pennsylvania
DEPARTMENT OF HEALTH

SCHOOL HEALTH

ANNUAL REIMBURSEMENT

REQUEST SYSTEM

(SHARRS)

INSTRUCTION MANUAL

PREFACE

SHARRS and this Instruction Manual are available on the Division of School Health (DSH) website at:
https://www.health.pa.gov/topics/school/Pages/SHARRS.aspx

The Division of School Health can be contacted at **c-paschool@pa.gov** or 717-787-2390

Public school entities (school districts, charter schools, cyber charter schools and comprehensive career and technology centers) are required to annually submit a Request for Reimbursement and Report of School Health Services to the Department of Health (DOH), Division of School Health (DSH). This Instruction Manual has been prepared to assist administrators, business managers and school health program personnel in its completion. The purpose of this report is twofold:

1)   To provide a mechanism for school entities to document the provision of, and receive reimbursement for, health services as provided for in **Article XIII, Section 1303a** (Immunizations), **Article XIV** (Health Services), and **Article XXV, Section 2505.1** (Reimbursement by Commonwealth and Between School Districts) of the Pennsylvania Public School Code of 1949 and Title 28 Chapter 23 (School Health) of The Pennsylvania Code **http://www.pacode.com/secure/data/028/chapter23/chap23toc.html**

2)   To obtain information about Pennsylvania's school health programs, including student health status, dental and medical health service utilization and selected nursing activity

Per the Public School Code of 1949: 2505.1(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 (September 30) after the end of the school year (June 30).
Schools that have a Dental Hygiene Services Program (DHSP) must submit their Authorization Plan for the upcoming school year between April 1 and April 30. Plans that are not submitted timely will result in the school reverting to a Mandated Dental Program and this cannot be changed after April 30 due to SHARRS programming requirements

The report is submitted via the on-line application School Health Annual Reimbursement Request System (SHARRS). SHARRS provides aggregate reports of dental and medical school health information, expenditures, and data relative to the provision of the school health program in all buildings served by the public school entity during the school year. This includes school health services provided to non-public or private schools, part-time career and technical centers, alternative education programs, and home schooled students

Reimbursement to school entities is based on 1) the actual cost of health services less any charges deemed unreasonable by the Department of Health, 2) the average daily membership (ADM) of the school entity and 3) reimbursement amounts established by law

Data obtained from this report are utilized by schools, state agencies and other organizations and individuals in monitoring and analyzing health status indicators and service needs of Pennsylvania's students

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Preface

Chapter 1: SHARRS Login Page

SHARRS is accessed on the internet at the following link: **https://apps.health.pa.gov/SHARRS/**

All school personnel who require access to SHARRS MUST request a new user account by following the **"**Request New User Account" instructions

Users are locked out of SHARRS after 5 failed login attempts.
> The school's User Account Manager (UAM) is the only staff person able to unlock an account
>> The Superintendent/CEO chooses the staff to be assigned the UAM function
>> Contact the Superintendent/CEO office to find out who is the school's UAM

Request New User Account
On the Left Navigation Column, select **"**Request New User Account" and complete all fields on the form
School Entity Name: Select the user's school entity from the drop down menu
First Name:
Last Name:
Title: Select the user's title from the drop down menu
> Business Manager
> Certified School Nurse
> School Dental Hygienist
> Superintendent/CEO (**must be the current Superintendent/CEO**)
> Support Staff
> Other
Phone Number: Enter a 10 digit school entity phone number
Phone Extn (Extension), if applicable:
Email: Enter an official school entity email address
> Home/private email addresses are discouraged
> SHARRS generated messages will be sent to this email address
Confirm Email:
User Name: Create a 1-10 character user name that is easily remembered
> The user name is NOT case sensitive
> The user name is unique to SHARRS
> Once created the User Name cannot be changed or used by any other user in SHARRS, including other school entities
Password: Create a 12 character password that is easily remembered
> The password IS case sensitive
> Must contain three (3) of the following: Lowercase, Uppercase, Numbers, or Special Characters such as !#$%
> Passwords expire every 60 days
> May not contain: First Name, Last Name or User Name
> May not be one of the previously used twenty-four (24) passwords
Confirm Password:
Security Questions 1-3:
> Select 3 different questions from the drop down menu
Security Answers 1-3:
> The answers are NOT case sensitive
> Keep the answers in a secure location, as they cannot be recovered if lost (but can be changed by a user)

When all fields are complete select the **"Click for Approval by Your School"** button to send the request for approval by the school's User Account Manager (UAM)
> A message at the top of the screen confirms the request was sent for approval
> Upon approval by the UAM the user will receive a system-generated email

Select **"Cancel"** to delete the contents of ALL fields
If **"Return to Login Page"** button is selected before the "Click for Approval by Your School" button is selected the information is deleted and the request is not sent

Forgot/Reset Password
On the Left Navigation Column, select "Forgot/Reset Password" to open the "Recover User Credentials" page
Enter the "User Name" and "Email Address"; select "Next"
Select an "Authentication Method" by selecting either "Email Authentication" or "Answer Security Questions" (**recommended method**) then select "Next"
When "Email Authentication" is selected, a message at the top of the screen states that a temporary password has been sent to the user's email address. If this email is not received it may have been routed to the user's spam folder. If it is not in the spam folder the user must contact the UAM or Superintendent/CEO

> Retrieve the emailed password and return to the "SHARRS Login Page"
>> Enter the user name and temporary password and select "Submit" The user will be prompted to create a new password
>> Create a new password and select "Change Password". The user will automatically be returned to the "SHARRS Login Page" and a message at the top of the page will say "Your password has been reset"
>> Enter the User Name and the new password and select the "Submit" button to access the SHARRS main menu

> When "Answer Security Questions" (**recommended method**)is selected, provide the answers to the two security questions displayed and select "Next"
>> Create a new password and select "Change Password". The user will automatically be returned to the "SHARRS Login Page" and a message at the top of the page will say "Your password has been reset"
>> Enter the User Name and the new password and select the "Submit" button to access the SHARRS main menu

Forgot User Name
On the Left Navigation Column, select "Forgot User Name" to open "Recover User Credentials"
Enter the user's email address and select "Next"
A message at the top of screen is displayed which confirms a system-generated email with the recovered User Name was sent to the email address listed on the SHARRS account. If this email is not received it may have been routed to the user's spam folder. If it is not in the spam folder the user must contact the UAM or Superintendent/CEO

Absence of Both the Superintendent/CEO and the UAM Users
When the Superintendent/CEO who was also the User Account Manager (UAM) is no longer at the school entity or when both the former Superintendent/CEO and the former UAM are no longer at the school entity:

> The new or acting Superintendent/CEO follows the instructions in **"Request New User Account"**
> School administration must send an email using an official school email address to the Division of School Health (DSH) at **c-paschool@pa.gov** with the name of the school entity and the name of the new or acting Superintendent/CEO
> DSH will approve the New User account and assign the Superintendent/CEO all user functions including the UAM function
>> When approved, a system-generated email will be sent to the Superintendent/CEO to confirm the approval. If this email is not received within two business days, the email may have been routed to the Superintendent/CEO's spam folder
>> To assign a new UAM the Superintendent/CEO follows the instructions in Chapter 2 - **"Assign User Account Manager (UAM)"**

Chapter 2: Assign User Account Manager (UAM)

Reminder: Information entered **but not saved or submitted will be lost**

Only the **Superintendent/CEO** has access to the "Assign User Account Manager (UAM)" page and the authority to assign the UAM, to unlock the UAM's account, and to reset the UAM's password

This page displays information on the current UAM and/or the proposed UAM as well as a summary grid of the school's active users. The name of the current UAM is located above the grid; a **"Reset Password"** button and an **"Unlock Account"** button, visible only when the UAM's account is locked, are located to the right of the name

Role of the UAM
The UAM manages the SHARRS user accounts, approves new school users, assigns user functions, views/edits/unlocks user accounts, resets user passwords, and assists the school entity's SHARRS users. Only one UAM may be assigned per school entity

Assign a new UAM
After logging in to SHARRS the Superintendent/CEO selects **"Assign/Manage UAM"** on the Left Navigation Column of the Main Menu page
> Review the grid of school users to locate the name of the proposed UAM. If the proposed UAM is not listed, they may be the current UAM (displayed above the grid) or the user did not request a new user account
> The Superintendent/CEO may choose to retain the UAM functions, but it is not recommended
> All school users with "Active" or "Pending" user "Status" are listed on the grid. To review a user profile, select **"View"**; select **"Hide"** to close the user's profile

Only users with the **"Select"** option may be assigned as the new UAM
Select **"Select"** to assign a school user as the new UAM
> The name of the selected school user and the date of the request are displayed next to **"Requested UAM"**; the "Select" options are automatically removed from other school users; and confirmation of a system-generated email appears at the top of the screen
> > Select **"Cancel Request"** if the wrong user was selected, confirmation of the cancellation appears at the top of the screen

The Division of School Health (DSH) activates or denies the UAM request
> When the "Requested UAM" is activated by DSH a system-generated email is sent to the new UAM and the Superintendent/CEO confirming the activation
> > On the "Assign User Account Manager (UAM)" page, the name of the "Requested UAM" is removed from the summary grid and listed as the "Current UAM"
> > On the current UAM's "User Profile", a checkmark is automatically inserted to designate the "UAM" function
> > > The UAM may edit their own "User Profile" to assign additional functions as needed
> > > If the "Current UAM" was a school user with a "Pending" status, the activation process changes the status to "Active"

> When the "Requested UAM" is denied by DSH a system-generated email is sent to the "Requested UAM" and the Superintendent/CEO confirming the denial

Reset the UAM's Password
When the UAM is not able to access SHARRS to change their own password, the Superintendent/CEO must reset the password by selecting **"Assign/Manage UAM"** on the Left Navigation Column of the Main Menu. Then select the **"Reset Password"** button, located next to the name of the current UAM, to send a system-generated email with a temporary password to the UAM

When the Superintendent/CEO also functions as the UAM and cannot access their account to change their own password, the DSH must be notified to reset the password

Unlock the UAM's Account
Only the Superintendent/CEO has access to unlock the UAM's account
To unlock the UAM's account the Superintendent/CEO selects **"Assign/Manage UAM"** on the Left Navigation Column of the Main Menu page
> Select the **"Unlock Account"** button, located next to "Reset Password" button adjacent to the name of the current UAM. After the account is unlocked, the UAM may login into SHARRS with the same password used before being locked out or have the password reset as described above

