

# School-based Telehealth Clinics

Make an evidence-based difference.



# Introductions

**Aubreigh Parks, BSN, BC-RN, NCSN**

**Shelly Cooper, RN, MPH, CPH**



# SCHOOL-BASED TELEHEALTH



Kids shouldn't have to miss school.



You shouldn't have to miss work.

# USING THE INFRASTRUCTURE

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- Each program is customizable.
- Vehicles may include:
  - POCTs
  - Standing Order Medications
  - Scheduled visits
  - Acute care visits







# PILOT PROGRAM

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- Standing orders started May 2021
  - Over 1200 medications this school year
- Point-of-Care Testing & Telehealth started November 15, 2022
  - Urine, Glucose, Strep, Flu/COVID
  - Completed 10 visits with care providers

# Standing Order Medications

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## NO WAIVER

- TAO/Bacitracin
- Alcohol 70%
- Hydrogen Peroxide 3%
- Chlorohexidine skin wash
- Mineral Oil
- Vaseline
- Sting Relief Spray
- Hemostatic Gauze
- Burn Gel/Spray
- Aloe
- Lotion
- Mouthwash
- Saline Solution
- Epinephrine
- Naloxone
- OTC Lice Treatment Shampoo

## REQUIRE WAIVER, RN APPROVAL & VERBAL PARENTAL CONSENT

*RN puts in order.*

- BenGay
- Oragel
- Hydrocortisone Cream
- Visine
- Visine A
- Cough Drops
- Dextromethorphan Cough Suppressant
- Acetaminophen
- Ibuprofen
- Diphenhydramine
- Calcium Carbonate
- Albuterol

## SO - Ibuprofen (200mg/tablet)

[Dispense Medication](#) | [Dispose of Medication](#) | [Edit Order](#)

**Order Dates:** 11/10/2022 - 6/1/2023


**Dose:** 2 tabs oral [Dispense as needed](#)

**Notes:** SO - Call RN if weight falls outside of parameters below. Give every 6 hours as needed for pain or fever. Weight parameters: 89-132 11/10/22 Weight: 110 lbs

**Last Dispensed:** 11/10/2022 09:56 AM By Hillary Laurence [History](#)

10 records per page

Search:

Medication	Dose	Dispensed	Dispensed By	Notes	
SO - Ibuprofen (200mg/tablet)	2 tabs	11/10/2022 09:56 AM	Hillary Laurence	Rn Aubreigh auth, mom auth, dispensed 2 ibuprofen.	<a href="#">Edit</a> 

Showing 1 to 1 of 1 entries

[← Previous](#) | 1 | [Next →](#)

## Pain - Other 11/10/2022 09:50 - 09:54

[Edit Visit](#) | 

**Service:** Health Aide w/ RN Call Phone

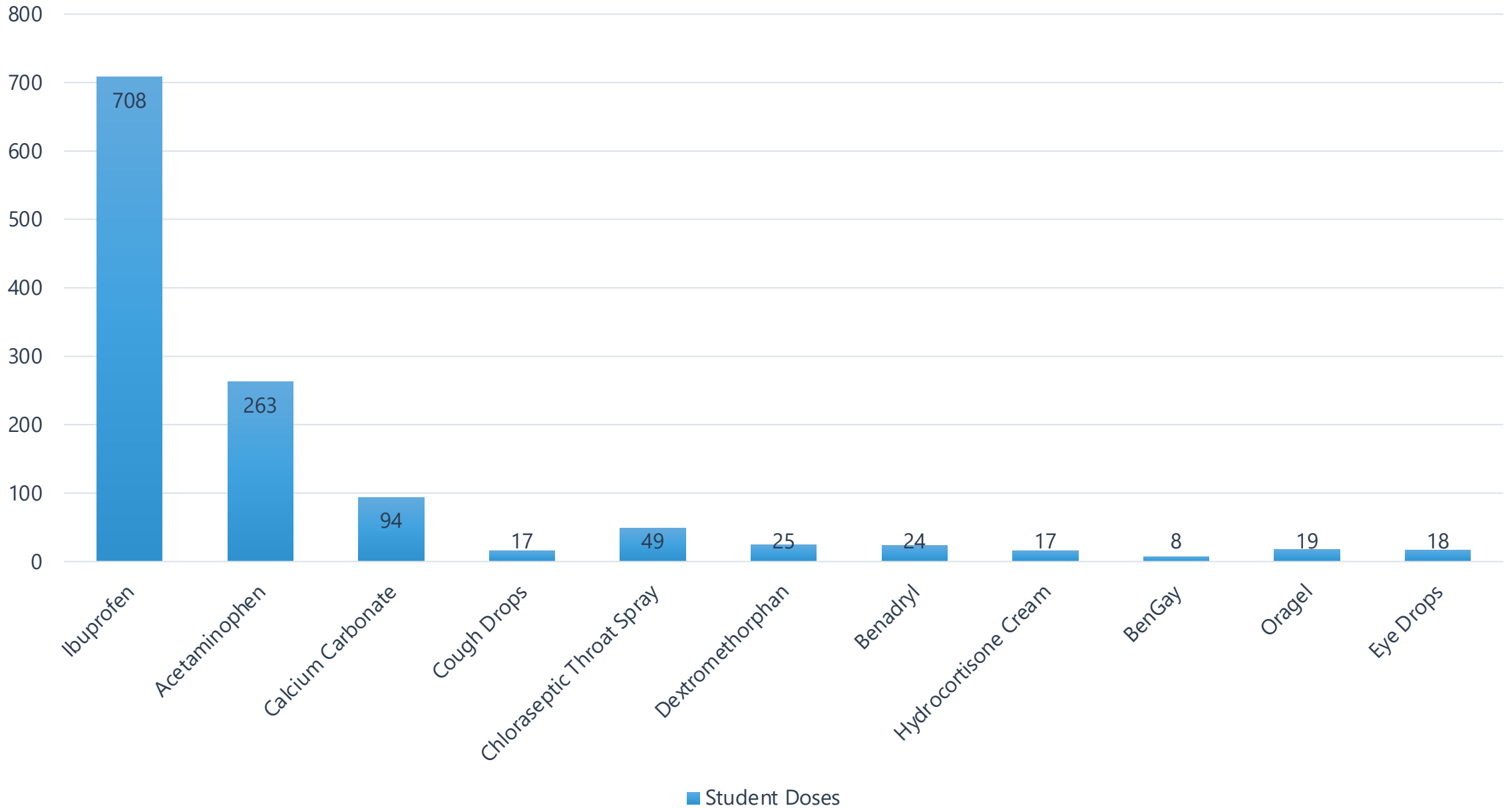
**Notes:** Students mother called, asking if we can give student ibuprofen for headache. Student just arrived. RN Aubreigh auth, mom auth. Student said he had breakfast. Dispensed 2 ibuprofen tabs with water. Sent student to class.

