

March 31, 2019

PASNAP conference Q&A

Presented by Jill Clodgo and Bill Deemer from the DOH Division of School Health

Please refer your questions to the appropriate divisions and departments. For example, Communicable diseases, Immunizations to your local county health department or your state health center. Education/Certification issues to the Department of Education, and Medicaid services to the Department of Human Services etc. As they are the subject matter experts.

The Division of School Health is trying to update manuals, statistics, website, forms etc

We realize school health updates and presentations may be repetitive, but they are based on the questions we receive daily. We encourage people to read and share the updates we send out as many of the questions are addressed in updates or on the website.

SHARRS (Slides 12-18)

1. Cyber school nurses are busy, but much of our work is not captured on the SHAARS report, which drives reimbursement? i.e medical management at standardized testing sites, field trips, emergency preparations for standardized testing, promoting communication with parents about how a cyber nurse can support cyber students (concussion management, pregnancy, general health care/health insurance, etc)

1. We understand your frustration but SHARRS is not intended to collect data on ALL of the duties performed by nursing staff.
2. Public school entities (school districts, charter schools, cyber charter schools and comprehensive career and technology centers) are required to annually submit a Request for Reimbursement and Report of School Health Services to the Department of Health (DOH), Division of School Health (DSH). The purpose of this report is twofold:
 1. To provide a mechanism for school entities to document the provision of, and receive reimbursement for, health services as provided for in Article XIII Section 1303a (Immunizations), Article XIV (Health Services), and Article XXV Section 2502.1 (Reimbursement by Commonwealth and Between School Districts) of the Pennsylvania Public School Code of 1949 <http://www.legis.state.pa.us/WU01/LI/LI/US/HTM/1949/0/0014..HTM> and Title 28 Chapter 23 (School Health) of The Pennsylvania Code <http://www.pacode.com/secure/data/028/chapter23/chap23toc.html>
 2. To obtain information about Pennsylvania's school health programs, including student health status, dental and medical health service utilization and selected nursing activity.

2. Should phone calls to parents about student health be captured as illness or injury, depending on the topic, for the SHAARS report?

1. Neither. Please see previous question.

3. Can we count physicals/dentals as completed after 3 attempts to obtain the information?

1. You cannot count it as done in SHARRS unless you have proof it did occur.

The school has to have it documented in the health record the dates and how many times they requested the exams and the parent's response or lack of a response. We have always said 3 times is enough.

Knowing the difficulty that schools have obtaining completed physical and dental examination forms from parents, here are several options:

2. Use sports or driver permit physicals as the mandated school physical. A student with a learner's permit/license had to have a physical prior to receipt. Students are also required by PIAA to have a physical prior to participation in sports. If the sports physicals are kept by the Athletics Department and they won't provide you with a copy, document in the record "Sports physical on file with Athletics Department/Trainer." This is not ideal if the nurse does not know the medical conditions a student has.
3. Obtain permission from the parent to obtain the information from the provider's office, either a copy of the exam or verification that the exam took place. If verification is provided, document "Dr. _____ office contacted. Confirmed physical/dental exam completed on _____."
4. Confirmation from the parent/guardian that an exam was completed. It is preferable to have this in writing. If the information is provided verbally, document "Per _____, physical/dental on file, Dr. _____ office. Physical completed on _____."
5. **However, the acceptance of a parental note/statement is at the school's discretion.**

Records (slides 44-48)

4. When a parent requests to view school records (including health records), should the nurse print all the electronic records for the parents to view with the administrator? Should the nurse be present or is an administrator alone present enough?

1. The school administration must have a policy in place that directs what records may be viewed and what information should be redacted, this should be in consultation with the school solicitor, FERPA coordinator, nurse and administration.
2. The nurse is only responsible for the health records.
3. CFR 99.10: a parent or eligible student must be given the opportunity to inspect and review the student's education records...(b) The educational agency or institution, or SEA or its component, shall comply with a request for access to records within a reasonable period of time, but not more than 45 days after it has received the request.

5. Are we responsible for keeping track and maintaining health records of students that are on "our roster" but not in our school. As a charter school, we have students in alternative placement in another school district or at the IU. Who should have the record and whose responsibility is it to track down physical, dental, and immunizations.

