

The Health Network for Rural Schools

Employee Handbook

Policies & Procedures

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Project History, Mission, and Philosophy

Project History

The Health Network for Rural Schools (HNRS) began in 1997 as a collaborative effort between community members and school personnel in the five rural communities of Union County and the OHSU School of Nursing in La Grande. Its purpose was to improve the physical and mental health of public school students in these districts by enhancing access to health services and health education. The project began with the employment of one school nurse who traveled from school to school, spending one day per week in each. Over time, services were expanded to include mental health and primary health care. In addition, the project obtained grants for special services, including community outreach to increase the number of children who are covered by health insurance and the development of family resource centers.

The HNRS is the only school health project of its kind in Oregon. All other school health programs are school-based, which means that they consist of a clinic in one school. The HNRS is considered a school-linked or school-cluster model because we are not located in one school but instead employ staff who travel from school district to school district. The Oregon Health Division has been very interested in this project because it represents a model of service delivery that is economical and efficient for rural schools with small budgets and low numbers of students.

At the time of this writing, funding remains our major challenge. The HNRS, like most school health centers nationwide, is funded from a combination of sources, none of which are large or particularly stable. These sources include government (county & state), the schools themselves, private foundations, and Grande Ronde Hospital.

On the positive side, the project has been received with much enthusiasm in each of the school districts. Support and appreciation for our work is very strong. Further, the project has had a significant impact on the lives of Union County youth. A great many students are now receiving needed health care because of the HNRS.

Project Mission, Goals and Objectives

The mission and goals of the HNRS emphasize access. Prior to the HNRS, the rural schools received very few services. Nurses and mental health counselors employed by the ESD provided some services, but these were mainly focused on youth with disabilities. Other health providers offered little or no outreach and so families had to travel to La Grande to obtain health care for their children. Those who were most needy were the least likely to make this trip.

The HNRS strives to meet the needs of these families by bringing services to them ... to their schools, to their communities, and to their homes. Our mission, goals and objectives are:

- Goal I: Promptly identify and treat student health concerns.
 - Conduct annual school-wide health screening (physical, dental, mental health exams)
 - Arrange referrals for students who require further exams or treatment

- Goal II: Ensure that all children will have access to primary physical, dental, and mental health care.
 - Provide on-site primary health exams
 - Provide on-site student and family mental health care
 - Assist families in finding a health provider or in enrolling in health insurance
 - Assist families in accessing social services

- Goal III: Reduce or prevent unhealthy behaviors in students; ensure student well-being.
 - Conduct classroom health education (physical, mental, and dental health topics)
 - Offer community-based classes and programs on topics pertaining to prevention of youth and family health problems

Project Philosophy

The HNRS strives to offer family-centered services that emphasize prevention and address the whole needs of students and families. While administrative responsibility for the project lies with the School of Nursing, we seek to share ownership with the schools and with the communities. The principles of community ownership, school ownership, family-centered care, holistic care, and prevention are described below.

A. Community ownership

The principle of community ownership means that the communities we serve are owners of the project and their full participation in planning, implementation, and evaluation of services should be encouraged. Community ownership has been found to be very important for many reasons. 1) Communities need to be healthy if youth are to be healthy. It is very difficult for a child to do well in an unhealthy environment. Through involvement in the HNRS project, community members can learn to identify their health needs, learn the resources that are available to them, and learn approaches to addressing health care concerns. School newsletters and health events held at the school are avenues for promoting health throughout the community. The communities we serve are very small and the school tends to be the hub of the town. This offers us an exciting opportunity to reach an entire community through the school. The entire community can reap benefits from this project. 2) When community members are fully involved in a project, the project benefits in several ways. It is more likely that the true needs and the underlying problems will be accurately identified. It is also more likely that the programs that are implemented will be consistent with community values. Because projects that are developed with the community are often more acceptable to the community, utilization of and support for the project's services tends to be strong. 3) Lastly, while support from school superintendents is very important, their tenure in a school district tends to be rather brief. Also, the superintendents may not be residents of the community. Therefore, to gain long-term community support and approval for the HNRS, those who live in the communities must become involved.

The primary method used for involving the community in management of HNRS is an advisory committee. An advisory committee has been established in each community for the purpose of obtaining community input on services and operations. Inviting community members advisory committee. An advisory committee has been established in each community for the purpose of obtaining community input on services and operations. Inviting community members

to join the committee and planning committee meetings is a shared responsibility of the school nurse and family resource assistant. Our goal is to establish advisory committees that represent a broad spectrum of community views and values. Members should include teachers, parents, and community and religious leaders. In addition, there should be a mechanism for ensuring student input. The role of the advisory committee is to suggest and review policy, brainstorm program improvements, plan school health events, and provide support for school health center activities.

The HNRS also seeks to inform and involve the community by offering certain public health services to community members. While our main purpose is to provide services to students, HNRS staff are encouraged to organize health fairs, flu shot clinics, cholesterol screening events, and other activities that can benefit the entire community.

B. School ownership

The HNRS was developed in collaboration with the rural schools. The project's governing board consists of the five school superintendents and the HNRS Project Director. All have an equal voice and equal vote. School superintendents have participated in all hiring decisions and play a lead role in setting HNRS policy. They also participate in evaluating each HNRS staff member annually. Because of this, HNRS staff are, in a sense, employed by several agencies – OHSU and each of the rural schools where they work. School superintendents will expect you to seek their approval on any significant projects or activities. In addition, they will insist on having control over what services are provided.

The HNRS was developed to be responsive to each school, just as we try to be responsive to each community. The services we provide do not need to be the same in each school district. You are urged to accommodate the wishes of the schools and to allow them to customize the project to meet their needs.

You will find that the schools will jealously guard their share of your time. They are quite concerned about getting their “fair share” of services and will likely become unhappy if they perceive that you have frequently altered your schedule or have attended “too many” meetings or other events during times that you were assigned to be at their school. Because their satisfaction with our services is critical to the continued existence of the HNRS, it is important that you strive to keep the superintendents satisfied with your work.

C. Family-centered care

Family-centered care involves viewing the child as a part of the family (and providing services to strengthen the family as well as the child); respecting the importance of family in the life of the child and involving family members in decision-making; and providing services in a manner and an environment that is comfortable for the family. Research has shown that prevention programs focused on the family as well as the child tend to offer a greater potential for success. HNRS staff are urged to stay in close contact with the families of students, to find ways to meet families (through school open houses and other similar events, by making home visits), and to offer health promotion interventions that involve families.

D. Prevention focus

The HNRS emphasizes prevention of health care problems. Our major focus is on children in the elementary grades. RN's employed with the HNRS serve elementary students almost exclusively. Mental health professionals and nurse practitioners serve students of all ages

but are encouraged to place emphasis on activities designed to prevent health problems from occurring. It is hoped that the majority of your time will be spent on health promotion, screening, risk assessment, and early intervention. And, as noted above, you are urged to involve family and the community in activities that are designed to keep children and teens healthy.

E. Holistic

The HNRS was developed with a broad definition of health in mind. It is recognized that, to be healthy, the economic and social needs of a child and his/her family must also be met. Therefore, the project has added services that help families to meet these needs. The Covering Kids program employs two part-time community outreach workers who have a goal of increasing the number of children who are covered by health insurance. Their work includes public outreach activities and assistance to families in applying for the Oregon Health Plan or Children's Health Insurance Program. The HNRS also operates five part-time Family Resource Centers affiliated with each school district. A part-time family center assistant is available to help families to obtain needed social services (such as transportation assistance, home weatherization, food stamps, funds to purchase health or recreation equipment for a needy child, etc). In addition, family center staff are responsible for organizing family and youth support activities. Examples of family and youth support activities include the Lunch Buddies program, summer youth activities, English as a second language classes, and pre-school playgroups

The HNRS will be strengthened by close teamwork among health professionals, family center assistants, and outreach workers. Staff are urged to work to find opportunities to share ideas and plans, and to work together whenever possible. Opportunities for teamwork may occur in cases involving individual students and their families, or may occur in planning and implementing major family/school/community events.

Affirmative Action and Equal Opportunity Commitment/Policy on Nondiscrimination

The Health Network for Rural Schools, as part of the OHSU School of Nursing, is firmly committed to a policy of affirmative action and equal opportunity. This encompasses all employment, education, and patient service activities. No patient, employee, student trainee, beneficiary or potential beneficiary of the HNRS or the OHSU School of Nursing shall be unlawfully discriminated against on the basis of race, color, sex, sexual orientation, religion, creed, national origin, age, marital status, disability, veteran status or any other applicable basis in law.

All clients of the HNRS have a right to:

- be treated with consideration and respect
- privacy and dignity
- know the names of those who are providing services for them
- adequate time to ask questions and receive reasonable answers
- expect that all information in their medical records will remain confidential
- tell staff in advance about the care they do or do not wish to receive, and have their wishes respected by all
- consent to recommended service
- refuse services
- feel safe and free from harassment or discrimination
- express their concerns, complaints, or grievances

Personnel Policies

All HNRS staff are employees of the OHSU School of Nursing, therefore, all personnel policies of the school are applicable to the HNRS. If questions arise concerning your personnel policies, please talk with the HNRS Project Director. For questions concerning your pay check or benefits, please talk with the OHSU Office Manager.

Payroll

Employees are paid every two weeks. All HNRS staff are paid through Christmas break, spring break, and during other times that the public schools are not in session. This is consistent with the method by which faculty are paid. Because you are paid for these hours when you are not working, it is expected that you will be willing to put in extra time and will be flexible with the hours you work while school is in session. Your participation in evening school open houses or occasional school board meetings is, for example, very important. HNRS team meetings may be scheduled for times that do not fall within your normal working hours and these, too, are important to attend. While it is recognized that some scheduling conflicts are unavoidable, a willingness to adjust your hours to best meet the needs of the project is expected and will be appreciated.

Problems with paychecks (such as overpayment or underpayment) have occurred in the past and so you are advised to pay attention to the amount that you are paid and to talk to the OHSU Office Manager promptly if you note a potential error.