When the Superintendent/CEO also functions as the UAM and is locked out of their account, only DSH can unlock the account
> SHARRS will automatically generate an email to DSH to unlock the account. Once unlocked, a system-generated email will inform the Superintendent/CEO/UAM the account was unlocked

Chapter 3: User Accounts

Reminder: Information entered **but not saved or submitted will be lost**

When **"User Accounts"** is selected from the Left Navigation Column, the **"User Account – School User"** page opens for all users except the User Account Manager (UAM).
    (The "User Account Summary - UAM" page opens for the UAM)

"User Account – School User" displays the logged-in user's SHARRS "User Profile" with the option to view/change security questions/answers and password. All users have one SHARRS "User Name" but may be assigned multiple "User Functions"

"User Account - UAM" opens the **"User Account Summary - UAM"** displays a grid of all the school users. When the UAM selects a specific user, the **"User Account Detail - UAM"** displays the user's profile

User Account – School User

User Profile
The **"User Profile"** is populated with the information entered on the "Request New User Account" and the assigned "User Function(s)"

The user may update only the following fields:
First Name
Last Name
Phone Number
Email
Password
Security Questions/Answers
    To change the password, select the **"Change Password"** button. Enter a new password and confirm
        Select the **"Cancel Password Change"** button to remove the change
    To change the security questions/answers, select new question(s) from the drop down menu
    and provide the corresponding answers

If no changes have been made, select **"Return/Cancel"** to return to the "Main Menu". The Left Navigation Column may also be used to navigate to other pages

If changes have been made select **"Save"** and "Account has been updated" will appear at the top of the screen

Only the UAM may update the following fields for a user:
    Title
    User Function(s)

Contact the UAM for issues/assistance with resetting the password or unlocking the account

User Account - UAM
User Account Summary – UAM

Reminder: Information entered **but not saved or submitted will be lost**

Only the User Account Manager (UAM) has access to the User Account Summary - UAM page and the authority to manage all the school's user accounts. By selecting a user, the UAM may view the user's profile, edit the user's profile (excluding the school entity name, email, password and user name), assign or change "User Functions", unlock user accounts, reset passwords, approve new users and inactivate former users

The UAM selects **"User Accounts"** from the Left Navigation Column to open the **"User Account Summary - UAM"** page, displaying a grid of all the school users

User Search Criteria – Summary Grid
By default, the summary grid is set to display the user accounts by
 "All" User Functions
 "All" User Titles
 "Active & Pending" User Status

The summary grid may be sorted to display other criteria (such as Inactive user status) if selected from the dropdown menus and select **"Submit"**

To clear previous search criteria and return to the default settings, select **"Clear Search Criteria"**

When the UAM selects "edit" for a specific user from the summary page, the "User Account Detail - UAM" page opens and displays the "User Profile" for the selected user

User Account Detail – UAM
Only the UAM has access to this page and the authority to manage the school's user accounts

Approve a Pending "Request New User Account"
All new users must complete the "Request New User Account" request. When the new user selects "Click for Approval by Your School", a system-generated email is sent to the UAM, and the new user's request appears as a "Pending" user on the "User Account Summary - UAM" page

Locate the name of the "Pending" new school user to be activated; select **"Edit"** to display the **"User Account Detail – UAM"** page with the "User Profile"

Assign "User Function(s)":
Prior to activating a new user account, the UAM must know, from administration, the "User Functions" to be assigned

To assign a function select the checkbox next to the "User Function(s)"
At least one "User Function" must be assigned to every user:
   Data Entry Annual Report/Revisions: enables user to enter data into the SHARRS report
   Review, Certify & Submit Annual Report/Revisions: enables the Superintendent/CEO to submit the report. This function is automatically assigned to the Superintendent/CEO)
   User Account Manager (UAM): enables the user to activate, edit and manage user accounts
   View/Print Reports: enables the user to view/print copies of reports
   View/Print Vouchers: enables the user to view/print the payment voucher

Assign Status:
Only one Superintendent/CEO per school entity may be "Active" at any time. The account of the former Superintendent/CEO must be inactivated before a new Superintendent/CEO can be activated

Activate:
To activate a user, select **"Active"** from the dropdown menu
Select the **"Save"** button. "Account has been updated. Activation notice emailed to user" is displayed at the top of the screen. The email includes the user name and password and recommends the user review the "Instructions" throughout SHARRS and to contact the UAM with questions
If **"Save"** is not selected, the user will not be activated, and information will not be updated

Inactivate:
To inactivate a user, select **"Inactive"** from the dropdown menu
Select the **"Save"** button. "Account has been updated" is displayed at the top of the screen. If "Save" is not selected, the user will not be inactivated. This user's information is retained in the summary grid in the User Status in the inactive drop down menu and can be reactivated in the future.
If **"Save"** is not selected, the user will not be inactivated, and information will not be updated

To return to the "User Account Summary" page Select **"Return/Cancel"** or choose an option from the Left Navigation Column

Reject a Pending "Request New User Account":
Locate the name of the "Pending" new school user to be rejected; select **"Edit"** to display the **"User Account Detail – UAM"** page with the "User Profile"
Assign **"Status"**:
Select **"Rejected"** from the dropdown menu
Select the **"Save"** button
> A "Reject User Confirmation" pop-up appears with the message "WARNING by rejecting the user's account, their information will be removed from SHARRS"

Select **"Confirm"** to confirm the rejection
> If the request is rejected a system-generated email is sent to the UAM (not the person who requested the user account) confirming the rejection. The rejected "User Profile" is deleted; the system returns to the "User Account Summary"

Select **"Cancel"** to cancel the rejection and return to the "User Profile"

View Status History: is only visible to the UAM;
Select **"View Status History"** to view a grid of the selected user's "Status", "Status Start Date" and Status End Date"
> Select **"Hide Status History"** to close the grid

Cancel:
When no changes have been entered, select "Cancel" to return to the "User Account Summary – UAM" page"
The Left Navigation Column may also be used to navigate to other pages

Reset a School User's Password:
Select the **"Reset Password"** button. A system-generated email with a temporary password is sent to the user
The user logs in using the temporary password and follows the instructions to create a new password

Unlock a School User's Account:
Select the **"Unlock Account"** button located next to the "Reset Password" button
> The "Unlock Account" button is only visible when the user's account is locked

The UAM should notify the user that the account is unlocked
The user may then log into SHARRS using their current password

Chapter 4 – Initiate a New SHARRS Report

Reminder: Information entered **but not saved or submitted will be lost**

SHARRS is accessed at the following internet address: **https://apps.health.pa.gov/SHARRS/**

To Initiate a New SHARRS Report:
Log into SHARRS using the username and password that was created on the "User Profile" to open the Main Menu page
On the Left Navigation Column select **"Annual Report"** to open the **"Report Status Summary"** page
Select the school year to be entered from the **"School Year"** drop down menu or select
"Start/Revise/Print" for the appropriate school year located in the far right column of the grid to open the "Report Status Detail" page
> If the **"Status"** column says:
> **"School Editing"** any school user with the data entry function may edit the report
> **"Submitted"** only the Superintendent/CEO may select **"Void Annual Report Submission"** to allow users to make edits and it will then need resubmitted by the superintendent
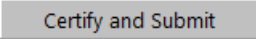> **"Under Review"** contact the Division of School Health (DSH) for assistance to make edits
> **"Approved"** the report has been processed and the school may not make any edits. If edits are necessary, a revised report must be submitted.
> > To make a revision see the Chapter 16 instructions for the "Review, Certify and Submit" page

On the **"Report Status Detail"** page select **"Edit"** on the far right column of the grid to open the "Demographics" page

Each page of the SHARRS report is accessed by selecting a tab, located at the top of the screen, which corresponds to a specific SHARRS page
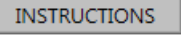The pages can be completed in any order except the "Review, Certify & Submit" page which must be completed last and may only be accessed by the Superintendent/CEO. After review of the report the Superintendent/CEO attests that the report is correct by selecting the [Certify and Submit] button which submits the report to the DSH. The report may be edited by the school at any time prior to when the Superintendent/CEO submits it and DSH processes it. For more information see the Chapter 16 instructions for the "Review, Certify and Submit" page
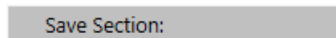
Session Timeout:
Each SHARRS session times out in 20 minutes, unless reset. The timer automatically resets upon going to a new page. It does not reset upon opening the instructions. The user may reset the timer anytime by clicking the [🔄] symbol. Five minutes before the session times out, a popup message alerts the user to the five minute countdown. **If the session is not reset before the timer reaches zero, data entered but not saved or submitted will be lost**

Instruction Manual and Button:
A link to the "Instruction Manual" is located on the Left Navigation Column and on the DSH website. There is also a [INSTRUCTIONS] button on the top right corner of each page to view the instructions applicable to that page of the report. Reset the "Session timeout" before opening the "INSTRUCTIONS" and before 20 minutes elapses as the timer continues to count down while the instructions are open

Save Section and Submit Buttons:
On each page there is a [Submit] and/or [Save Section:] button
The "Submit" button must be selected on every page when all data on the page is complete. When all the data is correctly entered upon selecting the Submit button a green checkmark (√) will appear on the tab at the top of the page. If there is an error in an entry, an error message will appear at the top of the page indicating what is wrong and the green check mark will not appear on the tab.
The "Save Section:" button is available to use when a page is broken down into several sections allowing a page to be worked on one section at a time. After saving a section a user may move to a different page or section without losing the data in that section

It is recommended that **a nurse review the medical components to ensure accuracy** as data entry is often done by non-medical personnel and they may not catch errors in medical information

Chapter 5 - Demographics Page

Reminder: Information entered **but not saved or submitted will be lost**

The Demographics section of the report captures contact and identifying information about the school entity. The information is used by the Division of School Health (DSH) and the Comptroller's Office for telephone and email correspondence, which includes; system availability/issues, questions regarding the content of the report, reimbursement payment and other pertinent information. Therefore, it is essential the Demographic Page contain accurate information

The prepopulated demographic information is automatically loaded into SHARRS by the Pennsylvania Department of Education

Verify that the automatically prepopulated information is correct:
If there is any incorrect information email the corrections to DSH at **c-paschool@pa.gov** or call 717-787-2390

