Why School Nurses?

- Conn. Gen. Stat. 10-212
  - “Each local or regional board of education shall appoint one or more school nurses or nurse practitioners. Such school nurses may also act as visiting nurses in the town, may visit the homes of pupils in the public schools and shall assist in executing the orders of the school medical advisor, if there is any in such town, and perform such other duties as are required by such board.”

Duties and Responsibilities of the School Nurse
Statutory Responsibilities

- Administer medication to students (10-212a)
- Keep records of the administration of medication (10-212a)
- Provision of food or dietary supplements to a student with glycogen storage disease
- Monitor required immunizations (10-204a)
- Review and record student health assessment (10-204a)
- Annual screenings of students (10-214)

Documentation of Medication

Each school where medications are administered shall maintain a medical administration record for each student who received medication. The record shall include:

- Student name, medication, dosage, how administered, frequency
- Prescriber, date medication ordered, quantity received, date to be reordered
- Student allergies, date/time of administration/omission, dose administered, legal signature of nurse

Documentation of Medication

- Records to be made in ink and not altered
- Written orders, written authorizations, and administration record for each student filed in student’s cumulative health record
- Prescribers may make verbal orders for a change in medication. Can only be received by school nurse and followed by written order in three days
- Medication administration records made available to CDPH upon request
Delegation of Nursing Functions

- Must consider a number of factors – safety, nature of task, type of technology, competency of person, ability to supervise, proximity of nurse
- In nurse’s judgment, task must be one that does not require exercise of “nursing judgment”

Duty as Mandated Reporter

- Mandated reporter of suspected abuse and neglect (17a-101)
  - reasonable cause to suspect or believe
  - a child (less than 18 years old)
    - has been abused or neglected
    - has had a non-accidental physical injury inflicted upon him/her
    - is placed at imminent risk of serious harm

Definition of Abuse

“Abused” means that a child
- Had physical injury inflicted upon him other than by accidental means;
- Has injuries which are at variance with the history given of them;
- Is in a condition which is the result of maltreatment such as: malnutrition, sexual molestation, deprivation of necessities, emotional maltreatment or cruel punishment.
Definition of Abuse

“Neglected” (46b-120) means that a child:
• Has been abandoned;
• Is being denied proper care and attention, physically, educationally, emotionally or morally;
• Is being permitted to live under conditions, circumstances or associations injurious to his well-being;
• Has been abused.

Reporting Sexual Activity

• Not automatically required to report – depends on individual facts – age, nature of conduct.
• Consider the relative ages of the child and the sexual partner, and whether you reasonably suspect or believe that the child is at imminent risk of serious harm or has been abused or neglected.

Must Report Sexual Activity Involving
• Children under the age of 13 who are engaging in sexual intercourse, have a sexually transmitted disease or are pregnant;
• Children who are engaged in sexual activity with a family member;
• Children who are in a condition as a result of molestation;
• Children engaged in sexual activity that is:
  • non-consensual, hostile or contains the use of force;
  • child has disability which may preclude him/her from consenting;
  • child is under the age of 16 and partner is 21 years or older.
Sexual Activity is not Reportable

• Sexual activity was consensual, and
• Both students are over the age of 16, and
• There are no indications of abuse or neglect.

Confidentiality Requirements

AIDS and HIV Status (19a-583)

No person who obtains confidential HIV-related information may disclose such information except:

• To a federal, state or local health law officer, health care provider when necessary to provide care, medical examiner, Department of Correction, life and health care insurers;
• Any person authorized by court order.

Note: School officials may not share HIV status with other school staff.

Confidentiality Requirements

Drug and Alcohol Abuse (10-154a)

Not required to disclose any information obtained through a professional communication with a student when information concerns alcohol or drug abuse

• Information disclosed voluntarily;
• In confidence;
• To a professional employee.
Confidentiality Requirements

Drug and Alcohol Treatment
- If minor seeks and receives treatment at drug and alcohol treatment facility, it shall not be reported to parents without consent (17a-688).
- No parent or legal guardian is entitled to information considered privileged under section 10-154a.

Confidentiality Requirements

Limitation to confidentiality requirement.
- If employee obtains physical evidence from student indicating that a crime has been committed, professional employee is required to turn such evidence over to school administrators or law enforcement officials within two days.

Confidentiality – Other Health Information

- Birth Control and Abortion
  - Generally no confidentiality, except for a minor under the age of 16 seeking information regarding an abortion such information is confidential only when provided by a registered nurse – and others – in the context of mandated pre-abortion counseling.
- Venereal Disease
  - Student entitled to confidentiality and does not need parental consent for examination and treatment.
Confidentiality of Student Records

Family Educational Rights and Privacy Act ("FERPA")

- Applies to all public schools and their employees.
- "Educational records" are all school records related to a student.
- Record must be "directly related" to the student and maintained by the educational institution.
- "Sole possession record" exception.

FERPA

Written consent of parent required before records can be disclosed, except…
- School official who has a legitimate educational interest in the information.
- Another school district when student relocates.
- In response to court order or subpoena.
- Health and safety emergencies.
- Directory information.

HIPPA

- Medical privacy law that requires "covered entities" to protect "health information"
- Covered entities – health care providers, health plans and health care clearinghouses
- Employers – including schools – are not covered entities
- Educational records protected by FERPA are specifically excluded and not subject to HIPPA requirements
Recent Changes

Administration/Storage of Epinephrine

- Schools required to maintain epi-pens for emergencies.
- Designate and train “qualified school employees.”
- Ensure that at least one qualified employee on grounds during school hours.
- Annual training.

Antiepileptic Medication

- Select qualified school employee to administer antiepileptic medication to diagnosed students.
- Employee must voluntarily agree to serve.
- Annual training.
- Monthly reviews of employee’s competence to administer medication.
- Can only administer in absence of school nurse.
Vision/ Audiometric/Postural Screenings

- Vision & audiometric screenings required for grades K, 1, 3 & 5.
- Postural screenings required for female students in grades 5 & 7; male students in grades 8 or 9.
- Written notice to parents of any problems found.
- Superintendent to inform parents of students who did not receive required screenings.

Vaccination Exemptions

- Religious exemption modified.
- Parents may provide statement that immunizations would be contrary to religious beliefs.
- Statement to be acknowledged by judge, magistrate, court clerk, town clerk, notary public, justice of the peace, CT attorney or school nurse.
- Statement must be presented prior to enrollment and prior to entering 7th grade.

A Global Approach

Practical Issues for School Nurses
Unique Challenges of School Nursing

• Often only “medical” employee in the building.
• Working for a “non-health care” institution.
• Priority and focus of institution is something other than student health.
• Typically supervised by an individual(s) who do not have medical training or expertise.
• Often isolated, both physically and professionally, from other staff.

Possible Responses to Challenges

• Despite duties and responsibilities, remember that the job of every employee is to enhance the education of students.
• Reduce professional isolation:
  • Look for opportunities for joint professional development.
  • Be receptive for “teamwork” possibilities.
  • Consider volunteering for service on “non-medical” school committees.

Possible Responses to Challenges

• Educate follow staff:
  • Share professional articles and information that would be of interest to staff.
  • Provide tips/advice on common student health issues.
• Identify opportunities for regular communication with:
  • Nurses at other schools in district.
  • Supervisor/building administrator.
  • School nurses in surrounding school districts.
Possible Responses to Challenges

- Work with administration to identify existing or potential health issues:
  - Survey staff as to issues that they are currently facing.
  - Inform staff of new or potential health issues.
  - Regularly report on school health issues/concerns.

Questions?

Thank you for the opportunity to speak to you today.