Chapter 1: Introduction to School Health Services

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GOALS OF A SCHOOL HEALTH PROGRAM

At the local school level, the school health program may take on a variety of forms. This is determined by the size of the student population, the needs of the community, available resources and the population of students with special health care needs. At a minimum, a local school health program will include: first aid and emergency response, including CPR and response to breathing emergencies utilizing the mandated medication protocol; medication administration; immunization, physical exam, and visual evaluation compliance; and health screening.

Recommended Goals of a School Health Program:

- Provide nursing consultation and specialized cares for children and youth with special health care needs that impact their learning and/or attendance at school through case management leadership.
- Provide Health Screening and immunization monitoring
- Control the spread of communicable disease
- Promote and facilitate utilization of primary health care
- Provide a healthy and safe school environment
- Promote comprehensive and appropriate health education
- Provide a system for dealing with crisis medical situations
- Evaluate the health program

http://dhhs.ne.gov/Pages/School-Health.aspx
Priorities of a School Health Program:

Sometimes School Administrators and School Nurses in Nebraska request priorities for a school health program if the budget and/or nurse’s time are quite limited. If that is the case, two priorities are recommended above all:

a. Assure compliance by the school with statutory and regulatory requirements for school health; and
b. Assist the school to prepare personnel to fulfill various school health services functions when the nurse is not present.

To address these two areas most efficiently and effectively, ten priority activities are suggested:

1. Identify students with special health care needs that require attention at school, or planning for emergency response, or related accommodations planning under IDEA or Section 504.
   a. Develop IHPs (Individualized Healthcare Plans as indicated)
   b. Provide information and consultation to Student Assistance Team as needed.
   c. Make delegation decisions according to Nebraska Nurse Practice Act
   d. Assist in preparing and assuring properly qualified personnel are assigned activities related to health and medical services for students with special health care needs.

2. Assure immunization compliance for all grades.
   a. Prepare the November immunization report.

3. Organize and conduct the annual health screening program.
   a. Hearing, vision, BMI, dental per DHHS minimum recommendations
   b. Conduct rescreening for students not passing initial screening. A pass at rescreening is the same as a pass at the initial attempt.
   c. Identify students whose parents/guardians are to be notified of need for further evaluation.
   d. Provide to the school administrator an aggregate report of screening by grade (total students screened; % passing, % needing parental notification of need for further evaluation).
   e. Involve volunteers or others in conducting screening according to competencies for each screening procedure.
4. Assure compliance with providing evidence of a physical exam requirement (K, 7th, and out of state transfers) and visual evaluation requirement (K and out of state transfers).
   a. For compliance purposes, statement of objection of the physical exam and/or the vision exam by parent is acceptable.
   b. Provide report of aggregate compliance levels (how many reports/exams, how many waivers, how many unaccounted for) to administration.

5. Provide exposure control training to personnel
   a. Assist school administrator in identifying needs for personal protective equipment
   b. Identify infection control concerns to school administrator.
   c. Assure exposure control policies are current and available to personnel.

6. Provide medication administration training as needed and competency determination as required for school personnel assigned responsibility for providing medications to students.
   a. Provide required documentation for school.
   b. Review/make recommendations on medication administration policies and practices at school to school administrator.

7. Provide emergency response team training as needed and competency determination as required for school personnel assigned responsibility for implementing the emergency protocol for life-threatening breathing emergencies in Nebraska schools.
   a. Assure required supplies and equipment including medications is available at school.
   b. Provide required documentation for school.
   c. Recommended: minimum of three persons usually on the premises all day at school.

8. Assist the school in preparing for crisis medical response.
   a. Seek administrator input on priorities
   b. Identify supplies and equipment for the health office.
   c. Recommend minimum training and capacity for school: at least three people are currently certified in standard first aid and CPR
d. Assure there is a system in place for documenting and reporting severe injuries to parents.

e. Identify needs to comply with the Concussion Awareness Act, effective July 2012. (NRS 71-9101 – 71-9106)

9. Assist administrator in identifying and developing policies to comply with absenteeism statutory requirements for students with prolonged absence due to illness.