Performance Appraisal

All HNRS employees participate in a performance appraisal annually. Again, following the procedure used for OHSU School of Nursing faculty, HNRS employees will be asked to complete a self-evaluation and to develop goals. In addition, the school superintendents and a sample of the teachers, parents, and students are provided an opportunity to evaluate each HNRS employee. This feedback from the schools, your self-evaluation, and a review of your performance by the HNRS Project Director will form your annual review. The Project Director will schedule a meeting with you to discuss your evaluation at the end of the school year. Raises are based, to some degree, upon the results of this evaluation. However, all raises for HNRS staff are also contingent upon receiving adequate project funding.

Employee Leave

To the extent possible, personal leave should be scheduled during times that you are not expected to be in the schools. Employees who are on 9 or 10 month appointments do not accrue vacation time. Please talk with the OHSU Office Manager if you are uncertain about this.

The procedure for requesting personal leave during times that school is in session is as follows:

- a) Obtain approval from the HNRS Project Director for the leave. Provide a written request (email is fine) including the dates that you will be away and whether you are requesting paid leave or unpaid leave.
- b) Provide the school superintendents with the dates you will be away and obtain their approval for the leave.
- c) It may be possible to make up an unpaid leave by working additional hours in the schools, however this is contingent upon receiving the approval of the HNRS Project Director and the school superintendents.
- d) Provide the OHSU Office Manager with written notice of the dates that you will be away and the agreement regarding payment or non-payment for the leave.

Travel and Conferences

Per OHSU policy, travel is not paid for the mileage between your home and your workplace. This means that staff who travel from their home to one of the schools will not be reimbursed for mileage. However, if you travel between two schools in a day, or if you must travel into La Grande for a meeting concerning a student and then return to the school, this mileage is reimbursable. Please keep track of your mileage on the form provided by OHSU and submit it when the form is complete, or no less than once every two months.

Conference travel and registration is only paid when funding allows. The HNRS tries to set aside \$300 per year for all professional staff employed with the project who work at least 20 hours/week. This is an amount equal to that which is set aside for faculty. This funding does not accrue. Staff will usually receive salary while attending. Please contact the HNRS Project Director to request permission to attend conferences.

HNRS Meetings

The HNRS meets as a team once per month during the months that school is in session. These meetings are scheduled at a time that is convenient for the majority of the staff. Meetings are two hours in length, with a longer meeting (a retreat) scheduled three times per year. Since this is often the only time that all staff are together each month they are very important and everyone is urged to make the scheduling adjustments necessary to be present.

Other Communications

Communication can be a challenge because there are many of us and we do not see each other often. Also, school personnel have strong feelings about what they want or do not want from the HNRS program and, at times, this may be at odds with the priorities and goals that have been set by you, the HNRS Project Director, or by the School of Nursing. For these reasons, the “rule of thumb” is to communicate more rather than less. It is important to notify the Project Director of any occurrence that is out of the norm or that has the potential to result in a problem. It is also important to find opportunities to talk with the school administrators (and school secretaries!) about your plans and activities.

Working with the Media

Attention from the local media has been favorable to the HNRS in the past. Through the media we have been able to let the public – and local funders – know about the services being provided through this project. Because of the potential significance (both positive and negative) of media releases, the following guidelines have been established:

a) It is the policy of the OHSU School of Nursing that no one except the Associate Dean and program directors are to talk with the media.

b) HNRS employees may, at times, be interviewed by the media or may submit articles or announcements to the media, however this is not to occur without the approval of the HNRS Program Director or the Associate Dean.

c) HNRS staff are encouraged to suggest media releases. Notices that advertise upcoming events, describe new services, or publicly thank persons who helped to make a service possible are all very helpful to the program and all are encourage to suggest or to draft these.

d) The School of Nursing maintains a file of news clippings, school newsletters, and related documents that reflect our activities. HNRS staff are asked to provide a copies of these materials to the Project Director for this file.

Dress Code

HNRS staff are to dress in a casual, professional manner – similar to the dress of the school teachers. All staff should wear a name tag identifying them as an employee of the HNRS. Lab coats are not necessary for nursing staff, except for practitioners working in the North Powder clinic.

Purchases of Equipment and Supplies

Purchases of equipment and supplies are dependent on availability of funds. All purchases need to be approved in advance by the HNRS Project Director. Purchases made without prior authorization, may not be reimbursed.

Once purchases have been approved, they are often ordered by OHSU School of Nursing staff in order to obtain discounted pricing. When discounted pricing is not available, or when the product is small, staff may be permitted to purchase the item with their own funds and request reimbursement. The form to request reimbursement is the same form that is used for travel reimbursement.

Reports and Record Keeping

Because the HNRS is funded by outside sources, we are frequently asked to prepare reports or presentations on our activities. All staff may be asked at times to assist with this responsibility, reporting on the services you are providing

The HNRS staff are also responsible for maintaining statistical reports which document project utilization. A computer database has been established for this purpose and data entry can be accomplished in each school. All staff are encouraged to enter data daily to document their activities.

Working with OHSU Students

Nurses employed with the HNRS will frequently be asked to serve as preceptors for nursing students. An effort is made to place several nursing students in the HNRS each year. Students can be a valuable asset to the project, however it is also important that we consider how their involvement in the HNRS can be of benefit to them. Based upon several years of experience in placing students in the schools, the following suggestions are offered:

1. Nursing students should be scheduled to work with the nurse or nurse practitioner at least one day per week. During additional clinical days they may work in the school without direct supervision, however they need to know where to reach their nursing preceptor at all times and must have clear instructions concerning their role and responsibilities.
2. Students who are enrolled in Community Health Nursing should be encouraged to take the lead on a project. This could include organizing a health event, conducting health education, or writing a grant to fund a needed service (especially if they have freedom in helping to determine what that service would be).
3. All students will also be supervised by a clinical nursing instructor. This individual may not be in the schools on a weekly basis. HNRS preceptors will be contacted by the clinical instructor at the start of the term and periodically throughout the term. If you are concerned about a student's performance, please talk to the student first. If this does not resolve the issue, then please contact the clinical instructor immediately.

Health Network for Rural Schools

Policy on Student Nurse Activities in School Health Clinics

1. Student nurses who are in their Junior and Senior years may be assigned to clinical sites in Health Network for Rural Schools (HNRS) Health Clinics.
2. Students will be assigned to a specific HNRS Registered Nurse to function as their clinical preceptor, however the student nurse may also be assigned to work with the nurse practitioner in the clinical site.
3. Student nurses may provide clinical care and procedures under the supervision of the Registered Nurse or Nurse Practitioner. Students may not provide any clinical care or procedures unless the RN and/or NP are physically present at the site to provide supervision and consultation.
4. In the instances when the student nurse is present at the clinical site (school) and a Registered Nurse or Nurse Practitioner is not present, students are expected to provide teaching, health promotion or other health related activities that do not involve direct clinical patient contact or delivery of clinical health care.
5. If school students or staff request medical care or advice from the student nurse and the RN/NP is not present, the student nurse must refer the student/staff to the school personnel responsible for health care activities during the times HNRS staff is not in the school (usually the school secretary or teacher) to provide care.
6. Upon the direction of school staff, student nurses may call parents to pick up an ill child, check a temperature or blood pressure or similar data gathering activities to report to school personnel to use in their care of the child/school staff.
7. Should student nurses have questions about appropriate activities to provide in the schools when the RN/NP is not present, they should contact their clinical instructor, preceptor or the academic instructor for the course.

Job Descriptions

Program Director

A. Primary Function:

The Program Director is responsible for overseeing the operations of the Health Network for Rural Schools (HNRS) including personnel and budget.

B. Principle Duties and Responsibilities:

1. Coordinate and participate as a member of the HNRS governing board.
2. Establish and maintain a project budget, monitoring all costs and expenditures.
3. Develop and implement a plan for project funding.
4. Supervise all employees of the HNRS, to include leading staff meetings, attending to communications, resolving problems, and conducting performance evaluation.
5. Develop and implement project policies that are consistent with OHSU policies.
6. Serve as primary spokesperson for the HNRS, acting as liaison between funders, the university, project staff, school administrators, and the public.

C. Education and Experience Requirements:

The Program Director is a member of the faculty of the OHSU School of Nursing. An advanced degree in nursing with a focus on community health and/or administration is required.

D. Knowledge, Skill, and Ability Requirements:

1. Knowledge of school health services.
2. Ability to establish a leadership role and to provide supervisory support to staff.
3. Ability to shape program design, policy, implementation, and evaluation.
4. Ability to write reports and grants.
5. Ability to communicate effectively.

E. Supervision Received:

The Program Director, as a faculty member, is responsible to the Associate Dean of the OHSU School of Nursing in La Grande.

F. Supervision Exercised:

The Program Director supervises all individuals who are employed with the HNRS.

Nurse Practitioner

A. Primary Function:

Working collaboratively with each student's primary care provider, the Nurse Practitioner is responsible for addressing the students' health care needs, including evaluation, management, and follow-up, and for conducting health promotion activities. In North Powder, a basic array of primary care services are also provided to the community.

B. Principle Duties and Responsibilities:

1. Diagnose and treat common episodic problems of children and adolescents. Provide follow-up as indicated.
2. Supervise and provide wellness and preventive health maintenance services for clinic clients.
3. Manage common mental and emotional health problems of children and adolescents; work in conjunction with School Mental Health Provider in providing medical management of clients in therapy.
4. Consult or refer to specialists when indicated for complex physical or mental health problems.
5. Maintain a medical chart on all clients.
6. Prescribe medications and administer on-site when indicated.
7. Participate in HNRS team meetings and OHSU School of Nursing nurse practitioner rounds.
8. Plan and conduct health promotion and health education activities.
9. Complete statistical or other reports as requested.
10. Participates in quality assurance activities as per OHSU and HNRS policy.
11. Communicate the HNRS program goals to school staff, parents, and community agencies. (Finds ways to increase awareness of HNRS program and of health issues, including attending school open house events and writing articles for school newsletters.) Encourage parent/community involvement in the HNRS.
12. Assist the OHSU School of Nursing faculty in integrating nursing student clinical experiences with the HNRS program.

C. Education and Experience Requirements:

1. Master's degree in Nursing from an accredited School of Nursing.
2. Certification as a pediatric or family nurse practitioner in Oregon.
3. Current first aid and CPR certification.

