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Calhoun County, Michigan

School Wellness Program

Assessment of School Nursing Services

August 2015

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EXECUTIVE SUMMARY

The School Wellness Program (SWP) of Calhoun County has invested in the belief that children who are healthy learn and achieve academically. They have established a comprehensive school nursing program that serves the majority of Calhoun County. In collaboration with the school districts in the county, students receive the benefits of school health services from professional registered nurses. The SWP management , in an effort to continually improve and set goals for the program, contracted with two school nurse consultants to perform an assessment of the program, its accomplishments and needs.

PURPOSE OF THE PROGRAM ASSESSMENT

The School Wellness Program (SWP) of the Calhoun County Public Health Department (CCPHD) is a partnership between CCPHD, the WK Kellogg Foundation (WKKF), the United Way of Battle Creek, the Calhoun County Intermediate School District (CISD)', the Battle Creek Community Foundation (BCCF), and participating school districts. School districts choosing to participate in this program enter into a contract with the CCPHD for nursing services and each partner contributes to the program funding formula.

The program has grown in earnest over the last six years. The SWP management's interest in continuing to strengthen the school nursing program and their recognition of the value of evaluation in determining program goals led to this second needs assessment.

METHODOLOGY

The project had six (6) components:

- An electronic survey of all stakeholders
- An electronic survey regarding individual schools that had access to school nurse services completed by the school nurse
- An electronic survey of the school wellness program manager
- Telephone interviews with select school administrators and superintendents
- Review of CCPHD policies, procedures and documentation
- A facilitated meeting with school nurses

SCHOOL WELLNESS PROGRAM GROWTH

Since the inception of the SWP program, there has been significant growth and many accomplishments to a comprehensive school health services program. The following helped to develop and sustain a successful program.

- Development of management model for school nursing services in the county, a data collection tool, consistent program-wide guidelines, school nurse orientation and professional development opportunities for school nurses.
- Staff training of unlicensed school staff by school nurses.
- Electronic health records established with guidelines for documentation and record keeping.
- Management of the School Wellness Program, annual evaluations/audits and compliance with laws.
- Definition of the role of the school nurse and school nurse priorities.

The number of school nurses serving students in Calhoun County has increased and the school nurse to student ratios have improved. On the surface, the ratio of nurse-to-student assignment appears reasonable in most situations. However, most are assigned to each school part-time and work in multiple schools. While tasks such as assessing the health of a student population and developing basic plans of care for individual students is the same regardless of the setting, the implementation of nursing tasks will vary depending on the work culture, climate, and management expectations of schools. These can vary significantly from school to school and can greatly influence the efficiency and effectiveness of the nurse. Just as the nurse to student ratio should change depending on the complexity of the student health need, the ratio or nurse assignment should change depending on the number of buildings, the number of principals, amount of travel, and the number of levels (elementary, middle, high) a nurse must cover.

LAWS

Several state and federal laws drive the provision of school health services. Two laws in particular, Individuals with Disabilities Education Act (IDEA), and Section 504 of the Rehabilitation Act of 1973, speak to the rights of students to receive related nursing services or care to allow access to education. Compliance with these two laws is the responsibility of school districts.

Several new state laws have been enacted in the last few years. They address cardiac emergency response, bullying and stock epinephrine. The SWP and school nurses are a vital component and asset to school districts as they develop policies that address school and student health.

The Family Education Rights and Privacy Act of 1974 (20 U.S.C. § 1232g) (FERPA) provides guidance for record keeping and student health records. As defined by joint guidance from USDE and USDHHS (2008) **"**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". This includes "*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*" (Gable 2013).

Because the SWP is managed by a health department, they have been advised that their records are covered under HIPAA and not FERPA. All health records generated on behalf of a student in schools (not school based health clinics) are a part of the student's ***education record,*** regardless of whether the school nurse generating them is an employee of the school system or a local health agency per FERPA (see Chapter 4). It is imperative that the issue be resolved.

REVIEW OF POLICIES AND PROCEDURES

The review of current policies was completed. School nurse consultants reviewed the policy manual and found that it does not differentiate between policies, procedures and guidelines and does not have consistent dates as to when policies were last reviewed.

- There is concern that some schools continue to report that a policy exists which restricts certain school staff from calling 911 if/when needed.
- Respondents from all groups surveyed indicate less than one-third have a policy on the "Role of the School Nurse".
- School nurses report that many districts have their own school health policies.

TELEPHONE INTERVIEWS

Select principals and administrators were identified by the school wellness program director. Two out of four superintendents and administrators participated in the telephone interviews. Each individual was asked a series of questions. The comments were positive and participants were in agreement in their responses.

- They feel that as health needs continue to increase in their buildings, there is a need for increased services concerning the health of students, staff and families.
- School nurses have a critical role in the schools and can fill additional gaps with increased time in the buildings.
- There is a link between healthy students and academic success; schools need to have nurses assigned five days a week to keep students in school and ready to learn.
- "Funding is always a concern. It is important for the Board of Education and community to understand the role and importance of a school nurse in the school" (participant's quote).

ELECTRONIC SURVEYS

Despite the small number of respondents in some groups, overall the survey represented most districts and the majority of schools. The most accurate picture of student health needs and types of health services provided was from the School Nurse's Individual School Survey. While each school was different, it is very likely that the student health needs in the schools not represented are similar.

STAFFING

The CCPHD provides health services at schools based on the school's request. Individual districts determine whether they will contract with the program. CCPHD, in cooperation with the school district, make staffing decisions regarding the number of school nurses required.

- CCPHD SWP employs 15 school nurses and a nurse administrator in 10 of the 12 school districts serving 18,646 students.
- There are discussions to add school nursing services to Olivet for the 2015-2016 school year.
- Lakeview Middle School, Battle Creek Central High School and Springfield Middle School have a SBHC. The CCPHD is the judiciary and manages all the SBHCs.
- School nurse to student ratios fluctuate from 1:547 to 1:2861. The assignment of each SWP nurse varies and ranges part time to full time:
    - 1 full time nurse covers five (5) schools
    - 9 full time nurses cover three (3) schools each
    - 2 full time nurses cover two (2) schools each
    - 1 full time nurse covers one (1) K-8 school

  - 1 full time nurse covers a K-8 school and the Medical Emergency Response Teams (MERT). This nurse is also is the substitute for the SWP
  - 1 half time nurse covers two (2) schools
- More than half of the nurses currently working in Calhoun County schools have a strong background in pediatric nursing but have a limited background in school nursing and public health nursing. All three are important, but school nursing and public health experience prepares a nurse to work effectively in the role.
- The limited experience in public health and school nursing speaks to the need for a strong orientation program, ongoing staff development, and an opportunity to network with other more experienced school nurses, mentoring and clinical supervision by an experienced school RN.
- Nine of the fifteen nurses have a Bachelor School Nursing (BSN) or Master's degree; more than half have been practicing as nurse for more than fifteen years and in their current role for more than 5 years.

RESPONSE RATES OF THE GROUPS SURVEYED

Seventy-two individuals representing 6 groups responded to the electronic surveys.

Superintendents (or other district administrators)	5 (42%)
Principals	10 (22%)
Nurses	14 (93%)
School Staff	28 (40%)
Community Members	14 (54%)
Program Manager	1 (100%)

INDIVIDUAL SCHOOL AND SCHOOL DISTRICT REPRESENTATION

The Individual School Survey represented 34 schools that have school nurses assigned by the CCPHD. Schools not serviced by CCPDH include Olivet, Tekonsha, five (5) schools within the Battle Creek school district and the Calhoun County ISD did not participate in the survey. The responses included:

16 elementary schools (73%)
8 middle schools (100%)
7 high schools (100%)
1 K-8 school (100%)
1 middle and high school combined (100%)
1 alternative schools (100%)

TOTAL 34 Schools (87%)

GENERAL SURVEY

- Student statistics indicate that 53% of students in the CCPHD's SWP are eligible for free or reduced meals, 46% of students received health services in the 2015-2016 school year and 89% of students seen returned to class.
- School nurse's statistics indicated that the number of procedures performed in schools (blood glucose monitoring, insulin injections, tube feeding, cauterizations, etc.) **increased two and a half times since 2008.**

BARRIERS TO IMPLEMENTING/PROVIDING HEALTH SERVICES

- Superintendents, principals, school nurses and school staff indicated that funding and the school nurse to student ratio are the greatest barriers to health services.
- Seventy-five percent of superintendents and principals believed that health issues have increased in the school setting and 95% of school nurses also reported an increase.

TOP HEALTH CONCERNS

- Four out of five groups listed asthma as one of the top five health concerns in schools. Other concerns listed were diabetes, attention deficit disorder, mental health and emergency care plans for student health situations.

PRIMARY PERSON PROVIDING HEALTH SERVICES

School nurses have assumed more responsibilities as the primary person to provide health services. Both administrators and secretaries decreased the amount of health services they provided in the past. This is an indication that school nurses allow staff to spend less time responding to health issues and have more time to focus on their professional responsibilities.

- Principals indicated that in most buildings, the school nurse is part time, one to three days per week and provides 80% of the health services.
- It should be noted that 100% of school nurses indicated they were the primary person responsible for providing first aid, yet very few nurses work full time in just one school.

FACILITIES

There has been an improvement in health room facilities.

- Seventy percent of school nurses report the health room accommodates a cot. It is very likely that if an ill student can briefly rest, they may be able to return to the classroom sooner rather than sent home.
- Eighty percent of the health rooms have a toilet, sink, and running water for health services. This is not only for proper first aid but also minimizes the potential spread of germs.
- There continues to be a need for improvement of health room suites.

DOCUMENTATION/RECORDS

School nurses use electronic health records for documentation. There is a question about how and what visits/services are documented on the days the nurse is not in the building.

Reports indicate health records and data are kept in all schools.

- Less than 20% of school nurses and 50% of administrators report health records are kept as part of each individual cumulative record. Thirty percent of nurses and none of the administrators believe health records are stored at the health department.

HEALTH SERVICES DATA

Nurses indicated that the health statistics are shared through the district annual report, but not all superintendents and principals feel they receive the information. This could in part be because 80% of school nurses and 67% report they do not meet regularly but rather on an "as needed" basis.

CLINICAL SUPERVISION

There is a RN supervisor for the program, but there is concern about the number of responsibilities for this position, in addition to supervising the SWP. School nurses report that she is respected and an "awesome advocate".

OVERALL QUALITY AND EFFECTIVENESS

School staff feel confident in administering medication, responding to health related injuries and recognizing when a student with a health problem is in need of more professional attention than she/he can give. In addition:

- School staff reported they are not as confident in handling health related nursing procedures (blood glucose monitoring, cauterization, tube feedings, etc.).
- Eighty-nine percent of school staff indicated they perform student health related services or duties on a regular basis.
- The majority of school staff do not feel there is adequate school nurse coverage in their buildings.

SUPERINTENDENTS, ADMINISTRATORS AND SCHOOL NURSES STATEMENT RESPONSES

Superintendents are more confident than administrators and school nurses in that:

- School health services offered are effective and meet students' needs.
- Health services are comprehensive.
- Schools are prepared to handle health emergencies.
- Students are receiving medication safely and as prescribed.
- Schools have the knowledge, skill and staff to handle a child requesting a special health treatment/procedure.

SCHOOL HEALTH SERVICES NEEDS

When asked about additional health services needs:

- Superintendents, principals and school nurses ranked mental health as a high priority health need in schools.
- Administrators ranked an increase in school nurse time in building as an important school health need.
- School nurses indicated the need for increased management of chronic health conditions and health care procedures (tube feedings, blood glucose monitoring, etc.) and linking students to services and resources in the community.
- Superintendents ranked all areas the same.

OTHER HEALTH NEEDS NOT ADDRESSED

When asked, superintendents, principals and school nurses indicated the school nurse to student ratio and funding needs to be addressed.

ADVANTAGES OF HAVING SCHOOL NURSES PROVIDE SERVICES

Principals, administrators and school nurses agree that there are definite advantages to having a RN provide services to schools. The advantages include:

- Improved attendance.
- Health needs of students met.
- Improved healthy school environment.
- Increased confidence of staff in addressing student's health needs.
- Presence of school nurses allow other school staff to spend less time on health issues so they can attend to their professional responsibilities.

FACILITATED MEETING OF SCHOOL NURSE STAFF

School nurses are enthusiastic and passionate about the needs of students and anxious to provide additional comprehensive services to meet the students and school's needs. They have a solid knowledge base of the needs of the programs. They addressed some of the concerns and challenges that continue to need improvement as noted below:

- Technology is the number one challenge in accessing records, documenting health care and retrieving other important information.
- Health room facilities have improved but continued work is needed.
- Assigning a partner or mentor during orientation would be helpful.
- Nurses with multiple buildings do not feel as effective in providing services as nurses assigned to only one building or having a smaller assignment.
- School nurses need to have contact with their other school nurse colleagues for support and knowledge.
- Job security, fear of budget cuts that would eliminate their position or a more senior nurse bumping them was an issue.

RECOMMENDATIONS

Based on the assessment completed by the consultants, the following recommendations are offered. Rationale for these recommendations is provided within the report.

RECOMMENDATION #1 - DOCUMENTATION/RECORD KEEPING

- *Resolve the issue of student health records being a part of the student's education record in order to be in compliance with FERPA.*
- *Ensure that health care provided to students regardless of whether by the school nurse or unlicensed school staff is documented and in the same student health record.*

RECOMMENDATION #2 - POLICIES/PROCEDURES/GUIDELINES

- *Organize and separate policies, guidelines, forms, and resources with a table of contents that easily links to the correct online document.*
- *Address possible gaps in necessary school nursing policies/guidelines.*
- *Include the document "Role of the School Nurse" with annual contract.*
- *Regularly update policies/guidelines, use them consistently and schedule regular reviews.*
- *Remediate technical issues regarding access to online policies/documents.*
- *Develop a system for accountability to document/measure school nurses' knowledge of program policies.*

RECOMMENDATION #3 – PARENTAL PERMISSION FOR SCHOOL NURSE SERVICES

- *Clearly delineate that the parental consent form sent out at the beginning of the year is required for discretionary medication only, not for general school nurse services.*

RECOMMENDATION #4 – MANAGEMENT OF THE SCHOOL WELLNESS PROGRAM

- *Examine the workload of the school wellness program manager.*
- *Prioritize responsibilities and explore avenues for assistance (e.g. additional support staff, contracting out for specific, definitive projects).*

RECOMMENDATION #5 - STAFFING

- *Develop a plan for how staffing is calculated based on students' and community's needs.*

RECOMMENDATION #6 - ORIENTATION AND PROFESSIONAL DEVELOPMENT

- *Continue the formal orientation for new nursing staff based on established school nurse competencies.*
- *Continue to utilize mentors for new nursing staff but in conjunction with a formal orientation.*

- *Review the orientation process and revise as necessary using staff input. Encourage school nurses to seek national certification.*

RECOMMENDATION #7 –PARTICIPATION IN THE DEVELOPMENT OF SCHOOL HEALTH RELATED POLICIES

- *As new school health laws are enacted, school nurses should be involved with the development of policies to implement them.*

RECOMMENDATION #8 – SUBSTITUTE SCHOOL NURSES

- *Re-evaluate the need for substitute school nurses and adjust availability of coverage based on need.*
- *Develop written guidance on how substitute nurses will be used based on priorities and include how they will be oriented, evaluated and supervised.*

RECOMMENDATION #9 - DATA COLLECTION AND SHARING

- *Examine data to see if outcome based data as well as the quantitative data is being collected.*
- *Develop a guideline that addresses how individual school and district data results will be shared regularly with school administrators, school board members, and other stakeholders including PTAs.*

RECOMMENDATION #10 –PROGRAM AND STAFF PERFORMANCE EVALUATION

- *Include school nurse competencies in the individual staff performance tool that can be used to measure school nurses' increase in knowledge and skills and indicate where professional development and guidance may be required.*
- *Continue audits of the SWP program. Audits are evaluation tools that can be used to determine the program's strengths, needs, and effectiveness.*

RECOMMENDATION #11 –PARENT SURVEY

- *Conduct a parent satisfaction survey periodically.*

RECOMMENDATION #12 – INCREASE AWARENESS OF THE PROGRAM

- *Improve communication with administrators, school boards, communities. Share the program goals, outcomes, and annual report with community partners, media, PTA and other community groups.*
- *Promote the SWP at a countywide celebration event.*

RECOMMENDATION #13 – EXPANSION AND COORDINATION OF SCHOOL NURSING SERVICES FOR THE COUNTY

- *Evaluate goals for the expansion and coordination of school nursing services for the county.*
- *Consider periodic meetings with all nursing staff (regardless of employer) providing school health services to children in the county.*

RECOMMENDATION #14 – HEALTH ROOM FACILITIES

- *Establish minimal facilities standards for health rooms in collaboration with school administration and move toward compliance with those standards and those outlined in contract.*

CHAPTER 1: INTRODUCTION

"As the gatekeepers of child health throughout the nation's schools, school nurses have the breadth of perspective and the depth of experience to qualify as the chief experts at identifying and prioritizing issues to promote child and public health, as well as identifying ways in which health status impacts student learning" (Fleming, 2011).