1. Ultimately the school who the student is "officially enrolled in" is responsible to ensure all records are up to date and the necessary care is provided.
2. The two schools are to coordinate the specifics of the care.

3. 28 PA Code 23.55. Maintenance of health records. Health records shall be maintained for each child. These records shall be kept in the school building where the child attends school and shall be available to the school nurse at all times. Records shall be transferred with the child when he moves from one school to another or from one district to another. This then may require a record at each school.

4. 28 PA Code 23.72. Maintenance of records. School nurses shall maintain comprehensive health records of each child and records of school nursing services.

5. 28 PA Code 23.8. Maintenance of medical and dental records.

(a) School districts and joint school boards shall maintain comprehensive medical and dental records of each individual child.

(b) The records shall contain all the information the school obtains concerning the health of the child.

6. Should the original health record be sent with students who are placed in alternative placement and/or is a copy of the record sufficient to send and the district keep the hard copy of the chart?

1. Please see previous question.

7. Are we still not allowed to give a list of students' health issues to teachers (but we give them an emergency plan that tells the name of the student and the issue)

1. This is best addressed by the school's FERPA coordinator.

2. Nurses can make a list of conditions that students have but may not divulge the name of the student with the diagnosis unless there is an "education need to know".

3. Under FERPA, there are a number of specific statutory exceptions to the general rule against nonconsensual disclosure that are set forth at U.S.C. § 1232g (b) - (j) and 34 C.F.R. § 99.31. FERPA provides for disclosure of confidential information about individual students in —health and safety emergencies.|| In general, —health and safety emergencies|| refers to situations of immediate and serious danger, such as critical illness, serious accident, or threatened homicide or suicide. If the situation is serious enough to telephone for emergency services (e.g. call 9-1-1), release of sufficient student information to assist in emergency treatment is appropriate. Such release may be made only to —appropriate parties,|| and may be made only if knowledge of the specific information is —necessary to protect the health or safety of the student or other individuals.||

4. FERPA also allows disclosure of personally identifiable information from an education record of a student without a parent/guardian consent if the disclosure is to other school officials, including teachers and administrators, within the agency or institution, whom the agency or institution has determined have a —legitimate educational interest in the information.

5. Information related to special health problems (i.e. asthma, epilepsy, diabetes, etc) and emergency notification should be shared with other school personnel on a need-to-know basis. General instructions for handling certain conditions are provided to all school staff by the certified school nurse through faculty and group meetings and individual nurse and staff conferences.

8. What is the purpose of keeping a student's health for 2 years after their Graduation? Would there be a legal problem if graduating students were given their own health record that's has all information that was mandated since Kindergarten ? Just curious?

1. This issue should be addressed in school policy'

2. The Public School Code requires the following:

Section 1409: confidentiality, transference and removal of health records. In the case of any child of school age who enrolls in any school, public or private, in any district and who previously attended school in another district in Pennsylvania, the district or school wherein the child is newly enrolled shall request and the district or school where the child previously attended shall surrender the health record of the child. School districts, joint school boards or private schools shall not destroy a child's health record for a period of at least two years after the child ceases to be enrolled but may surrender such child's health record of portion thereof to his parent or guardian if the child does not reenroll in any elementary or secondary school in Pennsylvania.

3. Please contact your solicitor for legal guidance.

Practice Issues (Slides 52-57)

9. Any changes on TB requirements for schools?

1. No. See school health website for requesting a modification to cease testing students for TB

10. Field trips - update any changes on nurse requirements, recommendations?

1. No. Please review "Field Trips" found on the School Health website under School Health Topics A-Z.

11. "A CSN may supervise if he or she has supervisory certificate", regarding LPNs. Can you provide further clarification on this?

1. Supervisory Certificates are issued by the Dept of Education. If you have a supervisory certificate refer to your job description for duties and responsibilities.

2. If you do not have a supervisory certificate you are a team leader who plans and directs care but does not supervise other staff.

3. Please see the Nursing Services Staffing section in the February 2019 Nursing update for details on CSN, RN, LPN duties information.

12. Our audiologist had a concern regarding the wording for Pupils to be tested? Each year, pupils in Kindergarten, "Special ungraded classes" and grade one, two, three, seven and eleven shall be given a hearing screening test. Need clarification on SPECIAL UNGRADED CLASSES? We have autistic and learning support classes that are listed by a grade in the classroom. Do you check entire class or only 7th and 11th grade?

