

School Nurse Documentation and Student Health Records

MICHIGAN SCHOOL NURSE GUIDELINES AND RESOURCES

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Foreword

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This guideline contains recommendations for school nurse documentation. Specific laws and regulations that direct school nursing practice or other health services are identified in the guideline. There is no guarantee that the use of guidance in this document will lead to any particular result or outcome. The School Nurse Practice Subcommittee of the Michigan Statewide School Nurse Task Force reviewed this document.

Purpose

This document will provide guidelines and resources about school nurse documentation and student health records.

Overview

Documentation for school nurses must meet the standard of practice for all nurses and is the legal requirement for nursing care in any practice environment. Lyerla (2013) indicated documentation must be accurate, comprehensive, flexible enough to retrieve clinical data, maintain continuity of care, track patient outcomes, and reflect current standards of nursing practice. Lyerla (2013) further signifies that quality of care, standards of nursing practice, reimbursement structures and legal guidelines make documentation an extremely important responsibility of nurses. The National Association of School Nurses (NASN) (2014) specifies that documentation of school nursing care should comply with the NASN and American Nurses Association (2011) *School Nursing: Scope and Standards Practice* and consist of individualized ongoing records of nursing care provided for each student. Documentation is a requisite to verify that the nurse and the school district provided the legal standard of care and protects both from liability as well as the nurse's license (M. Bergren, personal communication, August 2, 2016). Scott and Bubert (2013) identified the primary objectives of documentation in school nursing practice as promoting high quality school nursing services, advancement of efficient and effective school health programs, and creation of a legal record of nursing services provided to students. Johnson and Guthrie (2012) recognized other important objectives for health documentation, such as providing a historical record of care, facilitating care team communication, developing aggregated reports of student needs, supporting care planning and delegation, and describing emergency care planning. Student health documentation methods can be paper-based, electronic self-developed files such as Microsoft Word or EXCEL, a health module in a school-wide student information system, or a commercial school nursing software (Johnson & Guthrie, 2012).

School nurses document significant amounts of individual and population level data, particularly for students with specific health care needs (NASN & National Association of State School Nurse Consultants, 2014). The position of NASN (2014) is that Electronic Health Records (EHRs) are essential for the school nurse to provide efficient and effective care in the school and monitor the health of the entire student population. NASN (2014) indicated EHRs provide a means of integrating health and educational data to address the needs of children at risk for poor health or academic outcomes. The EHR can also facilitate the sharing of data into a national database of student health data. Johnson and Guthrie (2012) indicated that reports from electronic documentation systems enable the nurse to

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describe health room activity, develop evidence for practice, describe nursing sensitive outcomes, analyze population health, provide surveillance for communicable disease, respond to safety concerns, evaluate the effectiveness of care delivery, and manage appropriate resource allocation.

Johnson, Bergren and Westbrook (2012) identified population data as having the potential to demonstrate the prevalence of health conditions; provide research on longitudinal outcomes; and identify community strengths and opportunities for improvement that will benefit all students and the school community. Electronic health records can expedite the process of gathering national health data on children to inform local, state and national policy and practice. NASN and the National Association of State School Nurse Consultants are working toward building a National Uniform School Nurse Data Set that is essential to effectively advocate for the health needs of children and inform school nurses, school health leaders and other stakeholders (Patrick et al., 2014; Bergren et al., 2016). The National Uniform Data Set provides an opportunity to utilize the data in school nurses' documentation beyond its function as a legal record of care to provide a means to improve care coordination with other settings, to improve the quality of care, to expand the evidence for practice, and to advise policy makers on investments in school health (Johnson & Maughan, 2015).

The American Academy of Pediatrics (AAP) Council on School Health (2016) advocated for close communication and referral systems for school nurses, school-based health centers and the medical home. Direct exchange of school-related information collected in the pediatrician's office at each visit, including attendance and health problems contributing to absenteeism would be beneficial. Maughan, Green, Henderson, Ching, Kuyl, Noonan, & VanDyke (2016) were part of a care coordination summit and identified the use of technology or electronic healthcare records as a method to enhance care coordination and address the problem of patients receiving care in numerous settings and systems and interacting with multiple providers. Communication with other health community members, such as the local health department, could also assist school nurses in exchanging student health records that include treatment and response data (NASN, 2016a).

