

## CHAPTER TWO – New Mexico Statutes, Administrative Codes, Policies and Regulations Relating to School Health

### Introduction

There are many state and federal regulations, statutes, and administrative codes which govern schools in the USA. Many of these regulations effect only schools who receive federal funding. However, some regulations and rules affect all public, charter, private and even home schools.

### Licensure and Competencies for School Health Professionals

In New Mexico (NM) Public and Charter Schools are regulated by NM Public Education Department (PED). Licensure issued by NMPED is required for all individuals working in public schools and public charter schools. This state statute was established in the 1960s to protect and standardize requirements for school staff. Licensure is determined by educational background and the position applied for. All PED licensure now requires a background check which is the responsibility of the applicant.

#### NM State Statutes – School Personnel

§Chapter 22-10A-5, Public Schools, [School Personnel Act](#)

NM Administrative Codes are rules written (promulgated) after a statute has passed both the State Senate, the House of Representatives and has been signed by the governor. The rule outlines how the statute will be carried out. Usually the division of government responsible for overseeing the statute, writes, and updates the rules also known as New Mexico Administrative Code (NMAC). The process of rulemaking is difficult and highly regulated. Here is a link to the process [New Mexico Rulemaking Process Overview. Listed below are rules that affect school personnel and school services.](#)

### New Mexico Nurse Practice Act

#### Nursing Practice

§61-3-1-31

[Nursing](#)

#### NM Nursing Licensure

Title 16

Occupational and Professional Licensing

Chapter 12            Nursing and Health Care Related Providers

Part 2                [Nurse Licensure](#)

NM PED Nursing licensure for Schools

Title 6                Primary and Secondary Education

Chapter 63           School Personnel - Licensure Requirements for Ancillary and & Support

Part 2                Personnel – [Licensure for School Nurses, Grades Pre-K-12](#)

The current NMAC (August 2017) for school nursing establishes the requirement for three types of school nurse licenses. An associate school nurse license is issued to the school nurse who has an associate degree in nursing from a regionally accredited college, university or diploma program accredited by the National League of Nursing. A professional nurse level two licensure is issued to a nurse with a bachelor's degree in nursing or related health field, from a regionally accredited college, university or institution accredited by the National League of Nursing. A supervisory school nurse level three licensure is issued to a nurse with a master's degree in nursing or health related field, from a regionally accredited college, university or institution accredited by the National League of Nursing. [Licensure for School Nurses, Grades Pre-K-12.](#)

[NM PED Licensed Practical Nurse Licensure for Schools](#)

[Title 6                Primary and Secondary Education](#)

[Chapter 63    School Personnel – Licensure Requirements for Ancillary and Support](#)

[Part 16            Personnel - Licensure for School Licensed Practical Nurses,](#)

[Grades Pre-K-12](#)

[NM PED Health Assistant Licensure for Schools](#)

[Title 6                Primary and Secondary Education](#)

[Chapter 63    School Personnel – Licensure Requirements for Ancillary and Support](#)

[Part 15            Personnel – Licensure for School Health Assistants, Grades Pre-K - 12](#)

NM PED Denial, Suspension, and Revocation of License

Title 6                Primary and Secondary Education

Chapter 68           School Personnel – Denial, Suspension, and Revocation of License

This PED rule governs the application process for initial issuance or continuing licensure of all types of licenses and certificates issued by the PED, as well as the denial of such applications. Applicants must also meet all requirements prescribed in PED rules governing each type and level of license or certificate sought. [Denial of Application for Licenses for School Personnel.](#)

### School Nurse Evaluation Tools

School Nurse Evaluation Tools are required to be used to evaluate School Nurses. These tools are in Chapter one of this Manual. (See Chapter 1 this Manual.)

## New Mexico School Health Program

### School Health Services

Title 6 Primary and Secondary Education

Chapter 29 Standards for Excellence

Part 1 General Provisions

“E. [School Health](#). School health programs provide opportunities for all students to develop healthy behaviors. Districts and charter schools shall provide or make provisions for school health programs that address the health needs of students and staff. Districts and charter schools shall provide the following programs: health education, physical education, health services and school counseling. Additional programs may include: nutrition, staff wellness, family-school-community partnerships, healthy environment and psychological services. These programs shall:

- (1) be in accordance with Section 22-10A-34 and Section 24-5-1 through 24-5-6 NMSA 1978; provide education and skill development program offerings;
- (2) provide community partnerships which help to achieve the goal of healthy students and staff;
- (3) be assessed as part of the EPSS process; and
- (4) support the local curriculum and EPSS.”