SUGGESTED SCHOOL NURSE ACTIVITY CALENDAR

At the local school level, each school year presents an array of challenges and activities. However, many of the events and activities of the school health office follow a somewhat predictable pattern. To begin, a new school nurse will need to seek out an array of vital information. When familiar with this necessary information, the School Nurse is ready to plan a tentative schedule of services and activities, addressing identified goals and objectives. The new School Nurse should continue the program currently in operation according to accepted policies and procedures until desirable changes can be made.

Before school begins, if possible, the nurse should try to accomplish the following activities:

✓ Request to meet with the School Superintendent or designee, or otherwise obtain:

   1. The school district’s philosophy of the school health program.
   3. Any written school health policies and procedures, or school health manual.
   4. Orientation for the School Nurse to the building and grounds.
   5. Introductions to key personnel in the school(s) and district.
   6. A school calendar, building schedules and individual class rosters.

✓ Meet the building principal(s) and office staff. Identify communication patterns for exchange of information (e.g. mail box, phone calls, referrals to nurse, notification of teachers).

✓ Locate the school health office(s). Determine how health office space will be utilized. Assess supplies and equipment. Identify methods for obtaining supplies.

✓ Locate the health records. Become familiar with local school policies regarding records, confidentiality, retention, and destruction. Assess how up-to-date the
√ Develop and share a school nurse schedule based on student needs, building schedules, special health care needs, and the number of schools served determined by number of hours school nurse is available.

√ Meet the faculty and describe the school nurse’s role and procedure for referral. Provide faculty with a copy of the Nurse’s schedule. Identify opportunities to provide exposure control training, breathing emergency response training, CPR to school personnel.

√ Meet the coordinator of special education services in each building. Find out when building level conference are held, the procedure for referral services and how the nurse is notified of students needing evaluation. Know who obtains permission for assessment and sets the date for team conferences.

√ Get acquainted with the cafeteria manager and workers, bus driver’s supervisor and the school custodian. Observe the physical facility for health hazards and determine how assistance in solving these problems might be rendered.

√ Develop or update a community resource file. Become familiar with available emergency services. Identify local health resources such as the health and social services department, mental health services, the school health advisory council, service clubs and their areas of interest, and health care providers. Make a list of contact persons at each of the agencies.

√ Become acquainted with the type of data to be collected to document school nursing activities for accountability and quality assurance as well as where it will be documented – hard copy or electronic program.

√ Identify resources for professional support, such as in-service and consultation available through the local, district and state Department of Health and the state Department of Education as well as the state school nurse consultant. Request an opportunity to visit a school nurse in a neighboring district. It is an inexpensive continuing education activity and an opportunity to begin networking. Learn what printed materials, such as newsletters, mailings, and journals are available.

√ Join the state and national school nurse organizations – National Association of School Nurses – state affiliate – Nebraska School Nurses Association and/or the Central Nebraska School Nurses Association, and/or the American School Health Association.
√ Make contact with the State School Nurse Consultant by calling (402) 471-1373 or (800) 801-1122.

√ Sign up for the school nurse list serve at www.Answers4Families.org.

√ If *no written procedures exist*, the School Nurse should identify those as a top priority and draft them for the Superintendent’s approval.
## Suggested School Nurse Activity Calendar