**Measurements:** Weight: 119.2

**School:** Wasatch High School

**Disposition:** Treated and Released

# Standing Order Medications





# POCTs

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- **Sophia 2 Machines: Quidel**
  - Strep A
  - Flu A/B & SARS Covid



# POCTs

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- **Sophia 2 Machines: Quidel**
  - Strep A
  - Flu A/B & SARS Covid
- **Urine Dipstick Test**
  - 10 Markers



# POCTs

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- **Sophia 2 Machines: Quidel**
  - Strep A
  - Flu A/B & SARS Covid
- **Urine Dipstick Test**
  - 10 Markers
- **Glucometer**



# Telehealth

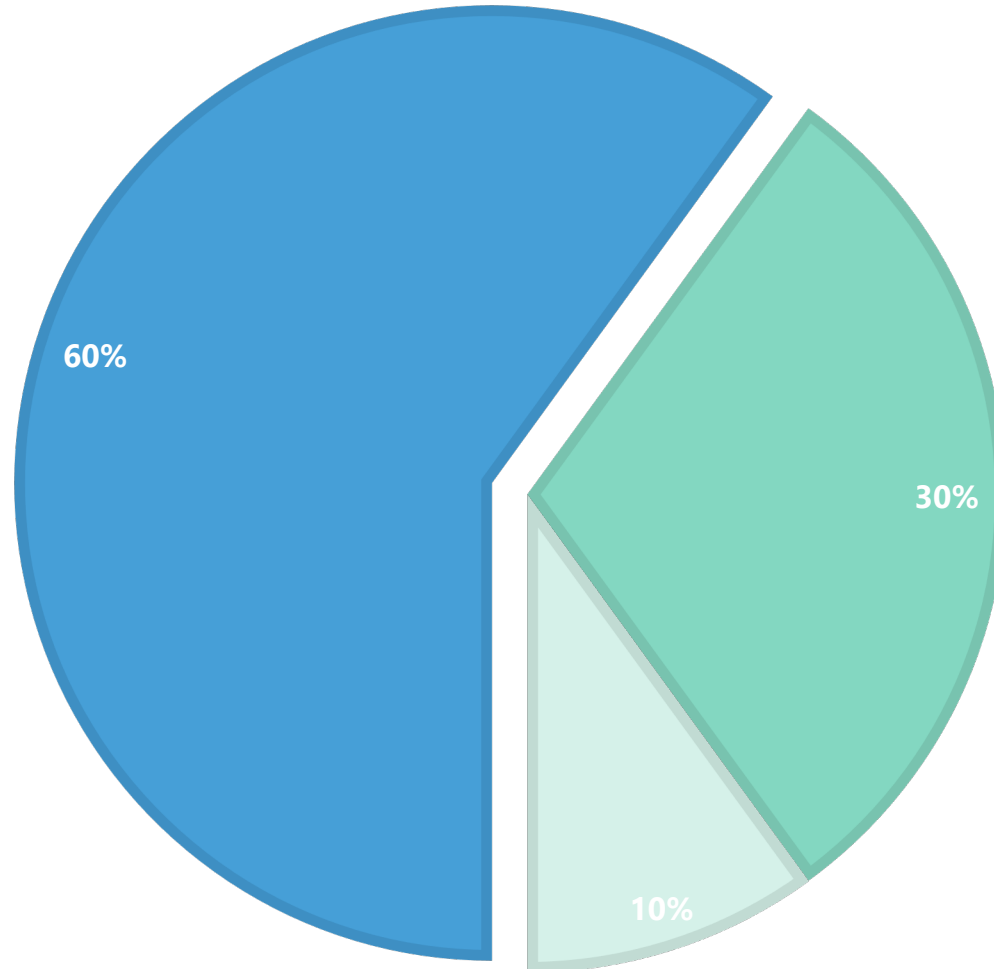
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- **Gale Units/19 Labs: The INFRASTRUCTURE**
- **Connect to RNs & local providers**
  - Any provider with an MOU can see their patients
  - We are not responsible for billing, but collect this information on intake/consent for telehealth visit
  - Require a charitable visit contribution to participate