School Entity Demographic Information:
The following information is **automatically prepopulated** into the SHARRS report yearly:
>　School Year
>　Health District
>　County
>　Vendor Number
>　AUN (The "Administrative Unit Number" issued by the Department of Education)
>　School Entity Name & Address
>　Phone and Phone Extension Numbers
>　PENN*LINK Email Address
>　School Entity Type
>>　　School District
>>　　Comprehensive Career and Technology Center (CTC)
>>　　Charter School or Cyber Charter School
>>>　　　Charter Schools must check "Yes" or "No" to the question, "Cyber Charter School?"
>　Dental Program (Mandated or Dental Hygiene)
>　Modifications:
>>　　DSH approved grade level modifications to the standard mandated school health services (exams and screens)
>>　　For information on modification options and requests, refer to:
>>>　　　The Public School Code of 1949: Articles 13, 14 and 25
>>>　　　The Pennsylvania Code: Title 28 "Health and Safety" Chapter 23 "School Health"
>>>　　　The DSH website: **www.health.state.pa.us/schoolhealth**

Primary Contact Person and Secondary Contact Person Regarding Report:
Enter the demographic information for the Primary and Secondary contact persons who will be the point of contact for questions regarding the contents of the SHARRS report

A Certified School Nurse (CSN) must be listed as one of the contact persons for this report
The demographic information entered on this page must be identical to the information on the contact person's "User Profile" if they have a "User Account"

Select **"Submit"** to complete this page. A green check mark (√) will appear on the Demographic tab to indicate the page is complete

Reminder: Information entered **but not saved or submitted will be lost**

The Itemized Expenditures section of the report captures costs for special medical and dental services, medical and dental supplies and equipment, and other related costs to the school health program, while students are under school jurisdiction. Hardcopy documentation should remain on file with the school entity to support claimed expenditures for future auditing purposes

The term under school jurisdiction includes but is not limited to:
> On the way 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)

Itemized Expenditures:
Include expenses for medical/dental reasons (not related to academic placement)
Include fee-for-service costs (not salaries, health or other fringe benefits)
Do not include expenses related to sports/athletic programs
Do not include expenses reimbursed by any other source such as private insurance, grants or Medicaid

01 Special Medical, Diagnostic, and Treatment Services
Include:
Enter the amount paid by the school and select "Add" for each applicable category
Identify costs according to the following specialist categories (drop-down menu options)

ENT Specialist/Audiologist, such as:
> Deaf/hearing impaired support
> Special hearing examination
> Speech therapy

Occupational/Physical Therapist
Ophthalmologist/Optometrist, such as:
> Special eye examination

Psychiatrist/Psychologist, such as:
> Grief counseling
> Emotional support
> Suicide prevention

Other: The source of other medically necessary specialist services must be specified, such as:
> Ambulance/Emergency Medical Services (EMS)
> Blind Association, Lion's Club etc contracted to perform mandated student vision screenings
> Hearing Loss Association contracted to perform mandated student hearing exams
> Orientation and Mobility Specialist
> Special Office visit such as:
>> Neurologist, Dermatologist

Do Not Include:
Costs if the specialist is a member of the school staff such as school counselors, behavioral specialist, teachers for the blind or hearing impaired, school physicians, school nurses, health room aids, clerical support staff or private duty and agency nursing/health room staff
Costs related to academic placement or educational instruction
Costs related to athletic/sports examinations or programs
Costs for insurance/malpractice coverage
Costs for salaries or health and other fringe benefits
Services reimbursed by any source, such as, paid by student/family, grants, Medicaid, private insurance, etc

02 Medical Supplies, Equipment, Lab Services, and Educational Materials
Costs paid for supplies, equipment, lab services, and educational materials used in conjunction with the medical component of the school health program while students are under school jurisdiction
Do Not Include:
Costs for the services of school medical or non-medical personnel
Supplies or equipment to support the school athletic programs
Expenses for office equipment or furniture, such as filing cabinets, computer hardware/software/technical support

02A Administrative Supplies
Include:
Costs of office supplies to support the medical component of the school health program, such as:
  File folders, Envelopes, Postage, Office supplies
  Professional membership fees, subscriptions, Continuing Education courses and professional
  insurance paid by the school for school medical staff
02B General Supplies
Include:
Costs paid for medical-related supplies to support the medical component of the school health program,
such as:
  First aid supplies
  Emergency care supplies and equipment
  Automated External Defibrillators (AEDs), replacement pads or batteries
  Medical waste disposal
  Refrigerator for medical use only
  Stock medications for standing orders
02C Medical Exam/Health Screening Supplies and Equipment
Include:
Costs for supplies and equipment used to perform the mandated medical examinations and health
screenings, such as:
  Supplies and equipment purchase/recalibration/repair
  Supplies related to pre-employment physical examinations, lab work, etc. for school employees
  Cost for immunization vaccines and supplies for students/employees/volunteers
  Supplies for drug testing when performed by school staff
Do Not Include:
Costs for supplies to perform lice checks
Costs for supplies or equipment to support school athletic programs
Costs for drug testing performed by an outside source
Costs for school or agency nurses
Costs of administrative or school staff
Costs for the school physician or contracted health care provider to perform student or pre-employment
examinations
02D Reference and Educational Materials
Include:
Costs for reference and educational materials used in conjunction with the medical component of the school
health program, such as:
  Books, Pamphlets, Charts, Posters, videos/DVDs, health models
  CPR/first aid/AED training for school medical personnel only
Do Not Include:
Cost of reference materials to support school athletic programs
Cost of CPR/first aid/AED training for non-medical/non-dental school staff

03 Special Dental Preventative, Diagnostic and Treatment Services
Enter the amount paid by the school and select "Add" for each applicable category
Identify costs according to the following specialist categories (drop-down menu options)
Preventative
Diagnostic
Treatment

Include:
Fee-for-service costs paid for special dental examinations, evaluations and treatment performed by properly qualified dental specialists to preserve oral health and/or to avert oral health problems; services must be performed for dental reasons and not related to academic placement, athletic programs, etc.
Identify costs according to the following specialist categories (drop-down menu options):

Preventative, such as:
      Application of sealants
      Fluoride treatments
      Other prophylaxis treatments

Diagnostic, such as:
      Dental examination
      X-ray

Treatment, such as:
      Extractions
      Repairs
      Restorations
      Treat oral diseases

Do Not Include:
Services reimbursed by any source, such as, paid by student/family, grants, Medicaid, private insurance, etc

04 Dental Supplies, Equipment, Fluoride and Educational Materials

Include:
Costs paid for supplies, equipment, lab services, and educational materials used in conjunction with the dental component of the school health program while students are under school jurisdiction

04A Administrative Supplies

Include:
Costs of office supplies to support the dental component of the school health program, such as:
      File folders, Envelopes, Postage, Office supplies
      Professional membership fees, subscriptions, Continuing Education courses and professional insurance paid by the school for school dental staff

Do Not Include:
Costs for supplies or equipment to support the school athletic programs
Expenses for office equipment or furniture such as:
      Filing cabinets
      Computer hardware/software/technical support

04B Dental Exam/Screening Supplies and Equipment/Fluoride Supplies

Include:
Costs for supplies and equipment used to perform the "mandated dental" examinations and "dental hygiene services program" screenings, such as:
      Dental equipment such as dental mirror, gloves and tongue blades
      Equipment purchase/recalibration/repair
      Topical fluoride, fluoride tablets or mouth rinses
      Sealant application materials
      Materials to take impressions for mouth guards for special needs students

04C Reference and Educational Materials

Include:
Costs paid for reference and educational materials used in conjunction with the dental component of school health program, such as:
      Books, Pamphlets, Charts, Posters, Videos/DVDs
      Dental health models
      CPR/first aid/AED training for school dental personnel only

Select **"Submit"** to complete this page. A green check mark (✓) will appear on the Itemized Expenditures tab to indicate the page is complete

Chapter 7 – Average Daily Membership (ADM) & Cost of Services Page

Reminder: Information entered **but not saved or submitted will be lost**

The ADM and Cost of Services section captures data on the average daily membership for the school entity Include all students, for whom the school entity (School District, Charter School, Cyber Charter School, and Career and Technology Center [CTC]) provides or coordinates health related services, including students in Private/non-public schools, Intermediate Units (IU), Special Education, Alternative Education and Home Schooled students

Include the costs of medical, dental, and certified/supplemental school nurse services for students under school jurisdiction
The term under school jurisdiction includes but is not limited to:
> On the way 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)

01 ADM by Grade:
The ADM for SHARRS is identical to the ADM reported to the Pennsylvania Department of Education (PDE)
ADMs are not the enrollment figures
The ADMs are broken down and reported by each GRADE and separated out by PUBLIC and PRIVATE/NON-PUBLIC STUDENTS
> Report the ADMs to the third decimal point
>> Enter 0.000 for grades with no ADM; blank fields are not permissible
>> To calculate the ADMs:
>>> Divide the total aggregate days' membership by the number of days in the session.
>>> Since days in the session can vary by grade or building, use the actual number of days when school was in session

For further assistance contact PDE at 717-787-5423 or use the link below
https://www.education.pa.gov/Teachers%20-%20Administrators/School%20Finances/Pages/Contact.aspx

Report the ADM for students according to one of the two following categories:
> •Grades K4-12
> **Include:**
> K4 students when the program is an **integral** part of the school;
>> When the program is provided/run by the school district or when the school district has contracted to provide nursing services
> Report alternative education, private/nonpublic, home schooled and part-time CTC students in the grade listed in their IEP per the Pa Department of Education
>> "Ungraded Special Education" is no longer a category used by the Pa Dept of Education
> **Do Not Include:**
> K4 programs funded by a separate grant, such as "PreK Counts", "Headstart" or any program that "rents" a room from the school
> Preschool for students less than 4 years of age
> Students attending full time CTC's are counted in the CTC's report not the school district's report

> •Other
> The "Other" category is limited to students where a single grade is not assigned in their IEP. An explanation is required in the comment box to describe why a grade level cannot be determined for the students listed

02 Cost of Medical Services:
Costs of medical services associated with the provision of the medical component of the school health program while students are under school jurisdiction

02A School Physicians:
Include:
Costs paid as fee for service or salary excluding health/other fringe benefits to physicians/group practices, such as
 Payment for the position of school physician
 Payment to the school physician to perform the mandated or pre-employment examinations
 Payment to the school physician to perform an examination that is necessary to develop a medical plan of care
Do Not Include:
 Payments for an Individualized Education Program [IEP] without a medical component
 Payments for sports physicals/examinations or services for athletic teams/Special Olympics

