



DOCUMENTATION OF SCHOOL HEALTH RECORDS

MARYLAND STATE SCHOOL HEALTH SERVICES GUIDELINE

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Foreword

There is a strong relationship between academic achievement and a child's physical, emotional and mental health. This link is the foundation for providing school health services as an important component of a school program. School health services provide primary prevention aimed at keeping students in schools through appropriate screenings, early identification of children at risk for physical, emotional and mental health concerns, and case management of students with chronic health concerns.

The Annotated Code of Maryland, Education Article, § 7-401 requires the Maryland State Department of Education (MSDE) and the Maryland Department of Health and Mental Hygiene (DHMH) to jointly develop public standards and guidelines for school health programs. The following guideline is developed in accordance with that requirement and is based on the expressed needs of the local school health services programs. These guidelines contain recommendations for minimum standards of care and current best practices for the health service topics addressed. It is intended that these guidelines will be used by the local school systems in developing local school health services policies and procedures as a means to assist local school health services programs in providing consistent and safe care to the students of Maryland. Specific laws and regulations that direct school nursing practice or other health services are identified in the guidelines.

The Maryland State School Health Council serves as an advisory council to both departments and as such, the council's School Health Services Subcommittee serves as the committee that develops and reviews these guidelines along with the specialists from MSDE and DHMH. School Health Services Program supervisors/coordinators also review and participate in the guideline development process. To those dedicated school health services professionals and administrators, our thanks.

DOCUMENTATION OF SCHOOL HEALTH RECORDS

Introduction

Documentation is an integral job responsibility of school health personnel. These guidelines provide standards for documentation and confidentiality in school recordkeeping. School health staff are responsible for the accurate and complete documentation of student health records.

Mechanics of Documentation

- Document on all records in blue or black ink only. Notes should be neatly printed, handwritten, computer generated, or typed.
- Date and sign each entry/form.
- Sign the documentation with one's full legal signature and title after every entry. Standard abbreviations for titles may be used (i.e. RN, LPN, CNA.) *Please note that the Maryland Board of Nursing requires that registered nurses and licensed practical nurses sign their name as they appear on their nursing licenses.*
- Do not use ditto marks.
- Do not erase or use correction fluid. If a mistake is made, draw a single line through the mistake and write "ERROR" above it in ink. Initial and date the error notation.
- Document exact time, description, and outcome of treatment/procedures/medication administration.
- Document the date and time, as appropriate, of contacts on the student's behalf and indicate the type of contact (i.e. telephone call, conference, etc.)
- Leave no blank lines when documenting. Do not leave any blank lines between entries when documenting records. Draw a line through the center of any unused lines or portions of lines.
- Use correct grammar, spelling, and punctuation.
- Use standard abbreviations only (see examples on page 5).

Documentation of Content

- Document the assessment, plan, intervention, and outcomes of an encounter in compliance with local guideline.
- Begin with any subjective information or history that pertains to the problem being addressed.
- Use quotation marks to indicate someone's exact words when describing their concerns.
- Document injuries, illnesses, reactions, emotions, and interventions accurately and objectively.

- ❑ Record referrals completely and specifically.
- ❑ Maintain confidentiality of records at all times, in accordance with local school health services program guidelines.

Documentation of Sensitive Issues

School health information is considered part of the student record. School health services programs must address documentation of sensitive information in their local policies. Helping students who seek counsel and assistance must be an integral part of a comprehensive services system dealing with substance abuse, sexually transmitted disease, HIV infection, pregnancy, contraception, abortion, and mental and emotional disorders. Students who seek help from school staff are protected by Maryland Public School Law 7-412 and the Annotated Code of Maryland 20-102 Medical Treatment, 20-103 Abortion, and 20-104 Mental or Emotional Disorders.

In some cases, confidential information regarding sensitive issues covered by minor consent may not be appropriately documented in the health record, since that is part of the student record. Family Education Records Privacy Act (FERPA) (20 U.S.C. §1232g) does allow for personal notes. Personal notes must be kept in an area where access is limited to the maker of the note only. If personal notes are placed in the student's official records, or made available to others, they become part of the student's education records and subject to the provisions of FERPA.