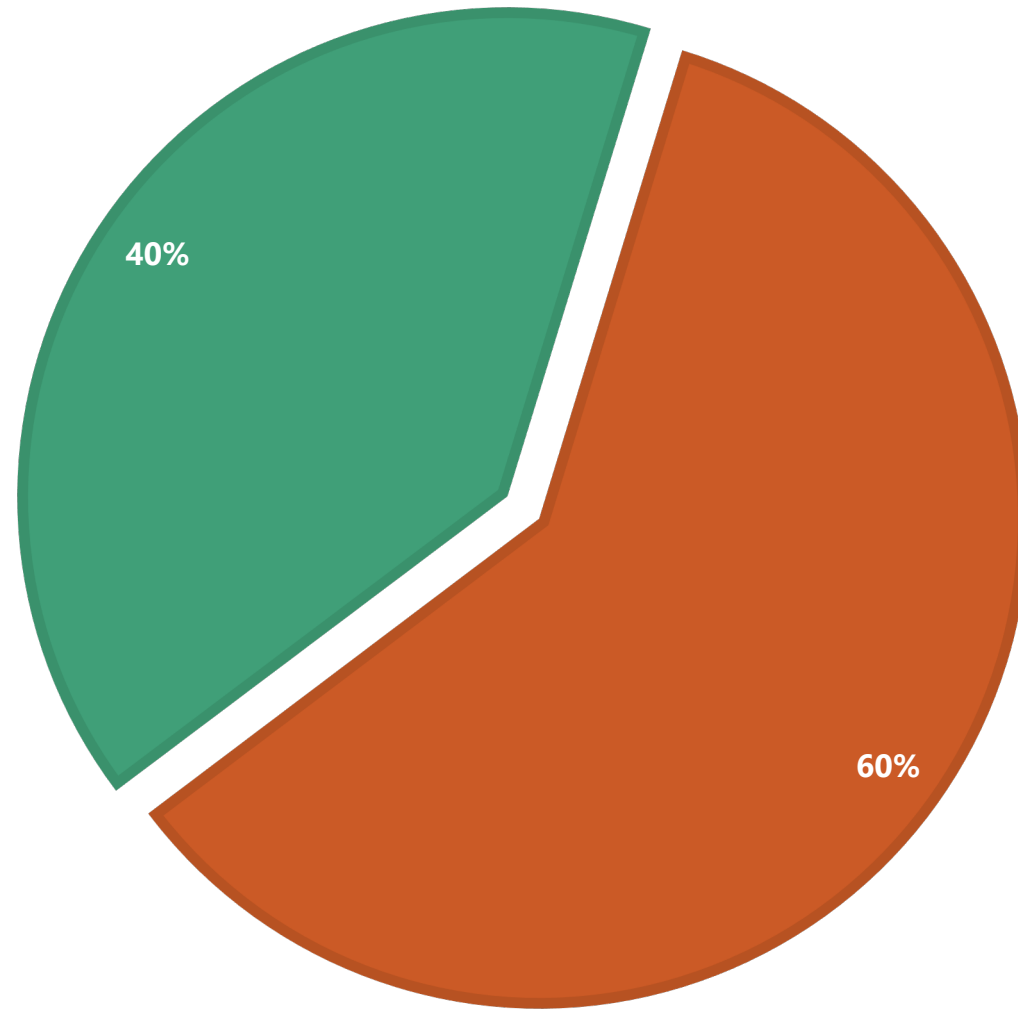
# MISSED SCHOOL DAYS AFTER TELEHEALTH

■ 0 Days   ■ 1/2 Day or Less   ■ 1 Day



# PARENTS ATTENDED TELEHEALTH

■ Parents attended   ■ Parents did NOT attend





# Attendance Impact

- **Average time in health office:**
  - Standing Orders –
    - First Time: 22 minutes
    - Subsequent Time: less than 10
  - Telehealth Visit – 60 minutes
- **Average time to see a telehealth provider:** 30 minutes
- **Average telehealth visit length:** 20 minutes
- **95%** of students who receive standing orders remain in class
- **100%** parent satisfaction
- **100%** administration & teacher support





# Case Study 1

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- 14-year-old, male student presented to health office with mild fever and sore throat.
- Parent requested strep test – completed by health aide, RN called parent with results.
- Telehealth requested by parent, expressed financial inability to pay.
- Waiver(s) signed.
- Visit initiated and prescription received.
- Parent did not miss work and attended the visit virtually from work.
- Student missed remainder of day returning next day (2 doses of medication).