1. The term "ungraded" is no longer used by the Department of Education. Students receiving special education services are to receive screens and examinations according to the grade level on their IEP.
2. Grades K, one, two, three, seven and eleven shall be given a hearing screening test.

13. If something goes wrong with a licensed supplemental staff in a health office, who is ultimately responsible? What if the supplemental staff is an agency LPN?

1. Nurses function under their own license and are responsible for their own actions.
2. School policy should direct what actions to take as far as notification, disciplinary actions etc.

14. Please address the use of CGM and the advice regarding school nurses monitoring students' CGMs.

1. There is nothing in law or regulation that states students with Diabetes must have their glucose levels continuously monitored.
2. Glucose monitoring should be done according to the student's provider orders.
3. The school's treatment team should agree upon a "Diabetes Medical Management Plan (DMMP).
4. Refer to the Division of School Health's website under Diabetes for more information.

1. <https://www.health.pa.gov/topics/school/Pages/Diabetes.aspx>

2. Page 23 of the Diabetes Guidelines advise that at this time, treatment decisions and diabetes care plan adjustments should not be based solely on CGM results. The sensor's glucose levels should be confirmed with a blood glucose meter whenever the reading suggests insulin needs to be given or hypoglycemia needs to be treated. The CGM is a useful tool for identifying trends and can enhance the ability of the student's personal diabetes health care team to make needed adjustments to the student's diabetes care plan. Refer to the manufacturer's instructions on how to use the student's device.

15. Exactly, how is the school nurse or any nurse in the health room going to be able to track and trend a student's CGM data?

What "device" (complete with apps) is going to be purchased for the school nurse to track a student's blood glucose levels?

What would happen in the middle of the night if the student's glucose was low? Are the nurses then legally responsible for that care knowing we now have a "device" for monitoring?

Yes, the above list parties "can have access to the CGM data and alarms in real time at locations" but, in reality, not "remote from the student." The student comes to the nurse when the alarms sound or the parent calls into the nurse's office concerned about the number.

I would need further clarification of the CGM expectation before I would sign off on a Diabetic Care Plan stating the school nurse/health room nurse was responsible for monitoring a student's CGM knowing we could not provide that request.

1. Please see previous question.
2. We may not provide legal advice.
3. Which product is purchased is the school's decision?

16. I have a student in kindergarten who has an ileostomy. She wears a brief (diaper) and is changed q 2 hours. Is there any reason why a paraprofessional with a witness cannot do this? I cannot find any legal information on this and I do not see any reason why not. She has an orifice which urine drains out. They would not be doing anything with this area, just changing the brief. The nurse would be available if they had any concerns, redness, foul odor etc.

1. Diapering is not usually considered a skilled nursing procedure.
2. The treatment team should consult with the primary care provider and obtain an order if necessary how often the nurse should do the changes versus trained paraprofessional doing the changes.
 1. Include in the plan what should be assessed during the changes.

17. I have a student with epilepsy with a vagus nerve stimulator which uses a magnet during seizure activity. I only became familiar with the magnet this year as this student is the first of mine to have a VNS. My question is regarding after school sports. Are coaches/lay people, permitted to use the magnet on a person who is having a seizure? If so, who would be responsible for training the coaches/staff to use it? Like I said, I have become familiar with it this year but have not had to use it yet. I am not aware of what the legalities are regarding non-health care persons using the magnet. Additionally, I'm not sure I am comfortable in being the one to train someone else in using it at this point. Any info would be very much appreciated.

1. The Division of School Health has received information from Macy Bergad, BSN, RN, Outpatient Nurse Manager, Division of Child Neurology Children's Hospital of Pittsburgh of UPMC that unlicensed staff can be trained to use a VNS magnet.
2. If you need training on the use of VNS contact the Epilepsy Foundation: 800-361-5885.
3. Please consult with your solicitor regarding legal questions.

18. Would you review the PA scope of practice for unlicensed personnel in the school health office, including CSN responsibility for oversight.

