

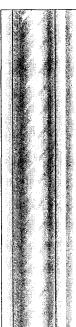
Extend to school health records the same protections granted medical records by federal and state laws

- Medical records sent to schools are protected under FERPA regulations
- Parents have right to access
- Re-release of records received
- Nursing records protected under medical records laws

2/12/2004

Remember that FERPA regulations pertain to school records and medical records sent to schools become part of the CUM file, must be accessible to parents, be kept confidential, and not be re-released without parental consent.

We follow medical record law for management of nursing records. That means we do not re-release medical records sent to us. Parents may be directed to contact the source if they need a copy sent elsewhere. Do, however, call attention to the fact that a medical report from a specific clinic exists in your nursing record in the event the receiving party would like to access those records. Also, be sure to include pertinent information from those records, in your nursing documentation.



Establish uniform standards for collecting and recording student health information

- Clear procedures for collecting and recording health information help ensure quality care and provide accountability.
- All methods should:
 - Promote optimal student health and learning;
 - Meet standards of professional practice and state law;
 - Provide necessary data for accountability; and
 - Contribute to timely and quality health care

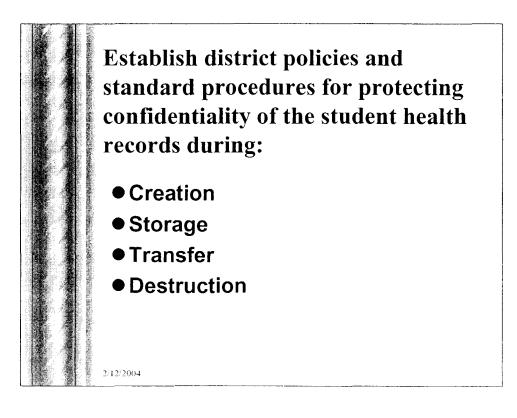
2:12/2004

Our department is a national leader in the area of established uniform documentation standards. Procedures are clear and protocols and forms are standardized.

Failure to appropriately conduct and contemporaneously document a health assessment exposes the health professional to liability if the student experiences an adverse outcome. For example, in a case involving a student with asthma who died a few hours after the second of two visits to a school nurse, the court required a review of the school health record and found that both the nurse's assessment of the student's condition and the record were inadequate.

At this time, we would like to review some fictitious examples of charting that reflect practices observed during chart audits.

Regarding "sticky notes", notes on napkins, scrap paper, etc. These are "memory joggers" for the nurse and are not considered part of the nursing record. All information pertinent to appropriate care should be adequately documented in the record. These must be removed before the record is forwarded to another nurse or SHS.

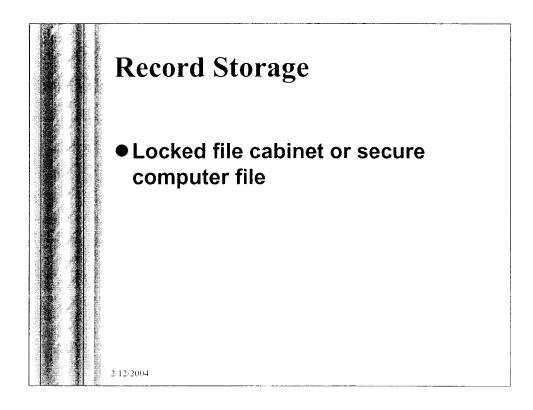


We are going to look at each of these points independently.

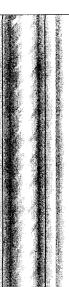
Record Creation

- Interviews
- Calls
- Presence of third party
- Records on top of desk
- Leaving messages
- Typing and copying
- Logs

- •Conduct interviews with students, parents, or staff members in private.
- •Calls should be made from a private office, not in the presence of other students or staff.
- •Discussion of confidential information related to a specific student should end when a third party enters the room.
- •Records containing student health information should never be left open on top of a desk.
- •Messages of a confidential nature should never be left with a secretary, on voice mail, or answering machines, or on an electronic mail system.
- •When records are being typed, entered into computer data bases, copied, or telecopied, they should be protected from casual observers by covers or screens.
- •Using a chronological tracking log to record visits to the health office violates privacy when it lists the student's name and the reason for visit where anyone can see it. When a log is used, it should note only students name and time of health room visit. A sample log has been created for you that is called an "attendance log" and does not have room for presenting complaint. This log can be shared with school personnel requesting such for attendance purposes. Please destroy all logs that have room for presenting complaint.



