

## School Wellness Program (SWP) Policies and Procedures Checklist

Use the below checklist to help prepare for the MDHHS SWP Site Review. Policies and procedures included on this list can be combined to best meet the needs of your organization.

<b>Administrative Policy and Procedures</b>	
<b>Required:</b> Informed consent including parent, minor consent and clients aged 18 and older. Mature minor consent includes the right to refuse or defer treatment unless intent exists to harm self or others. *	Secure storage for supplies and equipment, secure paper and/or electronic records that maintain client confidentiality
<b>Required:</b> Request for release of medical records and release of information.	Provision of full-time clinical nursing services and full-time mental health services.
<b>Required:</b> Disclosure by clients or evidence of child physical or sexual abuse or neglect.	Exposure Control Plan/Medical Waste plan is consistent with MI-OSHA guidelines and a written plan for control of hazardous environmental exposure (site specific).*
<b>Required:</b> Confidential services as allowed by state and/or federal law and/or practice. Outline steps taken to maintain client confidentiality that includes physical and verbal confidentiality.	Method for determining and obtaining information on Medicaid eligibility.
Evaluation of staff that occurs at least twice annually with clear performance measures.	Process for billing Medicaid, Medicaid health plans and other third parties.
Rights and Responsibilities Policy: A youth friendly Bill of Rights is posted throughout the site, distributed and explained to clients. The Bill of Rights contains language about refusal and deferral of care (this can be a separate policy).*	Billing processes do not breach confidentiality of client.
Language assistance to those with limited English proficiency and/or other communication needs."	For SWPs participating in billing, the SWP shall establish and implement a sliding fee scale which is not a barrier to health care for the population served.
Parent/guardians of minors that consent to treatment for mental health services or STI /HIV treatment as allowable under Michigan law shall not be liable for cost of services.	Revenue generated from SWP must be used to support SWP operations and programming.
Non-discrimination policy.	Procedural steps inclusive of Medical Director, RN, MH/other.
The licensed medical director supervises the health services provided at the SWP and annually reviews/approves clinical policies, standing orders, and other protocols specific to the SWP site.*	*CQI policy/procedure for nursing services that defines the site's CQI processes, inclusive of all required elements of MPR #17 (may include processes for Client Satisfaction survey, Needs Assessment completed within the last three years to determine the health needs of the population served including, at a minimum, a risk behavior survey for adolescents when adolescents are served or these may be separate policies).
Not provide abortion counseling services or make referrals to abortion services.	Not prescribe, dispense or otherwise distribute family planning drugs or devices.
Walk-in service is available.	Site specific emergency instructions are posted and the emergency plan includes staff, actions and/or responsibilities for emergency situations (fire, power outage, violence, theft). The plan is accessible, reviewed and updated.
Population served - outlines who can receive services at the SWP	Hours of operation – includes how hours are posted and shared with population served; voicemail includes telling students/parents where their clients can go to receive services during summer/holiday breaks