<table>
<thead>
<tr>
<th>August</th>
<th>September</th>
<th>October</th>
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<tbody>
<tr>
<td>- Develop a written plan for health program goals and priorities for</td>
<td>- Update student health records</td>
<td>- Follow up with immunization compliance</td>
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<td>the coming year with the District or Building Administrator</td>
<td>- Plan screening program for the year.</td>
<td>- Set up conferences with parents/guardians and individual students with</td>
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<tr>
<td>- Schedule universal precautions/exposure control training for all</td>
<td>- Assure emergency information and supplies are accessible and ready</td>
<td>identified health problems to jointly develop a health care plan</td>
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<td>school personnel</td>
<td>- Prepare emergency card file of students and staff</td>
<td>- Secure a health and developmental history for all Kindergarten and new</td>
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<tr>
<td>- Schedule Emergency Response Team training per Title 92 NAC</td>
<td>- Pursue compliance with immunization requirements, exclusions if necessary.</td>
<td>students</td>
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<tr>
<td>Chapter 59, Emergency Response to Life Threatening Asthma and Anaphylaxis</td>
<td>- Check compliance on physical exams and visual evaluations; notify</td>
<td>- Classroom visits for:</td>
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<tr>
<td>- Identify personnel responsible for assisting students with</td>
<td>parents of missing information.</td>
<td>1. Personnel safety, infection control</td>
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<td>medications; assure competency and practices.</td>
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<td>2. Nutrition (National School Lunch Month)</td>
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<td>- Review emergency plans for children with health concerns, with</td>
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<td>3. Safety and First Aid (School Bus Safety Week)</td>
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<td>parents and with educational personnel with need to know</td>
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<tr>
<td>- Identify staff trained in first aid and CPR.</td>
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<tr>
<td>- Check batteries on AED; assure EpiPen®, albuterol, nebulizer, and</td>
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<tr>
<td>first aid kit are ready for emergencies</td>
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<tr>
<td>- Prepare Health Office and supplies</td>
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<td>- Review and have signed appropriate consents and protocols.</td>
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<tr>
<td>- Review or develop a documentation system to log health office visits,</td>
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<td>monitor immunization compliance,</td>
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<td>- Teacher presentations: field trips and medications</td>
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track screening referrals, manage medications, etc.
- Attend school meetings regularly
- Prepare emergency and First Aid kits for classrooms
- Review individual immunization records for compliance with requirements.
- Review individual health records.
- Check compliance on physical exam and visual evaluation; notify parents of missing information.

- to school newsletter on health topics, and or send email “health news”.
- Conduct screening program, as scheduled.
- Assess whether school personnel have access to adequate personal protective equipment, and are using and disposing of it properly.
- Teacher presentations: flu avoidance practices
School Nurse Activity Calendar

November
- Complete Immunization Report and return to Nebraska Health and Human Services, Immunization Division by November 15.
- Continue to monitor provisionally enrolled students.
- Continually identify new and transfer students: health concerns, immunization compliance, etc.
- Monitor levels of absenteeism due to illness.
- Determine whether health office is adequately supplied.
- Monitor medication administration practices; documentation; inventory.
- Continue health promotion messages for staff and families.
- Conduct screening program as scheduled
- Participate in multidisciplinary teams as needed; provide information if not attending
- Teacher presentations: first aid and infection control in the classroom
- Classroom presentations that may be appropriate include:
  1. Colds – Flu - Sore throats
  2. Hand washing
  3. Positive health practices

December
- Review individual student health records for completeness
- Monitor absenteeism due to illness
- Continue health promotion/health education messages from health office – bulletin boards, newsletters, emails.
- Conduct screening program as scheduled.
- Participate in multidisciplinary teams as needed; provide information if not attending
- Write a brief mid-year report of health office activity and progress on goals and priorities for building administrator.
- Teacher presentations: responding to breathing emergencies – asthma and anaphylaxis
- Classroom presentations
  1. Prevention of hypothermia
  2. Colds and flu
  3. Hand washing

January
- Review absentee records to identify health problems requiring nurse’s interventions
- Conduct screening program as scheduled
- Continually identify new and transfer students: health concerns, immunization compliance, etc.
- Participate in multidisciplinary teams as needed; provide information if not attending in person
- Continuously update individualized health care plans as needed.
- Classroom presentations
  1. Sexuality/Puberty for Girls: Grades 4, 5 and 6
  2. Sexuality/Puberty for Boys: Grades 5 and 6
- Begin planning for next year: supplies and equipment, health education, staff wellness, family communications, policies and procedures needed.
- Teacher presentations: “Brain Breaks:” keeping a physically active classroom even when there’s snow outside.
School Nurse Activity Calendar

February – March
- Monitor absenteeism due to illness – identify opportunities to intervene with infection control or environmental practices, communications for families.
- Review individual student health records for completeness. Assure screening data entered if completed.
- Participate in multidisciplinary teams as needed; provide information if not attending in person
- Continually identify new and transfer students: health concerns, immunization compliance, etc.
- Conduct/complete screening program as scheduled
- Prepare communications for Kindergarten Parent Meeting or Roundup
- Classroom presentations
  1. Dental Health Month
  2. Heart Health Month
  3. Nutrition Month

April - June
- Plan and conduct pre-school screenings if scheduled
- Prepare notices regarding immunizations and physicals due next school year.
- Review individual health plan for children with special needs – and revise as needed.
- Participate in multidisciplinary teams as needed; provide information if not attending in person
- Complete documentation and notifications regarding screening results
- Review health education materials and make recommendations.
- Write a year-end summary report for school administrator, highlighting nurse activities; student utilization of health services; activities or services for educators and staff; family involvement.
- Continue planning and preparations for next school year.
- Attend annual school health conference.