D. Knowledge, Skill, and Ability Requirements:

1. Extensive knowledge of current health care needs and issues of school-aged children and adolescents.
2. Ability to work collaboratively with the health care team and with school administrators and staff.
3. Ability to collect adequate client data, conduct a physical exam, interpret physical findings and manage or refer the student as conditions or protocols dictate.
4. Ability to work effectively with individuals or groups in a teaching situation.
5. Ability to implement philosophy and objectives of project.
6. Ability to work with a diverse group of clientele, including children of all ages and their parents or guardians.

E. Supervision Received:

Supervision will be provided by HNRS Program Director. Medical oversight will be provided by the medical director and clinic director of the Union Family Health Center.

F. Supervision Exercised:

None, unless specifically delegated. As a key employee of the HNRS, the nurse practitioner is expected to offer guidance to other HNRS employees as appropriate.

School Nurse

A. Primary Function:

The School Nurse is responsible for delivering specified nursing services to students in assigned school districts. Emphasis is placed on providing services to students in the elementary or middle grades, although services are not denied to high school students. The school nurse functions as a health team member in meeting the objectives of the program in the schools assigned. Contact with parents or guardians is an important aspect of the job.

B. Principle Duties and Responsibilities:

1. Well student screening and assessment to include coordinating school-wide screening events and monitoring immunization status and arranging immunization clinics.
2. Assistance to students with urgent health needs. This includes providing assessment and first aid, contacting parents, making referrals, and assisting the student/family to obtain free or reduced fee health care, if necessary.
3. Assistance to students with psycho-social problems, to include crisis intervention (when mental health professional is not available) and consultation with HNRS or other mental health professionals.
4. Monitor students with chronic health needs to ensure that their health plan is being followed and that student is safe in the school.
5. In collaboration with teachers, conduct or assist with classroom health education.
6. Provide training to school staff on mandatory health topics and on management of student health problems.
7. Develop and stimulate community involvement. Assume leadership role in the HNRS advisory committee meetings, seek ways to obtain community input into HNRS program, and pursue community health promotion activities.
8. Plan and organize the health room of each assigned school.
9. Establish and maintain confidential health record system.
10. Compile and evaluate project statistics and participate in preparation of reports.
11. Communicate the HNRS program goals to school staff, parents, and community agencies. (Finds ways to increase awareness of HNRS program and of health issues, including attending school open house events and writing articles for school newsletters.)
12. Assist the OHSU School of Nursing faculty in integrating nursing student clinical experiences with the HNRS program.

C. Education and Experience Requirements:

1. Bachelor's degree in Nursing from an accredited School of Nursing.
2. Must possess or be eligible for R.N. licensure in Oregon.
3. Current first aid and CPR certification.

D. Knowledge, Skill, and Ability Requirements:

1. Knowledge of common childhood health concerns; knowledge of child development.
2. Ability to implement philosophy and objectives of project.
3. Ability to work cooperatively with assigned school district administration and staff.
4. Ability to work well in a team, respecting the contributions of others, including persons of different educational levels, abilities, or cultures.
5. Skill in working with other professionals and with a diverse group of clientele, including children of all ages and their parents or guardians.
6. Ability to make nursing assessments, make decisions within scope of practice, and to refer or treat the patient as the condition dictates.
7. Ability to function independently and to recognize when consultation is appropriate.
8. Knowledge in providing health education on an individual or group basis.

E. Supervision Received:

Supervision will be provided by HNRS Program Director.

F. Supervision Exercised:

None, unless specifically delegated.

School Mental Health Counselor

A. Primary Function:

The Mental Health Counselor provides support to students who are experiencing personal, emotional, or psychological problems that adversely affect their behavior, conduct, and/or academic performance in school. Research supports effective intervention with at-risk students through individual attention, individual and small group counseling, mentoring, tutoring, cooperative learning, and individual accountability.

B. Principle Duties and Responsibilities:

1. Assess the social and emotional needs of children and adolescents.
2. Provide individual and family counseling.
3. Provide consultation to school staff to assist them to understand and appropriately support students, and to manage challenging behaviors.
4. Develop and implement programs (education and activities) focused on prevention of mental health problems, such as substance abuse and violence prevention.
5. Serve as an advocate for clients' rights within the HNRS, the school districts, and community organizations.
6. Serve as a participant in the crisis intervention plan at the request of assigned schools.
7. Facilitate referrals to community agencies for intensive individual and family therapy, hospitalization, residential or day treatment, or for medical, social, or legal assistance; provide liaison and advocacy activities to maintain communication, coordination, and continuity between community provider, school, family, and child. In partnership with other HNRS staff, assist families to obtain needed resources such as eye glasses for their child or shoes to enable the child to participate in sports.
8. Provide parent training, staff development, and classroom and community presentations focused on prevention of mental health problems.
9. Follow professional guidelines regarding ethics of client care and confidentiality as specified by licensing board.
10. Compile statistical reports concerning school mental health services.
11. Communicate HNRS program goals to school staff, parents, and community agencies. Encourage parent/community involvement in the HNRS.

C. Education and Experience Requirements:

1. Masters or doctoral degree in the mental health field.
2. Licensed in Oregon as a clinical social worker or psychologist, or equivalent.

D. Knowledge, Skill, and Ability Requirements:

1. Knowledge of child development, behavior, psychodynamics, psychopathology, psychotherapy, and consultation.
2. Knowledge of mental health treatment and principles and practices of mental health consultation.
3. Knowledge of community resources for children and adolescents.
4. Ability to maintain professional relationships and work cooperatively with school district administrators and staff, community agencies, and with other HNRS staff.
5. Skill in working with a diverse group of clientele, including children of all ages and their parents or guardians.
6. Ability to exercise independent judgment in consultative and in crisis situations; ability to function independently and to recognize when consultation is appropriate.
7. Ability to assess, diagnose, and develop treatment plans for children and families.
8. Ability to teach classes and lead groups within a school or community setting.
9. Ability to implement philosophy and objectives of the program.

E. Supervision Received:

Supervision will be provided by HNRS Program Director.

F. Supervision Exercised:

None, unless specifically delegated.

Family Resource Coordinator

A. Primary Function:

The family resource coordinator is responsible for providing information and referral assistance to families in need of a variety of social and human services. In addition, the position may include facilitating a program of family and/or youth support activities in the community to which he/she is assigned.

B. Principle Duties and Responsibilities:

1. Establish and maintain a family resource service in each of the assigned communities, offering information and referral assistance to individuals and families who are in need of health or social services.
2. Work collaboratively with HNRS staff, school staff, and practitioners at the Elgin and Union Family Health Centers, accepting referrals for individuals/families who are in need of information and referral assistance.
3. Facilitate communication linkages with schools, health and social service providers, and families, serving as a “broker” to creatively match family needs with available resources.
4. Maintain a record of each client encounter, its purpose, and the services provided.
5. Identify opportunities for service integration, developing partnerships with Union County health and social service agencies. Facilitate agency outreach to the rural communities.
6. Work with the school districts to identify students who lack health insurance. Contact uninsured families to offer information and enrollment assistance for Medicaid (OHP and SCHIP) or for FHIAP.
7. Work in collaboration with the HNRS staff and local advisory committees to identify community health needs and provide support in developing educational programs or activities to address these needs. (Health fair, family info night on OHP, etc)
8. Assume primary responsibility for updating, maintaining, and distributing a resource manual of local health, social, and human services.
9. Promote the availability of the family resource service, making posters or flyers to distribute throughout the community and speaking with various groups.
10. Family resource coordinators who are assigned to facilitate a program of family and/or youth support activities will work in coordination with school administrators and staff to establish programs that meet local need and fit within the mission and resources of the school.
11. Maintain close communication with school administrators and secretaries, HNRS Program Director, and other key HNRS and/or OHSU staff regarding activities and work schedule.
12. Complete service reports as requested.

C. Education and Experience Requirements:

1. Minimum of a high school degree.
2. Experience in community planning and resource development strategies, program coordination methods and techniques is desirable.

D. Knowledge, Skill, and Ability Requirements:

1. Will have a demonstrated desire to assist others; will be sensitive to issues concerning children, youth, and families (including, but not limited to, child care, early childhood development, child abuse, youth services, and health).
2. Ability to organize and coordinate a diverse program, working in close cooperation with local school district for use of space and resources.
3. Ability to develop creative strategies to integrate services and leverage community resources.
4. Ability to maintain harmonious relations with school district staff; students and families; community members; HNRS staff and board members; and the representatives of local health and social services agencies.
5. Ability to communicate effectively with a wide variety of community constituents. Ability to present ideas clearly.
6. Ability to learn and assimilate specialized subject matter related to children and family programs and issues.
7. Ability to create reports and informational materials using a computer (data base management, word processing).

E. Supervision Received:

Supervision will be provided by HNRS Program Director.

F. Supervision Exercised:

Will oversee work of center volunteers.

Oregon Health & Science University Nursing Students

A. Primary Function:

Students perform work related to the HNRS program. Under the supervision of faculty and school nurse preceptor, students will participate in community and individual health assessment, health screening, referrals and case management, provision of nursing care, and health teaching.

B. Principle Duties and Responsibilities:

1. Adheres to school rules and policies, course requirements, and to the objectives and purposes of the HNRS.
2. Participates in nursing assessment, case management, provision of nursing care, and health teaching under the direction of faculty and preceptor.
3. Compiles project statistics and prepares reports under direction of faculty and preceptor.
4. Documents nursing care as per program requirements.
5. Demonstrates sensitive consideration of differing values, lifestyles, and culture in practice activities.
6. Explicitly communicates the terms, goals, and limits of the nurse/client relationship.
7. Develops communication within a collaborative relationship with instructor, preceptor, school staff, and students; is considerate of others' needs and time; is friendly and congenial.
8. Participates actively and appropriately in professional, interdisciplinary work groups within school and community settings.

C. Education and Experience Requirements:

1. Undergraduate or graduate level nursing student of the Oregon Health Sciences School of Nursing.
2. Current CPR certification.

D. Knowledge, Skill, and Ability Requirements:

1. Ability to act within ANA Code of Ethics for Nursing Practice and the OHSU School of Nursing Honor Code.
2. Ability to provide physically and emotionally safe nursing care, recognizing when consultation with faculty and/or preceptor is necessary.
3. Ability to work cooperatively and maintain accountability with instructor, preceptor, school staff and students.
4. Ability to maintain client/staff confidentiality.
5. Appropriately reports clients' behavior/condition.
6. Ability to understand clinical assignments and behaviors necessary to fulfill the course objectives.