### Health Screening Process

New Mexico Statute and Rules require some school health screenings. These include immunizations, vision, and requests from Special Education or Student Assistant Teams.

Most school nurses choose to do general screening for vision, hearing. The school nurse schedule and the size of the school district may determine how many grades are screened and what they are screened for. However, for Vision Screening Kindergarten, 1<sup>st</sup> and 3<sup>rd</sup> grades are required and immunization requirements are for all grades.

#### Immunizations

Title 6	Primary and Secondary Education (PED)
Chapter 12	Public School, Administration -health and safety
Part 2	Health services
8.A	<a href="#">Immunizations of School Children</a>
<u>9.A</u>	<a href="#">Student's Right to Self-Administer Certain Medications</a>
<u>10.A</u>	<a href="#">Human Immunodeficiency Virus (HIV)</a>

Title 7	Health (DOH)
Chapter 5	Vaccinations and Immunizations
Part 2	<a href="#">Immunization Requirements</a>

Title 7	Health (DOH)
Chapter 5	Vaccinations and Immunizations.
Part 3	<a href="#">Exemption for school, childcare, and pre-school immunization</a>

For more in-depth information regarding immunization and the school requirements please see Chapter nine, Immunizations, and New Mexico Statewide Immunization Information System (NMSIIS) of this manual. Requirements and Exemptions are discussed. Also available are resources regarding training and the use of NMSIIS.

#### Vision Screening

Title 7	Health (DOH)
Chapter 30	Family and Children Health Care Services
Part 11	<a href="#">Vision Screening Test Standards for Students</a>

Title 7	Health (DOH)
Chapter 30	Family and Children Health Care Services
Part 10	<a href="#">Award of Funds from Save Our Children's Sight Fund</a>

For in-depth information regarding screenings in schools please refer to Chapter three, Screening, Assessment, and Special Education. In Chapter three, state requirements are discussed as well as options for assistance. Also included are template forms for use if the school district does not have them.

### Specific School Health Issues covered by NMAC

#### Acquired Immune Deficiency Syndrome

Title 6	Primary and Secondary Education (PED)
Chapter 12	Public School Administration – Health and Safety
Part 2	<a href="#">Health Services</a>

#### Diabetes Self-Management by Students in the School Setting

Title 6	Primary and Secondary Education (PED)
Chapter 12	Public School, Administration – Health and Safety
Part 8	<a href="#">Diabetes Management for Students in the School Setting</a>

(See Chapter 4 of this Manual for Diabetes Care Management & Training Resources)

#### Students Rights to Self-Administer Certain Medications

Title 6	Primary and Secondary Education (PED)
Chapter 12	Public School Administration – Health and Safety
Part 2	Health Services
Subpart 9	<a href="#">Student's Rights to Self-Administer Certain Medications</a>

#### Tobacco Free School Districts

Title 6	Primary and Secondary Education (PED)
---------	---------------------------------------

Chapter 12                    Public School Administration – Health and Safety

Part 4                         [Tobacco Free School Districts](#)

Pregnant or Parenting Student

Title 6                         Primary and Secondary Education (PED)

Chapter 10                    Public School Administration – Procedural Requirements

Part 8                         [Compulsory School Attendance](#)

This NMAC:

“provides excused absences for pregnant and parenting students as follows:

(a) provides at least ten days of excused absences for a student who provides documentation of the birth of the student's child and allows the student a time period to make up the work that the student missed that equals the number of days the student was absent for the birth of a child;

(b) provides excused absences for any additional days missed by a pregnant or parenting student for which a longer period of absence is deemed medically necessary by the student's physician and allows the student a time period to make up the work that the student missed that equals the number of days the student was absent.....for a student who provides appropriate documentation of pregnancy or that the student is the parent of a child under the age of thirteen needing care and allows the student a time period to make up the work that the student missed that equals the number of days the student was absent;

Child Abuse and Neglect

[NM State § 32A-4-3 \(2016\)](#) EVERYONE has the duty to report child abuse and child neglect; responsibility to investigate child abuse or neglect; penalty.