INTRODUCTION

The School Wellness Program (SWP) of Calhoun County has invested in the belief that children who are healthy learn and achieve academically. They have established a comprehensive school nursing program that serves the majority of Calhoun County. In collaboration with the school districts in the county, students receive the benefits of school health services from professional registered nurses. The SWP management , in an effort to continually improve and set goals for the program, contracted with two school nurse consultants to perform an assessment of the program, its accomplishments and needs.

This report will detail the methodology used to accomplish the program assessment, the data collected, observations made, and recommendations by the consultants for next steps to strengthen the school health services programs in Calhoun County.

BACKGROUND

The School Wellness Program of Calhoun County, formally established in 2009, was the result of the interest of the School Wellness Program Advisory Group (SWPAG), one of the Issue Action Groups of the Regional Health Alliance of Calhoun County, MI. At the time, school health services were provided by the Calhoun County Public Health Department (CCPHD) to schools who opted to contract for nursing services and not all schools participated. In 2008, the SWPAG began exploring ways to meet the goal that ***all school age children have access to quality health care and equitable school nursing services***. The group identified several concerns:

- Efforts to maintain and strengthen the school nursing program were floundering.
- Sustaining programs was an issue as funding decreased from all funding partners.
- School nurse staffing models varied across the county.
- Vacancies in school nursing staff at CCPHD left several schools uncovered.
- Priorities for the focus of the school nurse differed among the school administrators, the CCPHD, and the school nurses themselves.

SWPAG representatives/management team commissioned two former state school nurse consultants to evaluate the school nursing programs of Calhoun County. The specific expectations of the project were to:

- Recommend a viable staffing model for Calhoun County given its needs.
- Identify the school community's needs concerning the health of its students.
- Determine priorities for the utilization of nurses.

The assessment was completed and the School Wellness Program (SWP) was established with management of the program by CCPHD. The program is staffed by professional registered nurses hereinafter referred to as school nurses.

PURPOSE OF THE PROGRAM ASSESSMENT

The School Wellness Program (SWP) of the Calhoun County Public Health Department (CCPHD) is a partnership between CCPHD, the WK Kellogg Foundation (WKKF), the United Way of Battle Creek, the Calhoun County Intermediate School District (CISD), the Battle Creek Community Foundation (BCCF), and participating school districts. School districts choosing to participate in this program enter into a contract with the CCPHD for nursing services and each partner contributes to the program funding formula.

The program has grown in earnest over the last six years. The SWP management's interest in continuing to strengthen the school nursing program and their recognition of the value of evaluation in determining program goals led to this second needs assessment.

Potential Benefits When a School Nurse is Present:

Students experience:	Families:	School staff experience:	School districts experience:
• Improved student health • Improved academic outcomes and test scores • Better attendance • Lower incidence of injuries and risk-taking behaviors School nurses provide: • Disease prevention and management • Management of students' chronic health problems, such as asthma, allergies, diabetes, and obesity *Improved attendance means the healthy student is in the classroom and ready to learn.*	• Experience lower absenteeism from work • May increase their involvement in caring for their children and demonstrate greater compliance with medical treatment plans • Are more know-ledgeable about prevention and healthy behaviors • Are reassured knowing a professional healthcare provider is available to care for their child with a chronic health concern School nurses are: • Instrumental in the identification and referral to community resources for health risks • Are often the only health professional students see on a regular basis	• Improved staff health services • Improved staff attendance rates • Improved staff health modeling • Healthier working environment • More knowledge about prevention and lifelong healthy behaviors • Increased skill in case finding and referral of student health problems to school nurses • More time to deal with academic needs of students A school nurse in the building saves teachers, principals, and clerical staff a considerable amount of time that they would have spent addressing health concerns of students Students with a full-time school nurse have about half the student illness- or injury-related early releases from school where no school nurse is present	• Higher rates of resolution of health problems • Improved attendance of healthy students • Higher test scores and improved academic outcomes • Stronger connections between the school and other community resources • Safer and healthier schools • Better mental health within the school community • Safer administration of medications • Compliance with medical treatment plans • Reduced risk and liability • Better use of limited resources • Better student performance, which also contributes to reduced drop-out rates School nurses help schools stay accountable by promoting compliance with federal and state laws School nurses lend their expertise to preparing for emergencies, which saves lives and property

Some content adapted from *Five Ways a School Nurse Benefits the School*, National Association of School Nurses (2011).

CHAPTER 2: METHODOLOGY

METHODOLOGY

The goals of the program assessment were to:

- Identify the current scope of the school nurse program
- Determine perceptions of the health needs of the students
- Determine to what extent there was consensus of priorities for utilization of the school nurse
- Determine the coordination and communication between schools and school nurses
- Identify growth of the program since its inception in 2009
- Identify needs that can be used to develop ongoing goals for the School Wellness Program

The project was multi-faceted with input from school nurses, the school wellness program manager, school superintendents, administrators, school staff who perform school health tasks, and community members. The school wellness program manager and the school nurse consultants identified the stakeholders.

The project had six (6) components:

- An electronic survey of all stakeholders
- An electronic survey regarding individual schools that had access to school nurse services completed by the school nurse
- An electronic survey of the school wellness program manager
- Telephone interviews with select school administrators and superintendents
- Review of CCPHD policies, procedures and documentation
- A facilitated meeting with school nurses

ELECTRONIC SURVEYS

The consultants developed seven electronic surveys using an internet-based program. The seven individualized surveys were administered to each of the following groups:

- Superintendents
- School administrators/principals
- Nurses working in the schools (one addressing their individual schools assigned and one on overall topics)
- Community members
- Unlicensed school staff with responsibility for health tasks in their schools
- School wellness program manager

All surveys were conducted from May 11th through May 28th, 2015. The time given to respond to the surveys was extended in hopes of better participation. Questions addressed the role and

assignment of the nurse, perceptions of student health needs, priorities for school nurse's time, confidence level in skills, communication, and school health policies. The school nurse survey also addressed professional development needs, confidence in practice and responsibilities of the school nurse.

CCPHD invited all participants by email.

INDIVIDUAL SCHOOL ELECTRONIC SURVEY

An electronic survey was also developed and every school nurse was asked to complete one survey for each school they were assigned. It addressed record keeping practices, school policies and perception of needs.

TELEPHONE INTERVIEWS

Telephone interviews were conducted with select superintendents and school administrators identified by the school wellness program manager. The interviews were set up via an email sent to superintendents and school administrators with a reference to the project and the health officer's endorsement. The interviews lasted on average thirty minutes. The participants were assured that their comments would be kept confidential. The project was explained and interviewees were told that the purpose of the interview was to clarify and expand on the responses received from electronic surveys of administrators and superintendents. Questions included perceived student health needs in the school/district, the ability of the school nurse(s) assigned to fulfill those needs, the community's reception to the presence of a school nurse, and any concerns or suggestions for improvement of school health services.

REVIEW OF CCPHD POLICIES AND PROCEDURES

The consultants reviewed the CCPHD policies and procedure documents provided by the school wellness program manager. These included SWP policies, procedures and forms. The hard copy documentation was available for review as electronic review was not available.

FACILITATED MEETING WITH SCHOOL NURSES

A facilitated meeting with 12 of the 15 school nurses employed by CCPHD was held on June 1, 2015, for two hours. The meeting time was selected by the school wellness program manager and held at the Calhoun County Health Department's offices in Battle Creek because of its central location. Prepared questions discussed and elaborated on responses received from the surveys. Opportunities were given for the group to share additional questions/concerns.

STRENGTHS OF THE PROJECT

- The consultants were able to meet with a majority of the currently employed school nurses.
- Participation in the school nurse survey was very high (93%).
- School nurses completed individual school surveys for 88% of their assigned schools.
- Fifteen (15) school nurses received invitations to attend the facilitated meeting. Twelve nurses (80%) participated.
- Participation in the electronic survey by superintendents was 42%.
- The community survey was sent to 26 people of which 14 (54%) responded.
- A written evaluation of the focus group participants indicated the activity was well received.

LIMITATIONS OF THE PROJECT

- Some nurses were unable to leave their school assignments to attend the facilitated meeting due to the need to cover students at their school.
- Participation of superintendents and administrators in the telephone interviews was 2 of 4 selected. One principal did not respond to two invitations. One principal/superintendent had difficulty fitting the telephone interview into their schedule.
- Participation of superintendents was 42%. Speculation as to why the participation was not higher include possible conflicting time commitments, they did not have the time or interest in participating, or it was the end of the school year.
- Participation in the electronic survey by principals was 22%. Speculation as to the reason for this low participation include lack of interest or time, conflicting commitments, expectation that the school nurses could complete the surveys, they did not have the time or interest in participating, or it was the end of the school year.
- The school staff survey was sent to 70 people of which 28 (40%) responded. The school nurses identified the school staff who performed health related tasks. While less than expected, response was far better than the initial survey conducted in 2008 when the response was so low that the results could not be used.
- There was no input from parents specifically.

CHAPTER 3: SCHOOL WELLNESS PROGRAM GROWTH

"A student's health status is directly related to his or her ability to learn. Children with unmet health needs have a difficult time engaging in the educational process. The school nurse supports student success by providing health care through assessment, intervention, and follow-up for all children within the school setting. The school nurse addresses the physical, mental, emotional, and social health needs of students and supports their achievement in the learning process. The school nurse not only provides for the safety and care of students and staff but also addresses the need for integrating health solutions into the education setting." (National Association of School Nurses. Role of the School Nurse, Position Statement, April 2011).

The Calhoun County School Wellness Program has grown significantly since its inception in 2009. Most notably the CCPHD under the leadership of Health Officer Jim Rutherford has taken the responsibility for the program and its management. The program was quickly put into place. Registered nurses hired by the health department and contracted by the school districts to provide school health services now serve schools in 39 of a total of 55 schools in the 12 school districts in the county. Nineteen thousand nine hundred and six (19,906) students have access to a school nurse at least part time in their buildings and available by phone when not in the building. **This is a 66% increase of schools receiving services compared to 2008.**

Since 2008, with the growth of the program, the school nurse has assumed more responsibilities as the primary person to provide health services.

Significant accomplishments include:

Development of a management model for school nursing services in the county

The Calhoun County Public Health Department manages the SWP providing coordination and consistency to all schools receiving school health services. They have taken responsibility for the hiring of registered nurses, their orientation and supervision. Policies, procedures and standardized forms have increased the quality and efficiency of the program.

Development of a data collection tool

Data is collected electronically and reports provided annually. The CCPHD has provided an epidemiologist to provide these reports and analyze the data. This data collection is essential in evaluating the progress of the program and in identifying student health needs. It provides the basis upon which program goals are established.

Development of consistent program-wide policies/guidelines

Written policies (in electronic format and reviewed regularly) guide the SWP and are available to nursing staff and school administrators. The number of policies, guidelines and resources are significant and provide consistent and standardized care for students.

Development of a school nurse orientation

A dynamic orientation provided to SWP school nurse staff is continually improving to meet the needs of the nurses. Management is responsive to the needs of the nurses and orientation is provided through a variety of mechanisms including the use of mentors.*

Provision of professional development opportunities for school nurses

SWP has encouraged professional development of the school nurse staff and has sponsored nurses' attendance to statewide and national conferences.

Staff training of unlicensed school staff by school nurses

School nurses provide staff training on a variety of topics, including medication administration, CPR, blood borne pathogens, administration of emergency epinephrine, and instruction on specific treatments for a student that is delegated to unlicensed school staff by the school nurse. This role of the school nurse is a major part of their responsibilities and school nurses report devoting sufficient time and supervision to this assignment.

Electronic health records established

An electronic health record system selected for use by the school nurses has been beneficial in the consistency in documentation format, security and efficiency for school nurses.

Evaluation /Audit performed annually

An audit of the program conducted annually by two outside consultants consists of a self-evaluation survey by both the SWP program director and two selected school nurses, visits to the two schools, meetings with principals and review of student records and facilities. The overall program is reviewed with the SWP program manager and health officer as well as other interested stakeholders. This commitment to continual evaluation of program goals and accomplishment of those goals is commendable.

Compliance with laws

The SWP has been diligent in their compliance with laws that affect school health services assuring schools that legal risks are minimized and students are served as the law dictates. Compliance with FERPA and the need for records by the health department on students being a "student health record" remains an issue. Involvement of the SWP in the development of policies as a result new laws pertaining to health needs to be examined.*

Management of the School Wellness Program

A vital component to the success of a school nursing program is the management by a school nurse supervisor. CCPHD has committed to this position and has recognized the need to make this a fulltime, year round position. The Michigan School Nurse Task Force, in their *Staffing Subcommittee Report on Recommended School Nurse Staffing Models for the State of Michigan*, (September 2013) emphasized the need for clinical oversight of the school nurse program. "Regardless of who employs and manages the school nurse program, **clinical oversight is essential** to the coordination of the program with the school administration. School nursing is a profession that requires unique preparation and skills and a license to practice, and is an independent practice arena, where the school nurse is often the only health care staff on site. While the school nurse is accountable for his/her own practice, that practice may be compromised when non-nurses supervise nursing practice. It is important to plan for **clinical oversight** in any staffing plan. This assures that the school nurse is accountable to a nursing administrator/supervisor, physician or hospital department/manager and not an educational administrator, assuring quality, evidenced based and current nursing practices are being used." (Michigan School Nurse Task Force, Staffing Subcommittee, 2013, p. 1).

The responsibilities of the school wellness program director continue to expand and should be addressed. *

Definition of the role of the school nurse/Priorities

A guideline is in place defining the role of the school nurse. It is comprehensive and clear. It provides a measure for evaluating the extent of services provided by the school nurse and can guide future program goals. More emphasis on this role may need to be communicated to schools, perhaps in the contract.*

Documentation/Record Keeping

With policies and procedures, electronic health records and school nurse supervision, documentation is more standard and reflective of care provided by the school nurse. Mechanisms have been put into place for those unlicensed school staff delegated to perform nursing functions (e.g. Medication administration, treatments) to document their care of students. A system to provide a coordinated, complete record of all student health care by anyone who provides services must be addressed.*

Forty-six percent of students in buildings served by CCCPH received health services and 88.5% returned to class.

Staffing

School nurse positions have increased to meet the need of the program. Funding plays an important part in the determination of staff. While the health needs of the schools, number of students and socio-economic factors play a part in determining staffing, no clear formula is used to determine staffing. The model used by SWP is unlike any other in the state – there is not a school nurse assigned to each building, and no assistive, unlicensed personnel (school health aides/techs) are used.*

School District	2008 SN Positions	2015 SN Positions	Increase in SN Positions
Albion	0	1 FT RN	1 FT RN
Athens	1 – 0.2 RN	0.4 FT RN	0.25 PT RN
Battle Creek	3 FT RN, 1 position was vacant	3 FT RN	1 FT RN
Harper Creek	2 – PT 0.4	2 FT RN	1 FT RN
Homer	1 FT	1 FT RN	0
Lakeview	0.2	2 FT RN	1.75 FT RN
Mar Lee	0	1 – 0.4 + MERT	.5
Marshall	1 FT	2 FT RN	1FT RN
Olivet	0	0	0
Tekonsha	1 LPN	0	0
Union City	0	1 FT RN	1 FT RN
Total	5.5 RN	13	7.5

FT- Full Time = 0.8 PT- Part Time MERT- Medical Emergency Response Teams
RN – Registered Nurse LPN – Licensed Practical Nurse (must be clinically supervised by a RN)

*Please see Chapters 5 and 6 for additional discussion.

CHAPTER 4: LAWS AFFECTING SCHOOL HEALTH SERVICES IN CALHOUN COUNTY

The impact of inadequate staffing of the school health services programs is the disruption in care of students with health needs, inadequate care for students, and liability risks for the school district and school system who may not comply with federal and state laws.

LAWS AFFECTING SCHOOL HEALTH SERVICES IN CALHOUN COUNTY

Calhoun County SWP has identified the numerous laws that affect school health services and has developed a guideline that describes them. *The APPENDIX section of this document includes a summary of the laws that affect school health services in Michigan.* A summary review of key laws driving school health services follows.

Several state and federal laws drive the provision of school health services. Two laws in particular, Individuals with Disabilities Education Act (IDEA), and Section 504 of the Rehabilitation Act of 1973, speak to the rights of students to receive related nursing services or care to allow them to access education. Compliance with these two laws is the responsibility of school districts.

> … the legal responsibility for school health services and care of schoolchildren with health concerns falls to the school system or school district.

Health departments in the state of Michigan have a mandated responsibility for certain screenings and management of infectious and communicable diseases. The Public Health Code (Excerpt) Act 368 of 1978, Part 9101 requires the state Department of Community Health to "establish a plan for health services for pupils in elementary and secondary schools of this state. The plan shall include a definition of school health services and standards for implementation" but the responsibility of local health departments for school health services is not specifically mandated. Therefore, the legal responsibility for school health services and care of schoolchildren with health concerns falls to the school system/school district.