E. Supervision Received:

1. Overall supervision will be provided by faculty of the Oregon Health Sciences School of Nursing.
2. Daily input and direction will be provided by the school nurse preceptor.

F. Supervision Exercised:

None.

The Health Network for Rural Schools

Policies Pertaining to Consent for Services

Background

In recognition of the fact that a child's ability to succeed in school depends largely upon whether he/she is healthy, the Cove, Elgin, Imbler, North Powder, and Union School Districts have contracted with the OHSU School of Nursing to provide school health services. These services are provided to public school students at no cost through the Health Network for Rural Schools (HNRS). A school nurse, nurse practitioner, and student assistance counselor visit each school weekly to provide "individualized student health services" and "group health services". Parental involvement in their child's health care is supported and encouraged.

Policies Pertaining to Consent

"Individualized student health services" include, but are not limited to, assessment and/or treatment of illnesses or injuries, dental examinations, sports physicals, and student assistance counseling. *Except in the case of an emergency or where state law allows otherwise, parental/guardian consent will be obtained prior to providing individualized health services.* Oregon State Law requires parent or guardian consent for medical treatment for students under the age of fifteen years. Mental health services, including alcohol or drug services, require parental/guardian permission if the child has not yet reached his/her fourteenth birthday. Parents/guardians will be given the option of providing advance written consent for the assessment and treatment of minor illness or injuries, or for the provision of selected over-the-counter medication.

"Group health services" include, but are not limited to, health education in the classroom, vision and hearing screening, height/weight evaluation, posture/scoliosis screening, and lice checks. *Parental permission is not required for children to participate in these services.* Parents are invited to contact the school office if they have concerns about these activities or if they do not wish their child to participate.

Procedures Pertaining to Consent for Services

1. At the start of each school year, parents/guardians will receive a letter describing the HNRS policies pertaining to consent for student health services.
2. In addition, parents/guardians will receive a consent form allowing them the option of providing advance written consent for assessment and treatment of minor illnesses or injuries by the school nurse or nurse practitioner and for provision of selected over-the-counter medications by the nurses or trained school staff.
3. When parents/guardians have not provided advance written consent for assessment and treatment, or in the case of any procedure that is not covered by the advance consent form, parents/guardians must be contacted for their verbal consent prior to providing health services to the students. It is expected that HNRS staff will provide emergency care to any student whether or not parental/guardian consent has been obtained.
4. Parents/guardians will be notified of any services their child receives from the HNRS staff, even when advance consent has been given.



HEALTH NETWORK FOR RURAL SCHOOLS

Dear Parents:

The Cove, Elgin, Imbler, North Powder, and Union School Districts are pleased to announce that they have contracted with the OHSU School of Nursing to provide school health services. These services are provided to public school students at no cost through the Health Network for Rural Schools (HNRS). A school nurse, nurse practitioner, and student assistance counselor visit each school weekly to provide “individualized student health services” and “group health services”.

Parents are encouraged to be fully involved in the health care that is provided to their child by the HNRS staff. The policies pertaining to parental or guardian consent for school health services are as follows:

“Individualized student health services” include, but are not limited to, assessment and/or treatment of illnesses or injuries, assistance in managing chronic health conditions such as asthma, brief dental examinations, sports physicals, and student assistance counseling for children who are depressed or anxious. *Except in the case of an emergency or where state law allows otherwise, parental/guardian consent will be obtained prior to providing individualized health services.* Oregon State Law requires parent or guardian consent for medical treatment for students under the age of fifteen years. Mental health services, including alcohol or drug services, require parental/guardian permission if the child has not yet reached his/her fourteenth birthday. You have the option of providing advance consent for the assessment and treatment of minor illnesses or injuries by the school nurse or nurse practitioner and provision of selected over-the-counter medications by the nurse or trained school staff. *If you would like to consent in advance for these procedures, please check the appropriate spaces on the attached Parental Consent Form.*

“Group health services” include, but are not limited to, health education in the classroom (such as nutrition education or drug abuse prevention activities), vision and hearing screening, height/weight evaluation, posture/scoliosis screening, and lice checks. *Parental permission is not required for children to participate in these services.* If you have concerns about these services or if you do not wish your child to participate in these services, please notify the school office.

A note about student health records:

The OHSU School of Nursing compiles statistical information on the services that are being provided by the HNRS staff. In addition, a student health record is maintained in a locked file on school property for all students who receive individualized student health services from the HNRS health professionals.

All health information that is collected and maintained by the HNRS staff is treated in a confidential manner, in accordance with state and federal law. A copy of our policy on release of student health information is attached. We would be happy to answer any questions you may have concerning your child’s student health record.

The staff of the Health Network for Rural Schools look forward to serving you. Please feel free to call or visit us when we are at your school!

Health Network for Rural Schools
OHSU School of Nursing
One University Blvd
La Grande, OR 97850
Phone: 541-962-3448

The Health Network for Rural Schools

Clinical Policies

Billable Health Care Procedures in School Health Clinics

STUDENTS:

1. Most procedures used in caring for school-aged children in the HNRS School Health Program are not billed.
2. A limited number of procedures are considered billable. These include but are not limited to childhood immunizations, pre-participation sports physicals, annual influenza immunizations, and cholesterol/cardiac risk panel blood tests.
3. Charges for these items will mirror the charges set forth by the Union and Elgin Family Health Centers or other charges set forth by other agencies providing the service (i.e.: flu shot charges are determined by Legacy VNA, charges for cholesterol/cardiac risk panel are determined by the clinical laboratory sponsoring the testing).
4. Each School Health Center will have a copy of the OHSU Family Health Centers charges. These charges are updated periodically. Updated/current copies will be made available to each School Health Center Site.
5. The clinic nurse practitioner or RN is responsible for the money at the clinic site. He/she may delegate certain aspects of the handling of the money to other responsible persons as appropriate.
6. Each School Health Center has a three-part NCR money receipt book and clinic stamp.
7. Each receipt should be stamped with the appropriate clinic stamp.
8. A receipt must be made out for any monies received. The original is given to the patient, parent or other making a payment to the clinic for any billable service, the second copy should accompany the money/checks and the last copy of the receipt is kept permanently in the clinic's receipt book.
9. Receipts should be detailed and signed by the person taking the money/check.
10. Receipts should reconcile with the monies taken in.
11. All payments collected will be placed in to the locking cash box designated for that purpose. The cash box should be stored in a secure place, awaiting transport to the School of Nursing.
12. All money/checks received must be transported in a locked box/bag.
13. On a regular basis (optimally that day, but not later than Friday of that week) monies collected will be delivered to the HNRS program director or other appropriate agency for processing.
14. Procedures provided solely by HNRS (i.e.: sports physicals) should have check made out to HNRS. Other services like immunizations, cholesterol screenings and flu shots may be provided by HNRS in conjunctions with other agencies. In these instances, checks may need to be made out to other agencies, this will be determined on a case by case basis at the time the service is set up.

The Health Network for Rural Schools

Clinical Policies

Billable Health Care Procedures in School Health Clinics

COMMUNITY AND SCHOOL STAFF:

1. School Health Clinic Nurse Practitioner appointments used by school staff and community members are billable clinic visits.
2. Community and school staff members will be informed that nurse practitioner appointments will be billed. Charges may be handled through insurance or private payment.
3. Charges will be consistent with Elgin and Union Family Health Centers. A current copy of the charges form will be kept at each school health clinic. This form is updated periodically and the Clinics Office Manager will ensure a current copy is delivered to each site when updates are done.
4. Payment is expected at the time of service.
5. For patients expressing financial difficulty in paying their bill, sliding scale billing may be offered if they meet the criteria. Utilize the Financial Allowance Form in determining if the patient meets the criteria, and what their financial obligation will be.
6. Patients will be given a Patient Registration Form to complete when presenting for care at the clinic. Remind the patient that there are two places to sign at the bottom of the form: Assignment of benefits and Authorization to Treat.
7. Make a copy of the patient's insurance card, both front and back.
8. The originals of the Patient Registration form and insurance cards are two-hole punched and placed in the left-hand side of the medical record under all other chart forms.
9. Make a copy of the Patient Registration Form and insurance card to send to the billing service for the visit.
10. If a patient has a copy of the Patient Registration Form and insurance card in his/her chart, confirm that the information contained on these is still current, if it is, these may be used to copy to send to the billing service.
11. The Patient Registration form and insurance card must be updated annually and placed in the chart.
12. A Patient Encounter Form is completed for each health clinic visit. The demographic information at the top may be completed by the person performing clerk-type duties or the nurse practitioner, the form is then coded by the nurse practitioner.
13. The Patient Registration Form, copy of insurance card and encounter form are secured together, placed in a file or envelope and kept in a secure area awaiting transport to the billing service.
14. Completed billing forms are transported at least weekly to the School of Nursing Health Clinic Office Manager for processing. They may be delivered to the office manager's mailbox or office at the Elgin Family Health Center, Union Family Health Center or School of Nursing.
15. Handling of money and receipts is handled as for students as outlined earlier in the STUDENT section (items 5 through 14).

UNION FAMILY HEALTH CENTER

OHSU School of Nursing at Eastern
142 E. Dearborn
Union, OR 97883
(541) 562-6062

Billing Address
P.O. Box 1066
La Grande, OR 97850
(541) 963-1857

ELGIN FAMILY HEALTH CENTER

OHSU School of Nursing at Eastern
1400 Division St.
Elgin, OR 97827
(541) 437-6321

PATIENT NAME	CHART	REL	SEX	BIRTHDATE	APPOINTMENT DATE	TIME	CHARGE SLIP NO.
ADDRESS 10% OFF FOR PATIENTS WHO PAY AT TIME OF SERVICE							
CITY, STATE, ZIP							PREVIOUS BALANCE
99201-\$51.30 99202-\$62.10 99203-\$73.80							GROUP NO.
99212-\$42.30 99213-\$52.20 99214-\$71.10							GROUP NO.