02B Supplemental Staff
Include:
Costs paid excluding health/other fringe benefits to the following staff that assisted or worked under the direction of the certified school nurse:
 Licensed: Registered Nurses (RN), Licensed Practical Nurses (LPN), Certified Registered Nurse Practitioner (CRNP), Certified School Nurse (CSN) who were hired as supplemental staff not in the capacity of a CSN
  Costs paid to long-term licensed medical substitutes who worked more than 10 consecutive days in the school year
  Costs paid to short-term licensed medical substitutes who worked less than 10 consecutive days in the school year when hired to assist the CSN during special events such as
   Vaccination clinics
   School sponsored activities such as field trips
   Screenings and examinations
 Unlicensed Assistive Personnel (UAP): medical assistants, health aides, clerical staff
   Pro-rate the cost of school staff who assisted with both medical and dental services and enter the pro-rated medical costs in this section
Do Not Include:
Day to day substitutes
Unlicensed agency staff
Costs for additional nursing/agency licensed medical staff hired as supplemental staff to provide individual care, such as:
 One-on-one care to a student
 Staff hired to ride the bus with a student with special needs

02C Special Medical, Diagnostic and Treatment Services
Costs paid for special medical examinations, screenings, evaluations and treatment by properly qualified medical specialists are automatically populated from Itemized Expenditures, 01 Special Medical, Diagnostic & Treatment Services

02D Medical Supplies, Equipment, Lab Services and Educational Materials
Costs paid for supplies and equipment used in conjunction with medical examinations and health screenings are automatically populated from Itemized Expenditures, 02 Medical Supplies, Equipment, Lab Services & Educational Materials

03 Cost of Dental Services
Costs of dental services associated with the provision of the dental component of the school health program while students are under school jurisdiction

03A School Dentists
Include:
Costs paid as fee-for-service or salary excluding health/other fringe benefits to dentists/group practices/mobile dentists associated with the provision of the dental component of the school health program
Do Not Include:
Costs covered/reimbursed by a grant, Medicaid, other insurance, etc
Costs for dental-related services specific to athletic programs/Special Olympics teams
Costs for a dental specialist, the school dentist/mobile dentist/certified dental hygienists to perform special dental services

03B Dental Hygienists
Include:
Costs paid as fee-for-service or salary excluding health/other fringe benefits to certified dental hygienists in a Dental Hygiene Services Program which has been approved by the Pennsylvania Department of Health Division of School Health
Do Not Include:
Costs covered/reimbursed by a grant, Medicaid, other insurance, etc Costs for dental hygienists who are employed by the school dentist's practice or mobile dentist to assist in school dental examinations
Costs for a dental specialist, the school dentist/mobile dentist/certified dental hygienists to perform special dental services
03C Dental Assistants
Include:
Costs paid as fee-for-service or salary excluding health/other fringe benefits to school personnel, such as dental assistants, dental clerks, etc. who are assisting the school dentist/mobile dentist and/or dental hygienist
    Pro-rate cost of school staff that assisted with both medical and dental services and enter dental costs in this section
Do Not Include:
Costs for dental-related services specific to athletic/Special Olympics teams
Costs covered/reimbursed by a grant, Medicaid, other insurance, etc.
Costs for Dental Assistants who are employed by the school dentist's practice or mobile dentist
03D Special Dental Preventative, Diagnostic and Treatment Services
Costs paid for specialized dental preventive, diagnostic, and treatment services by properly qualified dental specialists are automatically populated from Itemized Expenditures, 03 Special Dental Preventive, Diagnostic & Treatment Services
03E Dental Supplies, Equipment, Fluoride and Educational Materials
Costs paid for supplies and equipment used in conjunction with dental examinations and health screenings are automatically populated from Itemized Expenditures, 04 Dental Supplies, Equipment, Fluoride & Educational Materials

04 Cost of Certified School Nursing Services
Costs of salaries excluding health/other fringe benefits paid to Certified School Nurses (CSN) and travel expenses of CSNs associated with the provision of school nursing services
04A Certified School Nurses
Include:
Costs paid to CSNs
Cost paid to CSNs on sabbatical or medical leave
Costs paid to CSNs who's employment terminated mid-year
Long-term CSN substitutes (worked more than 10 consecutive days during the school year)
A new CSN hired to replace the CSN who has retired, was on sabbatical or medical leave
Do Not Include:
    Costs paid for day-to-day substitutes
04B Travel
Include:
Costs paid to certified school nurses for travel directly related to the performance of routine and emergency school health services or on behalf of students, such as:
    Between school and administrative buildings
    To accompany students with special needs, such as field trips
    To the district magistrate
    To accidents on or around school property
Do Not Include:
Travel related to conferences, training paid for by the school, sports or athletic events

Select **"Submit"** to complete this page. A green check mark (√) will appear on the ADM & Cost of Services tab to indicate the page is complete

    The green check mark (√) will not appear if the information for the Certified School Nurses, Supplemental Staff and Other Health Professionals is not entered on their respective pages

Reminder: Information entered **but not saved or submitted will be lost**

The Certified School Nurses Summary is an overview of information entered into the Certified School Nurses Detail section. It identifies the school RNs who are certified by the Pennsylvania Department of Education (PDE) as an "Educational Specialist School Nurse" or are "Emergency Certified" by PDE. In both instances, the RN must have been employed by the school in the position of a Certified School Nurse (CSN). National school nurse certification does not meet the requirement for PDE certification

The CSN does not need to be physically present in a building daily to manage/carry the student caseload but a **CSN must be on duty and must be available** to provide the supplemental staff with direction as needed. A CSN is **at all times responsible for managing the caseload, including those students with agency or private duty nurses,** while students are under school jurisdiction and must rotate through all buildings in their caseload on a "regular" basis.

To **ADD a CSN**, select the "Add Certified School Nurse" button on the summary grid
To **EDIT a CSN's** data, select the "Edit" link on the summary grid
To **DELETE a CSN** select the "Delete" link on the summary grid
To **VIEW a GRID** of all CSN's licensure status, credentials, caseload and cycle details select the **"CSN Caseload Report"** link on the top right corner of the summary section

If there is **NO CSN employed** by the school check the **"No Data"** box located on the bottom right below the grid. Documentation as to why there is no CSN **is required** in the comment box

Select "**Submit**" after all CSN and Building/Caseload data is entered and saved in the detail section

Reminder: Information entered **but not saved or submitted will be lost**

The Certified School Nurses Detail section captures detailed information on employment/credentials and buildings/caseloads specific to each CSN. Once information is entered and saved on the detail section, it automatically populates the CSN summary page. As well, the supplemental staff building details page section 03 will automatically populate with the names of the CSNs

If a certified school nurse's employment ends (terminates, retires, etc.) during the year and another CSN fills the position, **report ONLY the name of the CSN who carried the caseload at the end of the year**; **DO NOT** report both certified school nurses. Do not include staff employed by the non-public or private schools, part-time career and technical centers or alternative education programs

To access the Certified School Nurses Detail section, select either "Add Certified School Nurse" to enter data for a new CSN or "Edit" for a CSN already entered from the grid on the summary page

Employment Details
01 First Name
02 Last Name
> Enter the first and last name exactly as it appears on the RN license
> The license information can be obtained from the Pa Licensing System at
> **https://www.pals.pa.gov/#/page/search**

03 Credentials
> Pennsylvania RN License Number, including leading letters. Do not use dashes
> Pennsylvania RN License Expiration Date
> Pennsylvania Department of Education (PDE) Certification
>> Select either CSN or RN, Emergency Certified
>> For all CSNs enter their 7 digit Professional Personnel ID number (PPID#)
>> The PPID# can be obtained from the PDE at
>> **https://www.perms.pa.gov/screens/wfpublicaccess.aspx**   **OR**
>> **http://www.teachercertification.pa.gov/Screens/wfSearchEducators.aspx**
> CPR Certified
>> Provide the date of expiration of the certification
>> Select the name of the course taken from the drop-down menu
>>> Only DOH (Bureau of Emergency Medical Services) approved courses are acceptable. The list of approved courses can be found on the school health website at
>>> **https://www.health.pa.gov/topics/school/Pages/AED-CPR.aspx**
> Credentials in addition to CSN
>> Indicate Yes or No to the three options listed (CRNP, PA, School Nurse Practitioner)

04 Hours Per Week Worked
> Enter the total number of hours per week worked regardless if worked in multiple buildings
> If the number of hours varies per week, enter the "average" hours worked per week over the span of the school year

05 Job Sharing
> Select Job Sharing **ONLY** when two part-time certified school nurses share one full-time position and share the same caseload
>> This will open the **Job Share Details** section where the employment details of the second CSN are entered
Select the **"Save Section: Certified School Nurse"**
> Upon returning to the summary page the summary grid will show the two CSNs sharing the same caseload and building(s)

Building/Caseload Details
To access this section, select the **"Add Building"** button on the Building/Caseload Details grid and scroll to the end of the page to input the data as explained in 01-06 below
Each building/caseload details section is tied to the specific CSN named at the top of the page
Include the information for all school buildings (public, private/non-public) where the school district provides any services or maintains student health records

Repeat entering data in 01-06 for **each building** a CSN is assigned to

When all buildings are entered for a specific CSN select the **"Return to Summary Page"** to return the summary grid and select the next CSN and repeat the process for **each CSN**

If access to the building detail page is needed after returning to the summary page, select "edit" for a specific building on the summary grid or the "Add Building" button to enter a new building

01 Assigned School Building

Enter the name of the school/school building to which the CSN is assigned
Select Yes or No whether the CSN manages a student caseload
When "Yes" is selected, complete fields 02-05
When "No" is selected, fields 02-05 are disabled and two options are displayed
Check **"School Health Coordinator"** when the CSN is hired only for administrative duties
Check **"Floating"** when the CSN floats between buildings and covers the caseload that another CSN manages
A float assignment requires a description of the assignment in 06 Comments
The float status does not show up on the grid on the summary page but does show up on the CSN Caseload Report

02 School Type

Identify the type of school according to the following drop down menu options:
Public (School District, Charter, Cyber Charter, Career Technical Center-formerly called VoTech)
Public (School District Cyber ONLY) - School district owned cyber school
Private/Non-Public

03 Days Per Cycle in Building or OTHER Cycle

The number of days per the School's cycle that the CSN is assigned to each specific building listed in 01 "Assigned School Building". The number of hours the CSN spends at a specific building is reflective of the percentage of time spent in each bldg during that cycle.

