrive and are only allowed in the clinic portion of the school
- Think through the following questions before allowing access to non-student visitors:
 - How do you ensure outsiders are aware of school procedures (e.g. sign-in policies)?
 - How do you ensure outsiders stay only in the clinic area?
 - What is the procedure and who is available to help if something unexpected happens?