REVISED 5/01

PHYSICIAN *Excision - 11200 \$ 57 48*
LOCATION

SERVICE	CPT	SERVICE	CPT	SERVICE	CPT
VISITS—ESTABLISHED PT.		VISITS — NEW PT.			
Brief	34 47	Limited	57 69	Irrigation Ears	380.4 34
Limited	47	Intermediate	69	Removal of Nail	150
Intermediate	58 79	Extended	82 113	Wart Destruction	416
Extended	79	Mod. Complex	113	Lesion Destruction	37.62
Comprehensive	113 113	High Complex	150 150	2nd - 14	19
ESTABLISHED HME/WCC		NEW HME/WCC		Simple of 1	
Less than 1 yr.	51	Less than 1 yr.	60	Incision F/B	65
1-4	53 57	1-4	64 68	Soft Tissue	70
5-11	57	5-11	68	Removal F/B Eye	70
12-17	61 80	12-17	72 94	Surgical Tray	30
18-39	80	18-39	94	Lac. Repair up to	
40-64	92 97	40-64	102 113	2.5cm	107
65 +	97	65 +	113	Lac. 1 Layer	
VISITS SPECIAL EXAM		IMMUNIZATIONS NON-STATE		Lac. >2.5cm	
School/Sports PE	20 19	DT (child)	14	Face, Ears	115
Special Report	19	DT (adult)	14	Lac. 2.6-5cm	
LABORATORY		STATE		Face, Etc.	
Occult Blood	14	Tetanus	12	Eye Tray	130
Urinalysis	23	DTaP	20.60	Flex Sig	30
Pregnancy Test	23 21	DPT/HIB	35.00	Nebulizer Tx	23
Venipuncture	21	HIB	30.68	Spirometry	
Blood Glucose	19 13	MMR	30.81	PF x1	40
Hematocrit	13	Influenza	12	PF x2	47
Sed Rate	17 23	Pneumococcal	30	PF Pre & Post	61
Wet Mount / Gram Stain	23	Polio (IPV)	26.51	Peak Flow Meter	33
UA Dip	21 8	PPD (TB test)	15	Pulseoximetry	
Spec. Handling	8	Hepatitis A (Child)	15.19	Single	16
Quick Strep	20 25	Hepatitis A (Adult)	56.90	Multiple	27
MISC/MODIFIERS		Hepatitis B (Adolescent)		INJECTIONS	
Supplies/Materials	25	Hepatitis B (Adult)	67.33	Depo Provera	53.10
ER Office Call	24 18	Varicella Chicken Pox	57.00	Toradol	22
Holiday/Weekend Call	25	DTaP, Hepatitis B, IPV		Estradiol	18
On Call After Hours	18 25	Immunization Admin (I vac)	8.00	Rocephin	67
		Immunization Admin (Adult)		Antibiotic-IM	
		OFFICE PROCEDURES HIB/HEPB-STY/90748		Injection-IM	
		Audiometry		Methotrexate	
		25		11	
		Typanometry		KENALOG	
		30		25	
		EKG			
		36			
		Diaphragm Fitting			
		41			

Excision Skin Lesion/Tag
11422-\$148.91

CHARGE \$ _____ AMOUNT PAID: \$ _____

ICD9 _____ DIAGNOSIS _____
1) _____
2) _____
3) _____

RECALL: _____

I acknowledge that I am financially responsible for all charges whether or not they are covered by insurance. I authorize the Union/ Elgin Family Health Center to administer treatment.

Patient Signature: _____

The Health Network for Rural Schools

Policies and Procedures Pertaining to Student Health Records

Confidentiality of Health Information

The Health Network for Rural Schools (HNRS) supports the rights of students to respect and privacy and believes all health information must be treated in a confidential manner, in accordance with state and federal law and ethical standards of practice. Health and mental health information is to be maintained confidentially and may be shared only when it is:

- educationally relevant for a student’s academic progress,
- necessary to address a student’s potential emergency and health care needs, or
- essential to ensure the protection of other students and school personnel.

Medical diagnoses and other detailed health information is not to be shared without informed consent, except in health emergencies.

Education Record vs. Student Health Record

“Education records” are those used for educational purposes and planning. The Oregon School Health Screening Record folder is part of the education record and shall contain:

- results of health screening (height/weight, vision, hearing, scoliosis, dental),
- the immunization record, and
- the TB Clearance Certificate (if required by law according to the student’s birth country).

In addition, the following material will be maintained in the education record:

- the health management plan prepared by the nurse for students with special health needs;
- any communications related to health and safety and directed to the school from the parent or health care provider, including the HNRS health professionals, regarding the student’s attendance, participation, or activities; and
- the medication administration records if related to the Individual Education Plan (IEP).

The guidelines for education records are those established by FERPA, the Family Education Rights and Privacy Act of 1974. The education records are the property of the school district.

“Student health records” are those generated by the HNRS health care providers. These include all records that are created and maintained separately and solely by the HNRS staff and may include, but are not limited to:

- documentation pertaining to examinations, treatment, or counseling provided by the HNRS staff;
- documentation of communications with parents or guardians; and
- any health records that are obtained from a third party, such as from a doctor or a clinical laboratory.

The guidelines for student health records are those established by HIPAA, the Health Insurance Portability and Accountability Act of 1996. The student health records are the property of the Oregon Health and Science University School of Nursing.

Note: Information that is shared with the school staff, either verbally or in writing, may become part of the education record and is subject to education record guidelines. Information that is not shared remains confidential and is protected according to the health records guidelines.

Policy on Release of Information

Information in the student health record is confidential and may be only be shared with school personnel who have a “legitimate educational interest” or with others (such as the student’s personal health care provider or an attorney) when the parent and/or child (if he/she is over the age of 18 or legally emancipated) has provided written consent. Individuals who have a “legitimate educational interest” are those who have a need to understand the student’s health condition for educational planning or to provide health care or emergency care.

Medical records that are obtained by parental consent from other health care providers or agencies may not be released to a third party.

Parents and students will be informed of the policy on information sharing annually. A signed acknowledgment must be in the student health record before health services are provided to the student.

The student and/or his or her parent or legal guardian (if the student is a minor) have the right to review the student health record. It is the policy of the HNRS that the appropriate professional staff will be present when the record is reviewed and will assist the student or parent to understand the material included in the record.

Procedures Pertaining to Student Health Records

1. A student health record will be maintained for each student who receives individualized health services by the HNRS health care professionals. (Students who participate only in health education or group screening events that do not require parental consent may not have a student health record.)
2. At the start of each school year, parents/guardians will be asked to provide or to update the information on their child’s Student Health Registration Form.
3. Students and their parents/guardians will receive the following notices annually:
 - a copy of the HIPAA Notice of Privacy Practices statement and
 - a letter describing the HNRS policies on consent for health services and on release of information.

Parents/guardians will be asked to acknowledge their receipt of this information in writing and these acknowledgments will be filed with the student health records when received. Note: No health services, other than emergency services, should be provided to students unless the signed consent has been obtained.

4. In addition, at the start of the school year, parents/guardians will receive a consent form allowing them the option of providing advance written consent for assessment and treatment of minor illnesses or injuries by the school nurse or nurse practitioner and for provision of selected over-the-counter medications by the nurses or trained school staff.

5. It is expected that student health information will be shared when it will benefit the individual student in terms of health maintenance and academic progress, or when it is necessary to accommodate the safety and well being of the aggregate population of students and staff. However, any disclosure of student health information should be limited to the minimum necessary to achieve the purpose of the communication. In addition, medical diagnoses and other detailed information are not to be shared without proper authorization.

6. HNRS staff are encouraged to use functional health problems (i.e., such as danger of fatigue, susceptibility to infection, or attention problem due to medications) in combination with Individualized Section 504 plans, individualized education programs, and/or individualized health care plans, for communicating student health and safety needs to school staff. Functional health problems should be used in lieu of medical diagnoses, whenever appropriate, and individualized plans should be distributed to appropriate staff instead of circulating a list of students with their medical conditions.

7. School secretaries will be provided a copy of the back side of the Student Health Registration Form (the side with parental consent for medication dispensation, etc.) Any student health information reported on the front side of this form that is important for school staff to be aware of (such as student allergies) should be shared with school personnel in a manner that is consistent with the policy on release of information.

8. It is the responsibility of the health professionals employed by the HNRS to use professional judgment and knowledge to determine which health information should be shared and which school personnel need to know specific health information. Breach of confidentiality without written informed consent is inappropriate and unethical and may be subject to civil penalties.

9. When a HNRS health professional receives a request to release confidential health information, he/she must:

- ensure that the request meets the guidelines outlined in the above policy, and
- obtain written authorization from the appropriate parties prior to releasing the information, and
- provide a copy of the authorization to the authorizing individual.

In addition, a notation should be made in the student health record of what documents were released, to whom, and on what date. Any questions or concerns about a request to release health information should be brought to the attention of the HNRS Program Director.

References

Bergren, M. (2001). HIPAA Hoopla: Privacy and security of identifiable health information. The Journal of School Nursing, 17 (6), p.336-341.

Health Services for the School Community (1996). Oregon Department of Education.

National Association of State School Nurse Consultants. (2002). Issue Brief: School Health Nurse's Role in Education; Privacy Standards for Student Health Records.

National Association of State School Nurse Consultants. (2000). Position Statement: Confidentiality of Health Information.

The Health Network for Rural Schools

Policies and Procedures Pertaining to Health Communications for Non-Students

Compliance with HIPAA Standards

It is the policy of the Health Network for Rural Schools (HNRS) to ensure compliance with HIPAA standards for all health communications pertaining to non-students who receive services from HNRS health professionals.

Procedures Pertaining to Health Records for Non-Students

1. A health record will be created and maintained for any adult or any child who is not a student in the public school district and who receives services from a HNRS health professional.
2. The HNRS staff will adhere to HIPAA standards concerning the security of health records, notification of privacy practices, release of health information, and any health care communications related to non-students.
3. Non-student clients will be asked to acknowledge their receipt of the Notice of Privacy Practices statement. The signed acknowledgement will be filed in their HNRS health record.