# Case Study 2

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- 8-year-old, female student presented to the office with L ear pain.
- Health Aide initiated telehealth visit with RN on call – signs of ear infection noted.
- RN called parent who requested medication & telehealth but stated she could not attend due to work.
- Waiver(s) signed.
- Connected student to telehealth with Medicaid information for billing – prescription received.
- Student received ibuprofen and returned to class. Parent picked up prescription on way home from work.
- Student missed 0 days of school.



# CRITICAL ASPECTS

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- Medical authorization (orders)





WASATCH COUNTY SCHOOL DISTRICT STANDING ORDERS  
OVER-THE-COUNTER AND EMERGENCY MEDICATIONS

I hereby direct the nurses, substitute nurses and trained unlicensed assistive personnel (UAPs) of Wasatch County School District to administer the following over-the-counter and emergency medications and perform the directed point-of-care tests (POCTs) as needed.

1. The following topical medications may be used for the accompanying indications:
  - a. TAO/Bacitracin: Superficial abrasions or small lacerations
  - b. Hydrocortisone 1% Cream: Pruritic lesions and rashes (contact dermatitis, insect bites)
  - c. Alcohol 70%: piercing cleaning
  - d. Hydrogen Peroxide 3%: Ear irrigation
  - e. Chlorahexadine skin wash: Wound cleaning per bottle instr
  - f. Mineral Oil: Ear irrigation
  - g. White Petrolatum (Vaseline or equivalent): Dry chapped lip without erosion
  - h. Sting Relief Spray/Swabs/Sticks: Topical anesthetic for insect
  - i. Methyl salicylate-menthol or muscle balm (BenGay or equivalent)
  - j. Benzocaine 10%-20% (Anbesol/Orajel or equivalent): Pain (canker sores, teething pain) or dental pain
  - k. Phenol oropharyngeal spray or gargle (Chloraseptic or equivalent)
  - l. Hemostatic gauze: Severe wound bleeding not stopped with
  - m. Burn spray/gel: Burn relief due to minor burns
  - n. Aloe: Burn relief due to minor burns
  - o. Lotion: dry skin
  - p. Mouthwash: breath refreshment and care of oral piercings
  - q. OTC lice treatment shampoo: pediculosis capitis for infected members, use as manufacturer's directions



2. The following ocular medications may be used for the following:
  - a. Tetrahydrozoline hydrochloride ophthalmic solution (Visin equivalent): Minor conjunctiva irritations not associated with
  - b. Saline Solution: Irrigation of eyes; assist students with contact
  - c. Visine A or equivalent anti-histamine eye drops: Allergy symptoms

3. The following medications may be used for the accompanying indications:
  - a. Cough drops/throat lozenges: cough/sore throat per package labeling, grades
  - b. Dextromethorphan Cough Suppressant 30mg/5mL liquid (Delsym or equivalent) lingering, non-productive cough after acute illness as follows:

Age	Dose (mL)
4-6	2.5
6-12	5
12+	10

- c. Acetaminophen 160 mg/5mL liquid q 4-6 hours for antipyretic or for minor pain relief as follows:

Weight (pounds)	Dose (mL)
24-35	5
36-47	7.5
48-59	10
60-71	12.5
72-95	15

- d. Acetaminophen 325mg tablet q 4-6 hours for antipyretic or for minor pain relief as follows:

Weight (pounds)	Dose (tablet)
48-71	1
72-95	1 ½
96+	2

- e. Ibuprofen 100mg/5mL liquid q 6 hours for antipyretic or for minor pain relief as follows:

Weight (pounds)	Dose (mL)
24-35	5
36-47	7.5
48-59	10
60-71	12.5
72-95	15

- f. Ibuprofen 200mg tablet q 6-8 hours for antipyretic or for minor pain relief as follows:

Weight (pounds)	Dose (tablet)
48-88	1
89-132	2
133+	3



- g. Diphenhydramine HCL Liquid 12.5mg/5mL (Benadryl or equivalent): Insect stings, hives and/or allergic reactions not severe enough for epinephrine. The dosage is to be administered every 4-6 hours as follows:

Weight (pounds)	Dose (mL)
20-24	4
25-37	5
38-49	7.5
50-99	10

- h. Diphenhydramine HCL Tablets Chewable 12.5 mg (Benadryl or equivalent): Insect stings, hives and/or allergic reactions not severe enough for epinephrine. The dosage is to be administered every 4-6 hours as follows:

Weight (pounds)	Dose (tablets)
50-99	2
100+	4

- i. Calcium Carbonate 750mg/tablet (Tums or equivalent): give 2 tablets q day for indigestion for ages 12+

- j. Calcium Carbonate 400mg/tablet (Pepto Kids or equivalent): give once q day for indigestion per weight-based dosing as follows:

Weight (pounds)	Dose (tablets)
24-47	1
48-95	2

- k. Epinephrine auto injector (dose based on age/weight per package instructions) for severe allergic reaction or suspected anaphylaxis, must call 911

- l. Albuterol inhaler: 2 puffs for acute asthma exacerbation for students with existing asthma care plan

- m. Naloxone 4mg/0.1mL intranasal for suspected opioid overdose, may repeat every 2 to 3 minutes in the alternate nostril if patient does not respond or response and relapses into respiratory depression, must call 911

4. The following POCT must be administered:

- a. Rapid strep
- b. Urine dip
- c. Rapid flu A & B
- d. Rapid COVID
- e. Combination
- f. Glucose (glu)



With any of the above medication indications, interval and dose

Contraindications between this document and the package labeling shall be interpreted in favor of the package labeling. The school nurse must make an assessment to determine the need for any medication. The nurse may delegate and thereby will supervise the administration of medication by unlicensed assistive personnel who are qualified by education knowledge and skill to administer medication under Utah state law.

The school nurse is not obligated by this document to dispense medications where, in their professional judgement, such use would not be appropriate despite the above-mentioned indications.

Kerry Palakanis, DNP, APRN  
Printed Name – Provider/Prescriber

Signature – Provider/Prescriber

8/25/22  
Date

Aubreigh Parks, RN, BSN, NCSN  
Printed Name – Wellness Supervisor, RN

Signature – Wellness Supervisor, RN

08/25/22  
Date

# CRITICAL ASPECTS

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- Medical authorization (orders)
- Consent





# SCHOOL-BASED TELEHEALTH CONSENT FORM

All students receive basic first aid treatment while at school. However, in order for students to initiate a telehealth visit, parents/guardians must:

1. Fill out applicable legal/payment/insurance information
2. Select a telehealth provider
3. Sign the waiver below once per school year, AND
4. Give verbal consent at the time of visit.

## A – PATIENT/STUDENT LEGAL & DEMOGRAPHIC INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Preferred Pronouns (optional): \_\_\_\_ he/him \_\_\_\_ she/her \_\_\_\_ they/them

Race (optional):

- White  Black or African American  American Indian or Alaska Native  
 Asian  Native Hawaiian or Other Pacifica Islander

Ethnicity (optional):

- Not Hispanic/Not Latino  Hispanic/Latino

Student's Full Address:

Street Name & Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

## B – GUARANTOR'S LEGAL & DEMOGRAPHIC INFORMATION (Financially Responsible Party)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Preferred Pronouns (optional): \_\_\_\_ he/him \_\_\_\_ she/her \_\_\_\_ they/them

Telephone Number: \_\_\_\_\_

Guarantor's Full Address (if different from the student's):

Street Name & Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

## C – PAYMENT/INSURANCE

Telehealth providers may bill you for telehealth appointments. Parents/Guardians may elect billing preference. Any associated billing for insured patients is the responsibility of the patient, NOT the District. Patients with financial needs can request financial aid below.

Please choose ONE:

- Please bill my student's/the patient's medical insurance:

Insurance Company: \_\_\_\_\_

Plan Name (if applicable): \_\_\_\_\_

Payer ID (if applicable): \_\_\_\_\_

Primary Subscriber Name: \_\_\_\_\_

Primary Subscriber's Full Address (if different from the student's):

Street Name & Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Primary Subscriber DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Primary Subscriber's Preferred Pronouns (optional): \_\_\_\_ he/him \_\_\_\_ she/her \_\_\_\_ they/them

Primary Subscriber Insurance ID #: \_\_\_\_\_

Patient's relationship to subscriber: \_\_\_\_\_

- I prefer to pay without insurance. (Visits cost up to \$69.00)

- I am concerned with my ability to pay and would like to be considered for financial aid assistance.

## D – PREFERRED PHARMACY

If the provider determines prescription treatment is necessary, a prescription will be sent to the pharmacy below. The parent/guardian is responsible for picking up and administering the first dose of medication at home.

Pharmacy Name: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_

## E – PREFERRED PROVIDER

When possible, Wasatch County School District's Health Services team will attempt to connect your child to the provider of your choice. All providers are welcome to participate in the telehealth program.

Please choose your preferred provider(s):

### LOCAL PROVIDERS

- Gallagher Pediatrics  
 Heber Valley Clinic – Provider name: \_\_\_\_\_  
 Heber Valley Pediatrics (Dave Larson & Melissa Smith)  
 Wasatch Family & Women's Wellness (Cameryn Smith & Crystal Miller)  
 Wasatch/Summit Pediatrics – Provider name: \_\_\_\_\_  
 Intermountain Connect Care

### REQUESTED OTHER PROVIDER:

- Provider Name: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

If your requested provider(s) selected above is/are not available at the time of service, do you give authorization for Wasatch County School District to connect your student to another provider who is available?