Formula to calculate days per cycle:

Number of hours spent in a bldg per cycle divided ($\div$) by the number of hours in a work week multiplied (X) by the days in the cycle equals (=) days per cycle. (the sum of hours for all buildings needs to equal the week's work hours)

- Example of a 6 day cycle, 30 hour work week, covering 3 bldgs

  - Bldg 1: 5 hours per cycle $\div$ 30 hour work week X 6 day cycle = 1 out of 6

  - Bldg 2: 17 hours per cycle $\div$ 30 hour work week X 6 day cycle = 3.4 out of 6

  - Bldg 3: 8 hours per cycle $\div$ 30 hour work week X 6 day cycle = 1.6 out of 6

- Example of a 10 day cycle, 37.5 hour work week, covering 4 bldgs

  - Bldg A: 9 hours per cycle $\div$ 37.5 hour work week X 10 day cycle = 2.4 out of 10

  - Bldg B: 10.5 hours per cycle $\div$ 37.5 hour work week X 10 day cycle = 2.8 out of 10

  - Bldg C: 12 hours per cycle $\div$ 37.5 hour work week X 10 day cycle = 3.2 out of 10

  - Bldg D: 6 hours per cycle $\div$ 37.5 hour work week X 10 day cycle = 1.6 out of 10

OTHER Cycle: is checked when the number of hours or days the CSN is scheduled to be present at a specific building is outside of the schools standard "Cycle" schedule, such as 2 hours every other week, 1 day per month, or when the cycle varies from week to week. A **description** of the "OTHER Cycle" is required in the comment box. **The term "PRN" or "As Needed" is not an acceptable description**

04 Students Per Building

The total number of students enrolled in the building from kindergarten through 12th grade, including those in regular classes, intermediate units, alternative education, homeschooled, etc

Include students in a K4 program only when the program is an integral part of the school (a program housed and managed by the school; that the school or the K4 program does not receive any other source of funding/payment)

05 Student Caseload Per CSN

Enter the number of students in the building that are in the CSN's caseload

This is the actual number of students present in the building NOT the ADM

When more than one CSN is assigned to the same building, identify the number of students in the caseload for each CSN separately (for example, a building with 2500 students: CSN#1 carries 1250 students and CSN#2 carries 1250 students for a total of 2500 students)

In contrast to the job sharing scenario the summary grid will show each CSN with an individual caseload

06 Comments

Enter comments as needed to clarify the information provided

Select **"Save Section: Building/Caseload"** button to return to the detail page to enter information for another building in that CSN's caseload

When all CSN's information is entered select the **"Return to Summary Page"** button to return to the summary page to enter information for another CSN

Repeat the above steps for each CSN

Select the **"Submit"** button when all information is entered in order to receive the green check mark (√) on the Certified School Nurses tab.

The green check mark will not appear if the cost of Certified School Nurses is not entered on the Average Daily Membership (ADM) and Cost of Services page

Chapter 9 – Supplemental Staff Page
Summary Section

Reminder: Information entered **but not saved or submitted will be lost**

The Supplemental Staff Summary page is an overview of information entered into the Supplemental Staff Detail section. It captures information on Staff Assisting the Certified School Nurse (CSN)

Supplemental staff **may not manage a student caseload**
Include:
Registered Nurses (RN)
Licensed Practical Nurses (LPN)
Certified Registered Nurse Practitioners (CRNP)
Unlicensed personnel employed by the school district/charter school/career technical center
Do Not Include:
Short-term substitutes
1:1 staff
Licensed staff hired to assist with screenings
Staff employed by the non-public or private schools, part-time career and technical centers or alternative education programs
Do not include dental staff in this section
Athletic Trainer

A supplemental staff nurse (RN or LPN) may be hired to work under the CSN's direction in a public or private school setting
The supplemental staff nurse may provide the day to day school health services, administer medication, and perform treatments as their licensure permits

The CSN does not need to be physically present daily to manage the student caseload but must be available to provide the supplemental staff nurse with direction as needed. A CSN is **at all times responsible for managing the caseload, including those students with agency or private duty nurses,** while students are under school jurisdiction and must rotate through all buildings on a "regular" basis. The CSN must spend enough time in each building to be totally familiar with the students' health issues, treatments, medications and maintain the health records

To **ADD a SUPPLEMENTAL STAFF**, select the "Add Supplemental Staff" button on the summary grid
To **EDIT a SUPPLEMENTAL STAFF** data, select the "Edit" link on the summary grid
To **DELETE a SUPPLEMENTAL STAFF,** select the "Delete" link on the summary grid
To **VIEW a GRID** of all current Supplemental Staff, select the "Supplemental Staff Coverage Report" link on the top right corner of the summary section

If there is **NO SUPPLEMENTAL STAFF employed** check the **"No Data"** box located on the bottom right below the grid. Documentation as to why there is no Supplemental Staff is required in the comment box

Select **"Submit"** after all Supplemental Staff and Building Details data is entered and saved in order to receive the green check mark (√) on the Supplemental Staff tab

Supplemental Staff Page
Detail Section

The Supplemental Staff Detail section captures detailed information on employment, credentials and building assignment of each supplemental staff. Once information is entered and saved on the detail section, it automatically populates the summary page

If a supplemental staff person's employment ends (terminates, retires, etc) during the year and another supplemental staff person fills the position, **report ONLY the supplemental staff person who was employed at the end of the school year**. DO NOT report both

Supplemental staff assisting with dental services is not captured in the report

Employment Details
01 First Name
02 Last Name
Enter the first and last name exactly as it appears on the professional license if applicable
The license information can be obtained from the Pa Licensing System at
https://www.pals.pa.gov/#/page/search

03 Credentials
From the drop down box select RN, LPN or Unlicensed
Enter Pa professional license number, including leading letters-do not use dashes and expiration date
Indicate Yes or No to the three options listed (CRNP, RN or PA)
04 Hours Per Week Worked
Enter the total number of hours per week worked regardless if worked in multiple buildings
If the number of hours varies per week, enter the "average" hours worked per week over the span of the school year
For staff that assists with both medical and dental services pro-rate the time spent on medical services and report those hours only
Select **"Save Section: Supplemental Staff"**
This will then enable the "Add Building" button on the Building Details grid
Building Details
To access this section, select the **"Add Building"** button on the Building Details grid and enter the information as described in 01-03 below

01 Assigned School Building
Enter the name of the school/school building to which the supplemental staff is assigned
If there is not a permanent bldg assignment, then check the **"Floating"** box
The 03 CSN Assigned to Students in Building field is then grayed out
A description of the float assignment is required in the comment box
The term "PRN" or "As Needed" is not an acceptable description

02 Function
Check whether the supplemental staff duties include Clerical, Health Care or Both

03 CSN Assigned to Students in Building
Select the name of the CSN in the "CSN(s) Available" box that the supplemental staff person is assigned to assist. Then select the **"Add"** button to move the name to the "CSN(s) Selected" box
Ensure the chosen CSN is listed as a CSN assigned to that building on the CSN Detail page

Select the **"Save Section: Building"** button to return to the detail page
Repeat these steps for **each building** a supplemental staff is assigned to
Select the **"Return to Summary Page"** when all buildings are entered for a supplemental staff

Repeat the above process for **each supplemental staff**

When all supplemental staff information is entered select the **"Return to Summary Page"**

Select the **"Submit"** button when all information is entered in order to receive the green check mark (√) on the Supplemental Staff tab
The green check mark will not appear if the cost of Supplemental Staff is not entered on the Average Daily Membership (ADM) and Cost of Services page

Reminder: Information entered **but not saved or submitted will be lost**

The Other Health Professionals Summary page captures the information entered into the Detail page

To **ADD an Other Health Professional**, select "Add Health Professional" on the summary grid
To **EDIT an Other Health Professional** data, select the "Edit" link on the summary grid
To **DELETE an Other Health Professional** select the "Delete" link on the summary grid

If there is **No School Physician or No School Dentist employed** check the **"No Data"** box located on the bottom right below the grid. Documentation as to why there is no school physician or dentist is required in the comment box
The license information can be obtained from the Pa Licensing System at
https://www.pals.pa.gov/#/page/search

Other Health Professionals
Detail Section

01 First Name:
02 Last Name: Enter the first and last name exactly as it appears on the professional license.
If a group practice, enter the name of one doctor who will assume responsibility to ensure health services are provided to the school
03 Group Practice Name: (if applicable) Identify the name of the group
04 Title:
School Physician: ONLY a Pennsylvania licensed MD or DO may serve as the "School Physician". A Certified Registered Nurse Practitioner (CRNP), a Chiropractor, or a Physician Assistant (PA) may not be the school physician; a CRNP or PA may perform the mandated exams
School Dentist or Mobile Dentist Group as School Dentist: ONLY a Pennsylvania licensed DDS or DMD may serve as the "School Dentist"
A mobile dentist group may serve as the School Dentist when dental services are provided to all students in mandated grades without charging a fee to the student, their insurance/Medicaid or does not receive payment from any source such as a grant or award
A school dentist may examine a student as the school dentist and then refer the student to themselves for further treatment as the student's family dentist
Mobile Dentist Group as Family Dentist: A Mobile Dentist Group arranged by or permitted by the school entity to provide dental services to students and charge a fee of the students, their insurance or receive payment from any other source such as a grant and does not agree to provide services to all students
School Dental Hygienist (SDH): All school entities are classified as having a "Mandated" dental program except for entities that received official approval by the Department of Health Division of School Health as a "Dental Hygiene Services Program (DHSP)"

A School Dentist is required for schools that have a Dental Hygiene Services Program (DHSP)
School entities that employ a SDH in a mandated dental program enter their information on this page. A school entity that employs a SDH in an approved "DHSP" program enters their information on the "Dental Hygiene Services Program" detail page
All DHSP Hygienists must be Certified by the Department of Education and provide their 7 digit Professional Personnel ID number (PPID#)

05 Credentials: Professional license number, including leading letters-do not use dashes and expiration date
06 Comments: Enter comments as needed to clarify information provided

Select the **"ADD"** button to save the other health professionals data

Select **"Submit"** after all Other Health Professionals Details data is entered and saved in order to receive the green check mark (√) on the Other Health Professionals tab.
The green check mark will not appear if the cost of Other Health Professionals is not entered on the Average Daily Membership (ADM) and Cost of Services page

Reminder: Information entered **but not saved or submitted will be lost**

This page is disabled for Career and Technical Centers (CTC)(Vo-Techs) as they are not required to perform dental exams due to no student enrollment in grades K, 1, 3, or 7

The Mandated Dental Program section will automatically display for all schools that do not have an approved Dental Hygiene Services Program(DHSP) authorized by the Department of Health Division of School Health

School entities with a DHSP should refer to the instructions for the Dental Hygiene Services Program