(2005)

“A. Every person, including a licensed physician; a resident or an intern examining, attending or treating a child; a law enforcement officer; a judge presiding during a proceeding; a registered nurse; a visiting nurse; a schoolteacher; a school official; a social worker acting in an official capacity; or a member of the clergy who has information that is not privileged as a matter of law, who knows or has a reasonable suspicion that a child is an abused or a neglected child shall report the matter immediately to:

(1) a local law enforcement agency;

(2) the department; or

(3) a tribal law enforcement or social services agency for any Indian child residing in Indian country.” [NM State § 32A-4-3 \(2016\)](#)

### Recognizing and Reporting Child Abuse and Neglect Training

E-learning web based training for schools by New Mexico State University, Extension Family and Consumer Sciences. [Recognizing & Reporting Child Abuse & Neglect](#)

### School Health Support Services

Title 6 Primary and Secondary Education (PED)

Chapter 29 Standards for Excellence

Part 1.11 General Provisions

“H. School Health [Support services](#). Districts and charter schools shall provide support service programs which strengthen the instructional program. Required support service programs are: library media, school counseling and health services. Support services shall:

- (1) have a written, delivered and assessed program, K-12;
- (2) provide licensed staff to develop and supervise the program;
- (3) be assessed as part of the EPSS process; and
- (4) support the local curriculum and EPSS.”

### Special Education

Title 6 Primary and Secondary Education (PED)

CHAPTER 31 Special Education

Part 2 [Children with Disabilities/Gifted Children](#)

In New Mexico, the definition of Tier 3 is special education and related services for students with identified disabilities under the federal Individuals with Disabilities Education Act (IDEA) and the state’s criteria for gifted. Students formally referred to Tier 3 first receive (with written parental consent) a multidisciplinary evaluation to determine their need for services at this level. In making the eligibility determination for Tier 3, the educational diagnostician and the group of qualified professionals who makes the eligibility determination will consider data from the student’s response to interventions which have been tried and documented from Tiers 1 and 2.

### Tier 3 Referral and the Multidisciplinary Evaluation Process

When an individual student is referred to the SAT because a concern is raised, the team members are responsible for collecting information about the student and forming a hypothesis about the possible factors contributing to the student's difficulties academically and/or behaviorally. IEP and Section 504 may or may not include nursing services. If the IEP includes nursing services, these are usually services which may be billed for under Medicaid in the Schools. A student cannot have both a Section 504 and an IEP. If the SAT process decides the student is Tier 3 then that student gets all the supports and services needed must be provided as related services attached to the IEP. [Difference Between A Section 504 and an IEP](#)

### ADA, IDEA, Section 504 and IEP

There are three main Federal Laws that affect students with disabilities and/or health conditions in schools:

- (1) Americans with Disabilities Act (ADA)
- (2) Section 504 of the Rehabilitation Act
- (3) Individuals with Disabilities Education Act (IDEA)

### [Difference Between A Section 504 and an IEP](#)

- Section 504 is a broad federal civil rights law that protects all individuals with a handicap.
- IDEA (the Individuals with Disabilities Education Improvement Act) only applies to students who require special education because they have one of the specified types of disabilities.
- Students who qualify under section 504 must have a 504 plan that outlines the services to be provided. Some students will also qualify under the more stringent IDEA. These students will have an IEP (Individualized Educational Plan) rather than a 504 plan.

### Section 504 and Accommodation Plan

Section 504 is federal civil rights law under the Rehabilitation Act of 1973. The U.S. Department of Education's Office for Civil Rights (OCR) administers Section 504—not the State. Section 504 is the other service option available to students with disabilities, but who are not eligible and/or are receiving special education services under the eligibility requirements of the IDEA. It is designed to provide equal access and fairness in general education to students with disabilities, thereby leveling the playing field for them. Under New Mexico's three-tier model of student intervention, a Section 504 Plan is a Tier 2 service and/or support.

Under this federal law, the school is responsible for managing and funding this program/service. A student is eligible and entitled to a Section 504 Accommodation Plan if an evaluation shows that the individual has a mental or physical impairment that substantially limits one or more major life activities *and* substantially affects the student's overall performance in school.

