



# Adena Health Mobile Clinic

## Frequently Asked Questions

A partnership with Adena Health will periodically bring the Adena Health Mobile Clinic for school-based health (SBH) to various area schools each month. This pilot program set for autumn of 2023 will bring medical staff to participating school campuses who will be able to treat students at the school ONLY after a parent/guardian has given permission. The medical professionals can contact 911 and help students with chronic health concerns when they are onsite. Here are some answers to common questions to help you prepare for the launch of the program:

### 1. Why school-based health?

School programs that impact the individual, family, school, and community can positively influence both student health behaviors and learning. Evidence-based, effectively coordinated, and strategically planned school health programs and services are also necessary for closing the academic achievement gap and promoting health equity.

### 2. Why is my school partnering with Adena Health for school-health care?

The goal is to keep students in the classroom, healthy and engaged in learning all year long. Illness and chronic health conditions can lead to hundreds of missed hours of learning, and medical appointments for treatment can result in students being out of the building for hours at a time. If students aren't at school, they aren't learning. Ultimately, providing access to care as a resource for families in the school setting has been shown to reduce the number of absences for students and can also minimize time away from work for busy families.

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### 3. How is this different from a traditional school clinic?

The SBHC can help meet many common needs for our students. It can provide physical exams for sports, diagnose and treat illness, prescribe and/or renew prescriptions for medication, and other care similar to your child's doctor. The nurse practitioner can order any lab tests and issue any prescriptions needed to address medical concerns for the student.

### 4. What services can the mobile unit provide?

- Treatment of acute illness such as ear/sinus infection, cold, flu, cough, sore throat
- Chronic disease management such as diabetes and asthma
- Behavioral health treatment: anxiety, depression, ADHD/ADD
- Comprehensive well visits with sports/youth work physicals and/or blood work
- Immunizations and disease prevention
- On-site testing/screenings: blood sugar testing, strep, flu, hearing, vision, & lead
- Reproductive health

If a sports physical is needed it can be included in the student's yearly check-up. If the child has had a yearly check-up completed by a provider outside of Adena Health in the past (1) year, we ask that you contact that provider to complete the sports form several days before their scheduled appointment on the mobile unit.

These services are not meant to replace those provided by your established pediatrician or family doctor. When your child has any medical need, your first call should always be to your child's pediatrician or family doctor who knows your child best.

### 5. How do I get my child seen at school?

Contact your school nurse via email or call to get on the list of students for Adena Health to schedule for an appointment or for more information. You can also call the mobile clinic by phone at 740-672-1646. *\*The mobile clinic line is not available 24 hours/7days a week. You may contact 740-799-7500 if additional help is needed.*

### 6. Can you see my child the same day you are at their school?

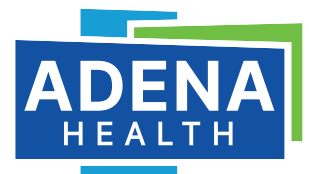
Same-day appointments may be available. Contact your school nurse to find out about the day you need services.

### 7. What immunizations will you provide?

The state required immunizations for school attendance and flu immunizations. For the full list visit:

<https://odh.ohio.gov/know-our-programs/immunization/media/immunization-summary-school>

Other immunizations will be determined as the mobile unit use ramps up.