July – August
- Time for re-energizing, and continuing education!
- Prepare for any upcoming students with special health care needs
SCHOOL HEALTH RECORDS

A school health record for an individual student encompasses immunization records, school health screening results; physical examination, visual evaluation, and dental reports; medication records; documentation of health office visits, and communications between school and parent/guardian or medical provider on health-related topics. A reliable, systematic method should be employed for organizing, filing, extracting data from, providing security for, and retaining these records.

All school health records are considered part of the educational record, and must be treated as such, retained and protected accordingly. From a legal standpoint, any record relating to a student which is used by school district personnel constitutes the educational record for a student. It includes formal records which have been developed for specific purposes. It also includes informal records or notes, if such notations are placed in a student’s folder or record.

Any record prepared by an outside agency, and transmitted to the school, also becomes part of the student record if it is added to the student’s folder and used by school personnel.

Documents often included in the school health record:

- Most recent physical exam
- Up to date immunization record
- Health history
- Health screening results
- Physician communications
- Medication consent forms and administration logs
- Parent communications related to health concerns
- Teacher observations
- Individualized health care plan, if appropriate
- Progress notes
- Flow sheets, etc.
- Referral or progress notes.

Typically, students’ individual health records are stored and secured separately from records of an educational or classroom nature. Many local school districts have developed policies regarding educational records, including statements about those which must retained permanently, and when others can be destroyed. The school health office personnel should be knowledgeable about such district-specific policies.

Documentation Standards
Information recorded is pertinent, factual and objective. There is no place on a health record for rumor, speculation, opinion, assumption or unsubstantiated observation. Factual information which is not relevant to the student’s education, and which could adversely affect their reputation or school progress, is omitted.

**Sensitive health information**, concerning problems such as pregnancy, emotional problems, or social-family problems (child abuse, substance abuse, sexual activity), needs careful consideration as to whether or not, or to what extent, such information is to be included in the student’s health record. Many schools have local policies regarding documentation of sensitive issues, and these are taken into consideration. Mandatory reporting issues, the relevance to the student’s educational experience; the potential damage to the student if accidental disclosure occurs; all these may affect the degree or nature of the school nurse’s documentation.

It is important to consider whether or not the recording of the information in the student’s health record would be detrimental to the student now or in the future, and whether or not the information has educational implications, in addition to how very sensitive information will be protected by all those with whom it may be legitimately shared at school.

FERPA permits school personnel to make records for personal use, which do not have to be disclosed to parents/guardians, as long as the notes are not stored at the school. Such professional notes may be destroyed at the discretion of the professional when the information is no longer relevant to the services being provided.

In an age of electronic student records, including health records, it may be helpful to develop written procedures concerning records corrections or deletions. Without such procedures, it may be difficult to track when records have been modified and by whom, occasionally a consideration in sensitive situations.

When a child advances to another school, or transfers to another school district, the original health record is reviewed by the school nurse, and incidental or outdated information removed. The individual health record follows the student, and parental consent is not needed to forward educational records including the health record to an institution where the student has enrolled. Consideration is given to how parents/guardians will be kept informed if highly sensitive information is transferred.

**Confidentiality and Privacy Protections**

Educational records are confidential and protected by federal law, the Family Educational Rights and Privacy Act. Until the student reaches the age of majority, release of records outside of the school is permitted only with written parent/guardian consent.

Within the school, FERPA permits sharing of information about a student among school personnel who have a legitimate educational interest in the student. School health
personnel have the responsibility to share with the staff and the classroom teachers, information about specific student health conditions which can affect their educational progress or safety at school.

When health information is by necessity shared within the school among personnel with a legitimate educational interest in a student, the school nurse assures that such information is treated as confidential and protected from casual sharing. Consideration is given to how parents will be informed that such information-sharing may occur in order to benefit the safety and well-being of their child while at school.