- •Locked file cabinet or secure computer file
- •Our policy of not storing confidential information on your computer continues.
- •If information from the record is copied or released to third parties, the nature of the disclosure should be documented along with written parental consent for the disclosures. Our release of confidential information form satisfies this recommendation.
- •Computer documentation will create a new dimension of challenge for the security of confidential information. In the interest of time, and because we are not there yet, that topic will not be further addressed in this presentation.



Transfer of Health Information

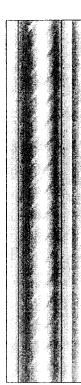
- Label as CONFIDENTIAL
- Faxing
- Internet: HHS privacy rules require encryption if identifiable health information is transmitted via internet.
- End of year transfer of nursing record

2/12/2004

When transferring school health records, they should be labeled Confidential and mailed to the appropriate health professional.

Currently, there are no federal laws that address the issue of a fax as a legal document. Rules are still not clear in Oregon, so, for now, we use best practice to safeguard confidentiality. That is, to always use a cover sheet addressed to a specific individual and clearly mark the document Confidential. Ideally, the recipient should be present to receive the fax.

When you are transferring nursing records to the next nurse at the end of the year, please assure that you can complete this process by the due date. Records left in nurses mail boxes during the summer present a problem with security and confidentiality. If you have challenges with meeting the deadline, please talk to your supervisor.



EMAIL

- Creates its own precise documentation of the exchange, time, and date.
- Each person must have own account and password
- Precautions necessary to prevent misuse

2/12/2004

Without own mail account confidentiality is not possible

Policy, procedures and training are essential--e.g. Don't forward health information without permission from the author/client.

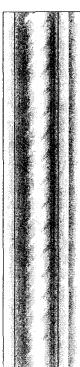
Will need to keep current in this field for large influx of use likely.

Be sure to read your blue book regarding agency policies for use of email. (hold up book)



- IDEA: Requires parental notification when a school district no longer needs a record "to provide educational services to the child." Parents may request destruction of unneeded information.
- Federal government requires retention of federally-funded program records for 3 years for audit purposes.

- •IDEA: Requires parental notification when a school district no longer needs a record "to provide educational services to the child." Parents may request destruction of unneeded information.
- •Federal government requires retention of federally-funded program records for 3 years for audit purposes.
- •To assure we are incompliance with all record destruction laws, we keep all student records until three years after the school year when the student turns 21, the last year a school district is legally responsible to provide an education.

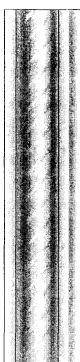


Require written, informed consent from the parent and, when appropriate, the student, to release medical and psychiatric diagnoses to other school personnel

In Oregon, the following students may sign the consent for release of information:

- · Married students regardless of age
- Unmarried students who are 18 years or older
- Emancipated students who are emancipated pursuant to a court decree
- Unmarried students who have consented to treatment under statutes which allow for certain types of health services without parental authority. You will find those treatments and the age of authorization listed in your standards manual.

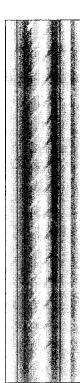
- •There are few circumstances when it is necessary to disclose a student's medical diagnosis. An emerging practice in schools is not to reveal any medical or psychiatric diagnoses to non-health professionals within the school without specific parental or student consent.
- •Relevant health information necessary for educational planning and student safety can be shared among school personnel who serve the student. Functional health terminology is used rather than the diagnosis. Oregon's age of consent are listed on the overhead and more detail can be found in your standards manual.



Limit the disclosure of confidential health information within the school to information necessary to benefit students' health or education.

- Fundamental principle of FERPA: student information is shared within the school on the basis of "legitimate educational interest" or "need to know."
- Circulation of a problems list to all teachers, with names of students attached to diagnoses, is a clear violation of a student's privacy.

