Health Information Training for BCPS IMT's
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New Health Codes

Asthma

- 04A- Current Asthma/Reactive Airway Disease (use of an inhaler or asthma attack in the past 12 months)

- 04B- History of Asthma/Reactive Airway Disease (Absence of inhaler use or asthma attack in the past 12 months)
A06 Panel
New Health Codes

Diabetes

- 06A- Diabetes: Type I (uses Insulin)
- 06B- Diabetes: Type II (does not use Insulin)
Immunizations for 2017-2018
School Entry/Attendance Requirements

Kindergarten-12th grade

- Four or five doses of diphtheria-tetanus-pertussis (DTaP) vaccine±
- Three doses of hepatitis B (Hep B) vaccine
- Three, four or five doses of polio (IPV) vaccine*
- Two doses of measles-mumps-rubella (MMR) vaccine
- Two doses of varicella vaccine† for kindergarten and grades one through nine
- One dose of varicella vaccine† for grades ten through twelve
Immunizations for 2017-2018

School Entry/Attendance Requirements

Seventh Grade

In addition to kindergarten through twelfth grade vaccines, students entering or attending seventh grade need the following vaccinations:

One dose of tetanus-diphtheria-pertussis (Tdap) vaccine in grades seven through twelve

• An updated DH 680 form to include Tdap, must be obtained for submission to the school.
Immunizations for 2017-2018

Deadline for Data Entry

September 25, 2017
HEALTH SCREENING FOLLOW UP/RESPONSIBILITIES

ABSENT STUDENTS
Screen absent students within 10-14 days after team leaves. IMT's enter results into Terms.

RTI's
Trained personnel, please screen as needed.

NEW TO COUNTY
Students new to county in grades 2, 4, 5 and any students in mandatory grades K, 1, 3, 6 who have enrolled after the team leaves. Please screen, IMT enter results in TERMS. File in health folder.
HEALTH SCREENING FOLLOW UP/RESPONSIBILITIES

FILING

To protect the students’ privacy please file all health screening forms that are a “pass” in the student’s health folder.

HEARING REFERRALS

If student fails the initial hearing screening a second screening needs to be conducted by trained personnel, on the same screening form, within 10-14 days.
HEALTH SCREENING FOLLOW UP/RESPONSIBILITIES

HEARING REFERRALS CONT’D

If student passes their second screening, have the IMT change code and date in TERMS. File in health folder of student CUM.

If student did not pass second screening contact your school's Audiologist for follow up. If you do not know the Audiologist assigned to your school, contact the Audiology Department at 754-321-3453.

Once the Audiologist has seen student, IMT enter code and date in TERMS. File in health folder.
VISION REFERRALS - MANDATORY STATE REQUIREMENTS - 3 attempts

Any student who has failed their vision screening is listed on vision tracking form.

The Initial attempt is the first time a copy of the original failed vision screening form is sent home to parent/guardian. 2nd attempt is a copy of the same form. The 3rd attempt must be a phone call.
RETURNED REFERRAL FORMS

When vision screening form (completed by student’s health care provider) is returned to school, staple it to the original failed vision screening form and file in health folder. Have IMT change the code and date in TERMS and indicate outcome on tracking form.

If you contact parent/guardian and they have verbalized that the student has received treatment mark this on original screening form, change the code and date in TERMS, and state outcome on tracking form. File in health folder.

If no response after 3 attempts, write “3 attempts made” on original screening form have IMT change the code and date in TERMS. Indicate outcome on Vision tracking form. File in health folder.
HEALTH SCREENING FOLLOW UP/RESPONSIBILITIES

RETURNED REFERRAL FORMS CONT'D

If a parent/guardian refuses treatment then write “parent refusal” on the original screening and tracking form, have the IMT change code and the date refusal was made in TERMS. File in health folder.

HEIKEN VISION PROGRAM

If the student failed their vision screening and has a signed Heiken parent consent form on file fax to Florida Heiken, per instructions on fax cover form.

If student failed vision screening and does not have signed Heiken parent consent form, a blank form with a copy of their failed vision screening will be sent home.
HEALTH SCREENING FOLLOW UP/RESPONSIBILITIES

HEIKEN VISION PROGRAM CONT’D

When completed forms are returned by student, please fax to Heiken per instructions on form.

Qualifying students will receive voucher for eye exam/glasses if needed

BMI REFERRALS-MANDATORY STATE REQUIREMENTS-3 attempts

Any student who has failed their BMI screening has been listed on the tracking form.

The Initial attempt is the first time the parent letter is sent home to parent/guardian. 2nd attempt is a copy of the same parent letter. The 3rd attempt can be another copy of parent letter or robo/parent link call.
HEALTH SCREENING FOLLOW UP/RESPONSIBILITIES

BMI REFERRALS-MANDATORY STATE REQUIREMENTS-3 attempts Cont'd

If letter is returned, staple the returned form to the original screening form. Have the IMT change code and date in TERMS. State outcome on BMI tracking form. File in health folder.

If letter is returned with box checked, I chose not to share information with health care provider, staple the returned form to the original screening form. Have IMT change code and date refusal was made in TERMS. State outcome on BMI tracking form. File in health folder.

If no response after 3 attempts, write “3 attempts made” on original screening form, have IMT change code and date in TERMS. Indicate outcome on BMI tracking form. File in health folder.
HEALTH SCREENING FOLLOW UP/RESPONSIBILITIES

IMT SCREENING REFERRAL RESPONSE

Received follow up treatment

T

No response from parent/guardian to 3
Documented follow up attempts

A

Parent/guardian refusal to obtain follow-up treatment

R

Any questions or concerns please contact your Health screening Team by emailing diane.chaviano@browardschools.com or calling Coordinated Student Health Services at 754-321-1575