Federal law protects the right of participation of all students with disabilities, including eligible students with chronic health conditions and in the regular education program (Gelfman & Schwab, 2005). For full participation in school, students with chronic health conditions often require medical management that enables them to access education and have the same educational opportunities as their healthy peers. Providing educational access means that school districts must have the infrastructure and trained staff to insure that students with chronic health conditions have safe and effective medical management, including emergency care and administration of medications. **The registered professional school nurse is the only school staff member who has the skills and knowledge base to fully meet the health care needs of students with chronic health conditions** (National Association of School Nurses [NASN] and American Nurses Association [ANA] 2011).

LAWS IMPACTING STAFFING OF SCHOOL HEALTH SERVICES PROGRAMS

Primarily, two laws drive the provision of school health services: IDEA and Section 504 of the Rehabilitation Act of 1973.

INDIVIDUALS WITH DISABILITIES EDUCATION ACT

The Education for All Handicapped Children Act, first enacted in 1975, is now known as the Individuals with Disabilities Education Improvement Act (IDEIA). This landmark legislation assured that students with disabilities receive free appropriate public education (FAPE) and the related services and support they need to achieve in school. IDEIA was created to help states and school districts meet their legal obligations to educate children with disabilities and to pay part of the extra expenses of doing so.

When children are identified as eligible for special education services, a team that includes the child's parents, teachers, administrators, school nurses and other school staff develops an individualized education program (IEP). The IEP outlines the specific services and supports the child's needs in the least restrictive environment (LRE). ***These children often require "related services" and nursing is one of these services.*** Registered nurses are part of the IEP team. They are the team member who determines the nursing services required and the person who provides those services.

SECTION 504 OF THE REHABILITATION ACT OF 1973

Section 504 of the Rehabilitation Act of 1973 prohibits discrimination against persons with disabilities in all programs and activities conducted by recipients of federal financial assistance. Section 504 has a substantial effect on education since educational programs for students with disabilities must be equal to those provided to others. "Section 504 covers qualified students with disabilities who attend schools receiving Federal financial assistance. Protection under Section 504 requires that a student must be determined to: 1) have a physical or mental impairment that substantially limits one or more major life activities, 2) have a record of such impairment, or 3) be regarded as having such impairment. Section 504 requires that school districts provide a free and appropriate public education to qualified students in their jurisdictions who have a physical or mental impairment that substantially limits one or more major life activities" (USDE, 2013).

The school nurse plays a role in assisting the school team to identify children who may have physical or mental impairments through a nursing assessment. If a student needs health-related accommodations at school, the school nurse participates in the development of the written accommodation plan for that student. The school nurse determines the health related services required and may be the appropriate person to provide those services.

Additionally, several other federal laws affect school nursing services.

FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA)

The Family Education Rights and Privacy Act of 1974 (20 U.S.C. § 1232g) and its regulations (34 CFR § 99), requires the protection and release of personally identifiable student information, including student health information. These requirements are applicable to all "education records" in public and private schools that receive any federal financial assistance. Education records are defined in the regulations (34CFR § 99.3) as those records that are:

1. Directly related to a student; and
2. Maintained by an educational agency or institution or by a party acting for the agency or institution.

As defined by joint guidance from USDE and USDHHS (2008) **"**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". This includes "*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*".

Gable presentation to Michigan School Nurse Task Force presentation 4-13

FERPA governs all student health records maintained by school employees or **by contracted employees who provide "school health services"** (Cheung, Clements and Peckman, 1997; Gable, 2013) that is health services directed to supporting students (United States Department of Education [USDE] and United States Department of Health and Human Services [USDHHS] p. 4, 2008). "If a person or entity acting on behalf of a school subject to FERPA, such as a school nurse that provides services to students under contract with or otherwise under the direct control of the school, maintains student health records, these records are education records under FERPA, just as they would be if the school maintained the records directly. This is the case regardless of whether the health care is provided to students on school grounds or off-site. As education records, the information is protected under FERPA and not HIPAA" (USDE and USDHHS, p. 4, 2008).

RECENT MICHIGAN LEGISLATION THAT AFFECTS SCHOOL HEALTH SERVICES

BULLYING

PA 241 of 2011 states not later than 6 months after the effective date of this section, the board of a school district or intermediate school district or board of directors of a public school academy shall adopt and implement a policy prohibiting bullying at school, as defined in this section.

PA 478 of 2014 – Bullying policy must comply with 2014 amendments but not limited to the inclusion of cyberbullying as form of bullying.

STOCK EPINEPHRINE

PA 186 of 2014 addresses stock epinephrine and training in schools. A prescriber may issue a prescription for and a dispensing prescriber or pharmacist may dispense an auto-injector epinephrine to a school board for meeting the requirements of section 1179a of revised school code, 1976, PA 451, MCL 380.1179a.

CARDIAC EMERGENCY RESPONSE PLAN

PA 12 of 2014 the governing body of a school that operates K-12 shall adopt and implement a cardiac emergency response plan for the school. The plan must include at least: 1) Use and regular maintenance of the auto external defibrillator, 2) Activation of a cardiac emergency response team during an identified cardiac emergency, 3) A plan for effective communication, and 4) If a school is grades 9-12, a training plan for use of an auto external defibrillator in CPR rescue techniques.

CHAPTER 5: DATA SUMMARY AND OBSERVATIONS

"Aggregation of population level data in school health records has the potential to demonstrate the prevalence of health conditions; provide research on longitudinal outcomes; identify community strengths and opportunities for improvement that will benefit all students and the school community" (Johnson, et al., 2012).

DATA SUMMARY AND OBSERVATIONS - STAFFING

Initial discussions in 2008 with the SWGAP management team focused on the school nursing program managed by CCPHD and the need to improve and grow that program. The program has grown in earnest over the last six years. The following observations were made in assessing the number of school nurses providing services and how they were assigned based on information received through survey responses and information provided by the SWP nurse manager.

Details of the information that follows is located in the APPENDIX of this document.

Calhoun County School Health Services

Nurses employed by the CCPHD currently serve the following districts: Albion, Athens, Battle Creek Public Schools, Harper Creek Community Schools, Homer Community Schools, Lakeview School District, Mar Lee, Marshall, Pennfield and Union City District. The school districts that do not receive nursing services are Olivet and Tekonsha.

In addition to school nursing services provided by the SWP, there are three school based health centers (SBHC), Battle Creek Central High and Springfield Middle School and Lakeview Middle School. The CCPHD is the judiciary and manages all the SBHCs. SBHCs provide acute services to students enrolled in their program. While school nursing is the foundation of health services, school nursing and SBHC services both support students. One does not take the place of the other.

STAFFING

TOTAL SWP NURSING STAFF FOR THE 2014-2015 SCHOOL YEAR

Staff:	**SWP 2015**
Nurse Practitioners (NP)	0
RNs	15
RN Manager	1
LPNs	0
TOTAL	**16**

SUMMARY

- Calhoun County has twelve public school districts (does not include CISD).
- Two school districts, Olivet and Tekonsha, do not have RN school nurse coverage.
- Eight districts have at least one (1) full time nurse that covers multiple buildings and two district have part time nurses. One of the district's nurse has additional responsibilities outside the assigned district (MERT and substitute nurse)
- Six schools of the fifty-five schools (Battle Creek Area Math and Science Center, Olivet High School, Olivet Middle School, Fern Elementary School, Tekonsha Rose D. Warwick, Jr/Sr. High School and Tekonsha Elementary) in Calhoun County (2,132 students) do not have any health services.
- Battle Creek school district has a SBHC in Central High School and Springfield Middle School with no additional school nursing services.
- Lakeview Middle School has a SBHC that opened April 2015 with school nursing coverage.
- In 2008, 17 schools did not have coverage and there were additional vacant CCPHD positons in other schools, 11,300 students did not have school nursing services.
- In 2015, eight schools (3,792 students) do not have RN school nurse coverage but two of eight schools have a SBHC.
- Currently there are discussions with the Olivet School District for school nurse services to begin in the 2015-2016 school year.

ASSIGNMENTS

The CCPHD provides health services at schools based on the school's request. Individual districts determine if they will contract with the program. CCPHD, in cooperation with the school district, make staffing decisions regarding the number of school nurses required. CCPHD employs school nurses for a 42-week contract.

- The assignment of each SWP nurse varies and ranges part time to full time.
- School nurses only cover one district, but do cover multiple schools within a district.
- Assignments include:
    - 1 full time nurse covering five (5) schools
    - 9 full time nurses covering three (3) schools each
    - 2 full time nurses covering two (2) schools each
    - 1 full time nurse covering one (1) K-8 school
    - 1 full time nurse covering one K-8 school and Medical Emergency Response Teams (MERT) This nurse is also is the substitute for the SWP
    - 1 half time nurse covering two (2) schools

All the respondents indicated their assigned schools contact them for help/assistance outside of their scheduled day. Only one nurse indicated a substitute is available when she is absent. Principals agree that no substitutes are available when school nurses are not available.

SCHOOL NURSE COVERAGE OF CALHOUN COUNTY SCHOOLS

SCHOOL DISTRICT	# OF BUILDINGS/ STUDENTS	COVERAGE	EMPLOYER	ASSIGNMENT	Ratio
ALBION	1 / 547	Full Time RN	CCPHD	1 RN covering K-8 building	1/547
ATHENS	2 / 552	Part time RN 3 days/week	CCPHD	1 RN covering 1 day at MS/HS and 2 days at ES	0.4/552
BATTLE CREEK	9 / 3923 (CCPHD)	3 Full Time RNs	CCPHD	1 RN covering 1 MS 2 days, 1 ES 3days/wk 1 RN covering 2 ES 2 days, 1 shared ES 1 day/wk 1 RN covering 2 ES 2days/wk, 1 shared ES 1 day/wk	1/615 1/892 * 1/1075
	3/818	Not part of CCPHD SWP	BCPS	BCHS & Springfield MS have SBHC services for only enrolled students	
CALHOUN COUNTY ISD	2/1220	Not part of CCPHD SWP	CISD	1 RN Supervisor, 1RN & 3 LPN's	
HARPER CREEK	5/2605	2 Full Time RNs	CCPHD	1 RN covering HS & MS 1 RN covering 3 ES	1/1693 1/970
HOMER	3/ 1112	Full Time RN	CCPHD	1 RN is on call for HS/MS and covering 4 plus days at ES	1/1048
LAKEVIEW	6 /3950	2 Full Time RNs	CCPHD	1 RN covering HS 1/2 day, MS 1/day +ES 2 days/week 1 RN (SBHC located in MS) 1 RN covering 3 ES 1 RN	1/2861 1/1095
MAR LEE	1 / 303	1 RN 3 days/week	CCPHD	1 RN covering K-8 and shared position with MERT team and substitute duties	0.4/303
MARSHALL	6 / 2552	2 Full Time RNs	CCPHD	1 RN covering HS, MS, & HS Special Ed. 1 RN covering 3 Elementary Schools	1/1469 1/931
OLIVET	3 / 1490	No RN coverage		currently discussing coverage for 2015-2016	
PENNFIELD	5 / 2104	1 Full Time RN	CCPHD	1 RN covering 1 building per day, HS, MS, 3 ES	1/2138
TEKONSHA	2 / 274	No RN coverage			
UNION CITY	3 / 1071	Full Time RN	CCPHD	1 RN covering 1 day HS, 2 days MS, 2 days ES	1/1070

RN Registered Nurse (school nurse) *HS HIGH SCHOOL *MS MIDDLE SCHOOL *ES ELEMENTARY SCHOOL *SBHC SCHOOL BASED HEALTH CENTER (does not service the entire population, only those students who enroll) Battle Creek employs two nurses that are not employees of CCPHD and are represented in this chart. Full time = 0.8

DATA SUMMARY AND OBSERVATIONS – POLICIES AND PROCEDURES

The school nurse consultants completed a review of current written policies. The Michigan Department of Education has several recommended policies and all of those policies are included in the SWP Policy Manual, and incorporated into CCPHD's policies. Since 2013, there have been new laws passed that mandate development and implementation of school policies that are not included in the CCPHD Policy Manual.

- Of those superintendents, principals and school nurses who responded to the survey, the majority indicated that policies and procedures are in place for accidental injury, communicable disease, medication administration, emergency medication administration and allowing students to self-carry asthma medication.
- Half of the superintendents who responded indicated there is a policy that restricts who in the building can call 911. The principals who responded indicated there is no policy regarding who calls 911 in their buildings. In the school nurse focus group, one nurse indicated there is a policy that restricts who can call 911.
- More than half of the principals and superintendents state they are involved in reviewing school health policies.
- Respondents from all groups indicate less than one-third have a policy on the Role of the School Nurse.
- School nurses report that many districts have their own policies.

OBSERVATIONS

- No written policies were observed for the new law mandates; non-specific epinephrine, cardiac emergency response plans and cyberbullying.
- School nurses report that many of the districts have their own school health policies and that does not promote standardized practice.
- The policy manual does not differentiate between policies, procedure and guidelines or has consistent dates of when policies were last reviewed.
- A concern is that some schools continue to report that a policy exists which restricts certain school staff from calling 911 if/when needed.

SUMMARY

Superintendents, principals and school nurses agree that many important policies are in place, but work needs to continue to develop consistent policies throughout the SWP.
All districts should have and be aware of the policy on "The Role of the School Nurse".

DATA SUMMARY AND OBSERVATIONS: ELECTRONIC SURVEYS

SURVEY SAMPLE POPULATION – DISTRIBUTION AND RESPONSE RATE

Electronic surveys were developed using an internet-based program. In all, 72 individuals representing 6 groups responded to the electronic surveys.

RESPONSE RATES OF THE GROUPS SURVEYED

Superintendents (or other district administrators)	5 (42%)
Principals	10 (22%)
Nurses	14 (93%)
School Staff	28 (40%)
Community Members	14 (54%)
Program Manager	1 (100%)

SUPERINTENDENTS

The survey represents five school districts or thirty three percent. Four superintendents and one other district administrator responded to the survey. Two of the districts are the same as the administrator's survey. One participant completed only 27% of the survey. The information from superintendents represents approximately less than half of the total group.

ADMINISTRATORS

The principals' responses represent three or twenty five percent of the districts, which included twenty-three percent of schools serviced by CCPHD.

4 elementary schools - 18% of the total

2 middle schools – 25%

3 high schools - 42%

COMMUNITY SURVEY

Of the 14 (70%) of community respondents, three (27%) were parents, four (37%) were members of the Battle Creek Community Foundation/Regional Health Alliance/School Wellness Committee. Two (18%) of the respondents represent an organization that helps fund school health services program other than RHA/SWC, one (9%) was from a School Based Health Center (SBHC), one (9%) was from a mental health partnership and three (27%) were from Calhoun County.

SCHOOL STAFF

This survey represents twenty-eight (40%) of the respondents and eight (75%) of school districts. Staff groups represented in the survey are secretaries 25 (92%), one instructional assistant (3.7%), one from pupil services (3.7%), one teacher (3.7%) and four others (14.8%).

INDIVIDUAL SCHOOL AND SCHOOL DISTRICT REPRESENTATION

The Individual School Survey represented 34 schools that have school nurses assigned by the CCPHD. Schools not serviced by CCPDH include Olivet, Tekonsha, five (5) schools within the Battle Creek school district and the Calhoun County ISD and did not participate in the survey. The responses included:

16 elementary schools (73%)
8 middle schools (100%)
7 high schools (100%)
1 K-8 school (100%)
1 middle and high school combined (100%)
1 alternative schools (100%)

TOTAL 34 Schools (87%)

STUDENT STATISTICS REPORT FROM CCPHD EPIDEMIOLOGY DEPARTMENT

School	# of Students in District	Average % Eligible for Free & Reduced Meals	% of Students That Received Health Services	Health Office Visits % Returned to Class
Albion	640	72	81	93
Athens	552	62	43	79
Battle Creek	5109	66	63	91
Harper Creek	2663	44	46	91
Homer	1078	60	70	92
Lakeview	3956	51	34	84
Mar Lee	303	46	60	90
Marshall	2400	35	48	90
Pennfield	2135	45	30	86
Union City	1070	53	46	91

Overall, 53 % of students in the CCPHD SWP are eligible for free or reduced meals, 46% of students received health services and 88.5% returned to class.

School nurses reported the number of nursing procedures such as bladder catheterizations, airway suctioning, blood glucose monitoring, etc. required at their schools. The range for the 32 schools that responded was 0- 10 students; the average was 2.2 students per school. **This statistic is two and a half times the number calculated in 2008.**

NURSE SURVEY - (14 OF 15) NURSES COMPLETED THE SURVEY

WORKFORCE DESCRIPTION

Reported educational background and certification:

2015 EDUCATION	2015 CERTIFICATION
1 Diploma in nursing graduate	**0 Nationally Certified School Nurses**
4 Associate Degree (AD)	**0 * Michigan Certification in School Nursing**
7 Bachelor's Degree	**1 Other certification**
2 Master in Science degree	**11 None**

*Health Department nurses are not eligible for Michigan School Nurse Certification through the Michigan Department of Education at this time.