The Mandated Dental Program captures data on dental examinations performed by a Family Dentist and by a School Dentist for public school students and private/non-public students, respectively

The "Other Health Professionals" instructions define what constitutes a family or school dentist

Only exams that are counted in 01 A and 02 A services are reimbursed. The data in 02 B, C and D is collected for statistical purposes only. School incurred costs for Fluoride is claimed on the "Itemized Expenditures" page under section 04 B

01 Examined by the Family Dentist
   A. Grades K, 1, 3, and 7
  Enter the number of students in grades K or 1, 3, and 7 who received an exam by their Family Dentist
    Enter the number in the appropriate column for both Public and Private/Non-Public students
02 Examined by the School Dentist
   A. Grades K, 1, 3, and 7
  Enter the number of students in grades K or 1, 3, and 7 who received an exam by the School Dentist
    Enter the number in the appropriate column for both Public and Private/Non-Public students
  B. Other Grades
    Count any student in any grade other than K or 1, 3, and 7 who received an exam by the school dentist for any reason.
      Students in grades K or 1, 3, and 7 seen for any reason other than an exam are also included in this count
  C. Referred for Further Evaluation/Treatment
    Count any student who received an exam by the school dentist who was then referred for further evaluation/treatment
      A school dentist may refer a student to themselves for follow-up services and serve in the capacity of the student's family dentist and may bill the student or their insurance
  D. Completed Referrals Reported
    Count any student who reported the referral was completed
      A copy of the report is good to have for their health record but is not required
03 Fluoride Program
  A. Fluoride Mouth Rinse Program
  B. Fluoride Tablet Program
  C. Fluoride Topical Program
Count the students in all grades who received fluoride treatment by any of the three methods of administration

Select **"Submit"** after all mandated Dental Program data is entered and saved in order to receive the green check mark (√) on the Dental Services tab

Reminder: Information entered **but not saved or submitted will be lost**

A School Dentist is REQUIRED for schools that have a DHSP

All DHSP Hygienists must be Certified by the Department of Education and provide their Personal Professional Identification Number (PPID#)
> The PPID# can be obtained from the Department of Education at
> **https://www.perms.pa.gov/screens/wfpublicaccess.aspx**   **OR**
> **http://www.teachercertification.pa.gov/Screens/wfSearchEducators.aspx**

This page is disabled for Career and Technical Centers (CTC)/Vo-Tech as they are not required to perform dental exams due to no student enrollment in grades K, 1, 3, or 7
The Dental Hygiene Services Program section will automatically display for all schools that have an approved DHSP. In order to receive approval for a DHSP the school **must submit the Dental Hygiene Authorization Plan between April 1 and April 30 in the preceding school year in which they plan to offer the DHSP (any user may submit the Authorization Plan it does not have to be the Superintendent).** The Division of School Health will review the plan and approve it if acceptable. Plans will not be accepted after April 30 due to programming requirements in SHARRS. There will be **NO EXCEPTIONS**
Schools with a Mandated Dental Program should refer to the instructions for the Mandated Dental Program

The Dental Hygiene Services Program captures data on the school dental hygienists; the Dental Hygiene Services Program plan; dental examinations performed by a Family Dentist and dental screens performed by the school dental hygienist; prophylaxis/preventative treatment and dental health education/activities provided to students. In addition, data is collected for schools with a fluoride and/or sealant program

School Dental Hygiene Services Authorization Plan

The Authorization Plan must be approved by the following professionals when created, amended, and at least every 3 years:
(1) Certified School Dental Hygienists (CSDH) or CSDH/Public Health Dental Hygiene Practitioners (PHDHP)
(2) School Dentist (The School Dentist has dental responsibility for the school entity)
(3) School Administration (Superintendent/CEO, Assistant Superintendent or Pupil Services Director)

School Dental Hygienist Summary

To **ADD a School Dental Hygienist**, select the "Add Dental Hygienist" button on the summary grid
To **EDIT School Dental Hygienist** data, select the "Edit" link on the summary grid
To **DELETE a School Dental Hygienist,** select the "Delete" link on the summary grid

School Dental Hygienist Detail Section

The School Dental Hygienist Detail section captures detailed information on employment/credentials specific to each School Dental Hygienist. Once entered and saved on the detail section, the information automatically populates the School Dental Hygienist summary grid
01 First Name
02 Last Name
> Enter the first and last name exactly as it appears on the Dental Hygienist license
> The license information can be obtained from the Pa Licensing System at
> > **https://www.pals.pa.gov/#/page/search**

03 Phone and **Phone Extn** (if applicable)
04 Email and **Confirm Email**

05 Credentials
Pennsylvania Dental Hygiene License Number, including leading letters-do not use dashes
Pennsylvania Dental Hygiene License Expiration Date
Pennsylvania Department of Education (PDE) Certification
Select either Certified, Emergency Certified or None
Enter the 7 digit Professional Personnel ID number (PPID#)
The PPID# can be obtained from the Department of Education at
https://www.perms.pa.gov/screens/wfpublicaccess.aspx   **OR**
http://www.teachercertification.pa.gov/Screens/wfSearchEducators.aspx

Indicate Yes or No to the two options listed
Public Health Dental Hygiene Practitioner (PHDHP)
Other Licensed Credentials
06 Days Per School Year Worked
Enter the number of days worked during the school year
07 Comments
Enter any comments needed to clarify any answers

Select **"Save"**

<h2 align="center">Dental Hygiene Services Program (DHSP) Plan Section</h2>

The DHSP Plan section captures changes (if applicable) to the DHSP Authorization Plan that was submitted to the Division of School Health in April of the prior school year
1 Answer Yes or No as to whether the DHSP Plan was amended since the authorization plan was approved
2A Prepopulated from the DHSP plan.
2B Answer Yes or No as to whether the number of public schools receiving services has changed since the DHSP plan was approved
If **2B** is answered Yes, field opens allowing the change to be made
3A Prepopulated from the DHSP plan.
3B Answer Yes or No as to whether the number of private/non-public schools receiving services has changed since the DHSP plan was approved
If **3B** is answered Yes, field opens allowing the change to be made

<h2 align="center">Dental Hygiene Services Provided Section</h2>

The Dental Hygiene Services Provided section captures detailed information on the number of students, in public and private/non-public schools combined, who actually received dental hygiene services. The grades identified in the DHSP authorization plan will automatically populate for each category (01A, 02A, 03A and 04A)

01 Exams Family Dentist
    01B
Enter the number of students by grade who received a dental exam by their Family Dentist
02 Exams/Screens School Dental Provider
    02B
Enter the number of students by grade who received a dental exam/screen by the School Dental Provider
03 Prophylaxis/Preventative Treatment
    03B
Enter the number of students by grade who received prophylactic/preventative treatment as part of the DHSP (scaling, cleaning, polishing, plaque control programs, brush-ins, caries susceptibility testing, etc)
04 Dental Health Education/Activities
    04B
Enter the number of students by grade who received dental health education as part of the Dental Hygiene Services Program (oral hygiene instruction, nutrition education, tobacco use, special dental projects, etc)
Select the **Save Section: Dental Hygiene Services Provided**

05 Follow-up Exams/Screens School Dental Provider
      05A Referred for Further Evaluation/Treatment
      Count the number of students who were screened by the hygienist and was referred for further evaluation/treatment
      05B Completed Referrals Reported
      Count the number of students who reported the referral was completed
06 Fluoride Program
    Count students in all grades who received fluoride by any of the three following three methods
      06A Fluoride Mouth Rinse Program
      06B Fluoride Tablet Program
      06C Topical Fluoride Program
07 Sealant Application Program
    Count the students in all grades who received a sealant application by any of the two methods
    07A Sealant Application by School Dental Provider
    07B Sealant Application coordinated through school entity or DHSP plan but services provided by other than a School Dental Provider

Select the **Save Section: Follow-up, Fluoride and Sealant**

Select **"Submit"** after all Dental Hygiene Services Program data is entered and saved in order to receive the green check mark (√) on the Dental Services tab

Reminder: Information entered **but not saved or submitted will be lost**

The Health Services section of the report captures data on **select** medical and nursing services to school students and staff/other adults in public and private/non-public schools, respectively, which occurred while under school jurisdiction
    A student is considered under school jurisdiction:
    On the way 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)

This report is NOT intended to collect data on ALL of the duties performed by nursing staff

Staff/Other Adults
Health Services
01 Staff/Other Adult Contacts for Acute/Chronic ILLNESS
    Count the **number of contacts** when staff/other adults required nursing assessment or intervention for an acute or chronic illness **count each instance**
02 Staff/Other Adult Contacts for Acute/Chronic INJURY
    Count the **number of contacts** when staff/other adults required nursing assessment or intervention for an acute or chronic injury **count each instance**
03 Staff/Other Adult Emergencies Requiring Activation of Emergency Medical Services (EMS)
    Count the **number of incidents** that required activation of the Emergency Medical Services (EMS) due to staff/other adult illness or injury **count each instance**
    Emergency Medical Services includes ambulance services with basic or advanced life support
04 Staff/Other Adult Emergencies Requiring Use of an Automated External Defibrillator (AED)
    Count the **number of incidents** that required the use of an AED for a staff/other adult **count each instance**
    Select the **Save Section: Staff/Other Adults**

Students
Health Services
01 Student Contacts for Acute/Chronic ILLNESS
    Count the **number of contacts** when students required nursing assessment or intervention for an acute or chronic illness. For multiple contacts in one day **count each instance**
02 Student Contacts for Acute/Chronic INJURY
    Count the **number of contacts** when students required nursing assessment or intervention for an acute or chronic injury. For multiple contacts in one day **count each instance**
03 Students Requiring Skilled Nursing
    Count the **number of students** who required skilled nursing procedures as ordered by a licensed provider or deemed necessary by a CSN. Only **count each student once** (do not include the student contacts here)
Include:
Procedures, assessments and monitoring ordered by a primary care provider, specialist or deemed necessary by the CSN
    For example; but not limited to, blood glucose testing, catheterization, concussion status monitoring, blood pressure monitoring, colostomy care, IV medication, tube feedings, ventilator care, pulse oximetry, nebulizer treatments, suctioning, wound care, etc
04 Students with a Plan of Care (IHP, ECP, 504, IEP with a medical component)
    Count the number of students with a medically necessary plan of care (include students with a plan for OT, PT, Speech)
    Only **count each student once** regardless of how many plans are in effect for that student
05 Students Sent from School for Health Reasons
    Count each instance a student was sent home from school for a health reason
06 Student Emergencies Requiring Activation of Emergency Medical Services (EMS)
    Count the **number of incidents** that required activation of the Emergency Medical Services (EMS) due to student illness or injury. **Count each instance**
    Emergency Medical Services includes ambulance services with basic or advanced life support