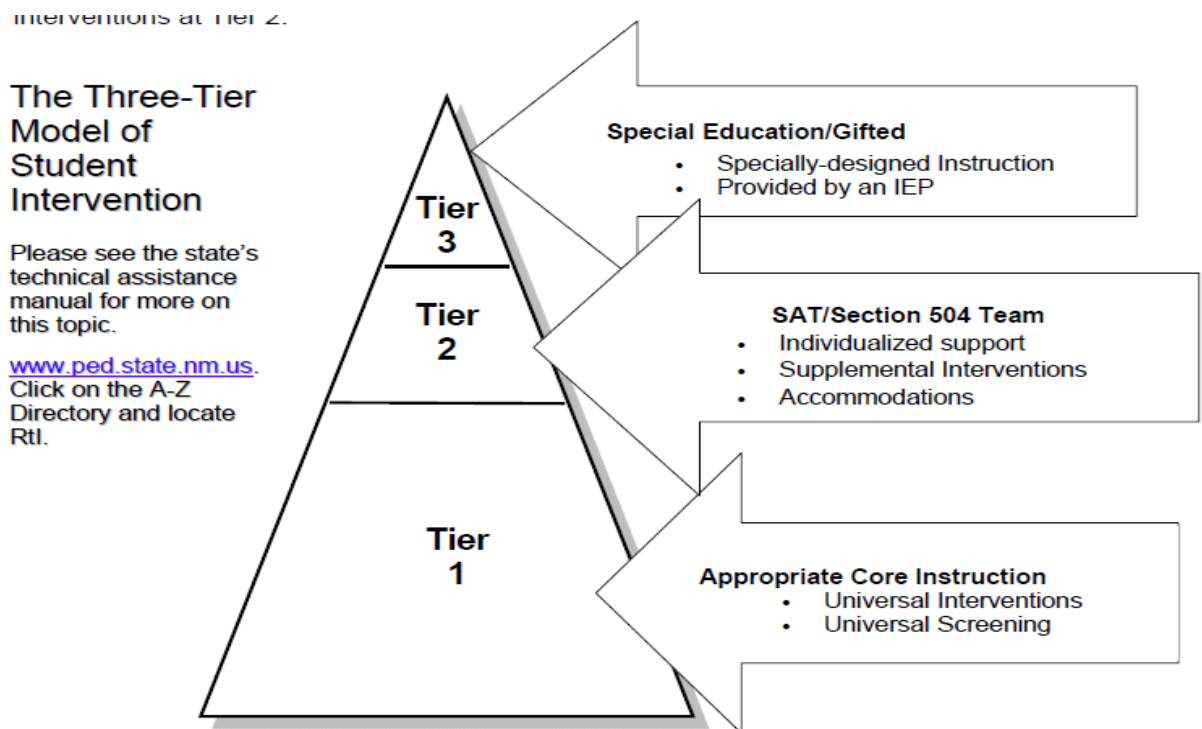


All schools receiving federal funds and public agencies must comply with the following seven requirements:

1. Provide written assurances of nondiscrimination when applying for federal funds.
2. Take steps to eliminate discrimination against individuals with disabilities.
3. Appoint a 504/ADA Coordinator for local educational agencies with 15 or more employees to coordinate efforts to comply with this law.
4. Develop an ongoing process to locate and identify children who are not receiving services.
5. Provide public notice regarding nondiscrimination and responsibilities.
6. Develop a grievance procedure.
7. Conduct a self-evaluation of their programs and activities to ensure facilities are accessible and discriminatory practices are eliminated.

### Three Required Elements of Section 504

1. The identification process for 504 is not the first step in determining the needs of students. The first step begins with the school's Student Assistance Team (SAT) process who determines if the student has a need that warrants evaluation. Nurses are encouraged to be part of the SAT process.
  2. The determination of impairment must limit a major life activity.
3. Limitation on the major overall life activity must be substantial, not mild or moderate



New Mexico Public Education Department: Section 504 Guide

## The Three-Tier Model of Student Intervention pg. 10

### [Guidelines for Educators and Administrators for Implementing Section 504 of the Rehabilitation Act of 1973-Subpart D](#)

#### Example of a 504 Plan for a student with Special Health Care Needs: ASTHMA

**EXAMPLE:** A student has been diagnosed as having asthma. The disability limits the major life activity of breathing.

#### Possible Accommodations

- Develop health care and emergency plan.
- Modify activity level for recess, physical education, etc.
- Use air purifier or inhalants.
- Provide inhalant therapy assistance.
- Administer medication as prescribed.
- Provide homebound instruction.
- Remove allergens—e.g., hairspray, lotions, perfumes, pine trees, carpet.
- Make field trips non-mandatory and supplement with videos, audios, movies, etc.
- Accommodate medical absence; arrange transportation to home/clinic.
- Provide education to peers/teachers/others (bus drivers, cooks, etc.).
- Provide access to water, gum, etc.
- Provide curriculum considerations (science class, physical education, etc.)
- Provide alternatives, if individual misses an excessive amount of school.
- Have peers available to carry materials to and from classes (e.g., lunch tray, books).
- Provide rest periods.
- Make school health care needs known to appropriate staff.
- Modify field trip experiences.
- Provide indoor space for before and after school.
- Arrange for access to wheelchair for transition purposes.
- Have a locker location that is centralized and free of atmosphere changes.
- Reimburse parent for transportation costs or provide alternate transportation to and from school.
- Modify attendance policies.
- Modify certain learning activities.