Number of Years Practicing Nursing	Number of Years in Current Role
21% 5-10 years	29% < 2 years
7% 10-15 years	43% 4-5 years
29% 15-20 years	14% 5-10 years
7% 20-25 years	7% 10-15 years
36% > 25 years	7% 20-25 years

64% of the nurses have worked in their current role 5 years or less. Prior to the RN's current position, half the nurses had some school nurse experience, 64% worked in pediatrics, 14% worked in public health, emergency and urgent care, 7% worked in mental health, 21% worked in critical care and 64% worked in acute care.

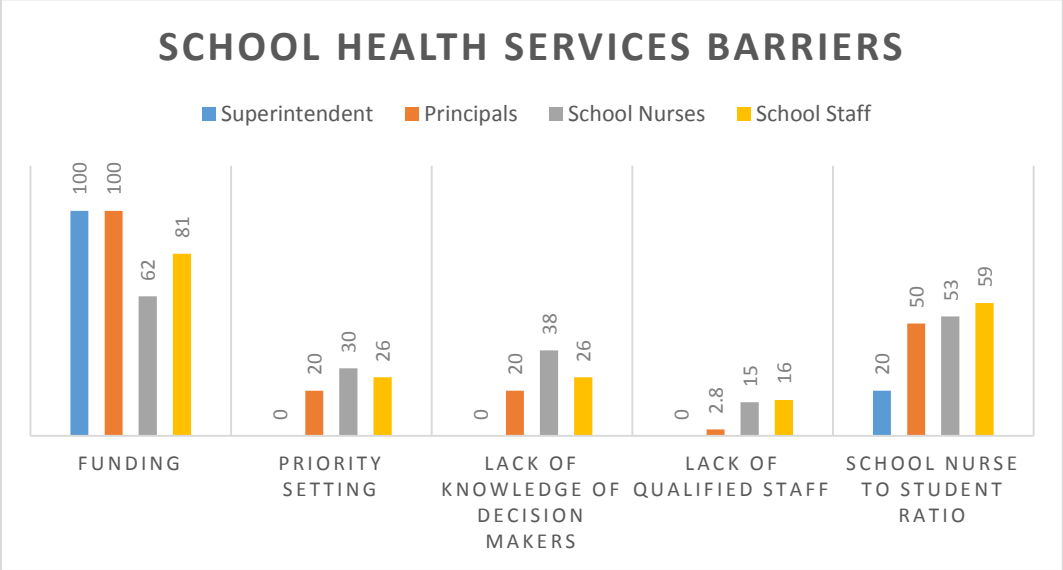
SCHOOL NURSE PROFESSIONAL DEVELOPMENT

70% of school nurses indicated that professional development is covered if a request is submitted and 30 % said the cost is shared. 64% of school nurses would likely not attend a professional development event if their employer does not cover the cost.

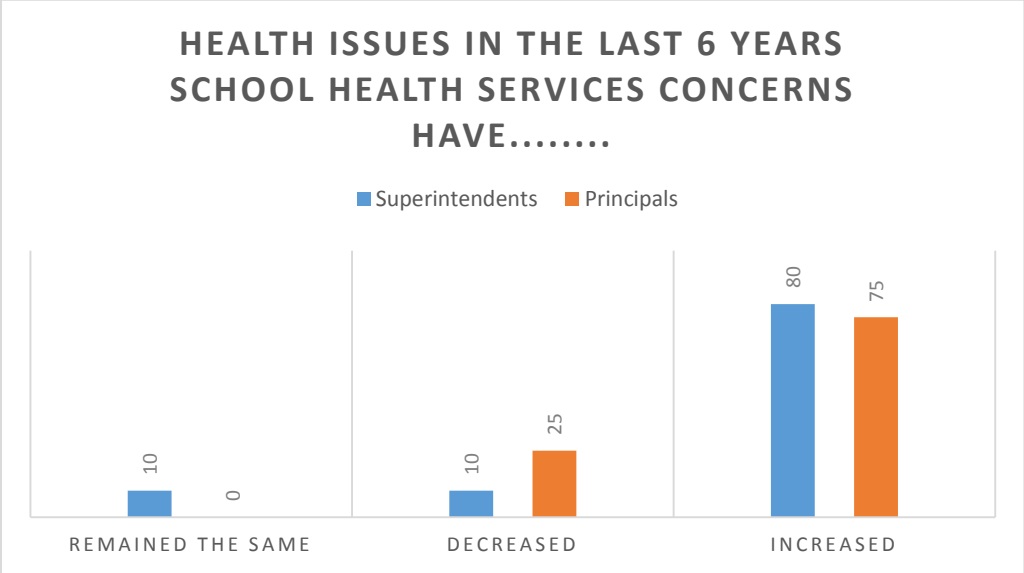
GENERAL SURVEY RESULTS

There are no magic bullets or formulas for securing and sustaining school nurse programs. "School nursing programs of the highest caliber seem to be in communities where both health and education agencies are philosophically and budgetarily committed to the mission of school health. Deficient funding can lead to inequities among school districts, making children the victims of disparities in health services programs. To resolve this dilemma, there must first exist a sincere belief that health is fundamental to the educational process" (Costante, 2001).

While funding is always a challenge in education, schools within Calhoun County have a significant advantage over many other schools in the country in that the county has well established community and school partnerships.



In 2008, principals and superintendents were asked about the nature of health issues in their schools and districts. Groups were somewhat divided in their response. Less than half believed that health issues were increasing and about half felt the number had stayed the same. In 2015, 75% of the same groups felt there was an increase in health issues seen in the school setting.



In the 2015 focus group held with school nurses, approximately 95% stated that student health issues have increased. Reasons included that school nurses are in the buildings to identify health issues, special needs student classrooms are moving into general education settings and an increase of health issues in the general population.

TOP FIVE HEALTH CONCERNS

Superintendents, principals, school nurses, school staff and the community were asked to rank the top five (5) student health concerns in their schools and community: (see table and graph below)

Groups	Top Five Concerns **(listed in order of ranking)**
Superintendents	1) Emergency plans for student health situations (diabetic emergencies, seizure, significant allergy) 2) Asthma 3) Life threatening allergies 4) Alcohol, tobacco and other drug abuse issues, communicable diseases, diabetes, hygiene, medically fragile/complex health care, and pregnancy (tied)
Administrators	1) Asthma 2) Attention deficit disorder 3) Diabetes 4) Medically fragile/complex health care 5) Nutrition (lack of, inadequate food, food insecurity)
School Nurses	1) Asthma 2) Diabetes 3) Emergency plans for student health situations 4) Mental health 5) Obesity
School Staff	1) Asthma 2) Attention deficit disorder 3) Excessive illness/health related absences 4) Communicable diseases 5) Hygiene
Community	1) Obesity 2) Mental Health (tied with #3) 3) Nutrition (lack of, inadequate food, food insecurity) 4) Excessive illness/ health related absences 5) Pregnancy/Hygiene (tied)

Overall, asthma ranked as the top concern as it was mentioned in every group except the community. At least two groups mentioned attention deficit disorder, emergency care plans, diabetes, life threatening allergies, obesity, communicable disease, mental health and medically fragile students and nutrition.

PRIMARY PERSON PROVIDING HEALTH SERVICE

When asked to respond to questions of who is the primary person in the school providing a particular health service, principal's responses confirm that the services have shifted to include the RN as the primary person providing health services in some areas. The secretaries continue to provide health services but the percentage has decreased. For example in 2008, 78% of the principals said they were the primary person to develop individual emergency healthcare plans, 504 plans, and IEPs, and 9% said the secretary did. In 2015, the principals said the RN develops more than half of the emergency health care plans and the administrator develops less than a quarter of the plans.

In 2008, thirty percent of the principals said they were the primary person to do case management of students with special health concerns or treatments with only 13% RN involvement. In 2015, the RN provides more than half of case management in schools and the principals less than a quarter.

Thirty percent of principals said they are the primary person to provide school staff with information about types of student health conditions and 22% said that the secretary did, while 43% said an RN did this.

Regarding medication, the principals reported:

- Fifty percent of school secretaries were responsible for medication management (review of forms, permission, storage, system of administration).
- School nurses provide 60% of medication administration training and 10% of medication training is done by the secretary.
- Half of secretaries, 20% of administrators and 20% of school RNs supervise the non-RN in dispensing medication.
- About half of the administrators determine who will administer medication and half include the school nurse in the decision.
- The principals indicated that in most buildings the school nurse is part time, one to three days per week and provides 80% of the health services.
- Administrators and secretaries indicate a decrease in the amount of time they spend on the delivery of health services.
- Only 15% percent of administrators have a school nurse full time in a school building.

This data supports school nurses allow staff to spend less time on health issues and more time on their professional responsibilities. With a continued increase of school nursing time, management of school health services such as case management and medication administration will further allow other school professionals to focus on their responsibilities.

SCHOOL NURSE SURVEY

School nurses report that s/he is the primary person who provides the following health service when present in the school:

Majority (if Not All of Services) for which the school nurse is primary provider:

- First aid
- Training for medication administration
- Supervision of non-licensed staff trained in medication administration
- ID or management of acute and chronic health conditions
- Health procedures (catheterization, tube feeding, insulin injections, blood glucose monitoring)
- Referrals to community agencies for services
- Connect students with insurance benefits
- Referral for Medicaid provider for eligible students
- Screen for height, weight, BMI, and follow up of all screenings
- Immunization audit
- Classroom health education
- Provide information to bus drivers
- Staff health and wellness activities

Less than half of the time, these services are provided by the school nurse:

- Health care coordination for students with disabilities
- ID and refer for mental health, (eating disorders)
- ID physical, sexual or emotional abuse
- Prevention services (counseling nutrition, STI, communicable disease)
- Community health programs/instruction (e.g. smoking cessation)

It should be noted that 100% of the nurses said they were the primary person responsible for providing first aid, yet very few of the nurses worked full-time in just one school.

School nurses were asked to rate several statements on a scale of 1 to 5 where #1 was "strongly agree" and #5 was "strongly disagree".

Majority of School Nurses Agree (50%)	Indicates Disparities Between Nurses
Feel their workload is manageable.	There are enough nurses in my area.
Have a school network or nursing supervisor for support and technical assistance.	Available resources, (supplies, physical space, time, technology) to do my job well.
Feel respected acknowledged as a valuable contributing member of the school staff and work with a variety of staff on coordinated school health programs/projects.	Given administrative support needed to manage work.
Clearly understand professional development opportunities related to school nursing.	Fairly compensated in salary and benefits.
Have authority to make health related decisions and that there is agreement on the priorities of how time is spent.	Enough time to complete documentation.
In general, I am acknowledged as a valuable and contributing member of the school staff.	Able to meet all expectations.

HEALTH SERVICES DATA

Nurses, superintendents, and principals agreed that some health services data is kept at their schools but differ in how much and whether it is shared between the nurse and administrator.

Almost all nurses (88%) reported keeping some type of health services data. When asked with whom they shared the data, 70% of the nurses said they shared data with administrators and 73% of the nurses shared data with superintendents. When principals were asked if health services data was kept by their school, 30% said yes, but only 25% of them said the information was shared with them. When asked the same question, 71% of the superintendents said that health services data was collected but only 67% said the data was shared with them. There is a discrepancy in the perception of shared statistics. School nurses feel they share the school statistics in the district "Annual Report".

Questions Related to Data Collection/Documentation	Principal	Nurse
Reason for health related absence	70%	56%
Health room visit consistently documented	60%	100%
Medication administration	100%	85%
Stats on health services kept	30%	88%
Stats shared by nurse with principal	40%	70%

Principals (90%) report that their schools have a mechanism to identify student health concerns at the beginning of each school year. The survey indicated the nurses use a variety of methods to notify staff of student health concerns.

- Less than 25% of nurses and half of administrators report student health records are kept as part of each individual cumulative record.
- Seventy-five percent (75%) of nurses and forty percent of administrators report records are stored in a locked file cabinet.
- Thirty percent (30%) of nurses and none of the administrations believe health records are stored at the health department.

School nurses document both in an electronic health record and on paper. Almost 100% of screenings and trainings (medication, first aid, CPR, etc.) are documented. Approximately 70% of nurses complete a skill checklist for training UAP's. Although the RN regularly documents health room visits, when the RN is not in the building first aid, parent calls, etc. may not be documented consistently and not on the student's electronic health record.

Over 80% of the nurses and 67% of the administrators reported that they do not meet regularly, but rather on an as needed basis. Seventy five percent of the superintendents indicated they meet with their assigned school nurse.

When asked to rate the school nurse relationship, administrators agreed to strongly agreed that the RN is responsive to the schools needs and that the RN and administrators agree on priorities.

CLINICAL SUPERVISION

As defined in the survey, clinical supervision is performed by an RN as a means to monitor and evaluate professional RN knowledge, judgment, and skills. None of the principals or the superintendents reported that they clinically supervised the nurse.

OVERALL QUALITY AND EFFECTIVENESS

SCHOOL STAFF

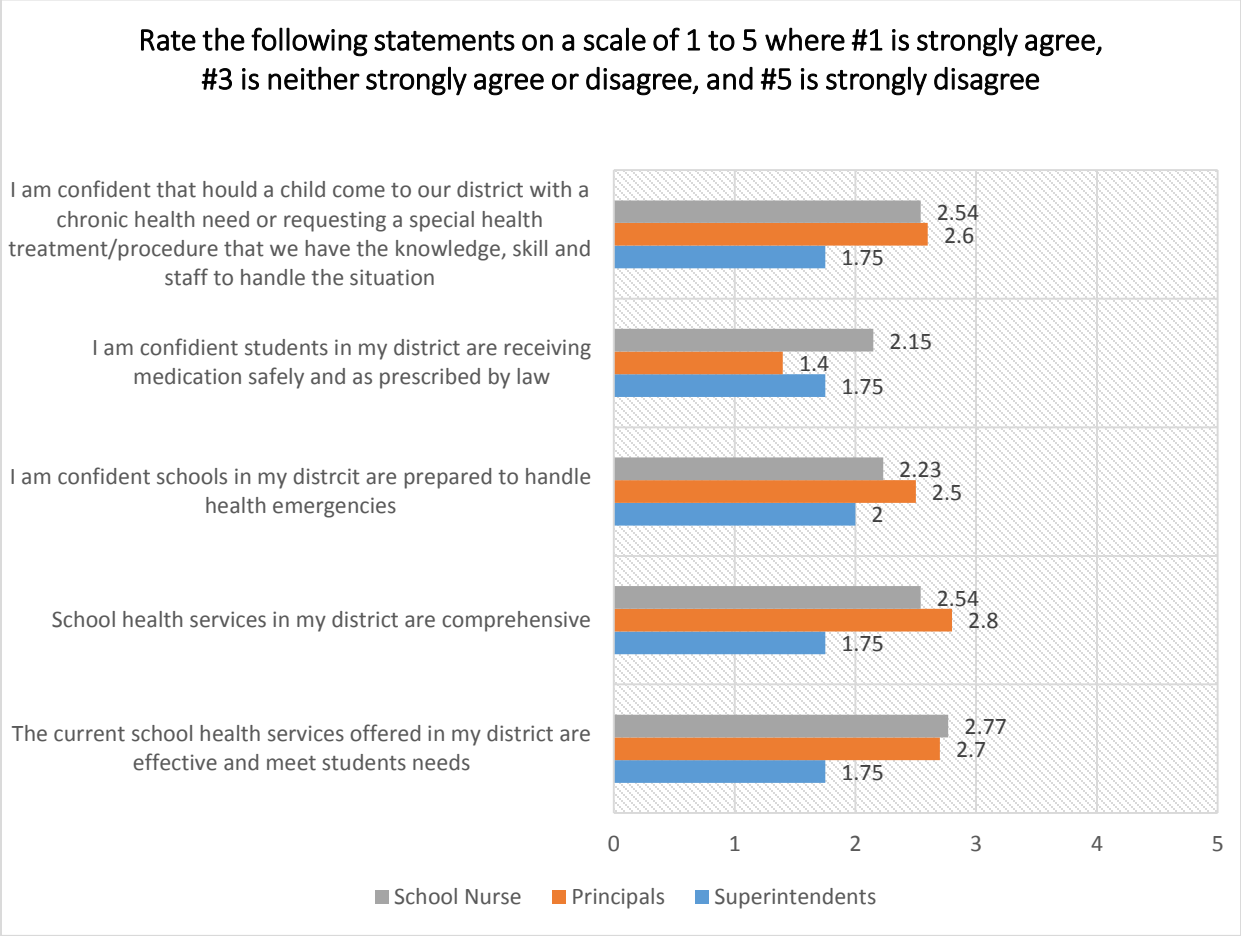
School staff indicated that 89% perform student health related services or duties on a regular basis. The majority are confident in administering medication, their ability to respond to health related emergencies and to recognize when a student with a health problem is in need of more professional attention than he/she can give.

Less than half of the school staff indicated they would feel confident in performing health related nursing procedures (blood glucose monitoring, catheterization, tube feedings, etc.). Only 26% of survey respondents currently perform a nursing task for a child with a health condition.

The majority of school staff do not feel there are adequate nurses in their building.