Please choose ONE:

- Yes  
 Yes, but do NOT connect to: \_\_\_\_\_  
 No



In cooperation with  
local healthcare providers &  
Wasatch County School District

## SCHOOL-BASED HEALTH CENTER CONSENT FORM

All students receive basic first aid treatment while at school. However, in order for students to be administered select stock over-the-counter (OTC) medications, receive point-of-care testing (strep, COVID-19, glucose, etc.) and/or to initiate a telehealth visit, parents/guardians must:

1. Sign the waiver below once per school year,
2. Give verbal consent at the time of visit.

### A – PATIENT/STUDENT HEALTH HISTORY

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

School: DCE HVE JRS MES OME RMMS TMS WHS

Allergies to medication: \_\_\_Yes \_\_\_No

If yes, list medication: \_\_\_\_\_

Allergies to food: \_\_\_Yes \_\_\_No

If yes, list foods: \_\_\_\_\_

List medications taken daily:

\_\_\_\_\_

List current medical problems (i.e., diabetes, asthma):

\_\_\_\_\_

### B – ADMINISTRATION OF STOCK MEDICATIONS AT SCHOOL

Parents/Guardians may elect which stock over-the-counter medications may be administered while at school. Please select medications you are consenting to be given while at school. Stock medications are not intended to replace medication provided by parents/guardians for regular administration at school and regular use of medications may require an individual prescription and supply. Administration of stock medications are free and will not be billed to insurance.

**IMPORTANT: Medications selected will not be administered without written consent below AND verbal consent by a parent/guardian at the time of visit.**

**Please choose ONE:**

- I consent to the administration of ALL stock medication(s) (with verbal consent at the time of visit).
- I ONLY consent to the following medications below (with parent/guardian verbal consent at the time of visit).  
You must select which medications:
- |   |   |
|---|---|
| <input type="checkbox"/> Acetaminophen (Tylenol)  | <input type="checkbox"/> Cough drops (grades 6-12 only) |
| <input type="checkbox"/> Allergy eye drops        | <input type="checkbox"/> Cough suppressant (Delsym)     |
| <input type="checkbox"/> Artificial tears         | <input type="checkbox"/> Diphenhydramine (Benadryl)     |
| <input type="checkbox"/> Benadryl                 | <input type="checkbox"/> Hydrocortisone cream           |
| <input type="checkbox"/> Benzocaine (Oragel)      | <input type="checkbox"/> Ibuprofen (Advil)              |
| <input type="checkbox"/> Calcium Carbonate (Tums) | <input type="checkbox"/> Muscle Balm (BenGay)           |
| <input type="checkbox"/> Chloraseptic spray       |   |
- I do NOT want my child to access ANY medications while at school.



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### C – POINT-OF-CARE TESTING (POCTs)

All student/staff are eligible to receive certain point-of-care tests for free. These tests can be performed without a telehealth visit and are provided based on symptom assessment and availability. Point-of-care tests are free and will not be billed to insurance.

**IMPORTANT: Tests selected will not be administered without written consent below AND verbal consent by a parent/guardian at the time of visit.**

**Please choose ONE:**

- I consent to the use of ALL point-of-care testing (with parent/guardian verbal consent at the time of visit).
- I ONLY consent to the selected point-of-care test options below (with parent/guardian verbal consent at the time of visit). You must select which tests below:
- Rapid Strep A
  - COVID-19 / Influenza A&B
  - Urine Dip
  - Glucose
- I do NOT want my student to have access to ANY point-of-care testing at the school-based health clinic.

### D – TELEHEALTH SERVICES

School-Based Telehealth provides virtual visits via telehealth for ill patients while at school via a secure technology platform. District Nurses and Health Aides assist in using the available technology and equipment for virtual visits. Parents/Guardians may also participate virtually during the visit using their computer or smart phone with a link at the time of the visit.

The advanced-practice provider (MD, DO, PA or NP) can assess, diagnose and prescribe medications virtually.

**IMPORTANT: Telehealth visits will not be initiated without written consent below AND verbal consent by a parent/guardian at the time of visit.**

**Please choose ONE:**

- I give consent for my student to receive treatment at school through a secure telehealth visit if deemed necessary by both the District Nurse AND parent/guardian at the time of visit.
- I do NOT want my student to access the telehealth program at any time.

### E – PATIENT AGREEMENT

- I certify the above information is true and correct to the best of my knowledge and belief.
- I understand the school-based health clinic will attempt to contact me when my student seeks assistance in the clinic beyond typical first aid care and a visit will not be initiated without consent by a parent/guardian at the time of service.

signNow



In cooperation with local healthcare providers & Wasatch County School District

### SCHOOL-BASED HEALTH CENTER CONSENT FORM

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#### A – PATIENT/STUDENT HEALTH HISTORY

Patient Name:  Date of Birth:

School:  DCE  HVE  JRS  MES  OME  RMMS  TMS  WHS

Allergies to medication:  Yes  No  
 If yes, list medication:

Allergies to food:  Yes  No  
 If yes, list foods:

List medications taken daily:

List current medical problems (i.e., diabetes, asthma):