## Ohio School Immunization Requirement Details

<p><b>DTaP</b> Diphtheria, Tetanus, Pertussis</p>	<p><b>Grades K-12</b> Four or more doses of DTaP or DT vaccine, or any combination. If all four doses were given before the fourth birthday, a fifth dose is required. If the fourth dose was administered at least six months after the third dose, and on or after the fourth birthday, a fifth dose is not required. <i>Recommended DTaP or DT minimum intervals for kindergarten students are four weeks between the first and second doses, and the second and third doses; and six months between the third and fourth doses and the fourth and fifth doses. If a fifth dose is administered prior to the fourth birthday, a sixth dose is recommended but not required.</i></p>
<p><b>Hep B</b> Hepatitis B</p>	<p><b>Grades K-12</b> Three doses of hepatitis B vaccine. The second dose must be administered at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least eight weeks after the second dose. The last dose in the series (third or fourth dose) must not be administered before age 24 weeks.</p>
<p><b>MMR</b> Measles, Mumps, Rubella</p>	<p><b>Grades K-12</b> Two doses of MMR vaccine. The first dose must be administered on or after the first birthday. The second dose must be administered at least 28 days after the first dose.</p>
<p><b>Polio</b></p>	<p><b>Grades K-12</b> Three or more doses of IPV vaccine. The FINAL dose must be administered on or after the fourth birthday with at least six months between the final and previous dose, regardless of the number of previous doses. <i>If any combination of IPV and OPV was received, four doses of either vaccine are required. Only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements. Doses of OPV administered before April 1, 2016, should be counted (unless specifically noted as administered during a campaign). Doses of OPV administered on or after April 1, 2016, should not be counted.</i></p>
<p><b>Varicella</b> Chickenpox</p>	<p><b>Grades K-12</b> Two doses of varicella vaccine must be administered prior to entry. The first dose must be administered on or after the first birthday. The second dose should be administered at least three months after the first dose; however, if the second dose is administered at least 28 days after the first dose, it is considered valid.</p>
<p><b>Tdap</b> Tetanus, Diphtheria, Pertussis</p>	<p><b>Grades 7-12</b> One dose of Tdap vaccine must be administered on or after the tenth birthday. Tdap can be given regardless of the interval since the last tetanus or diphtheria-toxoid containing vaccine. <i>Children aged seven years or older with an incomplete history of DTaP should be given Tdap as the first dose in the catch-up series. If the series began at age seven to nine years, the fourth dose must be a Tdap given at age 11-12 years. If the third dose of Tdap is given at age 10 years, no additional dose is needed at age 11-12 years.</i></p>
<p><b>Meningococcal</b> Meningococcal ACWY</p>	<p><b>Grades 7-11</b> One dose of meningococcal (serogroup A, C, W, and Y) vaccine must be administered on or after the 10th birthday. <b>Grade 12</b> Two doses of meningococcal (serogroup A, C, W, and Y) vaccine. Second dose on or after age 16 years. If the first dose was given on or after the 16th birthday, only one dose is required</p>

### 8. Will the mobile unit provider handle medication refills for my child?

This will be dependent upon the diagnoses, medication, and treatment plan. Will need to make sure you provide what pharmacy you would like the prescription to be sent to. Prescription refill requests can also be sent to a provider through your child's MyChart account at <https://www.adena.org/mychart>.

### 9. Can I still keep my primary care doctor if my child receives immunizations, gets a physical, or has certain medications refilled by the mobile unit?

Always check your primary care doctor's office for its policy. If your child already has a doctor, then the school-based health center (SBHC) staff will work as a complement to the care that your child's doctor provides. If needed, the SBHC staff will talk to your child's doctor to make sure your child gets the best care both in and out of school.

Please be aware that the mobile unit's schedule may change, making routine visits or follow-ups a little challenging. If your child has a primary care provider and you would still like them to be seen on the mobile unit, please know we are NOT trying to replace your pediatrician or family provider. If your child gets their check-ups/sports physicals, etc. on the mobile unit, they can still go to their primary care provider for any other reason. Insurance will only cover one check-up or physical a year.

### 10. I do not want my child seen by anyone in the school setting at this time. Do I have to opt out of anything?

Families may opt into treatment by completing the consent form and appointments may be scheduled by contacting your school nurse. In the case of an injury or other minor emergency, the parent/guardian may give verbal consent for treatment by phone. Families may actively opt out of treatment using the consent form, but it is not required. In addition, families will be kept engaged throughout the treatment process, just as they would with their regular physician.

### 11. Can the mobile unit go to other events or places?

Yes. Please contact Audrey Barker, SBHC program manager, at [abarker@adena.org](mailto:abarker@adena.org)