SUPERINTENDENTS, ADMINISTRATORS AND SCHOOL NURSES

Superintendents, administrators and school nurses were asked to rank the following statements from "strongly agree" to "strongly disagree" about the status of health services in their buildings.



Superintendents are more confident than the administrators and school nurses that the health needs are met, services are comprehensive, schools are prepared to handle health emergencies, and the ability to provide special health treatments or procedures, except for medication administration.

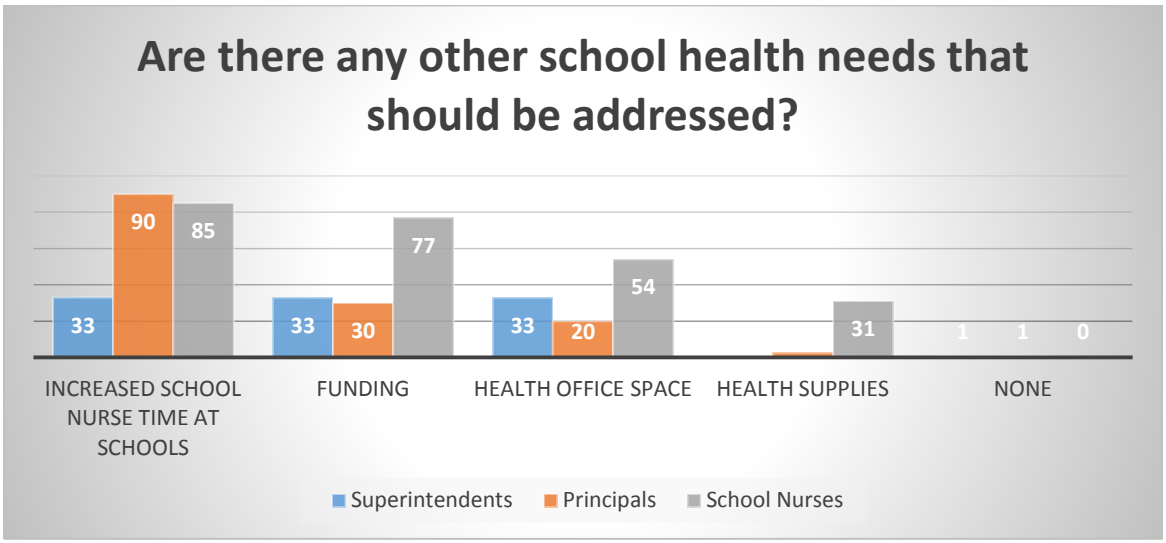
SCHOOL HEALTH SERVICES NEEDED

Superintendents, principals and nurses were asked to rank the top five school health services needed in their buildings/district. All agreed that mental health is a high priority need in school districts.

- Principals other top health services included: linking students to services and resources in the community, acute care or school based health centers, management of chronic illness and care of children in need of health care procedures (tube feedings, blood sugar monitoring, etc.
- School nurses other top health services included: management of chronic illness, medication administration, care of children in need of health care procedures (tube feedings, blood sugar monitoring, etc. and linking students to services and resources in the community.
- Superintendents ranked all other areas equally.

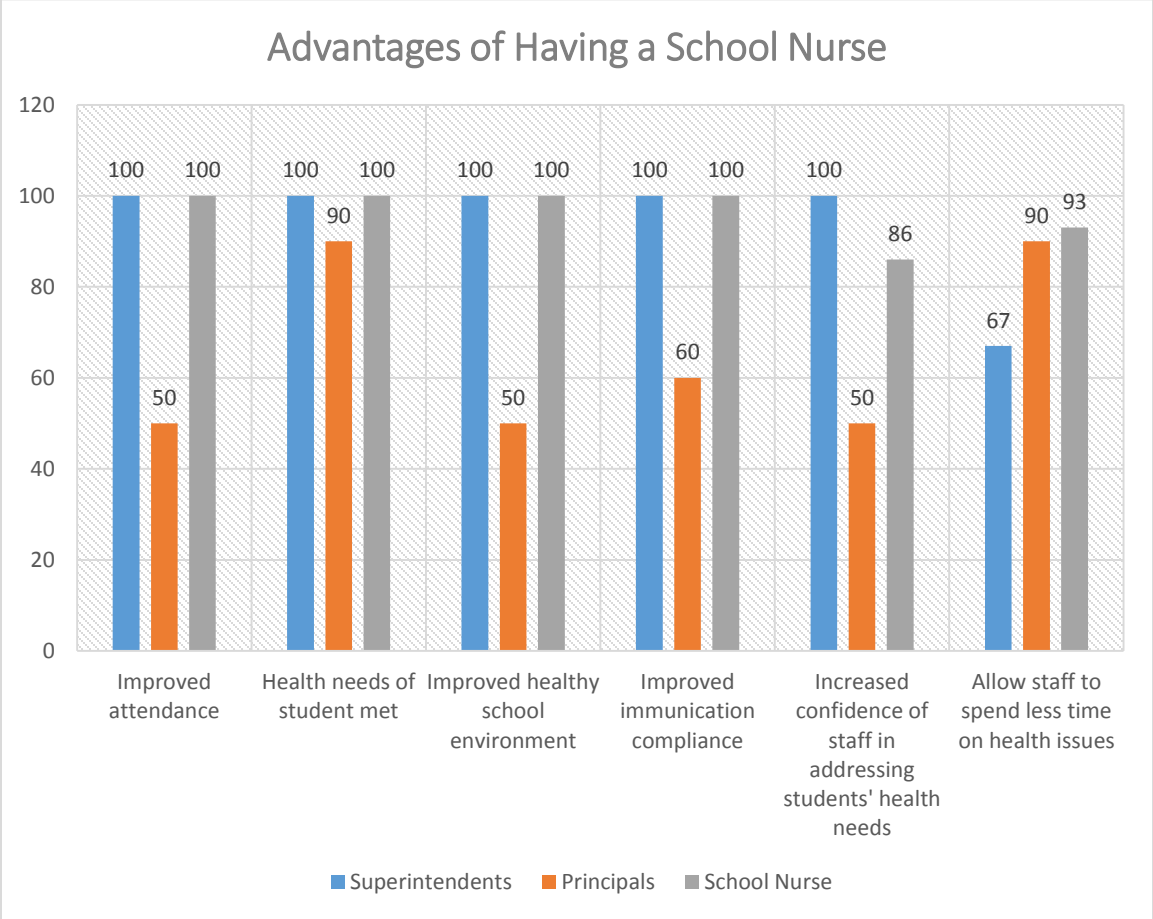
OTHER HEALTH NEEDS NOT ADDRESSED

When superintendents, administrators, and school nurses were asked what other health needs should be addressed, all stated increased school nurse time in schools ranked high as a school health need.



THE ADVANTAGES OF HAVING RNS PROVIDE SERVICES

Superintendents, school administrators and school nurses noted improvement in all areas.



DATA SUMMARY AND OBSERVATIONS – SCHOOL NURSE FOCUS GROUPS

The purpose of the focus group was to gather information regarding the school nurse assignments and to share information regarding the process for the program assessment. Overall, school nurses comments were positive and shared that they liked their jobs even though there were some challenges. The following is a summary of comments received from school nurses during the telephone interviews.

ORIENTATION

- School nurses noted that previous work experience and shadowing other school nurses before starting prepared them best for their new role.
- School nurses would benefit from an assigned mentor or partner during the orientation process.
- The strengths of the CCPHD orientation program allows nurses to share/collaborate with others and provides an outline of expectations.

ASSIGNMENTS

- School assignments are viewed as a challenge if changed from year to year.
- Covering schools on a day the nurse is not scheduled is a challenge when a nurse is assigned multiple schools.
- Most nurses use cell phones to keep in close contact with their schools. Seventy percent of the school nurses absorb the expense of the cell phones that are not funded by the schools or their employer.
- Being in building part-time, the nurse is often overlooked to be part of the 504/IEP and Child Study teams.
- Part time status in a school limits the health services provided to students.
- With multiple buildings, it is often difficult to connect with the school and population.
- Non-nursing duties are sometimes assigned to school nurses (i.e. lunch or recess duty, covering the phone for the secretary).
- Discussion regarding using acuity to determine assignments met with concerns about how acuity would be determined since:
    - High acuity (poverty) students are more transient.
    - All do not document information in the same way so acuity may be skewed.
    - School staff may not be happy with changing staff.
    - Vocal parents may unduly influence staffing.

CHILDREN'S HEALTH NEEDS

- School nurses noted increased health needs of children in the schools. Many observed an increase in children with chronic needs including diabetes and mental health in addition to the special needs classrooms moving into the general education buildings. Increased health needs in buildings raised concerns regarding the care of these students if the nurse is only available to the school part-time.
- Parents and staff have a greater awareness of health concerns with school nurses in the buildings.
- School nurses train non-licensed school staff to perform medication administration and other nurse related functions.
- There were concerns about the responsibility of schools and parents for training bus drivers, providing equipment and medication when children go to different homes during the week (e.g. student lives with two parents that have separate households).
- While needs are increasing, community resources are decreasing. Sometimes there is not a provider to see these children and parents use school nurses as a primary care provider.
- Staff in SBHCs are often called to assist with other school issues but are limited in what they can provide given the parameters of a SBHC to service only those children enrolled. The expectation is that they provide more clinically based assessments versus assistance with children who are ill, need medication or need daily supervision of chronic conditions.

FACILITIES

There has been an improvement in health room facilities but electronic survey responses and interviews indicate there are still some health rooms that do not meet minimal standards.

- Thirty percent of health rooms do not have room for a cot that allows students to rest for a short time and return to class instead of sent home.
- Eighteen percent do not have a toilet or a sink with running water for handwashing that prevents the spread of germs.
- Twenty-six percent do not have space for a private consultation.
- A few nurses have a space located within another space such as a storage room or library.
- Nurses continue to carry equipment such as blood pressure cuffs, a scale and some medication between schools.
- Less than 50% of health suites have a telephone with message capabilities and only 30% of nurses have cell phones provided by their employer.

Overall, about 80% of the facilities for the nurse or person providing health services meet minimal standards.

ISOLATION

A common thread through conversations with nurses was that they continue to feel they are "on their own", from other school nursing staff and some within their schools. The group supports monthly meetings and feels meetings are valuable for networking, support and educational offerings. School nurses see contact with other school nurses helpful in consistency of care for children, transitioning of children and in providing support and technical assistance to each other.

School nurses find it challenging to be part of the "school family" when assigned part time in a building. School nurses commented that, "building staff often see school nurses as a transient bunch" and "it is difficult for staff to know who we are and what we do with limited time in buildings".

LEADERSHIP, SUPERVISION AND TECHNICAL ASSISTANCE

The county health department has a nursing supervisor who is assigned school nurse supervision among other duties. In 2008, the position was noted to have changed many times and this change over of nursing supervision continues to date. The nurses are concerned about the amount of additional responsibilities the school nurse supervisor is assigned and the potential for burnout.

The school nurses describe the current school nurse supervisor as an "awesome advocate", "she does a great job of providing support and guidance", "she is all for nursing and what we do" and "she responds to emails and calls promptly". In general, nurses feel supported by their supervisor and in their buildings, but some nurses feel other school staff do not understand their role.

> Technology is the number one challenge in accessing records, documenting health care and retrieving other important information.

PROTOCOLS

The SWP developed a procedure book that also contains policies and guidelines. The SWP policies are available online but are not easy to access due to technology problems. When asked, school nurses stated that some districts have their own policies. School nurses also have a discretionary medication policy that provides standing orders to provide over the counter medication and health services to students and staff. Those medications are carried by the school nurse from school to school and do not remain at each school since only an RN may administer these medications.

DOCUMENTATION SYSTEM

Nurses reported using electronic health records to document health information. This process has helped retrieve information, collect data, streamline the process, transfer data to another school, and develop algorithm care sets. It also comes with many challenges. Sometimes it is not user friendly, can be difficult to navigate pages, is time consuming, and there is no mechanism for unlicensed assistive personnel (UAP) to document. The most challenging issue is the lack of IT support.

JOB SECURITY

Nurses verbalized the threat of losing a job as an issue and one nurse just found out the morning of the focus group that her position was on the list of budget cuts for her district. Lack of funding and budget cuts occur yearly.

Summary

- School nurses service one school district but have multiple building assignments within the district.
- Nurses service individual buildings part time.
- With an increase in the health needs of students, nurses are concerned about how the needs of these students are met with part time school nurse building coverage.
- Nurses with multiple buildings do not feel as effective in providing services as those assigned to only one building or having a smaller assignment.

The first statement refers to one "school district", the comments that follow are for multiple schools within one school district. There is one nurse with one school K-8 building but part time. School nurses stated that assignment of a partner or mentor would improve the orientation process.

- Overwhelmingly nurses voiced a need to have contact with their other school nurse colleagues for support and knowledge.
- An electronic health record system is in place, but not everyone who services the health needs of students has access to document on this electronic record.
- School nurses noted concern about the need to clarify the role of the school, staff and parents for special need issues.
- Although health room facilities have improved, continued work is needed.
- Job security, fear of budget cuts eliminating their position or a more senior nurse bumping them was an issue.
- Leadership of the school nurse program by a nurse supervisor is in place and as a manager, she is well respected by her staff.
- There have been several school nurse managers and nurses are concerned about the large amount of responsibilities of the school nurse manager.
- School nurses were very forthcoming with their comments regarding the school nurse program. They are enthusiastic about school nursing, passionate about the needs of students and anxious to provide more comprehensive services to meet the students' and schools' needs. They have a solid knowledge of the needs of the program.

DATA SUMMARY AND OBSERVATIONS – TELEPHONE INTERVIEWS

Telephone interviews were conducted with select superintendents and school administrators identified by the school wellness program manager. Participation of superintendents and administrators in the telephone interviews was 2 of 4 selected. One principal did not respond to two invitations. One principal/superintendent had difficulty fitting the telephone interview into their schedule. Overall, the comments were positive.

The following is a compilation of the facilitated discussion with both individuals.

> "Funding is always a concern. It is important for the Board of Education and community to understand the role and importance of a school nurse in the school".
> Telephone Interview Participant

QUESTIONS AND RESPONSES

QUESTION #1: DO YOU AGREE THAT HEALTH NEEDS ARE INCREASING IN YOUR DISTRICT/SCHOOL?

Both participants agreed that health needs have increased in schools and the school nurses' documentation provides verification. One participant said that there was a chance some of the needs were there all the time, having a school nurse makes everyone more aware including parents.

HOW DOES THE INCREASE EFFECT YOU? Trying to get coverage for school nurses is difficult. We are trying to schedule our RN to be in the building more.

QUESTION #2: IS THE AMOUNT OF NURSING TIME IN YOUR BUILDING(S) ADEQUATE FOR THE NEEDS? HOW CAN THE TIME BE IMPROVED?

Both participants expressed the scheduled time it is not enough. They are appreciative of what Calhoun County has done. Compared to previous coverage by school nurses, the increase has been significant but they feel they need a full time nurse 5 days a week.

QUESTION #3: HOW WOULD YOU DESCRIBE THE COMMUNICATION BETWEEN THE SCHOOL NURSE/PROGRAM WITH SCHOOL ADMINISTRATORS/SUPERINTENDENTS? IS IT ADEQUATE? IMPROVED?

The participants feel communication is good, but most of it is between school nurses and administrators. As a superintendent, no formal conversations occur. The administrator speaks with the school nurse every day she is in the building. It was suggested that school nurses present to the Board of Education at least one time per year. The presentation should be a goal or expectation and a protocol may need to be developed. Even though the school nurses are not employees of the district, they can illustrate how they impact the schools and community.

QUESTION # 4: ARE HEALTH STATISTICS SHARED WITH YOU?

One participant did not recall an annual report and statistics but would be welcome. The other participant stated s/he received statistics in the past but not recently. Neither were aware of a formal process for sharing statistics.

QUESTION #5 ARE SECRETARIES IN MANY PLACES STILL INVOLVED WITH IMMUNIZATION AUDITS AND REVIEW OF MED ORDERS? IS THIS TRUE FOR YOUR SCHOOL(S)?

One participant stated, "It is true in my building(s) but secretaries should be doing so under the supervision of the RN". The school nurse is good at supervising but the secretary does not follow through. The other participant responded the school nurse performs the above-mentioned functions.

QUESTION #6 DO YOU FEEL COMFORTABLE WITH YOUR INVOLVEMENT WITH THE DEVELOPMENT OF SCHOOL HEALTH POLICIES AND PROCEDURES? WHAT IS YOUR INVOLVEMENT? WHAT ABOUT HEALTH POLICIES?

The superintendent or assistant reviews policies and procedures. The CCPHD presents to the county superintendents every other year (or as necessary) an update on health policies**.** The partnership between CCPHD and superintendents has been a good relationship.

Both participants were comfortable with development of school health policies and procedures. Both would seek advice from Jim Rutherford, Calhoun County, their school nurse, or the nurse manager to determine how changes influences their students and to make sure the policy corresponds to the current guidelines.

QUESTION #7 WHAT IS THE MOST IMPACTFUL OUTCOME AS A RESULT OF HAVING SCHOOL NURSES?