1. The CSN Is prohibited from delegating nursing duties to unlicensed staff.

2. Scope of practice describes the services that a qualified health professional is deemed competent to perform and permitted to undertake in keeping with the terms of their professional license.
3. Unlicensed personnel do not have a scope of practice. Duties and supervision thereof should be specified in their job description.
4. See the March 2018 and February 2019 School Health Updates issued for more information and to see the Department of Education's CSPG 101 on the use of Paraprofessionals.
<https://www.health.pa.gov/topics/school/Pages/Updates.aspx>

19. I have a question for The SNAP or any of the nurses. We ran into a dilemma here when both CSN's were either off sick/vacation or out of the district and our health assistants (One is an LPN and One is a BSN) were not sure they were still allowed to "give medications" or work without a CSN present in district. It really wasn't the BSN, it was the LPN who was questioning this. We tried looking it up under the State Board of Nursing and the wording was very vague. The LPN then contacted an attorney to ask the guidelines and was told she was permitted to do so without a CSN present...? So can "health assistants" work in the district without a CSN physically present?

1. Nurses function under their own license and are responsible for their own actions.
2. Please review the "Nursing Services Staffing" section in the School Health Update dated February 2019.

20. What is the certified school nurses role in advocating for 504 plans for students with diabetes? Is it best practice to have these students managed with an IHP and also if students with diabetes have minimal contact with the school nurse during the day is it best practice to not have a 504 plan but rather manage with just an IHP?

1. The nurse develops the IHP based on student health care needs and in collaboration with the with the student's personal diabetes health care team.
2. The 504 provides for the accommodations made for the student such as a need to leave the classroom to see the nurse, do testing or get water etc...
2. Please review "Plans of Care for Students with Special Health Care Needs" on the Department of Health, School Health Website. You can find it under "P" in the "School Health Topics A-Z" and also pages 10-15 of "Diabetes in School Children Recommendations and Resource Guide for School Personnel" found under "Diabetes" in the "School Health Topics A-Z".

21. What information is required to be included in individualized health care plans? Can the seizure, asthma and food allergy action plan standardized templates that we school nurses are familiar with be used as the student's individualized health care plan or do we still need to create one?

1. Individualized Healthcare Plan (IHP) are required by professional standards of practice (ANA, NASN), using the nursing process and should include the nurse's assessment, diagnosis, planning, goals, desired outcomes, implementation and evaluation of interventions based on the student's needs.

2. While we feel it is acceptable to use standardized plans they should be tailored to each student's specific needs.
3. Many entities have links to standardized care plans, information and webinars such as NASN that you can draw from.
4. "Plan of action to be used by the school nurse and other members of the school team, as appropriate, to meet the actual and potential health care needs of a student during the school day. The plan...includes written directions for managing student health needs and adaptations for enhancing the student's independent functioning." (Schwab, 2001)
5. Refer to the "Plans of Care" on the school health website for additional information.

22. If a student (in this case a new kindergarten student) enters school with a private nurse, from an agency, assigned to care for his insulin dependent diabetes.... Does an IHP need to be written if the agency has a Plan of Care written?

1. You may use the agencies IHP if you feel that it contains all pertinent information. You may want to add/delete information as it pertains specifically to your school. Also to be considered, emergency plan, if different protocol from what agency would include, again specific to school, shelter in place etc.
 1. The CSN maintains the caseload at all times the student is under school jurisdiction.
 2. The agency staff functions as a supplemental staff under the guidance of the CSN.
 3. The school district must have all the necessary provider orders and nursing plans of care.
 4. School nurses should also receive copies of Agency nurse notes to show care provided during school day (maintenance of comprehensive school health record.)
 5. School nurse should receive copies of Medication Administration Record(MAR). Medications administered by Agency should be counted in SHARRS.
 6. Please also see previous question.

Medications (slides 62-67)

23. Can a child age 18 administer their own medication on field trips? **(see slides 22-29)**

1. Students regardless of their age are under the school jurisdiction and the school is responsible for the health and safety of the student.
2. The nurse functions under their license and delegation is not permitted.
3. The only two meds student may self-administer are emergency Asthma rescue inhaler and epi auto injectors. Diabetes self-care if the school complies with section 1414.5 of Act 86.
4. The medication guidelines also reiterate this.