### [Guidelines for Educators and Administrators for Implementing Section 504 of the Rehabilitation Act of 1973-Subpart D](#)

#### Health Records Retention

All student health records should be retained, regardless of media, for the period required by the agency's records retention program for any legal, user, historical or other purpose. Electronic files are subject to the same retention rules as hard-copy files. A new record

retention and disposition schedule was promulgated October 2015 which covers all public records.

Title 1            General Government Administration

Chapter 21      Functional Records Retention and Disposition Schedules (FRRDS)

Part 2            Retention and Disposition of Public Records

Subpart 181-189    [Student Records](#)

## Confidentiality

"Confidentiality is an abstract concept that is inextricably intertwined with the individual's 'right to privacy' and with communication and record-keeping practices in health care settings and schools....With respect to minors in school settings, these challenges can be confounding" (Schwab & Gelman, 2001 p. 261) The issues for school nurses surrounding confidentiality include what constitutes student health information, who has a need to know, and why they need to know unless potential disclosure is discussed.

## FERPA and HIPAA

The [Federal Educational Rights and Privacy Act](#) (FERPA) of 1974 established confidentiality standards and access rights to student records.

- Parents or eligible students have the right to inspect and review the student's education records
- Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading.
- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):
  - School officials with legitimate educational interest;
  - Other schools to which a student is transferring;
  - Specified officials for audit or evaluation purposes;
  - Appropriate parties in connection with financial aid to a student;
  - Organizations conducting certain studies for or on behalf of the school;
  - Accrediting organizations;
  - To comply with a judicial order or lawfully issued subpoena;
  - Appropriate officials in cases of health and safety emergencies; and
  - State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school. (US Department of Education, 2015)

Congress enacted the Health Insurance Portability and Accountability Act (HIPAA) in 1996 to address the problem of health insurance confidentiality in the era of electronic information. Under HIPAA any identifiable personal health information is protected, and specific authorization is required for transfer of that information. However, in New Mexico school nurses have been granted [Public Health Authority](#) in the exchange of immunization information and, therefore, can obtain this information without parental authorization.

It is advisable that the school nurse obtain appropriate consent from parents before sharing protected health information outside of the school if there is any question regarding the need for consent. School nurses are encouraged to be knowledgeable of both HIPAA and FERPA regulations and be proactive in assisting school districts with establishing policy for sharing student medical information that is compliant with both. [Health Information Privacy](#)

#### Confidentiality in School Health Services

In the health care setting, there are situations when confidentiality might not be maintained. At any time if information a student has shared indicates the student is at imminent risk of endangering him/herself or others, that information must be shared with those who need to intervene to protect the student or others. Therefore, a statement from the school nurse in the nurse/student discussion should disclose to the student that any information will be kept confidential unless the nurse chooses to share it to protect the student or others from what she/he perceives to be harm.

In the school setting, the issue of “need to know” arises when other school personnel need to know confidential information to provide appropriate educational services beneficial to the student. However, care must be given as to how the information is shared and to what extent to maintain the student’s privacy.

Information provided teachers of students who may require accommodations or have the potential for life-threatening emergencies should be related to signs and symptoms, not necessarily a medical diagnosis. It is recommended that school nurses utilize nursing diagnoses when teaching staff about any student’s health problem. For example, two students might be labeled with asthma. While one of them rarely uses an inhaler, the other might be at high risk for respiratory distress and require frequent (on demand) inhaler use. It is more important to meet specific needs rather than treat the diagnosed condition generically. School staff members need to know how to recognize a health problem and what to do if that problem occurs.

School administrators should be given sufficient information about the health and safety needs of students to plan appropriate programs, ensure a safe environment, and provide adequate staff training. The school administrator should also be able to access emergency care plans for students in his/her buildings of responsibility.