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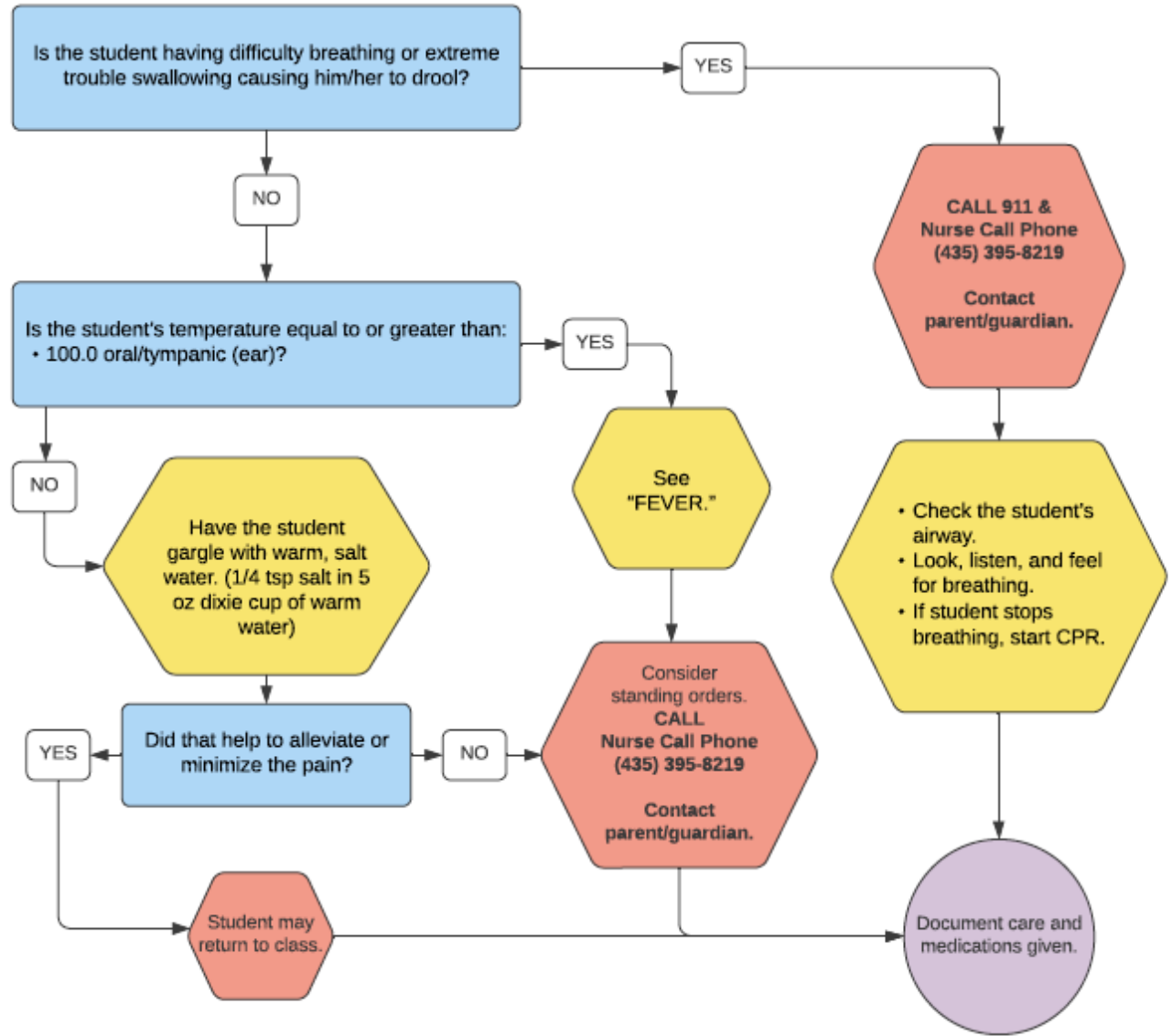
# CRITICAL ASPECTS

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- Medical authorization (orders)
- Consent
- Flowcharts/Training



# SORE THROAT



- STANDING ORDERS:**
- Phenol Oropharyngeal Spray
  - Cough Drops (6-12th grade)
  - Acetaminophen
  - Ibuprofen

- POCT:**
- Strep A
  - SARS/Flu

**TELE HEALTH**

# CRITICAL ASPECTS

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- Medical authorization (orders)
- Consent
- Flowcharts/Training
- Connection to a healthcare provider



