



# SCHOOL WELLNESS PROGRAM (SWP) GUIDANCE

CHILD AND ADOLESCENT  
HEALTH CENTER  
SWP GUIDANCE

## **INTRODUCTION**

As Fall 2020 approaches, school personnel, parents and students are all anticipating what “back to school” will look like during the midst of the global COVID-19 pandemic.

The [MI Safe Start Plan](#) and the [MI Safe Schools Roadmap](#) offer direction for a safe return to school in Michigan. Possible scenarios include full-time in-person instruction or a hybrid of in-person and online instruction for communities in MI Safe Start Phases 4, 5 and 6; and online instruction only (required if a community is in MI Safe Start Phase 1, 2 or 3). However, schools will have the authority to enact stricter requirements than what is required or recommended by the Roadmap; and will maintain authority to close school buildings even if not mandated to do so.

Whether schools re-open for in-person or online-only instruction, the Michigan Department of Health and Human Services' (MDHHS) Child and Adolescent Health Center program is positioned to support school staff, students and parents by providing safe, quality care to young people through various models of care, including the School Wellness Program (SWP). The SWP providers are natural leaders for health services in the school setting. Early and continuous collaboration among program staff and the sponsoring medical/fiduciary organization, school administration and local health department (LHD) is critical to ensuring support for student health and learning during this transitional time.

MDHHS CAHC program staff, together with the School-Community Health Alliance of Michigan (SCHA-MI) and over 30 representatives from funded program sites across the state, convened a series of work groups to develop the considerations contained herein. This brief is intended to help your School Wellness Program (SWP) site plan to offer services through the multiple scenarios in which school may take place. The recommendations found in this document are focused on nursing services within the SWP. While we recognize that SWP staff work as a unit to provide nursing and mental health care, to complement and not duplicate efforts, we did not include mental health services in this brief.



The recommendations found in this document are focused on nursing services within the SWP. Please refer to other MDHHS CAHC & SCHA-MI guidance documents for mental health and other programmatic recommendations.

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It is recommended that you also review other programmatic guidance, including: CAHC Communications with Schools for valuable information on identifying your role and communicating with clients, families and school staff throughout the pandemic; Return to School Guidance for Mental Health Providers for considerations when offering mental health services; and the Return to School Administrative Guidance for Q&A on topics related to program requirements.

The recommendations contained in this document are fluid, to reflect ongoing changes in the COVID-19 pandemic and status of school offerings; and situational, to reflect the uniqueness of circumstances respective to each site, school and community. Regardless of what your individual program can offer, your involvement demonstrates the value of your integration in the school to school staff, parents and students.

## WHAT CAN WE OFFER?

Ask your school partners what you can do to support them as they transition back to school, as well as when potentially transitioning between Safe Start phases. Identifying issues and concerns that schools need assistance with can help you clarify what you can offer, and any limitations or boundaries that may exist. Also be sure to ask for what you need from your school partners. This opens the door to brainstorming solutions in areas where gaps exist between needs and resources for either party.

- Assist the school and local health department (LHD) with establishing a symptom screening protocol and process.
- Provide families with a reference checklist of symptoms, in their first language, so they can help screen children.
- Assist the school, in conjunction with the LHD, with isolation room set up and procedures for use. Encourage school officials to name the room something other than “isolation” to help reduce anxiety for students (e.g., Sick Room, Safe Room, Observation Room).
- Develop a brief COVID needs assessment to determine if parents have any specific concerns regarding physical health (i.e. underlying health conditions) or emotional health (i.e. excessive anxiety/separation anxiety) needs as their child returns to school.
- If your school has chosen to move forward with online-only instruction, work with your school building administrators to offer in-person SWP services, if feasible. Consider offering a variety of in-person and telehealth visits if your school building offers access to staff.

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Reduced attendance, staggered schedules, building closures, a focus on core academic subjects coupled with a reluctance to release students from class, or other factors may all negatively impact your ability to deliver services. However, opportunities also exist to make the case for delivery of services based on the needs of your target population.

## PHYSICAL ENVIRONMENT

Under the guidance of your fiduciary agency, assess the SWP's physical space where services are provided and make necessary accommodations to continue safe and successful service delivery throughout the pandemic. Your fiduciary agency should provide you with specific guidance for establishing and maintaining a safe physical environment; below are some considerations:

- Develop procedures that identify what items need to be sanitized, the frequency of sanitation and the type(s) of sanitizing equipment/materials needed.
- Stagger appointments to allow enough time between clients for cleaning and sanitizing.
- Make arrangements with custodial services to complete deep cleaning and disinfection of the SWP site on an established and agreed upon schedule.
- Remove high-touch items such as pamphlets and brochures from the waiting/reception area and exam rooms. Use laminated posters and other wall mounted items in place of pamphlets and brochures, when appropriate.
- Ensure physical distancing between clients and between providers and clients by moving or removing furniture and equipment, as necessary.
- Update external and other door signage for changes in hours or service offerings.
- Consider floor markings or other directional signage to aid in social distancing.
- With guidance from the fiduciary and LHD, ensure the supply of appropriate PPE for SWP staff; and establish standards and processes for situational use of PPE, including identification of designated areas for donning, doffing and disposal of PPE.
- Consider providing masks and other supplies to support healthy hygiene for clients receiving care in the SWP.
- Encourage SWP staff to open and close doors for clients and lead clients in and out of areas of service provision, to minimize handling of this high-touch surface area.
- Explore the use and installation of angel lights, UVC lamps, air filtration systems and Plexiglas. \*School-based programs should consult with school administration before making any permanent or semi-permanent structural modifications to school property.