School health personnel, and medical providers, often have questions regarding confidentiality and information-sharing topics in school health, and the interplay between FERPA and HIPAA, the federal Health Information Portability and Accountability Act (HIPAA). FERPA and HIPAA are compared on the next page.
## Confidentiality and Privacy Issues in School Health Services
### Comparison of FERPA and HIPAA

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<th>FERPA</th>
<th>HIPAA</th>
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<tbody>
<tr>
<td><strong>Type and year of initial passage</strong></td>
<td>An Education Act 1973 (House), 1974 (Senate) Date enacted: 8/21/1974</td>
<td>Health and Human Services 1996</td>
</tr>
<tr>
<td><strong>Scope and Population</strong></td>
<td>Applies to all schools that receive funds under an applicable program of the U.S. Department of Education</td>
<td>Covered Entities are: health plans, health care providers, and health care clearinghouses (processes data elements into transactions)</td>
</tr>
<tr>
<td><strong>Purpose</strong></td>
<td>A Federal law that protects the privacy of student education records. Note: Generally, school health records are education records. If the school has a school based health center, contracts with community health care providers to provide health services in the school, or bills for treatment services provided, HIPAA rules may apply.</td>
<td>A Federal law that assures individual health information is properly protected while allowing the flow of health information needed to deliver health care and protect the public.</td>
</tr>
<tr>
<td><strong>Consent</strong></td>
<td>All disclosures except those specified below require written parent/guardian or eligible student consent prior to release. When the student reaches the age of majority, rights of consent and access transfer to the student (referred to as the eligible student).</td>
<td>*A covered entity must obtain the individual’s written authorization for any use or disclosure of protected health information that is not for treatment, payment, or health care operations or otherwise permitted or required by the Privacy Rule.</td>
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</tbody>
</table>
| **Permissive Aspects**       | \*FERPA allows schools to disclose records without consent to the following parties or under the following conditions:  
  - School officials with legitimate educational interest;  
  - Other schools to which the student is transferring;  
  - Specified officials for audit or evaluation purposes;  
  - Organizations conducting certain studies on behalf of the school;  
  - Accrediting organizations;  
  - To comply with subpoena or judicial order;  
  - Appropriate officials in case of health and safety emergencies; and  
  - Juvenile justice system pursuant to state law. | \*A covered entity is permitted but not required to use and disclose health information without consent for the following purposes or situations:  
  - To the individual;  
  - For Treatment, Payment, and Health Care Operations;  
  - Opportunity to Agree or Object;  
  - Incident to an otherwise permitted use or disclosure;  
  - Public interest and benefit activities; and  
  - Limited data set for research, public health, or health care operations.  
  
  \*Permissible disclosures include those made to other “health care providers” (as defined in the law), whether or not they are HIPAA-covered entities. \*Permits disclosures to public health authorities, including: local and state |

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Chapter 1

NE DHHS School Health Program

http://dhhs.ne.gov/Pages/School-Health.aspx
*Parents/guardians or eligible students have the right to inspect and review the student's education records maintained by the school.

*Release of Student Directory Information is permitted (name, telephone number, email address, major field of study, dates of attendance, degrees and awards, enrollment status, educational institutions attended, and — for athletes, date of birth, weight, and height.)
*Schools are allowed to release aggregate information that does not include personal identifying information.
*Parents or eligible students may request amendments of records.

Restrictive Aspects

*Records that are kept in the sole possession of the maker, are used only as a personal memory aid, and are not accessible or revealed to any other person except a temporary substitute for the maker of the record need not be disclosed to the parent/guardian or eligible student.
*The definition of health and safety emergencies may be strictly defined, and may not apply in public health situations. For more information, see the website below for recent policy statements from the Secretary of Education.

Find Out More

Find Out More

Disclaimer: The information provided here is not intended to be an all-inclusive overview of two federal laws. The focus here is limited to school health services. Both FERPA and HIPAA encompass many more aspects of educational and health care services delivery. This information is not intended to be interpreted as DHHS policy, nor take the place of legal counsel in any specific situation.
Records Retention

It is always advisable to first check if there are local school district policies in place regarding records retention. Districts may choose to categorize records in various ways, helpful to know in understanding where health records might fit into the mix. In general, student health records are educational records, and records pertaining to public schools and special education fall under the regulatory purview of the Secretary of State in Nebraska.