07 Student Emergencies Requiring Use of an Automated External Defibrillator (AED)
    Count the **number of incidents** that required the use of an AED for a student. **Count each instance**
Select the **Save Section: Student Health Services**

Physical Examinations
08 Examined by Family Health Care Provider
  A Grades K or 1, 6, & 11
    Count the number of students examined by a Pennsylvania licensed family health care provider (i.e.
    physician, physician assistant, certified registered nurse practitioner) to satisfy the mandated physical
    examination requirement. Chiropractors may not perform the mandated physical examination
    Athletic and Driver's license/ permit examinations satisfy the mandate as long as they are not
    performed by a chiropractor
09 Examined by School Health Care Provider
  A Grades K or 1, 6, & 11
    Count the number of students examined by the school physician
       A certified registered nurse practitioner or physician assistant may perform school physicals on
       behalf of the school physician
  B Other Grades
    Count the number of students examined by the school physician in grades other than the mandated
    grades
  C Referred for Further Evaluation/Treatment
    Count the number of students identified in 09 A and 09 B referred by a school health provider for
    further evaluation and/or treatment
  D Completed Referrals Reported
    Count the number of students who reported the referral was completed
Select the **Save Section: Student Physical Examinations**

Health Screens
If the nurse conducts a screening but was unable to complete it due to the physical or cognitive status of a
student mark it as completed, send the parent/guardian a referral for further evaluation and/or treatment and
document such in the student's health record

Include:
All students screened even if a student subsequently transfers out of the school
Do Not Include:
Students who are rescreened
Students who transfer into the school after the screens have been performed and is not screened
Transfer students screened at their previous school are counted in the previous school's report

10 Vision Screens
    Count the number of students in grades K-12 and all "Other" classes screened for vision problems
    Screens performed by private health care providers may be accepted as long as they meet the
    screening components included in the guidelines
       Any brand of screening equipment is acceptable as long as it meets the screening components
       included in the guidelines
  A Referred for Further Evaluation/Treatment
    Count the number of students referred for further evaluation and/or treatment
  B Completed Referrals Reported
    Count the number of students who reported the referral was completed
11 Hearing Screens
    Count the number of students in grades K, 1, 2, 3, 7, 11 and all "Other" classes screened for hearing
    problems
  A Referred for Further Evaluation/Treatment
    Count the number of students referred for further evaluation and/or treatment
  B Completed Referrals Reported
    Count the number of students who reported the referral was completed

12 Scoliosis Screens

     Count the number of students in grades 6 & 7 who were screened for scoliosis

     Students who had a 6th grade physical meet this requirement, do not need screened by the nurse and should be included in the count

     Students currently under the care of a healthcare provider for scoliosis do not need screened and are counted as if the screening was performed

  A Referred for Further Evaluation/Treatment

     Count the number of students referred for further evaluation and/or treatment

  B Completed Referrals Reported

     Count the number of students who reported the referral was completed

Growth Screens:

Count the number of students who were weighed, measured, and for whom Body Mass Index (BMI) and BMI-for-Age Percentile was calculated

     *Beginning with the 2015-16 school year BMI percentiles will coincide with the CDC percentiles

13 Growth Screens-grades K-6

14 Growth Screens-grades 7-12

  A Underweight – Less Than 5th Percentile*

     Previously, this category was called "At Risk for Underweight"

  B Healthy Weight – 5th Percentile to less than 85th Percentile*

     This category was not required in previous years

  C Overweight – 85th to Less than 95th Percentile*

     Previously, this category was called "At Risk for Overweight"

  D Obese – Equal To or Greater than 95th Percentile*

     Previously, this category was called "Overweight

15 Total Growth Screens

     SHARRS will automatically total and populate this section

Select the **Save Section: Student Health Screens**

Select **"Submit"** after all Health Exams, Screens and Select Services data is entered and saved in order to receive the green check mark (√) on the Health Services tab

Chapter 13 – Chronic Conditions Page

Reminder: Information entered **but not saved or submitted will be lost**

 The Chronic Conditions section of the report captures data on the number of students with certain select
 chronic conditions. If a condition is not one of the 14 conditions listed do not include it in the report
The count of students with these select chronic conditions must be taken between **March 15 and March 30**
  This two week timeframe will help minimize the duplicate reporting of students in certain circumstances,
  such as students who relocate to different buildings within the same school entity, students who relocate to
  different school entities within the same school year

Include:
Students with a chronic condition that has **met at least one (1) of the following 3 criteria:**

•A **current active** medical diagnosis made by a *Pennsylvania licensed health care provider or medical
specialist

•A medical diagnosis documented in a previous school year plus documentation by a *Pennsylvania
licensed health care provider, medical specialist, or school health personnel regarding an exacerbation or
medical follow-up within the past five (5) years

•No official medical diagnosis but the student has a medication order for a specific condition prescribed by
a *Pennsylvania licensed health care provider or medical specialist within the past twelve (12) months

     *A licensed health care provider is defined as a physician, physician assistant, or certified registered
     nurse practitioner

  Students with multiple unrelated chronic conditions are counted in each respective condition
  Beginning with the 2015-16 school year Life-Threatening Allergies has been broken out into two categories
     •Food Related Life-Threatening Allergies
     •Other Life-Threatening Allergies (such as Bee stings, Latex)

     The Code of Federal Regulations definition of "Life Threatening" is:
     http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?FR=312.32
          Life-threatening adverse event or *life-threatening suspected adverse reaction.* An adverse event
          or suspected adverse reaction is considered "life-threatening" if, in the view of either the
          investigator or sponsor, its occurrence places the patient or subject at immediate risk of death

Do Not Include:
Parental/Guardian/Self reports of a chronic condition with no supporting documentation
Students with innocent heart murmurs (05)
Students with a history of febrile seizures (10)
Students with food sensitivities, such as, lactose intolerance or gluten intolerance (11)
Students with sickle cell trait (12)
Students with a condition not listed in the 14 categories

Select **"Submit"** after all Select Chronic Conditions data is entered in order to receive the green check mark
  (√) on the Chronic Conditions tab

Reminder: Information entered **but not saved or submitted will be lost**

The School Injury section of the report captures data on students in public and private/non-public schools, combined, who incurred injuries while under school jurisdiction

    A student is considered under school jurisdiction:

    On the way 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)

To be considered a Serious School Injury, the student's injury **must meet at least one (1) of the three (3) following criteria:**

- **Emergency Medical Services (EMS) was activated**

- **Immediate care by a physician or dentist, such as a family health provider, an emergency room physician or medical/dental specialist**

- **The loss of one-half or more days of school**

For each serious injury, identify the ONE most relevant option in EACH of the following three sections

Nature of Injury: The specific type of the injury. If a student sustains multiple injuries; include only the primary or most serious injury that is identified by a health care provider or by using nursing judgment

Time Period: When the injury occurred

Location: Where the injury occurred

The total of these three sections must equal one another

Nature of Injury:

01 Burn: An injury caused by exposure to heat, chemicals, or radiation (excluding the eye)

02 Concussion (including possible): A concussion or traumatic brain injury (TBI) caused by a bump, blow or jolt to the head that can change the way the brain normally functions

03 Contusion: An injury that causes a hemorrhage (bruise) on or beneath the skin, but does not a break the skin

04 Cut/Laceration/Puncture: An open wound, a break in the skin's surface, in which there is external bleeding, a wound made by tearing or cutting of body tissues, or a deep or narrow wound in the skin and/or underlying organs, such as a stab wound from a nail or knife

05 Dental Injury: An injury to the tongue, lips, teeth, and soft tissues of the mouth such as a fractured, chipped, or broken tooth, avulsed (knocked-out) tooth, loosened permanent tooth, intruded (pushed into the gum) tooth, uncontrolled bleeding of the soft tissues, laceration of the tongue or lips

06 Dislocation (including possible): An injury to the joint resulting in misalignment of the bone ends so that they are no longer in contact. Include students who exhibit symptoms of a possible dislocation, such as deformity, severe pain, swelling, and the inability of the student to move the injured joint

07 Eye Injury: An injury to the eye, eyelids, and surrounding soft tissue. Such as a foreign body in the eye, exposure to heat, chemicals, or radiation, eye avulsion (knocked out), a blow, cut, puncture, or penetrating injury to the eye

08 Fracture (including possible): An injury caused by a break or rupture in a bone. Students who exhibit symptoms of a possible fracture, such as deformity, compound fracture (bone protruding through the skin), tenderness, severe pain, swelling, or inability of the student to move the injured bone

09 Sprain/Strain/Tear (including possible): An injury to a muscle, tendon, or ligament caused by a sudden or violent twisting of a joint causing the stretching or tearing of tendons or ligaments, a violent contraction or an excessive forcible stretching beyond its normal range of motion

10 Other: Any injury not represented by one of the above nine categories that **meets at least one of the three serious school injury criteria**

    There should be very few "other" serious school injuries that cannot be categorized

Select the **Save Section: Nature of Injury**

Time Period

Identify the ONE most relevant option in the "time period" section for EACH serious injury counted in the Nature of Injury section

01 After School: An injury that occurred from the time of the school dismissal bell until the student arrives at home or at a non-school destination, whichever occurs first such as at drop off bus stops, during transit (vehicular or walking), during intramural sports, and after-school sponsored activities

02 Before School: An injury that occurred from the time the student leaves home until the official start of the school day, such as at pick up bus stops, during transit (vehicular or walking), during intramural sports and before-school sponsored activities

03 Class Change: An injury that occurred while a student is in transit from one class to the next

04 Class Time: An injury that occurred during an in school instructional class, home room, study hall, driver's education classes and detention

05 Field Trip: An injury that occurred at any location while a student is on a school sponsored trip

06 Lunch Period: An injury that occurred during a student's lunchtime, on or off campus

07 Physical Education (P.E.) Class: An injury occurring during a class period for physical education, whether in a gymnasium, on an athletic field, or other outside recreational areas

08 Recess: An injury occurring during a recess period, whether indoors or outdoors

09 Science Lab/Family & Consumer Science Class/Technology Education Class: An injury that occurred during a class period for science lab, family and consumer science class, and technology education class

10 Other: Any injury not represented by one of the above nine categories, such as during emergency evacuations and drills, assembly programs, pep rallies, clubs, and other school sponsored activities

Select the **Save Section: Time Period**

Location

Identify the ONE most relevant "location" for EACH serious injury counted in the Nature of Injury section