**Key:** \*Policy is listed in both Administrative and Clinical Sections  
 \*\*If applicable

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Clinical Policies and Procedures	
<b>Required:</b> Informed consent including parent, minor consent and clients aged 18 and older. Mature minor consent includes the right to refuse or defer treatment unless intent exists to harm self or others.*	A policy and procedures for handling medical emergencies exists that defines what, if any, emergencies will be responded to outside of the SWP and what care will be provided.
The licensed medical director supervises the health services provided at the SWP and annually reviews/approves clinical policies, standing orders, and other protocols specific to the SWP site.*	Exposure Control Plan/Medical Waste plan is consistent with MI-OSHA guidelines and a written plan for control of hazardous environmental exposure (site specific).*
The RN adheres to medical orders and/or treatment plans written by other health care providers for individuals requiring health supervision while in school.	SWP shall conform to the regulations determined by the Department of Health and Human Services for laboratory standards and CLIA certification is documented.**
Education, screening, provision of immunizations and treatment of adverse reactions.**	Laboratory Policy/ Procedure inclusive of procedural steps descriptive of how regulations are followed, competency testing, lab direction, reference to a lab manual for all POC testing.**
Client confidentiality is maintained and follows minor consent laws.	Procedures for making an internal and external referral, follow up, and referral closure, documentation of steps.
Education, counseling, testing and referral for HIV per AAP and CDC guidelines.	Medications are stored, dispensed and disposed of in compliance with fiduciary guidelines and Public Health Code regulations (disposal follows DEQ Guidelines/OSHA Guidelines).
Education and pregnancy testing is consistent with current guidelines and policy & procedures are inclusive of education, testing, counseling (positive and negative test), treatment (positive test: prenatal vitamins, healthy diet, prenatal care referral), pregnancy counseling form and follow-up.	R.N. adheres to medical orders and/or treatment plan written by prescribing physician and/or standing orders and medical protocols.
Education, screening (12 years of age and up or at age of sexual debut, per AAP and CDC guidelines), testing (per risk assessment), treatment per CDC guidelines & referral for STI.	Description of how R.N. will use standing orders.
An established and implemented process for communicating with the assigned primary care provider, based on criteria established by the provider and medical director, that doesn't violate confidentiality.	Physician referrals and follow-up for diagnostic testing or specialty consults are appropriate for guidelines and agreements.
Health promotion and risk reduction services are consistent with recognized preventive services guidelines appropriate for age (confidentiality warning).	Guidelines are approved by appropriate supervisors/administrators and made available to appropriate staff.
A follow-up mechanism is in place for missed appointments.	Managing emergencies that indicates what emergencies will be responded to outside of the health center and what care will be provided. Maintenance of emergency supplies and equipment procedures included here or separate policy.
Findings and treatment plan are reviewed/communicated with parents, unless prohibited by client (consistent with Michigan minor consent laws).	Rights and Responsibilities Policy: A youth friendly Bill of Rights is posted throughout the site, distributed and explained to clients. The Bill of Rights contains language about refusal and deferral of care (this can be a separate policy).*
A current listing of community resources available for immediate and long-term support and referral exists.	CQI policy/procedure for nursing services that defines the site's CQI processes, inclusive of all required elements of MPR #17 (may include processes for Client Satisfaction survey, Needs Assessment completed within the last three years to determine the health needs of the population served including, at a minimum, a risk behavior survey for adolescents when adolescents are served or these may be separate policies).*

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<b>Mental Health Policies and Procedures</b>	
Continuous Quality Improvement Policy to include: <ul style="list-style-type: none"> <li>• Established &amp; documented thresholds for MH</li> <li>• Bi-annual peer chart review</li> <li>• Quality Measure for Depression (required in FY 19)</li> <li>• MH included in client satisfaction survey</li> </ul>	Process for MH visit: <ul style="list-style-type: none"> <li>• Client Confidentiality ensured including physical and verbal privacy in the counseling room</li> <li>• Charting-documentation completed by, including               <ul style="list-style-type: none"> <li>○ Intake/Assessment completed by the third visit</li> <li>○ Treatment Plans (measurable, current and regularly reviewed with client and parents unless prohibited by client)</li> </ul> </li> <li>• Clients rights and responsibilities that includes the right to refuse or defer treatment unless intent exists to harm self or others</li> <li>• Pharmacological intervention perimeters including referrals</li> </ul>
Internal/External Referrals	Missed appointments and follow up

<b>Best Practice Policies and Procedures</b>	
Procedures for staff when bullying is reported.	Systems level case management/care coordination.
Nursing documentation policy.	

<b>Important Documents</b>	
Current interagency agreement	CAC membership that identifies role and representation (e.g., parent, youth, medical provider, etc.) and voting designations (bylaws)
School administration and board approvals	Minutes from the last three CAC meetings
*See pages 2-4 of the SWP site review tool for a list of documents to prepare.	

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