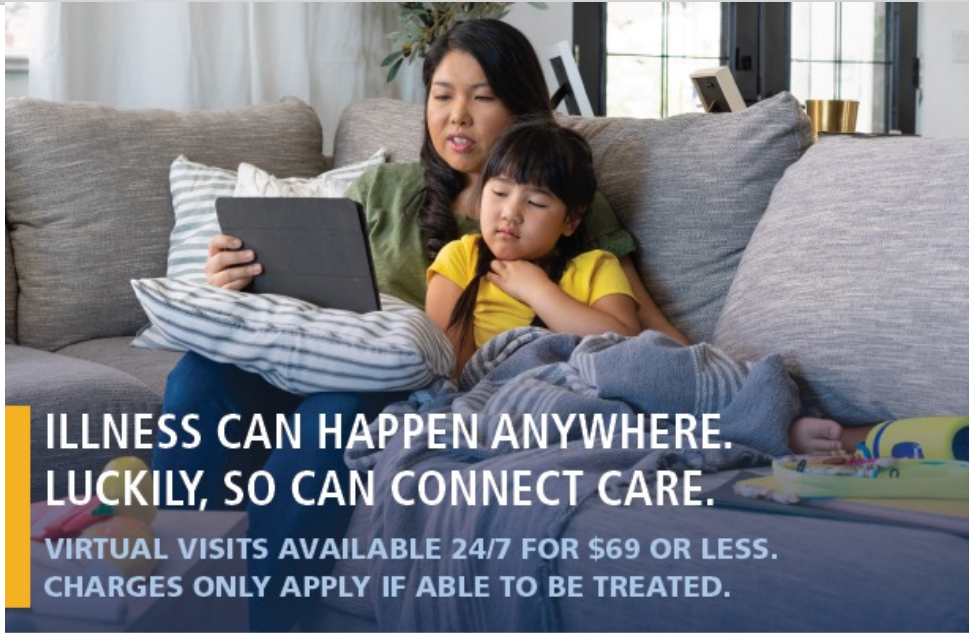


# CRITICAL ASPECTS

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- Medical authorization (orders)
- Consent
- Flowcharts/Training
- Connection to a healthcare provider





**ILLNESS CAN HAPPEN ANYWHERE.  
LUCKILY, SO CAN CONNECT CARE.**

**VIRTUAL VISITS AVAILABLE 24/7 FOR \$69 OR LESS.  
CHARGES ONLY APPLY IF ABLE TO BE TREATED.**

**Connect Care may treat the following health conditions for the School-Based Telehealth Program:**

- Allergic rhinitis
- Asthma  
(per the standardized Utah Asthma Action Plan - for students who don't have a care plan on file)
- Blepharitis
- Cold sore
- Conjunctivitis (Pink eye)
- Cough, Colds
- COVID-19
- Cystitis, UTI (female >12)
- Earache, Otitis Media, Otitis Externa
- Eczema
- Fever
- Flu, Influenza
- Impetigo
- Lice
- Minor Allergic Reactions (not anaphylaxis)
- Nausea, Vomiting, Diarrhea
- Oral Thrush
- Sore throat
- Skin rash
- Upper Respiratory Infection
- Vaginal Yeast Infections (only for older patients)



IntermountainHealthcare.org/ConnectCare



Scan here or go to [intermountain.com/myhealthplus](https://intermountain.com/myhealthplus) to get My Health+ today.

**A summary of your visit will be available to view on My Health+.**



**Step One: Download**

Using the QR code below, download the My Health+ app from the App Store or Google Play, or visit My Health+ on the web (no download required).



**Step Two: Login**

Login using your existing My Health username and password. If you don't have an existing My Health account, simply create a My Health+ account in the app or online.



**Step Three: You're In!**

Explore how My Health+ takes the complexity out of managing your health so you and your family can spend time living the healthiest lives possible.

**Add a dependent child to your My Health+ account:**

- 1 - Go to Account Management
- 2 - Under Account Sharing click *People I have Access to.*
- 3 - Click *Request access to another account*
- 4 - Select *Request access for a minor*
- 5 - Fill out the form.

**Insurance Plans currently accepted by Intermountain Connect Care\***

- AETNA
- Aetna Utah Connected (Zions Bank emp plan only)
- Allied Benefit System Network Care
- AmeriHealth Paiute Indian Tribe Network Care
- Big D Construction (Outside Utah)
- Big D Construction (Utah only)
- Blue Cross and Blue Shield
- Boulder Administration Services Wise
- Campbell Scientific
- CAS Coastal Admin Services Wise
- Deseret Choice Hawaii
- Deseret Premier
- Deseret Protect
- Deseret Select
- Deseret Value
- Franklin County
- Franklin County Medical Center
- Global Excel
- HealthEZ Wise
- Healthshare H2B planlimit
- Healthshare MCP EBMS planlimit
- Healthshare Trustmark McDougall planlimit
- HealthSmart Wise
- Humana Commercial
- Humana Medicare
- iFIT Samera Health
- Juniper Systems
- LW Miller
- MCA Network Care
- Medicaid of Idaho
- MedCare International
- Medicare Intermountain ACO
- Medicare Nevada
- Medicare Part A and Part B
- Medicare Part B
- Meritain Wise
- Missionary Medical
- Molina Healthcare of Utah CHIP
- Molina Marketplace
- PEHP
- SelectHealth
- Utah Medicaid

*\*Accepted insurance companies and coverage are constantly changing. Many insurance plans cover a visit with \$0 copay. Please check with insurance company to see if Intermountain Connect Care is covered by your insurance plan and cost.*

# CHALLENGES & SUGGESTIONS

- Managing flow & time to visit
- Privacy
- RN Coordination
- Parent education
- Time to registration







Questions?