### Written Informed Consent

A parent/guardian of a minor may give written informed consent for personal health information to be shared with identified school personnel. The consent should specify what information will be shared and with whom. The expected outcomes and potential ramifications associated with written informed consent should also be discussed with the individual(s) giving consent. School districts may choose to define members of the health team and obtain a blanket written informed consent from the parent/guardian to allow disclosure of information on a "need to know" basis for these members. Many times, this blanket consent is on the ["Emergency Health Authorization Form"](#)

"If, for any reason, NEITHER I NOR THE ABOVE LISTED MEDICAL CARE PROVIDERS OR HOSPITAL CANNOT BE REACHED, I understand that appropriate transport and medical care of my child will be arranged to ANY appropriate medical care provider, hospital or medical facility. This authorization does not cover major surgery unless one other doctor/dentist concurs to the need. Nothing in this section shall be construed to impose liability on any school official or school employee, who in good faith, attempts to comply with this section. It is understood that I will be financially responsible for all emergency care. I authorize the school health office staff to contact my child's providers listed above regarding medical management of my child. I understand information on this card will be shared with appropriate personnel on an as-needed basis only. I, also, understand health screenings (including vision, hearing, height, weight, blood pressure, and BMI) may be done by school health personnel unless I provide the school health office with written notification requesting exclusion from these screenings."

### Confidential Services for Minors

#### Sexually Transmitted Disease

§ 24-1-9 NMSA 1978 ... Sexually transmitted disease

Any person regardless of age has the capacity to consent to an examination and treatment by a licensed physician for any sexually transmitted disease. *Test results for sexually transmitted diseases may be released to the subject's legally authorized representative, guardian or legal custodian upon request (NMSA § 24-1-9.4), but it is not required.*

#### Pregnancy

§ 24-1-13.1 NMSA 1978 ... Pregnancy

A health care provider shall have the authority, within the limits of his license, to provide prenatal, delivery and postnatal care to a female minor. A minor is presumed to have the capacity to consent to prenatal, delivery and postnatal care by a licensed health care provider.

#### **Contraception**

§ 24-8-5 NMSA 1978 ... Contraception

Neither the state... nor any health facility furnishing family planning services shall subject any person to any standard or requirement as a prerequisite for receipt of any requested family planning service... [exceptions do not address age of client].

#### **Emergency Conditions**

§24-10-2 NMSA 1978 ... Emergency Conditions

... in cases of emergency in which a minor needs immediate hospitalization, medical attention or surgery and the parents of the minor cannot be located for consenting...after reasonable efforts have been made..., consent can be given by any person standing in locus parentis to the minor. But see also §24-7A-6.2 NMSA 1978 below

#### **Homeless Youth**

§24-7A-6.2 NMSA 1978 ... Consent for Certain Minors Fourteen Years or Older (homeless youth or parent of a child)

An unemancipated minor fourteen years of age or older has the right to consent to and receive medically necessary health care - clinical and rehabilitative, physical, mental, or behavioral health services that are essential to prevent, diagnose or treat medical conditions. The minor must be living apart from the minor's parents/ legal guardian, or the parent of child. The healthcare must be provided within professionally accepted standards of practice and national guidelines.

#### **Mental Health**

*§32A-6A-14, 15 NMSA 1978 ... Mental Health (including substance abuse)* [Rev. 2007] A child under the age of fourteen years may consent to initial assessment and early intervention services, limited to verbal therapy, not to exceed a two-week period. After the initial period, parental consent is required.

A child fourteen year of age or older has the right to consent to and receive individual psychotherapy, group psychotherapy, guidance counseling or other forms of verbal therapy and information regarding such counseling is confidential. A child fourteen year of age or older has the right to consent to psychotropic medication with notice to the parent/legal

guardian. A child fourteen year of age or older has the exclusive right to consent to disclosure of their mental health records. [Minors' Consent for Services NM](#)

## Documentation

“Documentation is critical to the development and maintenance of school health service programs. It is essential to the practice of nursing and a fundamental component of the nursing process...Among other things documentation...:” (Schwab & Gelman 2005, p. 157).

- Validates the Nursing process was used;
- Provides a basis for evaluation;
- Demonstrates the Standard of care was followed;
- Facilitates communication with other nurses, providers, and school staff, and
- Provides data which generates funding initiatives (Schwab & Gelman ,2005).

## Student Health Record

In general, each student health record should contain the following pieces of documentation and information.

- Health history
- Health screening results---hearing/vision/immunizations
- Chronic conditions/diagnoses/problem list
- Emergency information/contact/health care provider list
- Progress notes
- Appropriate Individual Health Plan/Individual Emergency Management Plan (IHP/EMP)

## Health Room Visit Documentation

A description of each health room visit should be reflected in the student health record. The following inclusions in the documentation will help guide the school nurse toward completion of an adequate report of the visit.