01 Athletic Field/Play Field: An injury that occurred on an athletic or practice fields during physical education classes, intramural sports, or other school sponsored activities excluding PIAA sponsored events

02 Auditorium/Multipurpose Room: An injury that occurred in auditoriums or large multipurpose rooms

03 Bus Loading Area: An injury that occurred at areas where students board or depart from buses

04 Cafeteria: An injury that occurred in school cafeterias or dining rooms

05 Classroom: An injury that occurred in classrooms, including computer labs

06 Corridor/Hall: An injury that occurred in corridors, halls, catwalks, and other walkways

07 Field Trip: An injury that occurred during a field trip (day trips and overnight trips)

08 Gymnasium/Pool: An injury that occurred in gymnasiums, locker rooms, pools/deck areas

09 Playground: An injury that occurred on school playgrounds

10 Restroom: An injury that occurred in school restrooms or lavatories

11 School Bus/Public Bus: An injury that occurred on a school owned or contracted vehicle used to transport students, and public buses used by students to go to or from school

12 Science Lab/Family & Consumer Science Room/Technology Education Room: An injury that occurred in science labs, family and consumer science and technology education classrooms

13 Sidewalk: An injury that occurred on sidewalks on school property, or sidewalks used by students to go to or from school

14 Stairs/Ramp/Elevator: An injury that occurred on stairs, ramps, elevators, escalators and lifts

15 Street/Driveway/Parking: An injury that occurred on streets used by students to go to or from school, and driveways and parking lots on school property

16 Other: An injury that occurred at any other location not represented by one of the above fifteen categories, such as school library, administrative office, health office or guidance office

Select the **Save Section: Location**

Select **"Submit"** after all Serious School Injuries data is entered in order to receive the green check mark (√) on the School Injuries tab

Chapter 15 – Medication Administration Page

Reminder: Information entered **but not saved or submitted will be lost**

The Medication Administration section of the report captures data on the administration of **ALL** medications to **ALL** students in public and private/non-public schools, combined, while the students are under school jurisdiction. The count is reported by Individual or Standing Orders

> A student is considered under school jurisdiction:
> On the way 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)

ALL medications (prescription, over the counter, homeopathic, supplemental, lotions...) require a written order from a Pennsylvania licensed prescriber and written parental/guardian permission

All medication orders must be renewed for each school year (July 1 to June 30 per the Pa Dept of Education)

For more information the medication manual may be accessed on the school health website at:
https://www.health.pa.gov/topics/school/Pages/Medications.aspx

Neither the Professional Nursing Law nor the Practical Nurse Law permits delegation of nursing functions; therefore, a certified school nurse or other licensed personnel (RN, LPN) may not lawfully delegate the nursing function of medication administration to the principal, teacher, or administrative personnel except for the administration of rescue asthma inhalers and epinephrine auto-injectors if the unlicensed person has been trained. Diabetes medications can be administered by unlicensed personnel if the school opts into **ACT 86 in its entirety** and after **ALL school personnel** have successfully passed the approved training course(s)

Count the **Number of doses** administered by the nurse via an **Individual order** (from a student's healthcare provider) or a **Standing order** (from the school physician) and by the **Category of Use** based on the student's condition/diagnosis

> For example, Carbamazepine (Tegretol) may be prescribed for a seizure disorder, a psychiatric disorder, or for pain associated with trigeminal neuralgia

Beginning with the 2015-16 school year Reversal Agents: Naloxone/Narcan Category has been added

Include:
All doses administered while a student is under school jurisdiction, including those administered by students themselves, parents, school personnel, agency or private duty nurses

Do Not Include: The administration of either oxygen or fluoride; see "Other" below for more instructions

Category of Use
01 Analgesic: Medication that is given to reduce or eliminate pain and fever
  Do Not Include: antibiotic soap, hydrogen peroxide, rubbing alcohol or alcohol wipes, cough drops/lozenges
02 Antibiotic: Medications that prevent and treat bacterial infections. Antibiotics are not typically ordered by the school physician as a standing order; therefore, only include topical antibiotics such as, Bacitracin, Neosporin, Silvadene, etc under the standing order column
03 Anticonvulsants: Medication that prevents or relieves seizures. There is no standing order option for anticonvulsants
  A Diastat: (Diazepam, Valium) only the rectal gel is counted in this column
  B Versed: (Midazolam) is supplied for IM, IV or Intranasal administration
  C Other than Diastat or Versed: include any other drug administered by any route for seizures
04 Antihistamine/Decongestant: Medication used to counteract physiological effects of histamine production in allergic reactions and colds; medication that breaks up congestion
  A Epinephrine (include auto-injector): is ordered for the emergency treatment of acute asthma attacks, anaphylaxis /allergic reactions. Count all doses that are administered by the nurse. Count doses of an epinephrine auto-injector that are administered by trained school staff and self-administered by a student
  B Other than Epinephrine: Count any medication other than Epinephrine that is administered to treat allergies or respiratory congestion
05 Anti-inflammatory: Medication that is given to reduce inflammation

06 Asthma (inhaler, nebulizer, oral and IV): Count all doses, maintenance or rescue, administered for the treatment and control of asthma. Count all doses that are administered by any route by the nurse. Count all doses that are administered by the nurse. Count doses of a rescue inhaler that are administered by trained school staff and self-administered by a student

07 Diabetes: Medication that is used in the management and treatment of diabetes including high and low blood sugars. There is no standing order option for diabetic medications.

   Do Not Include:

   Treatments such as orange juice, candy, icing, food given in the event of a low blood sugar as these are not medications

   A Oral: Count all doses given by mouth

   B Insulin (include bolus/adjustments to insulin pump): Count all doses administered by injection or adjustments made to a pump by the nurse or self-administered by the student with direct nurse observation as part of the students written transition plan in order to become self-sufficient in managing their diabetes

   C Glucagon: Count all doses administered by injection or intravenous routes given for the emergency treatment of hypoglycemia

   D Other glucose medications (glucose gel/tablets): Count all doses of other glucose medications such as glucose gel/tablets administered to treat hypoglycemia

08 Gastrointestinal: Medication that prevents or relieves symptoms of digestive disorders

   A Enzymes: Count all doses of enzymes administered. There is no standing order option for enzymes

   B Other than Enzymes: Count all doses administered such as antacids, antiemetics, antidiarrheals, laxatives, lactose intolerance medications

09 Reversal Agents: Naloxone/Narcan: Count all doses administered to counteract an opioid overdose

10 Psychotropic: A medication that is capable of affecting the mind, emotions, and behavior. There is no standing order option for psychotropic medications

   A ADD/ADHD (Attention Deficit Disorder/Hyperactivity): Count all doses administered by all routes ordered to treat the symptoms of inattention, impulsiveness and/or hyperactivity

   B Other than ADD/ADHD: Count all doses administered by all routes ordered to treat any psychiatric condition other than ADD/ADHD such as depression, anxiety, behavioral issues, schizoid disorders, eating disorders, mood disorders, bipolar disorders

11 OTHER: Count all doses administered by a health care provider's written order that do not fit into one of the above nine categories.

Include:

   Antifungal medications

   Cardiovascular medications

   Cough medicines (do not count cough drops and lozenges)

   Dermatological application that does not fit into one of the above 9 categories, such as, sun screen

   Eye wash, contact lens solution, artificial tears

   Homeopathic remedies, herbal preparations, dietary supplements, anabolic or catabolic preparations, vitamins and minerals

   Off-label and research medications that do not fit into one of the above 9 categories

Do Not Include:

   Medications to treat lice or other pests (these are not captured in this report)

   Fluoride by tablet, mouth rinse, or topical application (count on the dental services page)

   Oxygen (count as a contact for acute or chronic illness on health services page)

Select **"Submit"** after all Medication Administration data is entered in order to receive the green check mark (√) on the Medication Administration tab

Chapter 16 – Review, Certify and Submit Page

Reminder: Information entered **but not saved or submitted will be lost**

The Review, Certify and Submit page documents that the Superintendent or the Chief Executive Officer (CEO) has certified to the Department of Health (DOH) Division of School Health (DSH) the information submitted is a true and accurate statement of the health services provided and expenditures incurred by the school entity during the school year (July 1 through June 30)

Only the Superintendent/CEO has access to this page and the authority to submit the report

This page will become functional only when a green checkmark (√) is visible on each tab of the report

Select **"Annual Report"** from the Left Navigation. This opens the Report Status Summary page
Select **"Start/Revise/Print"** for the School Year being submitted. This opens the Report Status Detail page
Select **"Edit"**. This opens the report
Click on the **"Review, Certify & Submit"** tab to open the page to submit the report
Scroll to bottom of page and enter the superintendent's first and last name, add any comments if necessary, and click on **"Certify and Submit"** to submit the report to the DSH
> At the top of the page and a note in red will appear and state "**Annual Report Submitted Successfully"** which confirms the report was submitted
No green checkmark (√) will appear on this page after it is submitted

If the **"Status"** column says:
"School Editing" any school user with the data entry function may enter data into the report
"Submitted" only the Superintendent/CEO may select **"Void Annual Report Submission"** to allow users with the data entry function to make edits and it will then need resubmitted by the Superintendent/CEO
"Under Review" contact the Division of School Health (DSH) for assistance to make edits
"Approved" the report has been processed by DSH and the school may not make any edits. If edits are necessary, a revised report must be resubmitted by the superintendent
To **Revise** a previously approved report: Return to the **"Annual Report"** and open the **"Report Status Summary"** page
> Select the appropriate **"School Year"** and select **"Start/Revise/Print"** make the revision and the Superintendent/CEO must then resubmit the report

When a report is revised a description of what was revised is to be entered in the comment box on the ADM Cost of Services page so DSH knows where to look for the revision

When a report is **Disapproved** by DSH the status field reverts from "Submitted" back to "School Editing" with the reasons for the disapproval documented in the comment box. Make the necessary corrections and the Superintendent/CEO must resubmit the report to DSH

Only the Superintendant/CEO has the authority to resubmit the report to DSH

It takes approximately 6-10 weeks from the date the report is **approved** by DSH for payment to arrive via direct deposit

The report should be reviewed for accuracy before submitting it to DSH. It is recommended that **a nurse review the medical components to ensure accuracy** as data entry is often done by non-medical personnel and they may not catch errors in medical information
Reports are processed in the order in which they are received by DSH. Revisions are not processed until after all the initial reports are processed. Erroneous data requiring the report to be returned to the school for corrections will delay the payment to schools