Participants responded that the consistency with student's health care was the most impactful outcome. With a school nurse, we are assured that policies and procedures are followed and the care given is adequate and more in depth than any staff can provide. The school nurse has the skills and training to make good decisions. School nurses assess, send students back to class, make referrals and ultimately keep students in school. School nurses can make that decision. The result is less absences.

QUESTION #8 IF YOU COULD IMPROVE HEALTH SERVICES IN YOUR SCHOOL(S) – WHAT WOULD IT BE?

A school nurse in the building every days – 5 days a week. Expanding their ability or role to include

- Classroom health education/health curriculum
- Participate in the Child Study Teams to bring their expertise to cases involving health
- Act as a liaison with the medical community
- Provide more services to families as low income families do not have services
- Increase community involvement, flu shots, and community service projects

QUESTION #9 IS THERE ANY OTHER COMMENT YOU WOULD LIKE TO ADD?

Both participants appreciate the commitment of the school nurses. One participant described the school nurse as a team player that has integrated into the school culture.

Both participants are supportive of program but feel it can be tough, ensuring that community members including the board of education understands the importance and need of these services in schools. Funding is always difficult and that is why we need support of the school board and community.

SUMMARY

The telephone interviews were informative. Both participants were supportive of the SWP program and appreciative of CCHPD for providing the opportunity to have school health services. There was consensus that:

- Health needs continue to increase in their buildings.
- School nurses have a critical role in schools.
- There is a need for increased services concerning the health of the students, staff and families.
- Schools need to have nurses assigned five days a week.
- School nurses can fill additional gaps with increased time in the buildings.
- School nurses keep students in school.
- Acknowledged the link between healthy students and academic success.
- Funding is always a concern. It is important for the Board of Education and community to understand the role and importance of a school nurse in the school.
- Suggestions for creating an awareness:
    - Develop a process for sharing health statistics with superintendents, administrators, school staff, parents and the community.
    - Establish a time for school nurses to present program statistics to the Board of Education.

CHAPTER 6: RECOMMENDATIONS

*"School nurses help to support the physical, mental, emotional, and social health of students. A healthy school nurse-to-student ratio ensures that each student is afforded appropriate preventative, health promotion, early identification and intervention services. There is a critical link between health, wellness, and academic success. Improving school nurse-to-student ratios can decrease absenteeism, increase graduation rates, and remove health-related barriers to learning. Research indicates that healthy children learn and succeed better in school." (*Michigan School Nurse Task Force Summary Report, 2012)

RECOMMENDATIONS

The consultants offer the following recommendations based on the assessment.

RECOMMENDATION #1 - Documentation/Record Keeping

- *Resolve the issue of student health records being a part of the student's education record in order to be in compliance with FERPA.*
- *Ensure that health care provided to students regardless of whether by the school nurse or unlicensed school staff is documented and in the same student health record.*

RATIONALE

Documentation of children's care in school is essential for the continuity of care of that student and provides protection for the school nurse and the school. Best practice requires that information, services provided for students by school nurses, and plans for care be accurately documented by all who provide care for the child and accessible in the student's health record. Documentation by unlicensed school staff that is recorded separately from other health records can easily get lost or omitted from the record and is not a complete reflection of the care the child has received. It poses legal risks as well.

All health records generated on behalf of a student in schools (not school based health clinics) is a part of the student's ***education record,*** regardless of whether the school nurse generating them is an employee of the school system or a local health agency per FERPA (see Chapter 3). While attorneys may challenge this, it is imperative that the issue be resolved.

RECOMMENDATION #2 - Policies/Procedures/Guidelines

- *Organize and separate policies, guidelines, forms, and resources with a table of contents that easily links to the correct online document.*
- *Address possible gaps in necessary school nursing policies/guidelines.*
- *Include the document "Role of the School Nurse" with annual contract.*
- *Regularly update policies/guidelines, use them consistently and schedule regular reviews.*
- *Remediate technical issues regarding access to online policies/documents.*
- *Develop a system for accountability to document/measure school nurses' knowledge of program policies.*

RATIONALE

The SWP has developed many policies and procedures. School nurse programs require standards of care and guiding policies on issues they encounter in the course of providing nursing services in schools. The policies or guidelines should be evidence-based and in compliance with state and federal regulations and guidance. These policies/guidelines also help to protect the health and

rights of students and schools, allow consistent continuity of care, and provide expectations for standards of care.

A. School nurses and school administrators should have copies of all policies/guidelines or easy access to these policies/guidelines on-line. School nurses report that because of glitches with IT, these documents are not readily available to them. School nurses cannot be accountable for implementation of policies if they are unaware or have no access to the documents. Developing a system that documents that a school nurse has reviewed policies/guidelines is a way to assure knowledge of the policies and standardize practice.

B. Currently policies, procedures, guidelines, resources are organized by topic (e.g. confidentiality, head injury, etc.). Policies should be clearly delineated as they are legal guidance that must be followed. Organizing the documents into policies, guidelines, forms, and resources with a table of contents that easily links to the correct online document would be more streamlined and make documents more readily accessible.

C. Consider including the document *Role of the School Nurse* with annual contract. This is a reminder to school administrators of the role and responsibility of the school nurse in providing school health services to schools. This guideline should be reviewed in staff orientation and can also be used as an educational tool.

D. Current policies/guidelines should be reviewed and updated with date of review/revision noted on the document.

E. Take steps to ensure that inconsistent school health policies between districts are reconciled. For example, survey responses indicate that some schools districts differ in their "911" policies and some school nurses report that some districts have their own school health policies that differ from the SWP policies. Additionally it is reported that some SWP policies are ignored by school districts (i.e. head lice policies).

F. Some specific policies/guidelines that should be in place that were not clearly evident in the review include:

    - School nurse job description
    - Notification of school health services to parents/guardians annually
    - Record keeping guidelines that address confidentiality, access and storage
    - Retention of records schedule
    - Written outline/guideline on the content of staff training for BBP, first aid and medication and includes skills checklists and documentation of training for unlicensed staff training

- Policy on access to health records in compliance with the Notification of Rights under FERPA
- Documentation guidelines that addresses what information school nurses are required to record, and includes best practice regarding timelines for documentation. School nurses reported that documentation is not consistent and request guidelines on what should be documented.
- Standards for health room physical facilities should be developed in collaboration with school administrators. (See Recommendation #14)

RECOMMENDATION #3 – Parental Permission for School Nurse Services

- *Clearly delineate that the parental consent form sent out at the beginning of the year is required for discretionary medication only, not for general school nurse services.*

RATIONALE

Currently, the SWP website indicates that to receive services from SWP school nurses, a consent form must be completed. Included in that form is permission for discretionary medications. This statement and the consent form cause confusion. School nursing services should be available to all students, enrollment (such as is required by school based health centers) is not required. School nurses provide comprehensive, preventative care coordination and plan for required direct care to **all students** in a school. Annual notification to parents of school health services provided should be disseminated. Parents who do not want school nursing services can inform the school (passive consent).

Discretionary medication administration is a service that SWP offers and does need parental permission, but that permission form should be a stand-alone document for parental permission for the explicit use of certain over the counter medications available for administration when the school nurse is present.

RECOMMENDATION #4 – Management of the School Wellness Program

- *Examine the workload of the school wellness program manager.*
- *Prioritize responsibilities and explore avenues for assistance (e.g. additional support staff, contracting out for specific, definitive projects).*

RATIONALE

The school wellness program manager position has grown from a part time position to a fulltime position and this is warranted given the job responsibilities. The concern is the amount of turnover in this position. Careful consideration should be given to the amount of work required of this position and evaluate the need to provide additional assistance since the position has now taken over the responsibility of both the SWP and the SBHC programs. Consider additional assistance in the form of staff or contracting out for projects. This position is vital for the success of the program and is one of the reasons the SWP stands out in the state.

RECOMMENDATION #5 - Staffing

- *Develop a plan for how staffing is calculated based on students' and community's needs.*

RATIONALE

There has been significant growth in the number of staff providing school health services in the county. Currently there does not appear to be a systematic plan regarding assigning staff. A written guideline that establishes a guideline on how staffing is determined creates an equitable, documented decision that is based on need rather than available funding. Currently school nurse ratios to students varies and perhaps for good reason, but a guideline outlining the "formula" for staffing decisions assists in decisions and providing care to children.

Ratios are a good beginning to examining workloads but the SWP may wish to examine RN coverage in district/school based on individual student and population health needs/acuity. This plan examines student need in conjunction with population needs based on all data sources. Acuity can be defined as the measurement of the *intensity* of nursing care required by a patient/child. An acuity-based staffing system determines the number of nurses required according to the patients'/child's needs, and not according to the number of students (American Sentinel University, 2014). This type of staffing model is not without its challenges. The needs of the students, the community and the school change often and need to be assessed frequently. School nurses are required to make the assessment of the student populations' health needs. Additionally, as health needs change, staffing assignments may be required.

Many of the school nurses and administrators agree that the ideal staff assignment would be a nurse in every building. The advantage of a full-time nurse in a school is the ready availability of a resource for students, parents and staff. As one principal suggested "you don't know when an emergency will occur". That nurse offers generalized health services with focus on all students and specialized care and case management for students with special health needs and is able to address things immediately as they present. Costs for services need to be justified by demonstrating impact of preventive and safety services on school performance. The need and size of some schools may not warrant a full-time nurse.

RECOMMENDATION #6 - Orientation and Professional Development

- *Continue the formal orientation for new nursing staff based on established school nurse competencies.*
- *Continue to utilize mentors for new nursing staff but in conjunction with a formal orientation.*
- *Review the orientation process and revise as necessary using staff input. Encourage school nurses to seek national certification.*

RATIONALE

"School nurses function autonomously in a non-traditional practice setting and often with minimal collegial or supervisory support. A school nurse's expertise must span broad areas and must include knowledge of physical, emotional and psychological aspects of school age youths as well as an understanding of students within the context of their families, communities and culture". (Florida Department of Health, 2000).

School nurses come to school nursing with a variety of backgrounds and skills. The orientation process will help increase their knowledge of the unique practice arena of school nursing.

The SWP has developed an orientation of school nurses that includes basic information such as an introduction to the program's policies and procedures, familiarity with data collection and nursing documentation, how and when to access the nursing supervisor and available resources.

Documentation that a nurse has received information regarding policies is especially important. Devising a system in which school nurses can access and acknowledge their receipt and understanding of the SWP policies and guidelines would be beneficial.

Continuing professional development provides the nurse with skills and knowledge to enhance her/his nursing practice and provide safe care of students. Using nursing competencies, the school nurse supervisor can assess the area of need for professional development for each school nurse. This can be done at regularly scheduled evaluations.

Certification is a way in which school nurses can establish their competence and guide them to maintain their professional skills. At this time, Michigan does not allow nurses hired by anyone other than school districts to apply for state school nurse certification. The alternative is for school nurses to apply for and maintain national certification. Many health department school nurse programs offer study review for the national certification exam, assistance with application fees and, in some cases, compensation for acquiring national certification. Certification of school nurses puts them on the level of the educators they work with and elevates the quality of the entire SWP.

RECOMMENDATION #7 –Participation in the Development of School Health Related Policies

- *As new school health laws are enacted, school nurses should be involved with the development of policies to implement them.*

RATIONALE

School nurses bring their expertise to discussions regarding the implementation of school health policies. When new laws require the development of policies (e.g. non-specific epinephrine policy, cardiac response) and individual school districts are crafting policies, school nurses should be included. This benefits the school by utilizing the school nurse's knowledge and his/her understanding of any barriers to implementation.

RECOMMENDATION #8 – Substitute School Nurses

- *Re-evaluate the need for substitute school nurses and adjust availability of coverage based on need.*
- *Develop written guidance on how substitute nurses will be used based on priorities and include how they will be oriented, evaluated and supervised.*

RATIONALE

The SWP has responded to suggestions to provide substitute nurse staff. This staff provides assistance in coping with circumstances that increase the need for nursing services such as an unexpected influx of medically complex students or the need to complete population-based screening activities. Based on feedback from school nurses and administrators, substitutes are not always available and in many cases there is not an awareness that this service exists. Take the opportunity to review how substitute staff is utilized, the need for substitutes, and develop written guidelines to outline the procedure and priorities for assigning substitute staff.

Additionally, this staff is an integral part of the program and requires sufficient orientation and supervision in order to provide safe care to students. Consider including this staff in school nurse meetings and professional development if not already included.

RECOMMENDATION #9 - Data Collection and Sharing

- *Examine data to see if outcome based data as well as the quantitative data is being collected.*
- *Develop a guideline that addresses how individual school and district data results will be shared regularly with school administrators, school board members, and other stakeholders including PTAs.*

RATIONALE

An electronic data collection tool has been developed and significant data is being collected. It is through the collection of data that a program can determine if program goals are being met, if services are provided efficiently, and what adjustments to the program may be required. Next steps would be to determine if outcomes are affected by the presence of school nurses.

Feedback from superintendents and administrators indicated they would appreciate receiving individual school and district data. That data would assist in supporting the need for school nurses. Several superintendents/administrators suggested that school nurses present data to school district school boards annually. It is suggested that a protocol be developed that outlines when and what data should be shared to assure that data is shared and shared consistently.

RECOMMENDATION #10 –Program and Staff Performance Evaluation

- *Include school nurse competencies in the individual staff performance tool that can be used to measure school nurses' increase in knowledge and skills and indicate where professional development and guidance may be required.*
- *Continue audits of the SWP program. Audits are evaluation tools that can be used to determine the program's strengths, needs, and effectiveness.*

RATIONALE

"Evaluation refers to a periodic process of gathering data and then analyzing it in such a way that the resulting information can be used to determine whether your organization or program is effectively carrying out planned activities. An evaluation can also illustrate the extent to which your organization or program is achieving its stated objectives and anticipated results. It is an ongoing management and learning tool to improve an organization's effectiveness" (Freeman, 2006).

Evaluation is the cornerstone of any successful program.

The SWP has been conducting annual evaluation/audits as a requirement of funding and has utilized the audits to improve the program. This practice would be valuable to keep.

Staff performance evaluations are essential to the success of a program. The SWP has an evaluation tool that is utilized. The consultants suggest that the tool be improved by adding competencies as a part of the evaluation. If competencies are established for the school nurse, the school nurse supervisor can use them to establish basic expectations for the new school nurse's performance and measure progress and needs of more experienced school nurses. Competencies delineate the skills and knowledge required of the school nurse, and the content of an orientation and professional development program can be designed and guided by them.

RECOMMENDATION #11 –Parent Survey

- *Conduct a parent satisfaction survey periodically.*

RATIONALE

Parents and their children are the consumer of school and school nursing services, and their feedback regarding services they receive from the SWP would be valuable. Client satisfaction is one component of an ongoing assessment of any school nurse program. Random samples of parents/guardians of students who use school nursing services or of all parents/guardians would determine the extent to which they were satisfied with school nursing services. School nurses could then share the results of the study with various stakeholders in their school district.

RECOMMENDATION #12 – Increase Awareness of the Program

- *Improve communication with administrators, school boards, communities. Share the program goals, outcomes, and annual report with community partners, media, PTA and other community groups.*
- *Promote SWP at a countywide event celebration.*

RATIONALE

Results of the surveys indicate that there is some discrepancy in what the school administrators, superintendents and communities perceive regarding school nursing services. Continual education through the sharing of statistics, presentations to staff, school board members and parents will bring a greater awareness of the services provided and the services still needed. This will assist school and SWP administrators when they seek additional funding to maintain and/or increase school nursing services.

One principal suggested that providing additional community services i.e. flu immunizations, health fairs, etc., would increase community awareness of the school nurse program.

RECOMMENDATION #13 – Expansion and Coordination of School Nursing Services for the county

- *Evaluate goals for the expansion and coordination of school nursing services for the county.*
- *Consider periodic meetings with all nursing staff (regardless of employer) providing school health services to children in the county.*

RATIONALE

Currently not all schools in the county are receiving nursing services and services are being provided by at least four different programs (ISD, SWP, Battle Creek schools and SBHC program). As the SWP develops its five year goals, examining whether plans to expand their services are warranted and feasible would be helpful. At the least, consider involving Doris Klausen nurse staff and other school nurses not a part of the SWP to meet periodically with SWP staff. This might also involve SBHC staff. The exchange of ideas, networking and collegial approach to caring for students might enhance the coordination of services to the students of the county.

RECOMMENDATION #14 – Health Room Facilities

- *Establish minimal facilities standards for health rooms in collaboration with school administration and move toward compliance with those standards and as outlined in contract.*

RATIONALE

The survey and focus group indicate that physical facilities are improving but improvement is still needed in areas of the availability of space for cots, running water, bathrooms in the health room and telephones with message capabilities. A major concern heard from most nurses is the inability to have a private confidential consultation with students, families and staff.

Updating existing physical facilities is always a challenge. The development of minimal standards for health room facilities would provide guidelines for improvement and for any future new construction. Additionally, a designated school health services professional should be involved at the local level in the planning of health areas in new schools and in the modernization of old schools. Currently there are no documented minimal standards for health room facilities. Implementation of such guidelines would increase safe environments and allow students to be cared for in the privacy they deserve.