- Document frequency and length of visits.
- Document re-assessment each time it occurs. With recurrent visits, document symptoms to demonstrate a pattern. Document gut-level feelings.
- Use the concept of "FACT" when documenting.

### Factual

### Accurate

### Complete and comprehensive

### Timely

- Complete documentation on the day of occurrence.
- Do not provide care or discontinue assessment if, in one’s professional opinion, needed medical information is lacking to arrive at a diagnosis.
- Show that a health history was taken before care was provided.
- Assure that the plan of care reflects appropriate health history and health screen(s).
- Document the method used to notify parent/guardian of the student’s health office visit e.g., by phone (emergency or need to pick up) or in writing (routine visit).
- Document what information is sent home with the student for exchange with the parent/guardian; however, the school is not responsible for assuring that information exchange occurs between the student and parent/guardian as requested.
- Failure to document delivery of nursing services violates the nurse practice act.

### **Consistency in Documentation**

The health record is an information management document for the student throughout his/her school career. Consistency is the key to organization, continuity and accuracy. Likewise, all forms and documentation should have a signature and/or initials of the care giver and the name of the student. Any medication log sheets should contain a space for physician order, date, prescription changes as well as a comment section. The same health record forms should be used in the same manner for the same purpose in all schools within a school district.

### **Sign-in/Documentation Logs**

Unless maintained without known patient identifiers, sign-in logs and patient activity logs may infringe upon patient confidentiality rights. Computerized logs may be acceptable if access is limited to identified individuals with a need to know.

### **Documentation Tools (See Resources at the end of the Chapter)**

- Health Records
- Sick Child Memo – English
- Sick Child Memo – Spanish
- Injured Child Memo – English
- Injured Child Memo – Spanish
- Vision Screening
- Hearing Screening

### **Adverse Event Reporting**

In New Mexico, the Department of Health (DOH) Regional Health Officers (RHO) are charged by state statute with oversight responsibilities of all school nurses. During the Legislative session of 2017 the Public Health Act was amended to read.



### Public Health Medical Oversight

New Mexico school nurses are licensed by NMPED; however, it is the Department of Health (DOH) that provides medical oversight of all school nurses. New Mexico State Statute 24-1-4(B) of the [Public Health Act](#) states “a regional health officer shall provide medical oversight to school nurses in the regional health officer’s region. A school nurse shall make reports relating to public health as the regional health officer in the school nurse’s region requires.” Regional School Health Advocates assist the regional health officers and the school districts in their regions in compliance with this statute.

### Protocol for Reporting an Adverse Event

Should a school nurse have knowledge of any of the below listed adverse events occurring in the school/school district in which he/she provides services, that nurse or the school nurse

leader/supervisor of the school district is required to report the event(s) to the local RHO through School Health Advocate (SHA) by phone, fax, or email. An Adverse Event Report should be completed as soon as possible following that notification phone call to alert the SHA of the outstanding report. If there is a question regarding whether a situation should be reported the nurse should contact the Regional SHA.

### Adverse Events Reporting Form

In these instances, an Adverse Event Form should be initiated...

1. Any death of a student or staff member that occurs during school hours or on school grounds.
2. Any known suicide attempt (including completed or suspected) of a student, including those occurring after hours or during school vacation.
3. Any delivery of an infant on school grounds.
4. Any medication error as the result of a school nurse or other school staff action that requires an ambulance to be called or requires the student to be transported to an emergency room or urgent care facility.
5. Any error involving vaccine administration
6. Any untoward event with the potential of impacting physical or mental health of the school community.
7. Administration of emergency medication resulting in activation of EMS:  
    \_\_\_prescribed or \_\_\_stock Specify medication:

The Adverse Events Form is now a fillable PDF form. It should be filled out electronically, saved to the school computer with the school name and date of the occurrence, then emailed to the Regional SHA. If the school response is not known at the time a follow-up amendment can be made to the original form. This information is collected and provides for data for follow-up action such as training.

## Notification Timeframe

Reporting of adverse events should occur within:

1. 24 hours in the event of (1) or (2) above and
2. 72 hours of the occurrence in the event of (3) (4) (5) (6) or (7). If the required Reporting information is inconclusive within this timeframe, the event should still be reported with additional information to follow later.

