




# RETENTION OF SCHOOL HEALTH SERVICES RECORDS



## MARYLAND STATE SCHOOL HEALTH SERVICES GUIDELINE



**JANUARY 2006**



Maryland State Department of Education  
Student Services and Alternative Programs  
Branch  
200 West Baltimore Street  
Baltimore, Maryland 21201  
Phone: 410-767-0311  
TTY/TDD: 410-333-6442

Maryland Department of Health and  
Mental Hygiene Center for Maternal  
& Child Health  
201 West Preston Street  
Baltimore, Maryland 21201  
Phone: 1-877-463-3464  
TTY/TTD: 1-800-735-2258



## MARYLAND SCHOOL HEALTH SERVICES GUIDELINE

### 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.

## GUIDELINE FOR THE RETENTION OF SCHOOL HEALTH SERVICES RECORDS

### Introduction

There are several laws and regulations that guide the retention of school health services records. These include the Family Education Records Privacy Act (FERPA) (20U.S.C.§1232g); Health Insurance Portability Accountability Act (HIPAA ) (PL-104-191); Code of Maryland Regulations (COMAR) addressing Maryland Student Records, (COMAR 13A.08.02.01-.31) and health law.

### Purpose

The purpose of this guideline is to provide school health staff with a protocol for the management of school health services records. At a minimum, records should be maintained as outlined in this state guideline. Local school systems may choose to retain additional forms, as well as retain them for a greater length of time than prescribed in the guideline.

### Definition

School Health Services Records are those records kept on students that reflect health information and services provided by school nurses and other school health services staff. In several local school systems in Maryland, school nurses and/or non-licensed health assistants are employed by local health departments by an arrangement, usually embodied in a memorandum of understanding, for placement of the health staff at school. Student health records maintained by the school nurse and or other school health staff in such an arrangement **constitute education records pursuant to FERPA** because the school nurse and health staff are acting on behalf of the school system in maintaining records.

All student health records are a part of the student's cumulative education record, and while they may be kept separately for ease of use while a student is in school, the health record is restored to the student's cumulative education record when the student graduates from school, transfers to another school system, or drops out. *All discharged education and health records should be stored together and in the same place.*

**RETENTION**

<b>Student Health Services Records</b>	<b>Period</b>	<b>Comments</b>
Accident Reports	Per local policy	Check with agency's risk management department
Behavioral Assessment Tool to assess drug/alcohol use	Per local policy	--
Child abuse/neglect documentation -- notes, graphics, etc.	Age 21	Kept in separate folder
Daily Health Room Log - list of all students seen on any given day <b>Note:</b> This is not considered to be an adequate way to document individualized care.	One year is recommended minimally but is at local program's discretion	Optional
Electronic records	Should follow times for hard copy records	Caution needs to be taken that hardware equipment is available to read electronic records (records may have been stored in outdated programs). Additionally, one must be cognizant that some electronic storage disks/CDs can deteriorate over time.
Emergency Card	Kept per local policy	Should be renewed annually.
Emergency Protocols/Nursing Care Plans	Per local policy	--
Head Injury Note	Age 21	--
Health care plans - summary of the nursing plan of care for a student with special health needs (evaluate annually - may be a part of the Individual Education Plan--IEP)	Age 21	--
Health Screening Results, Examinations and Evaluations (SR-5)	Age 21	State Minimum Standard
Immunization Records (DHMH 896 or computer generated record)	Age 21	State Minimum Standard
Incident Reports may document internal concerns such as facility safety issues, medication administration errors (should be stored in file separate from student records)	Age 21	--
Lead screening records	Age 21	--
Medical Assistance Records	6 years	Federal mandate
Medical Records from another source other than school	Age 21	--

Student Health Services Records	Period	Comments
Medication Administration Record	Age 21	--
Nursing Documentation - records, assessment tools, etc. where the nurse or caregiver documents in detail the assessments and/or care provided.	Age 21	--
Physician orders for medication or treatment	Age 21	--
Record of Physical examination (SR-6) Health Inventories	Age 21	State Minimum Standard
Sole Source Records	At the discretion of the record's creator	--
Treatment records	Age 21	--

The medical records of minors must be kept for three years after they reach the age of majority (42 CFR 483.75) (42 CFR Part 1003).

Original date of issue: 2006