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The Family Education Rights and Privacy Act of 1974 (20 U.S.C. § 1232g) and its regulations (34 CFR § 99).

APPENDIX

Appendix A: Calhoun County School Nursing Programs

Appendix B: Laws that Affect School Health Services Programs in Michigan

Calhoun County School Nursing Programs

Total number of public school districts: 12
Total number of public schools: 55

0.8 FTE is Full time (40 hours/week) with summers off
0.4 FTE is Part time (20 hours/week) with summers off
SWP program – separate grant through MDHHS includes both school nurse and mental health services.
CAHC – Child & Adolescent Health Center aka SBHC
LMSW services – contracted with CCPHD, will be CCPHD employees with 2015-2016 school year. School year only position

Schools	Total students	Grade Level	Coverage	Nurse Assigned	Scope of Services	Employer
Albion (1)	**640**		**0.8 RN FTE**			
Albion Community School – the HS is closed and those students primarily go to Marshall HS	640	K-8	Full time school nurse	Deana Zimmerlee	Service to the general student population	CCPHD
Athens (2)	**574**		**0.4 RN FTE**			
Athens MS/HS	316	6-12	1 day per week	Macie VanderWaal RN	Service to the general student population	CCCPHD
East Leroy ES	258	K-5	2 days per week	Macie VanderWaal RN	Service to the general student population	CCPHD
Battle Creek (13)	**5362**		**1.6 RN FTE**	**SWP - .8 RN & 0.8 FTE LMSW**	CAHC - **2 NP FTE, 1.6 MA FTE, 0.5 Program Clerk FTE 0.65 FTE LMSW**	CCPHD
Battle Creek Central High School	1116	9-12	1 NP FTE 1 MA FTE 0.5 FTE program clerk (school year only) 0.4 FTE LMSW	Dianne Niecko NP Teresa Lake MA Dellise Wilson	CAHC available to those students who are enrolled	CCPHD/contract
Battle Creek Area Math and Science Center	368					

Schools	Total students	Grade Level	Coverage	Nurse Assigned	Scope of Services	Employer
Springfield Middle	542	MS 5-8	1 NP FTE 0.6 MA FTE	Cheryl Czerney NP Theresa Burke MA	CAHC available to those students who are enrolled	CCPHD/contract
Northwestern Middle	475	MS 6-8	2 days/week SN 3 days/week LMSW	Sara Vogel RN Kathy Moroz LMSW	Service to the general student population	CCPHD
Ann J Kellogg	300	ES K-5		Julia Rodgers RN		
Coburn ES	258	ES K-5	2 days/week	Sherril Bailey RN	Service to the general student population	CCPHD
Dudley ES	231	ES K-5	3 days/week SN 2 days/week LMSW	Sara Vogel RN Kathy Moroz LMSW	Service to the general student population	CCHD/contractor
Franklin ES	320	ES K-5		Mary Burlingame RN		BCPS
Fremont ES	269	ES K-5	2 days/week	Carrie Baum RN	Service to the general student population	CCPHD
La Mora Park ES	198	ES K-5		Mary Burlingame RN		BCPS
Urbandale ES	347	ES K-5	2 days/week	Sherril Bailey RN	Service to the general student population	CCPHD
Valley View ES	502	ES K-5	2 days/week	Carrie Baum RN	Service to the general student population	CCPHD
Verona ES	354	ES K-5	2 days/week	Sherril Bailey – 1 day Carrie Baum – 1 day	Service to the general student population	CCPHD
Outdoor Education Center						
Calhoun ISD (2)						
Calhoun Area Career Center	850					
Doris Klausen Developmental Center			**Tammy Cramer Nurse Supervisor 269-964-9426**			Special Education – Calhoun County ISD
Harper Creek (5)	**2605**		**1.6 RN FTE**			
Harper Creek High School	860	9-12	2 days/week	Joyce Barry RN	Service to the general student population	CCPHD
Harper Creek Middle School	880	MS 5-8	3 days/week	Joyce Barry RN	Service to the general student population	CCPHD
Beadle Lake ES	315	ES K-4	2 day/week	Robin Tweist RN	Service to the general student population	CCPHD

Schools	Total students	Grade Level	Coverage	Nurse Assigned	Scope of Services	Employer
Sonoma ES	315	ES K-4	2 days/week	Robin Tweist RN	Service to the general student population	CCPHD
Wattles Park ES	352	ES K-4	1 day/week	Robin Tweist RN	Service to the general student population	CCPHD
Homer (3)	**1112**		**0.8 FTE RN**			
Homer High School	296	9-12	On call 5 days /week	Tammie Calhoun RN	Service to the general student population	CCPHD
Homer Middle School	329	MS 5-8	On call 5 days /week	Tammie Calhoun RN	Service to the general student population	CCPHD
Lillian Fletcher ES	432	ES K-4	4 Plus days a week	Tammie Calhoun RN	Service to the general student population	CCPHD
Lakeview (6)	**3950**		**1.6 RN FTE**	1.0 NP FTE 1.0 MA FTE 0.4 LMSW FTE	CAHC, available to enrolled students	
Lakeview High School	1304	9-12	½ day/week	Sharon Davids RN	Service to the general population	CCPHD
Lakeview Middle School – CAHC opened 4/30/15	1286	MS 5-8	SN - ½ days/week CAHC - 5 days/week	Sharon Davids RN/NP Beth Hoffman NP Shelley Reed MA	Service to the general population CAHC available to enrolled students	CCPHD CCPHD/Contracted
Minges Brook ES	334	ES K-4	2 days/week	Jennifer Weis RN	Service to the general student population	CCPHD
Prairieview ES	261	ES K-4	2 days/week	Sharon Davids RN/NP	Service to the general student population	CCPHD
Riverside ES	363	ES K-4	2 days/week	Jennifer Weis RN	Service to general student population	CCPHD
Westlake ES	366	ES K-4	1 day/week	Jennifer Weis RN	Service to general student population	CCPHD
Mar Lee (1)	**303**		**0.4 FTE – shared position with MERT program**			
Mar Lee School	**303**	K-8	3 days/week	Kim DeVito RN	Service to the general student population	CCPHD

Schools	Total students	Grade Level	Coverage	Nurse Assigned	Scope of Services	Employer
Marshall (6)	**2552**		**1.6 RN TOTAL**			
Marshall High School	847	9-12	2 days/week	Kim Muggio RN	Service to the general student population	CCPHD
Marshall Middle School	526	MS 5-8	2 ½ days/week	Kim Muggio RN	Service to the general student population	CCPHD
Gordon ES	293	ES K-4	1 ½ days/week	Anna Rodgers RN	Service to the general student population	CCPHD
Hughes ES	304	ES K-4	1 ½ days/week	Anna Rodgers RN	Service to the general student population	CCPHD
Walters ES	343	ES K-4	2 days/week	Anna Rodgers RN	Service to the general student population	CCPHD
Marshall Alternative HS	112	HS SPEC	½ day/week	Kim Muggio RN	Service to the general student population	CCPHD
Olivet (3)	**1490**		Currently in discussions with Olivet School District for school nurse services to begin in the 2015-2016 school year. Would be 0.8 RN FTE			
Olivet High School	506	9-12				
Olivet Middle School	599	MS 4-8				
Fern Persons ES	384	P-K-3				
Pennfield (5)	**2104**		**0.8 RN Total**			
Pennfield High School	633	9-12	1 day/week	Karen Lukowski	Service to the general student population	CCPHD
Pennfield Middle School	550	MS 6-8	1 day/week	Karen Lukowski	Service to the general student population	CCPHD
Pennfield Dunlap ES	485	ES 3-5	1 day/week	Karen Lukowski	Service to the general student population	CCPHD
North Pennfield ES	204	ES K-2	1 day/week	Karen Lukowski	Service to the general student population	CCPHD
Pennfield Purdy ES	232	ES K-2	1 day/week	Karen Lukowski	Service to the general student population	CCPHD
Tekonsha (3)	**274**					
Rose D. Warwick Jr./Sr. High School	136	6-12				
Tekonsha Elementary	138	PK-5				

Schools	Total students	Grade Level	Coverage	Nurse Assigned	Scope of Services	Employer
Union City (3)	**1071**		**0.8 RN FTE**	SN services at Union City began on 12/8/15		
Union City High School	306	9-12	1 day/week	Anita Riddle RN	Service to the general student population	CCPHD
Union City Middle School	329	MS 5-8	2 days/week	Anita Riddle RN	Service to the general student population	CCPHD
Union City ES	435	ES K-4	2 days/week	Anita Riddle RN	Service to the general student population	CCPHD
TOTAL - COUNTY						

Lakeview Health Center opened at Lakeview Middle School 4/30/15 – Students of Lakeview School District 10-21 years old are eligible to use services. Although located on the middle school campus, Lakeview high school and Calhoun Community High School students can be seen as well. Calhoun Community High School is administered by Lakeview School District and has 150 students

Michigan Department of Education
Michigan Department of Community Health

Laws That Affect School Health Services Programs in Michigan

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Laws That Affect School Health Services Programs in Michigan[1]

As schools plan for the needs of children in school, instruction, and safe learning environments, there must be a foundation upon which they are based. That foundation includes federal, state and local policies and regulations. It is imperative that school policies are in accordance with laws and standards of practice in place in their jurisdiction.

Various laws establish parameters for policy options concerning school health services and this resource provides an overview of those laws. Links to the specific federal or state law are included. This document is offered as a resource to guide policy and procedure development but it is not intended as a substitute for legal counsel. As part of any policy development, legal review should be required.

Laws are hyperlinked.

FEDERAL STATUTES	
Americans with Disabilities Act of 1990 (ADA)	Disability discrimination prohibited.
Section 504, Rehabilitation Act of 1973	Protects the rights of children with special health-care needs (CSHCN) by providing related services, including health services, to those not eligible for special education.
CPL 2-2.69 (November 27, 2001)	Revised Bloodborne Pathogens Standard; expands bloodborne pathogens to include any pathogenic microorganism, including hepatitis C virus (HCV) present in blood or other potentially infectious materials (OPIM).
29 CFR Part 1910 (December, 1991)	Occupational safety; Bloodborne Pathogen Standard
Civil Rights Act of 1991	Prohibits discrimination on basis of disability.
34 CFR Part 300 Individuals with Disabilities Act of 1997 (IDEA)	Guarantees access to education and related services to assist children with disabilities benefit from special education. Reauthorization of 2004, Sec. 602 (26) list school nurse services as a related service.
34 CFR 99 Family Educational Rights and Privacy Act (FERPA)	Provides privacy restrictions on student records. School health records are covered under this act. In school, FERPA takes precedence over HIPAA.
PL 104-91 Health Insurance Portability and Accountability Act of 1996 (HIPAA)	Establishes federal privacy standards to protect patients' medical records and other health information.
Head Start Programs	Head Start Program requirements include a physical exam based on EPSDT guidelines; dental exam; immunizations; vision; hearing and developmental screening and a nutritional snack and lunch. Head Start Programs do not have to have nurse on staff, yet 10% of the enrolled HS children must have a disability, some of these are related to health needing medication or treatments during their time in school.

[1] Adapted from Legal Issues Affecting School Nurse Practice Michigan Association of School Nurses, July 10, 2003, (Updated 2009).

Asthmatic Schoolchildren's Treatment and Health Management Act of 2003, Public Law 108-377	Gives preference for asthma-related federal grants to states that require every elementary and secondary school, public and private school to allow students to self-administer medication for asthma or anaphylaxis.
FEDERAL STATUTES	
Title IX, Education Amendments of 1972 (Title 20 U.S.C. Sections 1681-1688)	**Prohibition against discrimination; exceptions.** No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance.
Public Law 108-265 Section 204 Model Policy for Michigan	**LOCAL WELLNESS POLICY – became law June 30, 2004 as part of the Child Nutrition and WIC Reauthorization Act of 2004. Local education agencies shall establish a local school wellness policy. The policy includes goals for nutrition education, physical activity, nutrition guidelines for all foods sold on campus, assure that school meals meet USDA regulation, establish plan for measuring implementation of wellness policy, involve students, parents, representatives of school food authority and others.**
McKinney-Vento Homeless Education Assistance Act	The McKinney-Vento Homeless Education Assistance Act is a federal law that ensures immediate enrollment and educational stability for homeless children and youth. McKinney-Vento provides federal funding to states for the purpose of supporting district programs that serve homeless students.

Michigan General Statutes – School Health	
Asthma	
§ 380.1179	Allows pupil to carry and self-administer prescribed inhalers and/or epinephrine auto-injector for emergency use with the written order and approval of the child's physician and written permission of the parent/legal guardian.
Model Policy on the Management of Asthma in Schools	Model policy from the Michigan Department of Education (2004). Note: Not a law.
	Anaphylaxis – Non Specific Epinephrine
PA 186 of 2014	Addresses stock epinephrine and training in schools. A prescriber may issue a prescription for and a dispensing prescriber or pharmacist may dispense an auto-injector epinephrine to a school board for meeting the requirements of section 1179a of revised school code, 1976, PA 451, MCL 380.1179a.
	Bullying
PA 241 of 2011	The board of a school district or intermediate school district or board of directors of a public school academy shall adopt and implement a policy prohibiting bullying at school, as defined in this section.
PA 478 of 2014	Bullying policy must comply with 2014 amendments but not limited to the inclusion of cyberbullying as form of bullying.
Blood Borne Pathogens	
MIOSHA – R325.47201, Part 472	Employer responsibilities to employee regarding training and response to exposure to blood borne pathogens.
	Cardiac Emergency Response Plan
PA 12 of 2014	The governing body of a school that operates K-12 shall adopt and implement a cardiac emergency response plan for the school. The plan must include at least: 1) Use and regular maintenance of the auto external defibrillator, 2) Activation of a cardiac emergency response team during an identified cardiac emergency, 3) A plan for effective communication, and 4) If a school is grades 9-12, a training plan for use of an auto external defibrillator in CPR rescue techniques.
Child Protection	
§722.623 Child Protection Law-Act 238 of 1975. MCL 722.623	Delineates persons required to report child abuse or neglect; written report; transmitting report and results of investigation to prosecuting attorney or county family independence agency; pregnancy of or venereal disease in child less than 12 years of age.
§333.5131(5)(f)	State records and reports related to HIV/AIDS are not confidential if information is required under the Child Protection Law.
6869 Op. Attorney Gen. 92 (1995)	A child protective services worker may interview a child in the school setting without parental consent or school personnel involvement.
Communicable Disease	
§ 333.5111	Establishes requirements for reporting and other surveillance methods for measuring the occurrence of diseases, infections, and disabilities and the potential for epidemics.

Concussions	
Public Act 342 of 2012	Requires the Department of Community Health's development, adoption and approval of educational and training materials for sports concussion awareness compliance.
Public Act 343 of 2012	Requires Compliance of Sports Concussion Awareness Training for organizing entities, sponsors or operators of an athletic activity in which youth athletes will participate.
Confidentiality	
§ 600.2165	Communication between teacher, guidance officer, school executive, or "other professional person" are confidential.
Curriculum Sex Education, HIV Education, Health Education and Physical Education	
§380.1502	Requires that health and physical education for pupils of both sexes be established and provided in all public schools for students attending public school who are physically fit and capable of doing so must take the course in physical education.
§380.1169	Requires that the principle modes by which communicable diseases including HIV/AIDS are spread and the best methods for preventing these diseases be taught in every Michigan school. Also requires that each person who teaches K-12 about HIV and AIDS to be trained in HIV & AIDS.
§380.1507	Exclusion from HIV/AIDS instruction. Parents may review HIV/AIDS curriculum, observe its instruction, and, if desired, excuse their child from these instructional units.
§380.1170	Requires that school districts develop comprehensive school health education programs with special reference to substance abuse, including the abusive use of tobacco, alcohol, and drugs, and their effect upon the human system. A parent/guardian can excuse their child from instruction if the content of the curriculum is in conflict with his or her religious beliefs.
Delegation and Scope of Practice	
§ 333.17201 PUBLIC HEALTH CODE (EXCERPT) Act 368 of 1978	Defines nursing scope of practice. The RN's scope of practice includes the teaching, direction, and supervision of less skilled personnel in the performance of delegated nursing activities. Public Health Code, 1978 PA 368, as amended, recognizes registered nurses as fully licensed health professionals.
§ 333.16104	Defines delegation as the "authorization granted by a licensee to a licensed or unlicensed individual to perform selected acts, tasks, or functions which fall within the scope of practice of the delegator and which are not within the scope of practice of the delegatee and which, in the absence of the authorization, would constitute illegal practice of a licensed profession".
§ 338.10104	The Michigan Board of Nursing has promulgated specific administrative rules about delegation. In accordance with the Board of Nursing General Rules on Delegation, only a registered nurse may delegate nursing acts, functions, or tasks.
§ 333.16109	Supervision requires continuous availability of direct communication in person or by radio, telephone, or telecommunication between the supervised individual and a licensed health professional, the availability of the licensed health professional to review the practice of the supervised individual, to provide consultation to the supervised individual, to review records, and to further educate the supervised individual in the performance of the individual's functions.
Diabetes	
Model Policy on Diabetes	Model policy approved by Michigan department of Education 2011. Note: Not a law.