The National Forum on Education Statistics (2006) defined personally identifiable information as data that can be used to identify a person, or that can be used in conjunction with other information (e.g., by linking records) to identify a person. This includes a "student's name; the name of the student's parent or other family member; the address of the student; a personal identifier, such as the social security number or student number; a list of personal characteristics that would make the student's identity traceable; or any other information that would make the student's identity traceable" (p. 4). The Family Education Right and Privacy Act of 1974 (FERPA) and regulations set forth the requirements for the protection and release of personally identifiable student information, including student health information (U.S. Department of Education [USDOE], 2012).

FERPA requires school districts to define who in their district has a "legitimate educational interest" in accessing and disclosing various types of student records (USDOE, 2012). The school's criteria for valid "legitimate educational interest" must be included in the annual notification to parents of their FERPA rights (USDOE, 2015). The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule specifies how the privacy and security of oral, paper, and electronic personally identifiable health information is to be safeguarded by policy, accountability, and physical and electronic protections (Bergren, 2004a). The United States Department of Health & Human Services [USDHHS] & USDOE (2008) published the *Joint Guidance on the Application of the Family Educational Rights and Privacy Act (FERPA)*

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And the Health Insurance Portability and Accountability Act of 1996 (HIPAA) To Student Health Records to address how these two laws apply to records maintained on students, as well as certain disclosures that are allowed without consent or authorization. This guidance document indicated that “at the elementary or secondary level, a student’s health records, including immunization records, maintained by an educational agency or institution subject to FERPA, as well as records maintained by a school nurse, are “education records” subject to FERPA” (USHHS & USDE, 2008), (p.2).

A “Hybrid A entity” is an entity that conducts both covered and non-covered activities. State and local health departments and schools can be hybrid entities if they provide healthcare services to patients for which they transmit health information electronically (Association of State and Territorial Health Officials, 2016). If a person or entity is employed by or acts on behalf of the school by providing health services (whether at the school or off-site) under contract or otherwise under the “direct control” of a school and maintains student health records, then these records are considered education records under FERPA as if the school was maintaining the records directly (Association of State and Territorial Health Officials, 2016). If a person or entity provides health services directly to students and is not employed by, under contract to, or otherwise acting on behalf of a school, then the resulting health records are not deemed to be part of the education record covered by FERPA, even if the services are provided at the school site (Association of State and Territorial Health Officials, 2016).

Legal Framework for School Nurse Documentation

State and federal law, school district policies and procedures, and national school nursing standards of practice provide guidance for school nursing documentation. Additional information about the legal framework for school nurse documentation can be found at the Colorado Department of Education (2005).

Federal Law

| Law | Brief Description |
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| <u>34 CFR 99 Family Educational Rights and Privacy Act (FERPA)</u> | Provides privacy restrictions on student records. School health records are covered under this act. At the elementary or secondary school level, students’ immunization and other health records that are maintained by a school district or individual school, including a school-operated health clinic, that receives funds under any program administered by the U.S. Department of Education are “education records” subject to FERPA, including health and medical records maintained by a school nurse who is employed by or under contract with a school or school district. Some schools may receive a grant from a foundation or government agency to hire a nurse. Notwithstanding the source of the funding, if the nurse is hired as a school |

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| | official (or contractor), the records maintained by the nurse or clinic are “education records” subject to FERPA. (United States Department of Education, Office of Elementary and Secondary Education (2008). |
| <u>PL 104-91 Health Insurance Portability and Accountability Act of 1996 (HIPAA)</u> | Provides privacy restrictions on student records. When a school provides health care to students in the normal course of business, such as through its health clinic, it is also a “health care provider” as defined by HIPAA. If a school also conducts any covered transactions electronically in connection with that health care, it is then a covered entity under HIPAA. As a covered entity, the school must comply with the HIPAA Administrative Simplification Rules for Transactions and Code Sets and Identifiers with respect to its transactions (United States Department of Education, Office of Elementary and Secondary Education (2008). |
| <u>34 CFR Part 300 Individuals with Disabilities Act of 1997 (IDEA)</u> | Guarantees access to education and related services to assist children with disabilities benefit from special education. <u>Reauthorization of 2004, Sec. 602 (26)</u> list school nurse services as a related service. Under IDEA, a school must respond to a parent's request to review a child's records without unnecessary delay and before any meeting regarding an IEP or a due process hearing involving a child, and in no case later than 45 days after the request (Colorado Department of Education, 2005). |