Personal notes regarding a student are not part of a student's educational record under the following conditions:

- The content of the notes is not shared with others, except a substitute for the maker of the record;
- The notes are not included in any part of the student's official education record and are kept in the sole possession of the maker of the record;
- The notes do not result in any institutional or administrative decisions regarding the student; and
- The notes are intended solely as an extension of memory.

These standards all must be satisfied if records are to be treated as "notes." Merely labeling a document as "notes" will not exclude it from the definition of education records as a matter of law.

Retention of Records

Follow local, state and federal guidelines for the retention and storage of records. Please see Maryland State School Health Services Guideline: *Retention of School Health Services Records, 2005*.

Electronic Records

As more school health services programs find the funding to maintain student health records electronically, documentation electronically requires an expansion of documentation policies.

Electronic records, like paper records, must maintain student confidentiality, be accurate, secure and restricted to authorized access. A security policy and password access should be established with any electronic student records. To maintain the security of these records, an overwrite protection should be established so no one can alter documentation that the school nurse or other school staff has entered. In addition, backing up files regularly is recommended, so as to not lose data. Local policy should address the procedure for making changes to an electronic record and the method for an electronic signature.

Another consideration that should be taken into account is the storage of files. The integrity of disks and CD ROMs diminish over time, so a timetable for copying information to new disks or CD's should be established.

Communication Regarding Student Health Records

If the school nurse has concerns about the medical orders, or wants to share information that may be relevant to the treatment regimen with the physician, the school nurse and physician may communicate with each other regarding the medical orders and treatment regimen without written authorization of the parent. The Health Insurance Portability and Accountability Act (HIPAA) allows health care professionals to share protected health information if it is for treatment purposes. Furthermore, regardless of the healthcare setting, State licensure statutes and professional standards of practice for nurses and physicians require nurses to question and clarify medical orders, when indicated, before carrying them out. They also require physicians to provide nurses with sufficient information for safe execution of the treatment plan. Therefore, such communication is based on State law and necessary for public policy reasons.

Releasing records though (unless going to another public school system) requires a parental release.

In Maryland there is no state law that specifically requires the disclosure of health information (e.g. immunization records) to school officials. Therefore, physicians cannot share this information with school officials without the written authorization of the parent.

It is important to carefully document who has reviewed the school health record. The school nurse decides who has the educational need to see the health record; a log should be kept with the record indicating who has had access to the record.

EXAMPLES OF COMMON SCHOOL HEALTH ABBREVIATIONS

A.P.	Assistant principal	MGM	Maternal grandmother
ADHD	Attention Deficit/ Hyperactivity Disorder	MH	Mental Health
Appt.	Appointment	Mo	Mother
\bar{c}	with	Mtg	Meeting
c/o	Complains of	OT	Occupational Therapy or Therapist
Cath.	Catheterization	PCP	Primary care provider
CHN	Community Health Nurse	PGF	Paternal grandfather
CP	Cerebral palsy	PGM	Paternal grandmother
DOB	Date of birth	PMD	Private medical doctor
DSS	Dept of Social Services	PNP	Pediatric Nurse Practitioner
Dx	Diagnosis	PPW	Pupil Personnel Worker
ENT	Ear, Nose and Throat	Prin.	Principal
Fa	Father	PT	Physical Therapy or Therapist
H.A.	Health Assistant or aide	Pt.	Patient
HV	Home visit	Rx	Prescription
Hx	History	\bar{s}	Without
IEP	Individualized Educational Plan	Sec.	Secretary
K	Kindergarten	SH	School Health
LD	Learning Disabled	SPEC. ED.	Special education
LHD	Local Health Department	TC	Telephone call
LPN	Licensed Practical Nurse	Temp.	Temperature
LSS	Local School System	Trach	Tracheotomy
MGF	Maternal grandfather	Tx	Treatment
		V.P.	Vice-principal
		WNL	Within normal limits

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