First Aid & CPR	
Medical Services and First Aid R325.47201, Part 472	MIOSHA - Guidelines indicate employer must adequately have a trained first aid certified person on site. [BSR/CET-5951 (11/01)]
Michigan Law PA 18 of 2003	Requires newly hired teachers to be certified. There are no requirements for recertification.
Hearing and Vision	
§ 333.9301	Requires local health departments to conduct free periodic hearing and vision testing for children. Also requires all children entering kindergarten to have a vision screening.
Health Services	
Public Health Code (Excerpt) Act 368 of 1978, Part 9101	The department (MDCH) shall establish a plan for health services for pupils in elementary and secondary schools of this state. Plan shall include a definition of school health services and standards for implementation.
HIV	
§722.621 to 722.636	Information pertaining to an individual infected with HIV, or diagnosed with AIDS, can be released if the information is part of a report required under the child protection law.
§333.5131	HIV-related information is confidential and cannot be released unless the patient authorizes disclosure, or a statutory exception applies.
§ 333.5131(5)(c)	**Exceptions** - the Michigan Department of Community Health or local health officer may release information pertaining to an individual who has HIV/AIDS to a school employee if the information is necessary to prevent a reasonable foreseeable risk of transmission of HIV to pupils in the school district. The school employee is bound by the confidentiality requirements of the statute.
Immunizations	
§ 333.9205	Requires that a parent/guardian of a child provide for the child's immunization by an authorized health professional, physician, local health department, clinic, or other agency offering immunizations for diseases and within an age period prescribed by the department.
§ 333.9208	A parent, guardian, or person in loco parentis applying to have a child registered for the first time in a school and a parent, guardian, or person in loco parentis of a child entering the sixth grade, shall present to school officials, at the time of registration or not later than the first day of school, a certificate of immunization or statement of exemption.
§ 333.9215	Immunization exemption requirements.
§ 380.1177	The parent/guardian of a child enrolling in school for the first time must submit a certificate showing required immunizations have been given; or a physician-signed waiver that required immunizations could not be given because of medical contradictions or a parent/guardian signed waiver that for religious or other reasons the immunization has not been given.
§ 333.9209	Schools are required to report their students' immunization status to their local health Departments.
§333.9206	A parent, guardian, or person in loco parentis applying to have a child registered for the first time in a school in this state and, beginning January 1, 2014, a parent, guardian, or person in loco parentis of a child entering the seventh grade, shall present to school officials, at the time of registration or not later than the first day of school, a certificate of immunization or statement of exemption.

	A teacher or principal shall not permit a child to enter or attend school unless a certificate indicating that a minimum of 1 dose of an immunizing agent against each of the diseases specified by the department has been received and certified to by a health professional.
§380.1177	A child enrolling in a public or nonpublic school for the first time or, beginning in the 2014-2015 school year, enrolling in grade 7 for the first time shall submit 1 of the following: 1) sign physician statement of immunization compliance, signed parent statement for religious objection or sign physician statement child in the process of compliance.
Medication Administration	
§380.1178	Liability- sets forth legal provisions for the immunity of school employees, **designated by the school administrator**, against an allegation of "simple" negligence if the employee administers the medication under certain requirements including being in the presence of another adult. *If a school employee is a licensed registered professional nurse, subsection (1) applies to that school employee regardless of whether the medication is administered in the presence of another adult.*
§ 380.1179	Allows pupil to carry and self-administer prescribed inhalers and/or epinephrine auto-injector for emergency use with the written order and approval of the child's physician and written permission of the parent/legal guardian.
Attorney General Opinion, No. 5679, April 11, 1980	A physician must delegate and supervise the act of medication administration if the school district does not employ a school nurse.
MDE Model Medication Policy	The Michigan Department of Education issued a memo to school superintendents outlining a model medication policy (2002). Note: Not a law.
Meningitis	
Michigan Law PA 240 of 2005	Requires schools to provide information on meningococcal disease, vaccine & availability of vaccine to parents of 6th, 9th & 12th graders.
School Nurses	
Administrative Rule R340.1163	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. (School Code)
MCLA 380.1252	The board of a school district may employ registered nurses necessary to provide professional nursing services.
R 340.1161 - R340.1170	School Nurse Certification rules through the Michigan Department of Education.
School Safety	
PA 187 of 2006	Lock Down Drills : Amends the Fire Prevention Code to require a school that has any grades between K-12 to conduct a minimum of two (2) drills in which occupants are restricted to the interior of the building and the building is secured. Requires a K-12 school to conduct a minimum of six (6) rather that eight (8) fire drills.
PA 337 of 2006	Terrorism Drills: Amends the Fire Prevention Code to require a school that operated any grades between K-12 to conduct some of the drills required under the Code during lunch or recess or at other times when a significant number of students were gathered, but not in the classroom.
Rights of Minors (ages 14 -18)	
§ 330.1707(1)	**Mental Health** - a minor may request and receive mental health services on an outpatient basis without the consent or knowledge of a parent or guardian. Consent to inform the parent or guardian must be obtained from the minor unless there is a compelling need for disclosure and the minor is informed of the health professional's intent to notify the party.

§ 333.9132	**Pregnancy** - if a minor consents to the provision of prenatal and pregnancy related health care by a health facility or agency or health professional, the consent is valid and binding. For medical reasons the treating physician or another health professional (on the advice of the treating physician) may withhold or provide information regarding the minor to the parent, guardian, or person in loco parentis even if the minor refused to have the information released.
§ 333.6121	**Substance Abuse** - if a minor professes to be a substance abuser, consent for the provision of treatment for the substance abuse may be provided by the minor. For medical reasons the treating physician or another health professional (on the advice of the treating physician) may withhold or provide information regarding the minor to the parent, guardian, or person in loco parentis even if the minor refused to have the information released.
§ 333.5127	**Venereal Disease or HIV** - a minor who professes to be infected may seek medical or surgical treatment or services by a hospital, clinic or physician without the consent of a parent, guardian, or person in loco parentis. For medical reasons the treating physician or another health professional (on the advice of the treating physician) may withhold or provide information regarding the minor to the parent, guardian, or person in loco parentis even if the minor refused to have the information released.
	Reproductive Health
§ 388.1766	Dispensing or distributing family planning or drug or device, dispensing prescriptions for family planning drug, or making referrals for abortion.
§380.1507	(7) A person shall not dispense or otherwise distribute in a public school or on public school property a family planning drug or device. (8) As used in this section, "family planning" means the use of a range of methods of fertility regulation to help individuals or couples avoid unplanned pregnancies; bring about wanted births; regulate the intervals between pregnancies; and plan the time at which births occur in relation to the age of parents. It may include the study of fetology. It may include marital and genetic information. Clinical abortion shall not be considered a method of family planning, nor shall abortion be taught as a method of reproductive health.
§ 722.903	No abortion may be performed on minor without her consent and that of one parent or guardian except in medical emergency; court may waive parental consent if minor is mature and well-informed so as to be able to make the decision, or waiver is in minor's best interest.

Anti-Discrimination Laws Regarding HIV Infection

There are a number of federal and state statutes that prohibit discrimination against someone who is HIV-infected, or believed to be HIV-infected. These include Section 504 of the Federal Rehabilitation Act of 1973, the Fair Housing Amendments Act of 1988, the Americans with Disabilities Act (ADA) of 1990, and the Michigan Persons with Disabilities Civil Rights Act of 1976.These statutes provide that a person who is HIV-infected, or is believed to be HIV infected, must be treated in a non-discriminatory manner as any non-HIV-infected person.

Americans with Disabilities Act

The ADA prohibits discrimination on the basis of disability in employment, state and local government, public accommodations, commercial facilities, transportation, and telecommunications. To be protected by the ADA, one must have a disability or have a relationship or association with an individual with a disability. An individual with a disability is defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such impairment, or a person who

is perceived by others as having such impairment. The ADA does not specifically name all of the impairments that are covered.[2]

A major life activity includes education. Therefore, if a student attends school and has a disability (of which HIV is one), the ADA affects the school's responsibility to that student. School teams are responsible for determining what barriers exist for a student with a disability and how to resolve those issues.

The Americans with Disabilities Act (ADA) provides comprehensive civil rights protections for individuals with disabilities. Title II of the ADA covers programs, activities and services of public entities. Title II requires that "No qualified individual with a disability shall, by reason of such disability be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by such entity".

The Family Educational Rights and Privacy Act (FERPA) [3]

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Parents or eligible students have the right to inspect and review the student's education records maintained by the school. In general, parental consent is required for others to access information in students' health records. FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):

- School officials, including teachers who have a "legitimate educational interest"
- Mandatory reporting of certain communicable diseases
- Instances of child abuse or neglect
- Appropriate officials in cases of health and safety emergencies
- To comply with certain legal situations including subpoenas or investigations of criminal offenses

Individuals with Disabilities Education Act

The Individuals with Disabilities Education Act (IDEA) (formerly called P.L. 94-142 or the Education for all Handicapped Children Act of 1975) requires public schools to make available to all eligible children with disabilities, a free appropriate public education in the least restrictive environment appropriate to their individual needs. IDEA requires public school systems to develop appropriate Individualized Education Programs (IEP's) for each child. The specific special education and related services outlined in each IEP reflect the individualized needs of each student.[4]

The IEP outlines the specific services and supports the child's needs within the least restrictive environment (LRE). The IEP and LRE provisions have been protected as basic rights of children with disabilities. Parent involvement is also a fundamental principle of IDEA. Parents must be fully informed of

[2]US Department of Justice, A Guide to Disability Rights Law, 2005. http://www.usdoj.gov/crt/ada/cguide.htm

[3]US Department of Education, Ed.gov. http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html

[4]US Department of Justice, A Guide to Disability Rights Law, 2005. http://www.usdoj.gov/crt/ada/cguide.htm

their children's rights, and they can participate in all decisions affecting their child. IDEA also outlines due process provisions, which allow parents to challenge school district decisions.[5]

IDEA release and disclosure requirements are substantially identical to those in FERPA.

Section 504 of the 1973 Rehabilitation Act

Section 504 of the Rehabilitation Act of 1973 prohibits discrimination against persons with disabilities in all programs and activities conducted by recipients of federal financial assistance. This applies to employees of education agencies as well as to students.

In matters pertaining to education, the lead agency is the U.S. Office for Civil Rights, U.S. Department of Education. Section 504 has a substantial effect on education, since educational programs for students with disabilities must be equal to those provided to others. Educational agencies that receive U.S. Department of Education funds, either directly or indirectly, are considered recipients.

Like IDEA, Section 504 requires identification, evaluation, and provision of appropriate services, notification of parents, an individualized accommodation plan, and procedural safeguards. Accommodation plans (including individual health care plans) are developed to provide needed health services in the school for children requiring medication or other health services. These activities must be performed in accordance with Section 504 regulations, which have some requirements that differ from those of IDEA.

Health Information Portability and Accountability Act of 1996 (HIPAA)

Public Law 104-191, Health Information Portability and Accountability Act of 1996 (HIPAA) was implemented by the federal government to ensure uniform privacy protections of individuals' health information, including those with HIV. HIPAA provides privacy regulations to protect patients by limiting the ways that health plans, pharmacies, hospitals, and other covered entities can use patients' personal medical information. A school is subject to HIPAA if it provides medical care and electronically transmits health information as part of a "covered transaction" (i.e. billing). The Privacy Rule of the law, however, provides a broad exemption for personal health information maintained in education records, which is protected under FERPA.[6]

Bloodborne Pathogen Standard[7]

29 CFR Part 1910 (December 1991), Occupational safety; Bloodborne Pathogen Standard is a law requiring employers to protect employees from occupational exposure to bloodborne pathogens. Under 1910.1030, public school employers who have employees with occupational exposure (as defined by paragraph (b) of the standard) must establish an Exposure Control Plan which describes how the following elements of the standard, at a minimum, will be implemented: methods of compliance, including engineering and work practice controls, personal protective equipment, and housekeeping; Hepatitis B Vaccination and Post-Exposure

[5]National PTA website: http://www.pta.org/ptawashington/issues/idea.asp

[6]National Forum on Education Statistics. Forum Guide to Protecting the Privacy of Student Information: State and Local Education Agencies, NCES 2004–330. Washington, DC: 2004. http://nces.ed.gov/pubs2004/privacy/index.asp

[7]*Public Schools: Requirements for Written Programs*, Lisa Costanzo, Occupational Hygienist Volume No. 47,Fall 2006 CONN-OSHA Quarterly

Evaluation and Follow-up; Communication of Hazards to Employees; and Recordkeeping, including medical records, training records, and Sharps Injury Logs.

The Exposure Control Plan also must include an exposure determination that lists all job classifications in which all employees in those job classifications have occupational exposure, all job classifications in which some employees have occupational exposure, and those tasks and procedures in which occupational exposure occurs and are performed by those employees determined to be occupationally exposed. Any employee who has been determined to be occupationally exposed, as defined by the standard, must be offered the Hepatitis B vaccination within 10 working days of initial assignment but after the employee has received the initial training required by this standard.

The Exposure Control Plan must be reviewed at least annually and updated whenever necessary to reflect new or modified tasks and procedures that affect occupational exposure and also to reflect new or revised employee positions with occupational exposure. Although documentation of the review is not required, it is recommended that the employer do so to ensure that the review is being conducted at least on an annual basis and that each affected employee has access to the most current plan.

In addition to the annual review of the Exposure Control Plan, the employer must provide information and training as outlined in paragraph (g) (2) (vii) to employees with occupational exposure at the time of initial assignment to tasks where occupational exposure may take place, at least annually thereafter (which means within one year of their previous training), and whenever changes (i.e. to tasks or procedures) take place that affect the employee's occupational exposure. Training must be documented in accordance with paragraph (h) (2) (i) of the standard.

RESOURCES

HIV/STD and Sex Education in Michigan Public Schools, A Summary of Legal Obligations and Best Practices. Available at
http://www.michigan.gov/documents/mde/3_Four_Page_Summary_of_Legal_Obligations_249414_7.pdf

Michigan Board of Nursing Administrative Rules
http://www.state.mi.us/orr/emi/admincode.asp?AdminCode=Single&Admin_Num=33810101&Dpt=CH&RngHigh=

Michigan Revised School Code http://www.legislature.mi.gov/documents/mcl/pdf/mcl-act-451-of-1976.pdf
http://www.legislature.mi.gov/documents/mcl/pdf/mcl-act-451-of-1976.pdf

Michigan Current Revised School Code (PA 451 of 1976) and State School Aid Act (PA 94 of 1979) Provisions Regarding the Teaching of HIV/AIDS, Sex Education, Health Education, and Physical Education in Michigan Schools
http://www.michigan.gov/documents/Current_Revised_School_Code_115941_7.pdf

Michigan Public Health Code
http://www.legislature.mi.gov/(S(mcs4ho55goeot1royfu1ne45))/mileg.aspx?page=getobject&objectname=mcl-act-368-of-1978

National Association of School Nurses, Issue Brief, Privacy Standards for Student Health Records, 2004
http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNIssueBriefsFullView/tabid/445/ArticleId/78/Privacy-Standards-for-Student-Health-Records-2004

National Forum on Education Statistics, Forum Guide to Protecting the Privacy of Student Information: State and Local Education Agencies, NCES 2004–330. Washington, DC: 2004. http://nces.ed.gov/pubs2004/privacy/index.asp

Protecting and Disclosing Student Health Information. How to Develop School District Policies and Procedures, 2005. The Guidelines, reviewed by representatives from the U.S. Depts. of Education and Health and Human Services, were developed in conjunction with representatives from 20 national organizations. Available from the American School Health Association at http://www.ashaweb.org/i4a/ams/amsstore/category.cfm?category_id=1

A Brief Review of Federal Laws Protecting the Privacy of Education Records[8]

Federal Law	Federal Agency	Right Afforded to	Contents of Education Records	Notification Requirement	Prior Consent	Requirement of Recording Release
Family Educational Rights and Privacy Act (FERPA)	Family Policy Compliance Office	Parents and eligible students	All education records as defined in the law	Local education agency to notify annually	Required with exceptions	Recordation requirements
No Child Left Behind Act	Family Policy Compliance Office (to administer aspects related to records privacy)	Parents and eligible students	Strengthen FERPA	Used to notify state and local education agencies annually of FERPA and PPRA requirements	Required under FERPA and PPRA	
Individuals with Disabilities Education Act (IDEA)	Office of Special Education Programs	Parents and students who have reached the age of majority under state law	All education records as defined in FERPA	Local education agencies to notify annually	Required with exception	
Health Insurance Portability and Accountability Act	Office for Civil Rights of U.S. Department of Health and Human Services	Patients	Privacy Rule does not apply to records protected by FERPA and IDEA	Health care providers must provide Notice of Privacy Practices	By patient	

[8]Adapted from: National Forum on Education Statistics. Forum Guide to Protecting the Privacy of Student Information: State and Local Education Agencies, NCES 2004–330. Washington, DC: 2004. http://nces.ed.gov/pubs2004/privacy/index.asp