- 24.** Are Districts responsible for emergency meds at extracurricular activities. If not, who is?
1. The school is responsible for meds when the activity is under school jurisdiction. If it is a private or PIAA activity it is their responsibility not the school nurse.
- 25.** How should one document medication or treatment errors in the school district.
1. This is up to school policy.
 2. The medication manual section VII H Medication Variances addresses this.
 3. The med manual Appendix Q provides a sample variance report that can be altered to suit the school's needs.

Orders / Notes / Excuses (slides 64-67)

- 26.** Would it be possible to get some clarification from whom we are allowed to accept signed paperwork, ie: Medication orders ?
1. Refer to the Medication manual. The prescriber must be a Pa licensed provider with prescriptive authority.
- 27.** Are we to be accepting psyche medication orders from Therapists? If so, what exact initials must they have behind their names to be acceptable?
1. Please see previous question.
- 28.** I have a question about accepting ER discharge instruction paperwork as a physician's order to administer medication to a child in school.
1. Please see above "Medication Orders".
- 29.** Physical exams
1. The Medical Exam Form specifies signatures by MD, DO, PAC, or CRNP
- 30.** We have been receiving numerous school attendance and PE class excusals lately which have been signed by RN's, medical assistants and/or office secretaries. As I believe/understand this is not acceptable, so I have been calling the offices and demanding/requesting they be signed by an MD, DO, CRNP or PA. Am I correct or all wrong about this?
1. 22 PA Code § 11.41. School district policies and rules.
 - (a) Each school board shall adopt written policies concerning district child accounting, attendance, admission, excusal and program procedures as necessary to implement this chapter. The policies shall be a matter of public record.

(b) Each school board shall adopt, and distribute yearly to parents, written rules governing student admissions, attendance, absences and excusals, that are in conformity with this chapter.

2. Excuses from providers such as Chiropractors for example must be in alignment with their scope of practice.

31. Today I received a note signed by a Registered Diagnostic Medical Sonographer (aka Ultrasound Tech). I am not under the impression that this is acceptable. Is that right or wrong?

1. Please see previous question.

32. We are seeing more notes being signed by Physical Therapists also I was under the impression they are not to be accepted, only from a Doctor. What is correct.

1. Please see previous question.

2. Please review the following links:

<https://codes.findlaw.com/pa/title-63-ps-professions-and-occupations-state-licensed/pa-st-sect-63-1309.html>

<https://www.pacode.com/secure/data/049/chapter40/chap40toc.html>

33. Athletic Trainer instructions for student rehab.

1. Please review: <https://www.health.pa.gov/topics/school/Pages/School-Health-Staff.aspx>

Medical Professionals Assisting the School Health Program

Athletic Trainer

49 PA Code, Chapter 18 Practitioners Other than Medical Doctors, Subchapter H

<https://www.pacode.com/secure/data/049/chapter18/subchapHtoc.html>

Regulations pertaining to scope of practice for athletic trainers.

Athletic trainers, according to their scope of practice, must have a "written referral or prescription from a licensed physician, dentist or podiatrist or is subject to a written protocol for treatment from a licensed physician." Nurses may NOT delegate medication administration to athletic trainers.

34. More and more we are receiving dental exam forms signed by hygienists and/or dentists' signature is a rubber stamp placed by the receptionist. Are we allowed to accept these?

1. Please refer to school policy.

2. As far as we know this is acceptable

3. Here is the link to the state Board of Dentistry:

<https://www.pacode.com/secure/data/049/chapter33/chap33toc.html#33.205>.

35. Dental Exams.

1. Please see previous question.
2. Please review the “Dental Health Program” information on the School Health website

36. Can you address where to find sunscreen form information?

1. This was addressed in the Feb 2019 Update #6. This is the responsibility of the Department of Education.
2. We reached out to them most recently on March 13 and were told they are in the approval process but could not give us a date when to expect them.

Dental

37. Can Smile PA the mobile dentists mandate a full service clinic (where they act as the "private dentist" and charge the parents' insurance or obtain a grant) in order to do the free exam clinic. Their memorandum of understanding says they will not do one without the other and requesting a minimum of students so if we don't have the minimum, they don't come and we are left without completing the mandate. Should we start looking for another provider?