Michigan Law

| Law | Brief Description |
|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>Administrative Rule R340.1163</u> | Pertains to function of the school nurse. Assess and evaluate health status; interpret medical evaluations; plan course of action to minimize or prevent health problems; intermediary to family, physician, and social agencies; initiate supplemental testing; develop in-services and school policies. |
| <u>MCL 399.5</u> and | Requires that all public records be listed on an approved Retention and Disposal Schedule that identifies the |

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| MCL 750.491 | minimum amount of time that records must be kept to satisfy administrative, legal, fiscal and historical needs. |
| MCL 24.401-24.406 | Records Reproduction Act identifies acceptable formats for retaining public records. Agencies are responsible for understanding and complying with these laws. Different types of school health records vary in the amount of time they need to be retained. |

School Nurse’s Role

NASN (2011a) identifies the school nurse as the leader in the school community who oversees school health policies and programs. The *Framework for the 21st Century School Nursing Practice* provides a conceptual framework that explains the key principles of school nursing and provides structure and focus to current evidence-based school nursing practice (NASN, 2016b). *Leadership* is one of the five key principals in the framework that includes advocacy, policy development and implementation, and systems-level leadership that identifies the significant roles for school nurses with health records and documentation. *Quality Improvement* is the key principal that includes documentation and data collection. *Community/Public Health* is another key principle that provides direction for the school nurse role with utilizing data to provide quality population-based care, surveillance, and health equity. The NASN position statement (2014), *School Nurse Role in Electronic School Health Records* provides policy guidelines that protect the confidentiality and safety of school health records, a vital role for school nurses.

Recommendations for Practice

Leadership

Policy Development

- Ensure there are sufficient policies, procedures and systems in place to safeguard the privacy, security, access, roles associated with access, responsibilities of various access roles, integrity/backup, maintenance, retention, destruction, and appropriate sharing (verbal, fax, email, electronic) of students’ health, mental health and other school records contained in the health office (Bergren 2004b; Bergren, 2005; Bergren, Choromanski, & Isacc, 2012; Johnson & Guthrie, 2012; NASN, 2003; NASN, 2014; Schwab & Pohlman, 2004).
 - Address each type of record and the location of each record that contains personally identifiable health information in district procedures individually, such as, a summary health record, nursing process notes, individualized health care plans, emergency plans, and medication administration orders (Schwab & Pohlman, 2004).
 - Identify documentation policies and procedures for substitute nurses that includes access to student records (Galemore, 2011). The substitute nurse must be able to view and document in the health record with an individual authenticated userID and

- password (NASN, 2016a; Schwab, Ruben, Maire, Gelfman, Bergren, Mazyck, & Hine (2005).
- Identify documentation procedures for emergency events that includes describing a thorough sequence of events that culminated of a student, staff, parent or community member being transferred to an emergency facility (Rains & Robinson, 2012).
- Ensure policies address “hybrid” entities if appropriate (Schwab et al., 2005).
- A school health advisory council should provide a forum for addressing policy, procedure, and practice issues related to student health information (NASN, 2003). A Whole School, Whole Community, Whole Child school team may advise on school health policies regarding student records.

Policy Implementation

- Obtain HIPAA-compliant authorizations annually for all students with health issues that may require communication with a provider (Bergen, 2004b).
- Ensure health room procedures, records, and equipment provide adequate security and privacy of health records, as well as for appropriate internal sharing for legitimate educational purposes (NASN, 2003).
- Develop a plan for students whose conditions warrant sharing with those who have a legitimate educational interest (Bergren, 2004b).
 - The plan should include identifying the list of school staff who have “legitimate educational interest” determined by the school district in the information to parents (Bergren, 2004b).
 - The school nurse may seek parent authorization to share health information with teachers and counselors (Bergren, 2004b).
 - Ensure emergency care plans and medication plans are immediately accessible to those who require the information (Schwab & Pohlman, 2004).
 - Use functional health problems when sufficient and communicate no more information than the individual staff member needs to know in order to fulfill his or her responsibilities to the student/school district in combination with Section 504 plans, individualized education programs, and/or individualized health care plans, for communicating student health and safety needs (NASN, 2003; Schwab & Pohlman, 2004).
- Understand that as an educational record, school health records must be transferrable to new school sites when a student progresses to other buildings within a district or moves outside of the district (NASN, 2014).
- Follow Michigan’s record retention schedule for storing school health records. Information about Michigan’s record laws can be found at: [MCL 399.5](#), [MCL 750.491](#), and [MCL 24.401](#).