Health Network for Rural Schools

Policy on Release of Information

If your child receives individualized health services from the Health Network for Rural Schools (HNRS) school nurse, nurse practitioner, or student assistance counselor, any records pertaining to these services will be maintained in a separate, confidential student health record. The student health record is separate from your child's education record. The following policies on release of information apply only to the student health record:

1. Information in the student health record is confidential and may only be shared with school personnel who have a legitimate educational interest or with others (such as the student's personal health care provider or an attorney) when the parent and/or child (if he/she is over the age of 18 or legally emancipated) has provided written consent. Individuals who have a legitimate educational interest are those who have a need to understand the student's health condition for educational planning or to provide health care or emergency care.
2. Medical records that are obtained by parental consent from other health care providers or agencies may not be released to a third party.
3. Parents and students will be informed of the policy on information shared annually. **A signed acknowledgement must be received before health services are provided to the student.**
4. The student and/or his or her parent or legal guardian (if the student is a minor) have the right to review the student health record. It is the policy of the HNRS that the appropriate professional staff will be present when the record is reviewed and will assist the student or parent to understand the material included in the record.

Please note that the school district also maintains certain student health information in your child's education record. These records are handled differently and the policies listed above may or may not pertain to the education record. If you have questions concerning the education record, please speak with the school office. The information that is included in the education record includes: a) results of health screening (height/weight, vision, hearing, scoliosis, dental), b) the immunization record, c) the TB clearance certificate (if required by law according to the student's birth county), d) the health management plan prepared by a nurse for students with special health needs, e) any communications related to health and safety and directed to the school from parent or health care provider, and f) the medication administration records if related to an Individual Education Plan (IEP).

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Oregon Health & Science University and OHSU Medical Group are committed to preserving the privacy of your health information. In fact, we are required by law to do so for any information created or kept by us. We are also required to provide you with this Notice describing our legal duties and our practices concerning your health information.

Oregon Health & Science University includes the schools of Dentistry, Medicine, Nursing, and Science & Engineering; OHSU Hospital, and Doernbecher Children's Hospital; numerous primary care and specialty clinics; multiple research institutes and centers; and several community service and outreach programs. For the rest of this Notice, "OHSU" will refer to all services, service areas, and workers of Oregon Health & Science University and OHSU Medical Group.

A. PURPOSE OF THIS NOTICE.

This Notice tells you how OHSU uses and discloses the health information that you have given us or that we have learned from you when you were a patient in our system. It also tells you about our responsibility to you and how we can and cannot use your health information.

Note: When we use the words "your health information," we mean any information that you have given us about you and your health, as well as information that we have gathered while we have taken care of you (including health information provided to OHSU by those outside OHSU). OHSU will follow this Notice of Privacy Practices and any future changes to the Notice that we are required or authorized by law to make. We have the right to change this Notice and to make the revised or changed Notice effective for health information we already have about you, as well as any information we receive in the future. We will have a copy of the

current Notice with an effective date in clinical locations and on our website at www.ohsu.edu/cc/hipaa.

The health information practices listed in this Notice will be followed at all OHSU hospitals, OHSU clinics and other OHSU locations. This includes the practices of:

- All OHSU employees, volunteers, students, residents and service providers, including clinicians, who have access to health information.
- Any health care professional authorized to enter information into your OHSU health record.
- Any non-OHSU clinicians who might otherwise have access to your health information created or kept by OHSU, as a result of, for example, their call coverage for OHSU clinicians.

The people listed above will share your health information with each other for purposes of treatment, payment, and healthcare operations, as further described in this Notice.



B. USES AND DISCLOSURES OF HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS AT OHSU.

1. Treatment, Payment and Health Care Operations.

The following section describes different ways that we use and disclose health information for treatment, payment and health care operations. For each of those categories, we explain what we mean and give one or more examples. Not every use or disclosure will be noted and there may be incidental disclosures that are a byproduct of the listed uses and disclosures. The ways we use and disclose health information will fall within one of the categories.

a. For Treatment. We may use your health information to provide you with medical or dental treatment or services. We may disclose your health information to staff physicians, staff dentists, post-graduate fellows, midwives or nurse practitioners, and other personnel involved in your health care. We may also disclose your health information to students and resident physicians who, as a part of their OHSU educational programs (and while supervised by physicians or dentists), are involved in your care. Treatment includes (a) activities performed by nurses, office staff, hospital staff, technicians and other types of health care professionals providing care to you or coordinating or managing your care with third parties, (b) consultations with and between OHSU providers and other health care providers, and (c) activities of non-OHSU providers or other providers covering an OHSU practice by telephone or serving as the on-call provider.

For example, a physician or dentist treating you for an infection may need to know if you have other health problems that could complicate your treatment. That provider may use your medical history to decide what treatment is best for you. They may also tell another provider about your condition so that he or she can decide the best treatment for you.

b. For Payment. We may use and disclose your health information so that we may bill and collect payment from you, an insurance company, or someone else for health care services you receive from OHSU. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will pay for the treatment.

For example, we may need to give your health plan information about surgery you received at OHSU so your health plan will pay us or reimburse you for the surgery.

c. For Health Care Operations. We may use and disclose your health information in order to run the necessary administrative, educational, quality assurance and business functions at OHSU. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about patients to help us decide what additional services we should offer, how we can improve efficiency, or whether certain treatments are effective. Or we may give health information to doctors, nurses, technicians, or health profession students for review, analysis and other teaching and learning purposes.

2. Special Circumstances. Treatment, payment and health care operations at OHSU include uses and disclosures in the circumstances listed below.

a. Appointment Reminders. We may use and disclose your health information to contact you as a reminder that you have an appointment for treatment or services.

b. Treatment Alternatives and Health Related Products and Services. We may use and disclose your health information in order to allow someone to contact you about possible treatment options or alternatives, or health related products or services that may be of interest to you. For example, an OHSU provider may contact you with information about a health service that may benefit you after your discharge from the hospital.

c. Fundraising Activities. We may use and disclose a limited amount of your health information internally, or to the OHSU Foundation and Doernbecher Children's Hospital Foundation to allow them to contact you to raise money for OHSU. The health information released for these fundraising purposes will include your name, address, phone number and dates on which you received service at OHSU.

3. Uses and Disclosures You Can Limit

a. Hospital Directory. Unless you notify us that you object, we may include certain information about you in the hospital directory in order to respond to inquiries from friends, family, clergy and others who inquire about you when you are a patient in the hospital. Specifically, your name, location in the hospital and your general condition (e.g., good, fair, serious, critical) may be released to people who ask for you by name. In addition, your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name.

b. Family and Friends. Unless you notify us that you object, we may provide your health information to individuals, such as family and friends, who are involved in your care or who help pay for your care. We may do this if you tell us we can do so, or if you know we are sharing your health information with these people and you don't stop us from doing so. There may also be circumstances when we can assume, based on our professional judgment, that you would not object. For example, we may assume you agree to our disclosure of your information to your spouse if your spouse comes with you into the exam room during treatment.

Also, if you are not able to approve or object to disclosures, we may make disclosures to a particular individual (such as a family member or friend), that we feel are in your best interest and that relate to that person's involvement in your care. For example, we may tell someone who comes with you to the emergency room that you suffered a heart attack and provide updates on your condition. We may also make similar professional judgments about your best interests that allow another person to pick up such things as filled prescriptions, medical supplies and X-rays.

C. OTHER PERMITTED USES AND DISCLOSURES OF HEALTH CARE INFORMATION.

We may use or disclose your health information without your permission in the following circumstances, subject to all applicable legal requirements and limitations:

1. **Required By Law:** As required by federal, state, or local law.
2. **Public Health Risks:** For public health reasons in order to prevent or control disease, injury or disability; or to report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.
3. **Health Oversight Activities:** To a health oversight agency for audits, investigations, inspections, licensing purposes, or as necessary for certain government agencies to monitor the health care system, government programs, and compliance with civil rights laws.
4. **Lawsuits and Disputes; Law Enforcement:** In response to a subpoena or a court or administrative order, if you are involved in a lawsuit or a dispute, or in response to a court order, subpoena, warrant, summons or similar process, if asked to do so by law enforcement.

5. Coroners, Medical Examiners and Funeral

Directors: To a coroner or medical examiner, (as necessary, for example, to identify a deceased person or determine the cause of death) or to a funeral director, as necessary to allow him/her to carry out his/her activities.

6. Organ and Tissue Donation: To organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate a donation and transplantation.

7. Research: For research purposes under certain limited circumstances. Research projects are subject to a special approval process. Therefore, we will not use or disclose your health information for research purposes until the particular research project, for which your health information may be used or disclosed, has been approved through this special approval process.

8. Serious Threat to Health or Safety; Disaster

Relief: To appropriate individual(s)/organization(s) when necessary (i) to prevent a serious threat to your health and safety or that of the public or another person, or (ii) to notify your family members or persons responsible for you in a disaster relief effort.

9. Military and Veterans: As required by military command or other government authority for information about a member of the domestic or foreign armed forces.

10. National Security; Intelligence Activities;

Protective Service: To federal officials for intelligence, counterintelligence, and other national security activities authorized by law, including activities related to the protection of the President, other authorized persons or foreign heads of state, or related to the conduct of special investigations.

11. Workers' Compensation: To your employer via a workers' compensation or similar work-related injury program.

12. Inmates: To a correctional institution (if you are an inmate) or a law enforcement official (if you are in that person's custody) as necessary (a) for the institution to provide you with health care; (b) to protect your or others' health and safety; or (c) for the safety and security of the correctional institution.

D. WHEN WRITTEN AUTHORIZATION IS REQUIRED.

Other than for those purposes identified above in Sections B and C, we will not use or disclose your health information for any purpose unless you give us

your specific written authorization to do so. If you give us authorization, you can withdraw this written Authorization at any time. To remove your authorization, deliver or fax a written revocation to OHSU Health Information Services, Mail Code OP17A, 3181 S.W. Sam Jackson Park Road, Portland, OR 97201; fax: (503) 494-6970. If you revoke your Authorization, we will no longer use or disclose your health information as allowed by your written Authorization, except to the extent that we have already relied on your Authorization.

E. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION.

You have certain rights regarding your health information which we list below. In each of these cases, if you want to exercise your rights, you must do so in writing by completing a form that you can obtain from the OHSU Integrity Office, at 2525 S.W. First Ave., Suite 140, Portland, OR 97201, or on the Web at www.ohsu.edu/cc/hipaa. In some cases, we may charge you for the costs of providing materials to you. You can get information about how to exercise your rights and about any costs that we may charge for materials by contacting the OHSU Integrity Office at (503) 494-0219.

