

Michigan School Health: Critical Communication

Considerations for Practice

In Michigan, the Public Health Code is the primary statute that defines regulations for nurses and other health care professionals. School nursing practice is also influenced by federal, state, local law and in some instances the Michigan School Code. School Nursing: Scope and Standards of Practice are “expectations that guide the practice of school nursing” (2017, preface, ix). This document contains important information that is not all inclusive or a substitute for a nurse’s decision making or judgement. It is intended as a broad direction for school nurse practice.

OVERVIEW

The purpose of this resource is to provide examples that may be included in a guideline for communication between the school nurse and other school staff that assures safe practice for students, nurses, and other unlicensed school staff. Check your school district operating guidelines regarding communication policy/protocols.

According to the American Nurses Association (ANA) and National Association of School Nurses (NASN) (2017), communication is a standard of practice. The school nurse is responsible for communicating effectively in all areas of practice.

Communication between the school staff and student nurses with the school nurses is essential. Follow-up of identified health issues by the school nurse is an integral part of the school health program. The school staff/school nurse team must constantly make informed decisions regarding student health management.

When communicating with school staff, confidentiality is of the utmost importance. Keeping in mind, the Federal Educational Rights and Privacy Act (FERPA) governs the confidentiality and access to all educational records which includes school health records once received, developed and retained by a school district (Roberts & Zittoun, 2017).

Federal Laws

Law	Brief Description
Federal Educational Rights and Privacy Act (FERPA) https://www.ecfr.gov/cgi-bin/text-idx?rgn=div5&node=34:1.1.1.1.33	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

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	<p>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 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).</p>
<p>PL 104-91 Health Insurance Portability and Accountability Act of 1996 (HIPAA)</p> <p>https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html</p>	<p>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).</p>

CONSIDERATIONS FOR SCHOOL NURSE COMMUNICATION

Examples for Immediate contact with the school nurse and/or school nurse program supervisor is required for the following situations:

1. Suicide threats or attempts, or signs of depression (also notify the principal or designee).
2. All medical 911 calls (also notify the principal or designee).
3. Errors made carrying out policy and procedures; (e.g., unable or did not properly follow a student’s emergency care plan, medical management plan, etc.).
4. Student with symptoms of asthma, seizures, diabetes requiring treatment, based on their individual treatment guideline, emergency action plan or medical management plan, if symptoms not resolved or improved.

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5. Lack of family follow through with needed emergency care. Immediate notification if student is acutely ill (also notify the principal or designee).
6. Acute drug/alcohol related concerns (also notify principal or designee).
7. Any unusual health related incident (i.e. head injury for concussion evaluation, suspected broken bone, bleeding lasting >10 minutes, nosebleed, lacerations, choking).
8. Any school emergency (i.e., crisis or shelter in place).
9. Allergic reactions.

Examples of Same Day contact with the school nurse and/or school nurse program supervisor is required for the following situations:

1. Alleged child abuse/neglect (also notify the principal or designee).
2. Parent, student or school staff requests to obtain or review health records.
3. Pregnancy concerns. (Also alert school counselor or social worker).
4. [Reportable communicable diseases](#) (i.e. COVID, pertussis, varicella, measles, methicillin-resistant Staphylococcus aureus or bacterial meningitis) (also notify principal or designee).
5. Exclusions of students for possibly contagious health reasons (i.e., rash, conjunctivitis).
6. Student with symptoms of asthma, seizures, diabetes requiring treatment, based on their individual treatment guideline, emergency action plan or medical management plan, if symptoms are resolved or improved.
7. Lack of family follow through with needed emergency care. Same day notification if student is not acutely ill (also notify the principal or designee).
8. Drug/alcohol related concerns (also notify principal or designee).
9. Student states: "I have to see the nurse today," and will not communicate needs to anyone else.
10. Death or serious illness/injury in the family staff or student.
11. Medication Issues
 - a. All new medication, a change in medication dose or treatment orders.
 - b. Concerns regarding any medication or treatment orders. (Contact school nurse prior to giving medication or treatment, **if** needed within 60 minutes contact school nurse **immediately**).
 - c. Medication not given within the 30 minutes allowed. School nurse needs to know the student didn't get medication in the allotted timeframe or at all.

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- d. Lack of medication for use in school after telephone call has been made to parent or guardian.
- e. Accidental loss or damage of medication dose as long as dose is able to be administered.

Note: Designated school staff who are trained to administer medications should document notification of the school nurse and/or school nurse program supervisor about any situations regarding medications on the back side of the 'Medication Administration Record'. The notation must be signed and dated.

Situations which should be reported to the school nurse and/or school nurse program supervisor **at the next opportunity (within 48 hours):**

1. Ongoing head lice concerns in same family or classroom.
2. Frequent health room visitors.
3. Student concerns which may need follow-up or referral.
4. Lice infestation- new cases

Documentation

All contact with students must be documented and communicated with the school nurse and/or supervisor according to school district policy. Documentation should include:

- name of student
- grade or classroom
- nature of contact
- supervisor or school nurse notified
- time
- date
- signature
- initials of school nurse or supervisor acknowledging review

REFERENCES

American Nurses Association & National Association of School Nurses. (2017). School nursing: Scope and standards of school nursing, 3rd Edition. Silver Spring MA.

Government Publishing Office. (2020). Family education rights and privacy act ("FERPA") health insurance portability and accountability act.

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Roberts, W., Zittoun, G. (2017). Family education rights and privacy act (“FERPA”) health insurance portability and accountability act (“HIPAA”). *Legal Resources for School Health Services*. Chapter 11 pp. 125-135. Nashville, TN.

ADDITIONAL RESOURCES

Nicholson, C. & Johnson, K. (2020). Unlocking the power of school nursing documentation. *NASN School Nurse, (35)(4), 203-207*. 10.11771/19426002X20928053.

Adopted from Anne Arundel County School Health Guidelines/Nurse Alert, 2008. Updated July, 2021.