Components of a School Health Record

Scott and Bubert (2013) identified possible components of a school health record along with other authors where indicated. Scott & Bubert (2013) referenced the Colorado Department of Education (2005) for guidance regarding school health records.

- All health office visits, home visits, visits to specific students in the building or on the grounds must be documented (M. Bergren, personal communication, August 2, 2016).
- Health history
- Medical diagnoses
- Immunizations
- Health screening results
- Nursing notes reflecting nursing assessments, interventions, and outcome/disposition.
- Medication orders and administration records
- Physical activity limitation directives
- Physical examination reports
- Referrals
- Health summaries for special education students and all students with chronic health conditions that require care (M. Bergren, personal communication, August 2, 2016)
- Health provider's orders
- IHPs or Section 504 accommodation plans
- Emergency action plans
- Transportation plans
- Health histories
- Communicable disease exclusions
- All communication about the student with parents (calls, parent visits to school nurse, nurse visits to home), health providers, teachers and other school officials (Bergren, 2016).
- Teacher referrals
- Records of file transfers
- Audit of individuals viewing the record (who, when, and what regarding the viewing of the record (Bergren et al., 2012)
- Consent forms (NASN, 2014)
- Medicaid and other billing forms (NASN, 2014)
- Flow charts, such as blood glucose monitoring for students with diabetes (NASN, 2014).

Quality Improvement

Documentation

Health documentation should be well organized, permanent, and include current date and time (Johnson & Guthrie, 2012). Lyerla, (2013) identified five characteristics of quality documentation that include: factual, accurate, complete, current, and organized. Accurate documentation is one of the best defenses for legal claims associated with nursing care (Lyerla, 2013). Nurses are expected to meet the standard of care for every task they perform (Lyerla, 2013). The legal requirements of nursing records are the same in school as they are in acute care settings. Scott and Bubert (2013) identified additional details for documentation along with other authors where indicated:

- Notations of all nurse visits (office visits, home visits, visits to specific students in the building or on the grounds).
- Student's reason for visit.
- Tests and assessments conducted.
 - The assessment data should include both positive and negative findings. Subjective data should be documented in the student's or parent's own words with quotation marks whenever possible (Lyerla, 2013). Objective data should be based on facts, observations, and measurement (Lyerla, 2013; Schwab, Panettieri, & Bergren, 1998).
- Nursing care administered (Lyerla, 2013).
- Outcome/disposition.
- All entries must be dated and there must be a method to identify the authors of all entries (Lyerla, 2013). Each entry in a student's record ends with the caregiver's full name or initials and status (credentials) (Lyerla, 2013). Nurses should not document anyone else's care that was provided to the student, for example, a UAP (M. Bergren, personal communication, August 2, 2016).
- Utilize correct spelling and standard abbreviations (Schwab et al., 1998; Lyerla, 2013).
- Include only essential information and precise measurements (Schwab et al., 1998).
- NASN supports use of NANDA, Nursing Intervention Classification, and Nursing Outcomes Classification (Johnson & Guthrie, 2012).
- Determine who should have access to what parts of the electronic documentation system in collaboration with the IT professional who can manage security for the system (Johnson & Guthrie, 2012). Determine who should have access to health information based on the determination of who has "legitimate educational interest" defined by the school district and needs the information to protect the student's health and safety (Johnson & Guthrie, 2012).
- Electronic records require protection from unauthorized access. Place the computer or handheld device in a secure site and establish a record-keeping procedure (access log) for those who have accessed the files (Caldart-Olson & Thronson, 2013; Lyerla, 2013).
- Be knowledgeable about safety, confidentiality and security in electronic documentation systems. NASN (2016b) provides information about selecting an electronic documentation system for school health along with Johnson and Guthrie (2012). Below are some considerations for school nurses regarding electronic documentation systems:
 - Ensure there is authentication (Johnson & Guthrie, 2012).
 - Ensure the school district attorney or privacy officer/data steward reviews any software contracts that have a web-based platform to verify how much control the company has over the data once it is in cloud (NASN, 2016a).