1. The School Dentist may be part of a Group Practice as long as all criteria are met and one dentist assumes dental responsibility for the school entity, the specifics of the arrangement is up to the school district and the dental group.
2. Please remember that new school dentists must be approved by the DOH.
3. See SHARRS instruction manual, Chapter 10:
 1. School Dentist or Mobile Dentist Group as School Dentist: ONLY a Pennsylvania licensed DDS or DMD may serve as the "School Dentist".
 2. A mobile dentist group may serve as the School Dentist when dental services are provided to all students in mandated grades without charging a fee to the student, their insurance/Medicaid or does not receive payment from any source such as a grant or award.
 3. A school dentist may examine a student as the school dentist and then refer the student to themselves for further treatment as the student's family dentist.
 4. Mobile Dentist Group as Family Dentist: A Mobile Dentist Group arranged by or permitted by the school entity to provide dental services to students and charge a fee of the students, their insurance or receive payment from any other source such as a grant and does not agree to provide services to all students.

Legislative

38. Will we be continuing to do scoliosis screenings?

1. At this time yes. Any changes must go through legislation. The Division of School Health does not have the authority to change law or regulation.

39. Would it be feasible to implement an adolescent depression assessment and policy for administration, to be used for students in middle and high schools?

1. There is currently no law or regulation directing this, although it has been proposed but not approved as of yet.

2. That would be something for the school health team to determine.

40. Is there any movement in Pennsylvania toward joining other states in the Enhanced Nursing Licensure Compact (eNLC)? This is the agreement between states that allows nurses to have one license but the ability to practice in other states that are part of the agreement.

1. This is a board of nursing question. At the conference Morgan Plant responded that yes it is being looked at but it will require legislation to pass.

MISC

41. The data on health department website about health office staffing is very helpful. Can we put more recent data on there?

1. Updated stats were posted 3/27/19.

42. I have been reading a few different articles that mention Medicaid Reimbursable Services. Where can we get more information about this and does this apply to our responsibilities in PA schools? I believe our LEA uses Medicaid reimbursement for special ed services/ IEP but are school nursing services eligible for students without IEPs? Like Diabetes management, medication administration, chronic illness management etc?

1. This is the School Based Access Program (SBAP)

2. The prescriber must enroll in the medical assistance program.

3. Please see the April 2018 School Health update presentation for a wealth of information which the SBAP supplied for previous conferences.

4. Information on the reimbursable services and the enrollment process are on the SBAP website. It is also on the school health website under "ACCESS" <http://www.dhs.pa.gov/provider/School-BasedACCESS/index.htm>

5. SBAP allows local education agencies (LEAs) to seek reimbursement for certain medically necessary health-related services documented in IEPs for Medical Assistance (MA)-eligible students which includes nursing services and medication administration.

43. I have question about birthday treats for elementary schools. Do schools still have birthday treats? Are birthday food treats being eliminated? Whose job is it to approve all the birthday treats?

1. Refer to your school wellness policy as required in the law – Public School Code of 1949, Article 14-1422.
2. Take into consideration food allergies.
3. The Department of Education has a nutrition section which may be of assistance.
<https://www.education.pa.gov/Teachers%20-%20Administrators/Food-Nutrition/Pages/default.aspx>

Immunizations

44. Can an 18 year old sign their own exemption for immunizations?

1. This is a division of Immunizations question. Refer to the Feb 2019 update for link to their site if needed.

45. In light of the serious and ongoing outbreaks of vaccine preventable diseases happening in the United States, why does PA continue to allow parents to opt out of these important public health measures? There is no science behind these objections, merely a parent's opinion which does not take into account the impact on their child or on the people around that child should he/she become infected. Most of the religious exemptions are purely parental manipulation and few have true religious grounds. Medical exemptions make sense; philosophical exemptions are nonsense.

1. This is a Division of Immunization question.
2. This was a legislative act that went into effect only a few years ago.

46. Are homeless students allowed to continue to come to school without vaccines? Allegheny County DOH said they have 30 days to produce proof of vaccination, but they must be excluded after 30 days if they do not produce it. However, our homeless student liaison said no, we cannot exclude them even after 30 days. Could you please clarify which is correct?

1. Please contact Division of Immunizations or your districts Immunization Nurse Consultant.

47. Immunizations? Polio vaccine. 7th grader who has three documented, but the 3rd is over 4 years old. Does he/she need another one?

1. Please contact your District Immunization Nurse Consultant or DOI.