Two reference documents pertaining to records retention:
Schedule 10 Local School Districts:
Schedule 39-112 Department of Education Special Populations

These two documents do not elaborate much on health records. Page 8 of Schedule 10 lists as permanent records, “Record of data and type of inoculations and health examination which are given to the class or student body as a whole.” These records are confidential. These records may be retained permanently or microfilmed and originals destroyed after the student’s 3 year continuous absence from school.

In this schedule for local school districts, it appears that many records including anecdotal records, consents, correspondence, and reports, are classified as Subsidiary Student Records. These may be destroyed upon graduation or after the student’s 3 year continuous absence from the school.

Similarly, Schedule 39-112 contains little specifically about health records. One indication is that individual student records maintained by a state agency for individual students can be destroyed 5 years after they are no longer needed or when they (records) are 20 years old, whichever comes first.

STATUTES AND REGULATIONS PERTAINING TO SCHOOL HEALTH

When working with children, families, educators and administrators regarding school health topics, it can be vital to have the correct language of relevant laws or regulations available. Find a useful guide to Statutes and Regulations Pertaining to School Health at the following link:
http://dhhs.ne.gov/publichealth/MCAH/Documents/Nebraska_StatutesandRules.pdf

SCHOOL HEALTH: MORE THAN A BAND-AID®

In the area of school health, it is useful to be aware that a strong evidence-base, data, and theoretically-strong structures all exist to demonstrate how important “health” is to “successful learning.” Not only do healthy children learn better, but health issues
suffered by children that are detrimental not only to learning but to the trajectory of life success for the child, can be addressed at school to the child’s advantage. While the school is not solely responsible for the physical and social-emotional well-being of children in a local community, they have long been recognized as a vital partner in advancing the future and well-being of the community.

**Evidence-based and Data-driven School Health Programs.**

School health programs can provide an essential piece of the school data picture. Knowledge of chronic disease states and impact on absenteeism and performance; obesity data and other screening data; and injury data can yield important information on the individual and, more often, population or aggregate level.

The worlds of education and health are ever more strongly aligned by a drive to assure that interventions and outcomes are driven by accurate and reliable, valid data. A variety of data resources exist to provide baseline data as well as trend data in measures of health of children.

A compelling evidence base links many health status parameters with academic success. The DHHS School Health program, the Nutrition and Physical Activity Program, and the Dept. of Education Coordinated School Health Program make numerous resources available on the linkage between health and academics

**Whole School, Whole Community, Whole Child**

In 2007, the Coordinated School Health Program was updated and is not called Whole School, Whole Community, Whole Child (WSCC). You can find more information on the CDC program at https://www.cdc.gov/healthyschools/wsc/index.htm

1. Physical education and physical activity.
2. Nutrition environment and services.
3. Health education.
4. Social and emotional school climate.
5. Physical environment.
6. Health services.
7. Counseling, psychological and social services.
8. Employee wellness.
9. Community involvement.
10. Family engagement.

Additional resources about Coordinated School Health Programs are available from the Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/healthyyouth/cshp/, and the Nebraska Department of Education at http://www.education.ne.gov/CSH/Index.html. Of particular note is the school-based assessment tool, the School Health Index, corresponding to the eight domains and available from CDC.
School Health Policy and Practices Survey (SHPPS)

Starting in 2000, the Centers for Disease Control and Prevention have conducted state-by-state surveys of schools and departments of education, in order to measure the extent to which schools are implementing the Coordinated School Health Program model, and to assess measurable outcomes.

The survey results are helpful to analyze the function and impact of the various domains. Of interest to school nurses, for example, is a finding in the 2006 SHPPS survey that school nurses seem to be particularly effective among all school personnel in building community relationships that result in higher levels of utilization of community resources by children and families in need.

Find out more about SHPPS at http://www.cdc.gov/healthyyouth/shpps/.

MORE RESOURCES

Answers4Families.org, School Health Webpage: http://www.answers4families.org/professional/school-health

American School Health Association: www.ashaweb.org

Centers for Disease Control and Prevention
Resources on Coordinated School Health Programs: http://www.cdc.gov/healthyyouth/cshp/

National Association of School Nurses: www.nasn.org

Nebraska School Nurses Association: https://nebraskaschoolnurses.nursingnetwork.com/

Nebraska Department of Health and Human Services
Division of Public Health
School Health Program: http://www.dhhs.ne.gov/publichealth/Pages/schoolhealth.aspx