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- Ensure the system meets district privacy standards/guidelines (NASN, 2016a).
- Ensure the system is HIPAA and FERPA compliant (NASN, 2016a).
- Ensure for overwrite protection (Johnson & Guthrie, 2012; NASN, 2016a).
- Ensure for audit capability (NASN, 2016a; Johnson & Guthrie, 2012).
- Ensure for partitioning (Johnson & Guthrie, 2012; NASN, 2016a).
- Ensure for the ability to run queries and reports (NASN, 2016a).
- Ensure for rejection (Johnson & Guthrie, 2012).
- Ensure there is password security and data handlers are trained on the need to maintain secrecy (Johnson & Guthrie, 2012).
- Ensure there is durability of the data (Johnson & Guthrie, 2012).
- Ensure there is secure storage to protect the data from loss or damage (Johnson & Guthrie, 2012).
- Ensure there is physical protection, for example, not leaving electronic devices unattended (Schwab et al., 2005).
- Ensure for admissibility so the record can be verified as being protected during the normal course of business with a log of the date and time the record was entered or changed (Johnson & Guthrie, 2012).

Paper Systems

- Health records should be stored in a locked file cabinet (Bergen, 2004; Caldart-Olson & Thronson, 2013).
- Logs must be kept of who views the records, although records must be shared with substitutes (Caldart-Olson & Thronson, 2013).
- Errors in records should be lined through, initialed and written correctly (Scott & Bubert, 2013).

Community/Public Health

Population-based Care – Interventions for school populations that target student, family, school and community systems (NASN, 2016b).

1. Educate school personnel about school health record access, retention, safety and privacy (NASN, 2003).
2. Educate students and parents about their rights to privacy and the limitations of those rights for school health office procedures (NASN, 2003).

Health Literacy and Health Equity

The CDC provides a guide to creating easy-to-understand materials (fact sheets, FAQ's, brochures, booklets, pamphlets, web content) from scientific and technical information. The guide includes practical ways to organize information and use language and visuals. The guide can be retrieved from http://www.cdc.gov/healthliteracy/pdf/Simply_Put.pdf

Advocate for training school district data handlers to understand the limitations of data as a tool for describing individuals and categories of people by age, gender, racial/ethnic group, language of origin, job type, and other categories (National Forum on Education Statistics, 2010).

Children often have their needs (hunger, lack access to a regular healthcare provider, insufficient clothing, abuse/neglect) identified at school and their care is documented in real time (Johnson & Maughan, 2015). The collection of these data points in standardized format in an electronic record provides an opportunity to describe the health needs of children at a population level (Johnson & Maughan, 2015).



Red Flags for School Nurse Documentation

1. In the education setting, administrators and information technology professionals are focused on documentation requirements for education, often with little training or awareness of health documentation requirements. The school nurse is accountable for assuring that health documentation requirements are met in their documentation system (Johnson & Guthrie, 2012).
2. The selection of a school health electronic documentation system should include analyzing security; confidentiality; nursing workflow; and communication processes with school staff, parents, education community, and the health community (transmission of medication orders, treatment and response data. (Johnson & Guthrie, 2012).
3. Understand and be knowledgeable about the ethical use of education data. Guidelines are available on the National Center for Education Statistics (2006) website (<http://nces.ed.gov>) or <http://nces.ed.gov/pubs2010/2010801.pdf> .
4. Preventing inappropriate access to private and sensitive health information in electronic systems requires different measures from those employed for paper records (Johnson & Guthrie, 2012).
6. Protection for student records within the school district and restrictions on sharing information with third parties should be explicit (Bergen, 2004b).
7. FERPA defines personal notes created and maintained privately by a school staff member as outside the definition of education records. To qualify as personal notes, these records cannot be shared with anyone other than the person's temporary substitute (Schwab & Pohlman, 2004).
8. A school nurse must always coordinate with the school district or employer before establishing a documentation system (Scott & Bubert, 2013).
9. Terms suggested of error or speculative conclusions should be avoided (Scott & Bubert, 2013).
10. Under IDEA, a school must respond to a parent's request to review a child's records without unnecessary delay and before any meeting regarding an IEP or a due process hearing involving a child, and in no case later than 45 days after the request (Colorado Department of Education, 2005). School

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nurses do not have the authority to grant access and must follow district policy and work through the school district's Privacy Officer or Data Steward (M. Bergen, personal communication, August 2, 2016).

11. According to the National Forum on Education Statistics (2004) each public agency must have one official who is responsible for ensuring the confidentiality of any personally identifiable information and must train all persons who are collecting or using personally identifiable information regarding the state's policies on confidentiality and FERPA. (p. 8) A Privacy Officer or Data Steward are terms used for the person responsible for ensuring confidentiality of any personally identifiable information.

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