# PROCESSES FOR IN-PERSON INTERACTIONS

There is no getting around the fact that service delivery will look different than in the past in all but Safe Start Phase 6 (post-pandemic). To accommodate for those differences, consider the following in preparation for in-person visits:

In conjunction with your fiduciary, medical director, LHD and school administration where applicable:

- Review the parental consent policy to allow for some level of appropriate services to be provided without consent. Keep in mind that any changes to the parental consent policy will need approval by the school board, administration, and the Community Advisory Council.
- Review, revise and/or develop policies, procedures, protocols and standing orders, as necessary. For assistance or for samples from other SWP sites, contact the MDHHS CAHC team.
- Develop, disseminate and explain policies and procedures regarding referrals from school staff, appointment scheduling and walk-in services to reduce the number of clients in the program space at any given time. Ensure there is a self-referral process for confidential visits to the SWP.
- Determine any necessary screening processes (e.g., temperature checks, screening questions) that should occur prior to visits (referred, scheduled and walk-in). Consider using telehealth (including telephone) for reviewing screening questions and obtaining health history before visits to reduce the amount of time the client is at the SWP site. Consider staff training requirements on the changes in screening procedures.
- With guidance from your fiduciary and medical director, develop standards for use of PPE by clients during visits, which may include but not be limited to the use of masks. Make sure clients understand expectations for use of masks, hand washing or hand sanitizing, prior to their SWP visit.
- In partnership with the medical director, fiduciary and LHD review and update (if needed) protocols and algorithms to continue to provide care for ill students/clients. Collaborate with the medical director and LHD to determine a SWP tracking and follow-up process for ill clients similar to other tracking and follow-up procedures used in the SWP.
- In collaboration with the medical director, develop specific protocols for circumstances when there is a change in procedures to promote infection control, such as the use of inhalers and spacers versus a nebulizer.

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- In collaboration with the medical director and LHD, develop specific protocols for discharge of students seen in the SWP who are (1) symptomatic (COVID-19) or (2) have minor complaints and may return to class or be sent home.
- Become familiar with referral protocols for COVID-19 testing.
- Continue to provide prevention services, including risk assessments. When feasible, consider administering risk assessments electronically or via telehealth when students are not attending school in person.
- Identify strategies (access, immunization administration, parent communication, reminder/recall messages) to help clients get caught up with the required and recommended immunization schedule. If the SWP is not offering immunizations on-site, partner with immunization providers in the community to refer clients for immunizations.
- Ensure that confidentiality agreements regarding screenings and reported information if/when students/staff are sick are in place. Consider providing school staff training about confidentiality laws (HIPAA) that protect students' health information including what information can be shared and with whom.
- If appointment reminders will be sent (by mail or electronically), or if calls are made in advance of appointment or for pre- screening, ensure precautions are in place to protect confidentiality for clients seeking minor-consented services.

Remember that, under the Roadmap, schools can implement stricter requirements than what is in place under the Safe Start Plan (e.g., schools can require that masks be worn by everyone in the building), even though the Safe Start Plan might only recommend doing so, depending on the Safe Start Phase your community is currently in. In these cases, your school-based program should honor the stricter school requirements. Additionally, you should know that LHDs will be working closely with school Superintendents in every community to guide them through requirements and recommendations in each phase of the pandemic and will be an important resource for your program as well.



Review, revise and/or develop policies, procedures, protocols and standing orders, as necessary. For assistance with policy development or for sample policies related to provision of nursing services, please contact your MDHHS CAHC Agency Consultant.

# **PROCESSES FOR DISTANCE (NOT IN-PERSON) INTERACTIONS**

Continually assess the needs of students, families and schools to identify particular interventions that are needed at this time. Spend time with clients and families over the first month to let them know what a telehealth visit will be like, especially confidential visits. Explore the provision of telehealth services and consider the following for distance-based interactions with individuals and groups:

- Consider provision of in classroom health education and other presentations via zoom or other platforms to avoid entering classrooms.
- Provide staff, parent, advisory council/ youth council education via web and other platforms.
- Address and mitigate confidentiality concerns related to telehealth service provision.
- Use telehealth services during Safe Start Phases 1-3 (online instruction only), as an option for alternative hours of service, or to obtain pre-screening or other historical information from clients/families if onsite service provision in the school is not possible.
- When confidential services are provided via telehealth, develop a plan for arranging for drop-off and pick-up of specimens for pregnancy and STI testing and follow-up.
- Maintain proactive contact with clients and families. Ideas for nursing services that can be provided remotely include:
  - Completing health appraisals with parent/guardian/clients to determine health concerns/issues/conditions.
  - Coordination of care for clients with chronic conditions (asthma, diabetes, allergies).
  - Helping clients access dental and vision services.
  - Medication monitoring for clients with ongoing medication use.
  - Providing one-on-one health counseling and anticipatory guidance.
  - Administering risk assessments in a confidential manner.
  - Completing appropriate health screenings (depression, tobacco, alcohol, drug use).
  - Providing health education through evidence-based interventions.
  - Providing training and professional development to school staff.

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Please work with your assigned MDHHS Agency Consultant on factors impacting the ability to meet program requirements. With the assistance from your assigned consultant, teams can work together to readjust your goals and ensure plans are responsive to your unique program and school district's needs. MDHHS is committed to flexibility during this time.

## ADDITIONAL RESOURCES

- [NASN's Role of the School Nurse in Return to School Planning](#)
- [CDC's Interim Guidance for Administrators of U.S. K-12 Schools and Child Care Programs](#)
- [AAP's COVID-19 Planning Considerations: Guidance for School Entry](#)
- [AAFA's COVID-19 and Asthma Toolkit for Schools](#)



For more information and  
resources, visit the  
[CAHC Telehealth  
Project website](#)