## References and Resources

[Adverse Event Reporting](#)

[Advocacy: The Case for School Nursing](#)

[Emergency Health Authorization Form](#)

FERPA, Family Policy Compliance Office, U.S. Department of Education

400 Maryland Avenue, SW, Washington, D.C. 20202-8520 [www.ed.gov/offices/OM/fpco](http://www.ed.gov/offices/OM/fpco),  
<http://www.ed.gov/policy/gen/guid/fpco/ferpa/safeschools/index.html>

[New Mexico Administrative Code, New Rule Process.](#)

[New Mexico Rulemaking Process Overview](#)

[New Mexico Administrative Code, Title 1.21.2. \(181-189\), General Government](#)

[Administration. Functional Records Retention and Disposition Schedules \(FRRDS\), Retention and Disposition of Public Records, Student Records](#)

[New Mexico Administrative Code, Title 6.10.8, Primary and Secondary Education Primary and](#)

[Secondary Education, Public School Administration – Procedural](#)

[Requirements, Compulsory School Attendance](#)

[New Mexico Administrative Code, Title 6.12.2., Primary and Secondary Education.](#)

[Health Services– Immunizations of School Children](#)

[Student’s Rights to Self-Administer Certain Medications](#)

[New Mexico Administrative Code, Title 6.12.4, Primary and Secondary Education, Public](#)

[School Administration – Health and Safety,](#)

[Tobacco Free School Districts](#)

New Mexico Administrative Code, Title 6.29.1, Primary and Secondary Education, Standards for Excellence, General Provisions, [School Health](#)

[New Mexico Administrative Code, Title 6.29.6, Primary and Secondary Education-Standards for Excellence, Health Education](#)

[New Mexico Administrative Code, Title 6.31.2, Primary and Secondary Education, Special Education, Children with Disabilities/Gifted Children](#)

[New Mexico Administrative Code, Title 6.6.63, Primary and Secondary Education, School Personnel-Licensure Requirements for Ancillary and Support Personnel-Licensure for School Nurses, Grades Pre-K-12](#)

[New Mexico Administrative Code, Title 6.63.15, Primary and Secondary Education, School Personnel – Licensure Requirements for Ancillary and Support Personnel Licensure for School Health Assistants, Grades Pre-K - 12](#)

[New Mexico Administrative Code, Title 6.63.16, Primary and Secondary Education, School Personnel – Licensure Requirements for Ancillary and Support Personnel Licensure for School Licensed Practical Nurses,](#)

[Grades Pre-K-12](#)

[New Mexico Administrative Code, Title 16.12.2, Occupational and Professional Licensing, Nursing and health Care Related Providers. Nurse Licensure](#)

New Mexico Administrative Code, Title 7.5.3., Health, Vaccinations, and Immunizations. [Exemption for school, childcare, and pre-school immunization](#)

New Mexico Administrative Code, Title 7.5.2., Health, Vaccinations, and Immunizations.

[Immunization Requirements](#)

New Mexico Administrative Code, Title 7.30.10, Health, Family and Children Health Care Services, [Award of Funds from Save Our Children's Sight Fund](#)

New Mexico Administrative Code, Title 7.30.11, Health, Family and Children Health Care Services, [Vision Screening Test Standards for Students](#)

[New Mexico State University, E-Learning, Recognizing & Reporting Child Abuse & Neglect](#)

[Minors' Consent for Services NM](#)

[2016 Public Health and School Nurse](#)

[Public Health Authority Letter](#)

[2017 School Nurses in the Nations](#)

Schwab, Nadine C. and Gelfman, Mary H. B. (2005) *Legal Issues in School Health Services*. North Branch, MN: Sunrise River Press, pp. 156-163.

Schwab, N., Panettieri, M.J., & Bergren, M. (1998). *Guidelines for school nursing documentation: Standards, issues, and models* (2<sup>nd</sup> ed.). Scarborough, ME: National Association of School Nurses.

[2016 Social Determinants](#)

Statutes, New Mexico, Child Abuse and Neglect, [NM State § 32A-4-3 \(2016\)](#)

[Statutes, New Mexico, Minors' Consent for Health Services in NM, §24-1-9, §24-1-13.1, §24-8-5, §24-10-2, §24-7A-6.2, §32A-6A-14,15, Minors' Consent for Services NM](#), New Mexico Public Access Law .

Statutes, New Mexico, [Public Health Act](#), §24-1-4 (pgs. 15-16)

Statutes, New Mexico, School Personnel §Chapter 22-10A-5, Public Schools,  
[School Personnel Act](#)

US Office for Civil Rights, Health Information Privacy, [www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa)

[White Paper Absenteeism](#)

[Whole School, Whole Community, Whole Child Implications for 21<sup>st</sup> Century School Nurses](#)