1. **Right to Inspect and Copy.** With some exceptions, you have the right to inspect and get a copy of your health information that may be used to make decisions about your care. We may deny your request to inspect and/or copy in certain limited circumstances, and if we do this, you may ask that the denial be reviewed.
2. **Right to Amend.** You have the right to amend your health information maintained by or for OHSU, or used by OHSU to make decisions about you. We will require that you provide a reason for the request, and we may deny your request for an amendment if the request is not properly submitted, or if it asks us to amend information that (a) we did not create, (unless the source of the information is no longer available to make the amendment); (b) is not part of the health information that we keep; (c) is of a type that you would not be permitted to inspect and copy; or (d) is already accurate and complete.
3. **Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures. This is a list of certain disclosures we made of your health information. The list does not include all disclosures. For example it does not include disclosures to you, disclosures for treatment, payment, and health care operations purposes described above, or disclosures made with your Authorization as described above.
4. **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you (a) for treatment, payment, or health care operations, or (b) to someone who is involved in your care or the payment for it, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree to your request, and any time OHSU agrees to a restriction, it must be in writing and signed by the OHSU Privacy Officer or his or her designee.
5. **Right to Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain place. For example, you can ask that we only contact you at work or by mail.
6. **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice, whether or not you may have previously agreed to receive the Notice electronically.

F. QUESTIONS OR COMPLAINTS

If you have any questions about this Notice, please contact OHSU (503) 494-8311. If you believe your privacy rights have been violated, you may file a complaint with OHSU or with the Secretary of the Department of Health and Human Services. To file a complaint with OHSU, contact OHSU at (503) 494-8311. You will not be penalized for filing a complaint.

**This notice tells you how we may use and share health information about you.
If you would like a copy of the OHSU notice, please ask your health care provider.**



Oregon Health & Science University includes four schools; OHSU Hospital and Doernbecher Children's Hospital; numerous primary care and specialty clinics; multiple research institutes and centers; and several community service and outreach units.

OHSU is an equal opportunity, affirmative action institution. OHSU-NPP-0403. Reorder from Reizon. Order Number 133201.

Privacy Practices Acknowledgement
Oregon Health & Science University
Health Network for Rural Schools

I acknowledge that OHSU and OHSU Medical Group may use and release health information as described in the notice of privacy practices. I acknowledge that I have received:

- 1) A copy of the OHSU and OHSU Medical Group Notice of Privacy Practices and
- 2) A copy of the Health Network for Rural Schools Policy on Release of Information.

Student's Name

Parent, Guardian, Responsible Party, Legal Representative Date

Quality Assurance Review for Patient Care

In order to help insure the best possible quality of patient care within the HNRS School Health Clinics, HNRS staff engages in an ongoing quality assurance program for each school health center. This process is facilitated by: 1) HNRS specific monitoring of school health records and processes, 2) general EOU-OHSU Family Health Center annual patient record review, and 3) case review which is facilitated in every other month Nurse Practitioner Rounds and includes all OHSU Nurse Practitioners.

HNRS Specific Quality Assurance

- A. Student Charts are utilized in this process
- B. Student Charts from each site are reviewed and evaluated by the providers which serve the specific school being reviewed. This may consist of the Nurse Practitioner, Registered Nurse, Counselor, Program Director or others determined to be appropriate for the task.
- C. Student charts are reviewed for criteria which are determined to be important for the provision of quality school health care and are determined by the program coordinator in conjunction with the health care providers. These criteria may include, but are not limited to: 1) Inclusion of identifying information: Student Name and Date of Birth on each form in the chart. 2) All charts forms secured in the chart some type of permanent method such as a chart fastener, staple, tape or glue. 3) Problem list is complete and includes Student Name, Date of Birth, Student ID Number, Allergies and Medications and documentation of each visit on the problem list.
- D. The chart reviews are documented on a checklist developed by HNRS, and provided to each school clinic.
- E. HNRS Specific Reviews are performed, at a minimum, once per year at a time to be determined by the program director.
- F. Completed checklists are to be returned to the program director for evaluation.
- G. Results of the study will be shared with the HNRS staff and plans for improvement will be developed which will address any areas noted to need improvement.

Quality Record/Chart Reviews for OHSU Family Health Centers

- A. Quality Record/Chart reviews for the OHSU Family Health Centers are scheduled annually in the spring.
- B. Chart/Record reviews will have two components: chart integrity and patient quality of care.
- C. The review will consist of eight randomly selected charts chosen by the quality review committee for the spring quarter of the year. The charts reviewed are selected from the current school year clinic patient visitations.

- D. The quality review committee consists of the office manager, one active School Health Clinic FNP, and an NP from a clinic other than the one being reviewed, and the clinic consulting physician. The Nurse Practitioners for each quarter rotates among the NP staff.
- E. Charts are reviewed for Integrity, reviewing such aspects as organization, names on all pages, signing of notes and all pages securely attached to chart cover.
- F. Review of Quality of Care includes follow-up on labs, referrals, visits, documentation of correct treatment, reason for labs, follow-up with parent and or teacher. A QA Chart Review Tool can be used to facilitate this process.
- G. A summary of the chart review will be maintained in a file designated Quarterly Quality Review. Reference to this file will also be made in the Quality Assurance Notebook. Each year, review findings for the School Health Centers are presented at HNRS staff meeting with recommendations recorded in the QA file.
- H. There are three types of case conferences held regularly for quality review and improvement: 1) Nurse Practitioner Rounds: The clinic staff hold bi-monthly nurse practitioner rounds. One or more practitioners from all OHSU clinic practices present a case or subject of her/his choice. The consulting physician will be present. Cases can be in progress as well as completed. This is an opportunity to discuss challenging, complex and interesting cases in a confidential manner. 2) Unexpected Outcomes Review: All cases which had unexpected outcomes are reviewed at individual clinic staff meeting with attendance by the consulting physician (i.e. hospitalization, death, client/family dissatisfaction, school personnel concerns or dissatisfaction. A written report of the discussion will be maintained in a file separate of the patient record and reference to it will be placed in the QA manual at the clinic. There is also the option to discuss these with the larger group, though it is not required. 3) Case Reviews: The consulting physician is available at the clinics for consultation. Cases are reviewed as needed with the consultant physician and a record of each is maintained in the patient chart as part of the chart notes and the patient name listed in the Quality Review notebook maintained in each clinic.

Health Network for Rural Schools

Laboratory Quality Assurance and Maintenance

1. School Health Center Laboratories must be certified and have a CLIA Waiver posted.
Individual laboratories may perform only those limited number of tests for which they have been approved by the State of Oregon.
2. Lab areas must have a “clean” area and a “soiled” area posted.
3. Daily Laboratory maintenance includes disposing of all examined specimens via a the sharps or other appropriate biohazard container.
4. Daily, if microscope is used, dispose of used slides in the sharps container. Cleanse microscope platform and lens if needed. Ensure cover is placed over microscope.
5. On a weekly basis the following should be done:
 - A. Review laboratory supplies in cupboards and refrigerator.
 - B. Order Interpath supplies using appropriate forms. Send form with specimens for that day. This will cover supplies for PAP smears; aerobic, anaerobic, CT, GC DNA and Herpes cultures, and venipuncture supplies.
6. Review other supplies and make note for vendor ordering: UA dipsticks, fecal occult blood cards, strep A kits and pregnancy tests.
7. Check centrifuge for broken glass and blood spills, clean accordingly using proper blood borne pathogens precautions.
8. Clean and organize lab counter.
9. Restock venipuncture supply tray in exam room.
10. Lab maintenance activities will be documented in the lab maintenance log sheet.
11. Refrigerator and freezer temperatures are observed and recorded daily on the Temperature Check Sheet which is secured to the door of the refrigerator. If temperatures are noted to be out of the recommended range, the nurse, nurse practitioner or clinic manager should be notified and the situation remedied promptly..
12. Lab Quality Assurance: All lab tests done in the School Health Clinic lab must be done strictly according to manufacturers directions including the proper quality control. Refer to individual package inserts for these instructions.

13. All on-site laboratory tests must have the date, patient name and results recorded in a permanent laboratory log book as well as in the patient chart. This log book maintains a permanent record of clinic performed lab results. Results for Wet Mounts, Fecal Occult Blood, Pregnancy Tests, Strep A, Hematocrit, Microscopic Urinalysis, Urine Dipstick, Gram Stain, and Chlamydia test must be recorded in the lab test results log book. Standardized forms are available in the log book for this purpose.
14. Any reportable conditions as identified by the Oregon Department of Human Services Public Health Services must be recorded on the “Log of Reportable Conditions” kept in the Laboratory Test Results Log Book.

Quality Assurance Review for Student Health Records

An annual audit of student health records will be performed annually by HNRS professional staff. Staff members will be responsible for reviewing their own charts. At the Program Director's request, each staff member will pull 10 charts randomly and complete the checklist found in the "forms section" of this manual. These will be submitted to the Director after completion. It is expected that staff will use this audit as a method for determining weaknesses in their charts and will take prompt action to address any problems discovered.

Health Referral Form

The health referral form is to be completed by the HNRS care provider initiating a referral to another health care provider. Most often this would be used by the nurse practitioner, but could also be used by counseling staff wishing to refer a child to another health care provider for certain types of care. The form should be completed in full and sent to the outside provider by mail, fax, or delivery in a timely manner so the outside provider will have this information before the patient's visit. The consent allowing release of information located at the bottom of the form should be signed by the student/patient if the patient is at least 15 years old, and by the parent/guardian if the student/patient is less than 15 years old. The outside provider should return information concerning his/her evaluation and findings. This information should be reviewed and placed in the patient's chart.