- •Barb talked about use of directory information that can be shared. We do develop emergency plans based on that information and this does comply with FERPA and medical records laws.
- •Information of interest to a teacher or staff member might not be necessary to the provision of appropriate care or a student's success in school. The only information that should be shared is information that will directly benefit the student.
- •Circulation of a problems list to all teachers, with names of students attached to diagnoses, is a clear violation of a student's privacy. When it is necessary to notify teachers about a student's health condition, using the functional health implications of the medical condition within the classroom and during other school activities, as well as written procedures necessary for health interventions and emergency plans is more pertinent information to share.



Use of Functional Health Information

- Use terms as defined by NANDA when sharing information related to a student's health concern
 - "Fatigue" or "risk for activity intolerance" can be used to help teachers make accommodations without revealing the medical diagnosis of HIV, CF, or other condition.

2/12/2004

Use of terms as defined by NANDA enables teachers and school staff to make appropriate accommodations in the classroom without revealing the underlying diagnosis.

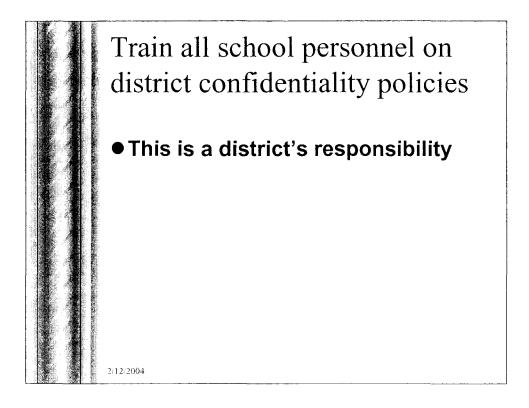
• "Fatigue" or "risk for activity intolerance" can be used to help teachers make accommodations without revealing the medical diagnosis of HIV, CF, or other condition.



Establish policies and standard procedures for inter-agency exchange of information

- Consultation without parental consent is acceptable when no identifying information is revealed.
- Records received from health care providers should always be received and reviewed by a school nurse before going to non-health care professionals within the district.
- Call supervisor and consult with principal when being asked for aggregate data for the school/district population
- When you are requested by SS Administration for health information, it is ok to release the school district's information, such as imm. records.

- •Sometimes we need advice or a professional opinion from an outside health care provider and we do not have parental consent. It is acceptable to consult about a student as long as the name, or any other personal information about the student is not revealed. However, when information about a particular individual is required for planning purposes from other outside health care providers, it can only be obtained with informed consent of the parents, legal guardian, or student.
- •Schools often receive more information than is needed for educational planning purposes. We know this generally does not happen, but best practice is for you to be involved with the request of records from all health care providers. Then, you can help them determine and request specifically what they need. The information should be sent only to you, even if requested for educational planning purposes. You will then need to review the record and determine what is pertinent to educational planning for the student. You should then either return the unrequested information to the sender, or shred it; but it should NOT become part of the student's record.
- •An individual cover letter explaining why specific information is needed and a signed parent consent for release of information should be sent with the request. Ideally, the response from the health care provider would be in the form of a summary, or include only selected excerpts from the medical record that includes the relevant information needed to promote learning or provide appropriate related services.
- •Several of you have been called by the Oregonian or people doing research about the number of students in your school with various health problems. When this happens, Remember, the school district owns the information, not SHS. While it is legally alright, to some extent, to give aggregate information that has no identifying information attached, please go to your supervisor first and then talk to your principal.
- •When you are called by SS Administration for health information, it is ok to release the school district's information, such as immunization records.
- •When parents request a copy of their student's health record, they must sign a release. It has been rather awkward to use our standard release of information form for this purpose, so a new form has been developed.



The last guideline is to provide regular, periodic training for all new school staff, contracted service providers, substitute teachers and school volunteers concerning the district's policies and procedures for protecting confidentiality.

This is clearly the district of each individual school district.

Have staff sign confidentiality agreement and tell them they will need to do it each year.

Resources

- National Task Force on Confidential Student Health Information. <u>Guidelines for Protecting</u> <u>Confidential Student Health Information</u>, 2000. American School Health Association
- Schwab, Nadine C. and Gelfman, Mary H.B. (eds). <u>Legal Issues in School Health Services</u>, 2001.
- Oregon State Board of Nursing. <u>Nurse Practice</u> <u>Act</u>, 2000.

2 10 15 (4)