HEALTH NETWORK FOR RURAL SCHOOLS

c/o OHSU School of Nursing
 One University Blvd., La Grande, OR 97850
HEALTH REFERRAL

DATE: _____ REFERRING PROVIDER: _____ TITLE: _____

REFERRED TO:		
NAME: _____		
ADDRESS: _____		
CITY: _____ STATE: _____ ZIP: _____		
REFERRED FROM:		
<input type="checkbox"/> Cove School Health Center 803 Main St., Cove, OR 97824 541-568-4424	<input type="checkbox"/> Imbler School Health Center P.O. Box 164, Imbler, OR 97841 541-534-2311	<input type="checkbox"/> Union School Health Center P.O. Box 908, Union, OR 97883 541-562-6115
<input type="checkbox"/> Elgin School Health Center P.O. Box 68, Elgin, OR 97827 541-437-1211	<input type="checkbox"/> North Powder School Health Center P.O. Box 10, North Powder, OR 97867 541-898-2244	
CLIENT INFORMATION:		
PATIENT'S NAME: _____		SCHOOL ID#: _____
ADDRESS: _____		
CITY: _____ STATE: _____ ZIP: _____		
DATE OF BIRTH: ___/___/___ PARENT/GUARDIAN: _____		
INSURANCE: _____		ID#: _____
GROUP#: _____		EFFECTIVE: ___/___/___
INSURANCE: _____		ID#: _____
GROUP#: _____		EFFECTIVE: ___/___/___
REASON FOR REFERRAL:		
OUTSIDE PROVIDER FINDINGS (or send a written report):		
(please return a copy of your evaluation, findings, studies and recommendations to the referring school health center. Thank you.)		

CLIENT CONSENT: I consent to the release of the above information, including medical, dental, alcohol, drug abuse and mental health records obtained in the course of my diagnosis and treatment. I understand such information cannot be released without my consent, except in a medical emergency, audit or court order. This release complies with Federal and State law.

Signature of Patient/Parent/Legal Guardian (circle one): _____ Date: _____

School Health Clinic Visit Report Form

The school health clinic visit report form is to be completed and sent home with students who were seen in the school health center when:

- the parent/guardian has provided advance consent for the treatment that has been provided (in this case, the form serves as notification that care was provided), or
- in the case of an minor emergency (such as a playground injury) when the responsible party could not be reached but treatment was necessary.

The form can also be used whenever it is necessary to provide follow up information to the parent/guardian after a child has received treatment.

A copy of this form should be filed in the student's health record.

HEALTH NETWORK FOR RURAL SCHOOLS

One University Blvd.
La Grande, OR 97850

Date: _____ Time: _____

Dear Parent/Guardian:

Student: _____ DOB: _____ was seen by me at the

Cove Elgin Imbler North Powder Union

School Health Center today for:

Insect Sting Skin Irritation Wound Stuffy/Runny Nose
 Bloody Nose Cough Fever Ear Pain
 Stomach Ache Headache Eye Condition Nausea/Vomiting

Injury: _____
Other: _____

1. Treatment was given: _____

2. I was unable to contact you I was unable to reach your emergency contacts.

3. I recommend watching for further problems: _____

4. I recommend providing the following home care: _____

5. I recommend consulting with your Health Care Provider or _____

6. See attached health information.

7. Other: _____

Should you have questions, call me at the school.

(Nurse/Nurse Practitioner/Counselor) (Title)

Temporary Telephone Parental/Guardian Consent Form

The temporary telephone parental/guardian consent form should be completed when it is determined that it would be beneficial for a student to receive a school health service, but the student does not have a signed consent on file. The parent/guardian should be contacted and asked to consent to specific actions as determined appropriate by the HNRS staff member. This consent is considered to be a one-time order and applicable to the current situation only. For example, if the student needed to be seen again for a similar problem and still had no consent form on file, the parent would need to be contacted again for another temporary consent for this instance. Whenever the temporary consent form is used, a copy of the regular annual consent form should be sent home with the student for the parent to complete and return.

HEALTH NETWORK FOR RURAL SCHOOLS

STUDENT CHART AUDIT: NURSING CHARTS

Instructions: Please pull 10 charts randomly and complete the following checklist for each. Return checklist to HNRS program Director. Thank you for your assistance in conducting this audit.

Date audit completed: _____ By whom: _____

Chart #	1	2	3	4	5	6	7	8	9	10
Student ID info is present on chart folder:										
Name	YN	YN	YN	YN	YN	YN	YN	YN	YN	YN
DOB	YN	YN	YN	YN	YN	YN	YN	YN	YN	YN
Allergies	YN	YN	YN	YN	YN	YN	YN	YN	YN	YN
All forms secured in chart folder	YN	YN	YN	YN	YN	YN	YN	YN	YN	YN
Problem list is complete:										
All visits in progress notes are on problem list?	YN	YN	YN	YN	YN	YN	YN	YN	YN	YN
Student name	YN	YN	YN	YN	YN	YN	YN	YN	YN	YN
DOB	YN	YN	YN	YN	YN	YN	YN	YN	YN	YN
Allergies	YN	YN	YN	YN	YN	YN	YN	YN	YN	YN
Progress notes page is complete:										
Name	YN	YN	YN	YN	YN	YN	YN	YN	YN	YN
Date of visit	YN	YN	YN	YN	YN	YN	YN	YN	YN	YN
Time of visit	YN	YN	YN	YN	YN	YN	YN	YN	YN	YN
Practitioner's signature	YN	YN	YN	YN	YN	YN	YN	YN	YN	YN

HEALTH NETWORK FOR RURAL SCHOOLS

STUDENT CHART AUDIT: MENTAL HEALTH CHARTS

Instructions: Please pull 10 charts randomly and complete the following checklist for each. Return checklist to HNRS program Director. Thank you for your assistance in conducting this audit.

Date audit completed: _____ By whom: _____

Chart #	1	2	3	4	5	6	7	8	9	10
Student ID info is present on chart folder:										
Name	YN	YN	YN	YN	YN	YN	YN	YN	YN	YN
DOB	YN	YN	YN	YN	YN	YN	YN	YN	YN	YN
All forms secured in chart folder	YN	YN	YN	YN	YN	YN	YN	YN	YN	YN
Problem list is complete:										
All visits in progress notes are on problem list?	YN	YN	YN	YN	YN	YN	YN	YN	YN	YN
Student name	YN	YN	YN	YN	YN	YN	YN	YN	YN	YN
DOB	YN	YN	YN	YN	YN	YN	YN	YN	YN	YN
Psych. meds	YN	YN	YN	YN	YN	YN	YN	YN	YN	YN
Progress notes page is complete:										
Name	YN	YN	YN	YN	YN	YN	YN	YN	YN	YN
Date of visit	YN	YN	YN	YN	YN	YN	YN	YN	YN	YN
Practitioner's signature	YN	YN	YN	YN	YN	YN	YN	YN	YN	YN

LAB MAINTENANCE CHECKLIST

DAILY:

1. Dispose of all examined specimens via sharps or biohazard containers.
2. If microscope is used, dispose of used slides in sharps container. Cleanse platform and lens if needed. Re-cover microscope

WEEKLY:

1. Review laboratory supplies in cupboards and refrigerator.
2. Order Interpath supplies using gray form. Send form with specimens for that day. This will cover supplies for:
 - A. Pap Smears
 - B. Cultures:
 - Aerobic
 - Anaerobic
 - CT ,GC DNA
 - Herpes
 - C. Venipuncture supplies
3. Review other supplies and make note for vendor ordering: UA dipsticks, occult stool cards, Strep kits, pregnancy tests.
4. Check large and hematocrit centrifuges for broken glass and blood spills. Clean accordingly.
5. Clean and organize lab counter.
6. Restock venipuncture supply trays in each exam room.

LAB MAINTENANCE CHECKLIST

Please record type of maintenance performed, date, and signature of person performing the maintenance.

Daily Tasks	Weekly Tasks	Date	Signature

Daily Tasks	Weekly Tasks	Date	Signature

**REFRIGERATOR TEMPERATURE CHECK
AND FREEZER (IF APPLICABLE)**

MONTH OF: _____ 200__

LOCATION: _____

1	2	3	4	5	6	7
Fridge	Fridge	Fridge	Fridge	Fridge	Fridge	Fridge
Freezer	Freezer	Freezer	Freezer	Freezer	Freezer	Freezer
8	9	10	11	12	13	14
Fridge	Fridge	Fridge	Fridge	Fridge	Fridge	Fridge
Freezer	Freezer	Freezer	Freezer	Freezer	Freezer	Freezer
15	16	17	18	20	21	22
Fridge	Fridge	Fridge	Fridge	Fridge	Fridge	Fridge
Freezer	Freezer	Freezer	Freezer	Freezer	Freezer	Freezer
23	24	25	26	27	28	29
Fridge	Fridge	Fridge	Fridge	Fridge	Fridge	Fridge
Freezer	Freezer	Freezer	Freezer	Freezer	Freezer	Freezer
30	31					
Fridge	Fridge					
Freezer	Freezer					

TEMPERATURE IS TO BE CHECKED DAILY AND WRITTEN
IN THE BLOCK CORRESPONDING TO THE DATE.
THE PERSON PERFORMING THE CHECK WILL SIGN IN THE SAME BLOCK.

NORMAL TEMPERATURE RANGES

REFRIGERATOR: 33' - 45'

FREEZER: -10' - 0'

CLINICAL LABORATORY RESULTS

Patient Name: _____ Age: _____

Nurse Practitioner: _____

Collection Date: _____ Test Date: _____ Testers Initials: _____

Specimen sent to Interpath lab (circle one) Yes No

Chemstrip Urinalysis Report

Physical Exam (circle one)

Color	Colorless	Yellow	Amber	Other
Appearance	Clear	Hazy	Cloudy	Turbid

Chemical Examination

specific gravity	1.000	1.005	1.010	1.015	1.020	1.025	1.030
pH		5	6	7	8	9	
leukocytes		neg	trace	+	++		
nitrite		neg	pos	(any pink color is considered positive)			
protein (mg/dL)		neg	trace	+/30	++/100	+++/500	
glucose (mg/dL)		normal	50	100	250	500	1000
ketones		neg	+small	++mod	+++large		
urobilinogen (mg/dL)		normal	1	4	8	12	
bilirubin		neg	+	++	+++		
blood (ery/ul)		neg	trace	50	250		
hemoglobin (ery/ul)			10	50	250		

Urine Pregnancy Test (hCG-urine) Negative _____ Positive _____

Westergren Sed Rate _____ mm

Hematocrit _____ %

Quick Strep A Negative _____ Positive _____

Capillary Blood Glucose _____ mg/dL

Seracult Slides (-/+) #1 _____ date _____ #2 _____ date _____ #3 _____ date _____