

██████ SHS Policy Implementation

1. Observations:

- a. No ██████ policy exists to address referrals to Sexual Health Services and the issues, such as absences, confidentiality, who may make referrals, and procedures to assure appropriate referrals are made.
- b. Several existing policies would have an impact on SHS policy- attendance (5150.R.02), definition of local wellness (5700.R.01), relationships with Community Groups and Agencies (7200.R.01), controversial issues, including sex education (6190.R.01), and the content of the Parent and Student handbook, including Rights and Responsibilities (5000.R.01). These policies would need to be clarified and/or amended to support any referral to SHS policy.

2. Next steps:

- a. Determine process for amending/modifying existing policies and introducing new policies
- b. Address areas in existing policies listed above.
- c. Create a draft policy, working on the assumption that the above issues in existing policies have been modified.

Guidelines for Releasing Students for Confidential Medical Care
Draft Policy: (Based on format of existing [REDACTED] Policies)

Book [REDACTED]
Section 5000: Student
Title Releasing Students for Confidential Medical Care
Number
Status
Legal [REDACTED] Laws Related to Right of a Minor to Obtain Health Care without Consent or Knowledge of Parents (The Network for Public Health Law-Issue Brief)

1. Purpose-
 - 1.1 To provide guidelines for releasing students to access Confidential Medical Care
2. Organizational Units Affected
 - 2.1 Principals
 - 2.2 School Nurses and Office Professionals
 - 2.3 Counselors
 - 2.4 Parents/Guardians
 - 2.5 Teaching Staff
3. Definitions
 - 3.1 Confidential Medical Care- [REDACTED] Law allows minors to give their own consent for some kinds of health care-including contraceptive, HIV or other STD, pregnancy-related, substance abuse and mental health care. Accessing of these services is confidential, and shared only with express consent from the minor.
 - 3.2 Sexual Health Services- Sexual Health Services include anticipatory guidance for prevention, including delay of onset of sexual activity; promoting HIV and STD testing, counseling, and treatment, and the dual use of condoms and highly effective contraceptives among sexually active adolescents; HIV and STD testing, counseling, and referral; pregnancy testing; and HPV vaccinations.
 - 3.3 Referral- The term “referral’ is used to describe a process of assisting students in obtaining preventative health services through a variety of activities, including, but not limited to, connecting students to adolescent-friendly providers on the basis of an identified need.
 - 3.4 Sexually Transmitted Disease (STD): a disease transmitted by sexual contact, such as chlamydia, gonorrhea, syphilis, viral hepatitis, genital herpes, and trichomoniasis. Individuals who are infected with STD are at least two to five times as likely as uninfected individuals to acquire HIV infection if they are exposed to the virus through sexual contact.

- 3.5 School Linked Health Centers (SLHC)-Youth-focused health care programs (e.g. clinics, health service providers) commonly characterized by the following attributes: are located off school grounds; often serve more than one school; often have extended hours beyond the school day; and often provide a broader scope of services than those available through School based Health Services.
 - 3.6 Youth-Friendly Services- Services with policies and attributes that attract young people to them, create a comfortable and appropriate setting, and meet young people's needs. Youth-friendly services ensure confidentiality, respectful treatment, and deliver culturally appropriate care in an integrated fashion at no charge or low cost: and are easy for youth to access.
4. Background Information
- 4.1 According to the CDC, among U.S. high school students in 2013,
 - 47% have had sexual intercourse at least once.
 - 34% are currently sexually active.
 - 41% of currently active students did not use a condom last time they had sexual intercourse.
 - 15% have had four or more sex partners.
 - 6% had sexual intercourse for the first time before age 13.
 - In 2010,26% (about 1 in 4) of the estimated 47,500 new HIV infections were among youth aged 13-24 years.(Consider providing [REDACTED] data)
 - 4.2 In 2002, a new federal rule took effect that protects the privacy of individual health information and medical records. The rule, which is based on requirements contained in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), embodies important protections for minors, along with a significant degree of deference to other laws (both state and federal) and to the judgment of health care providers. These provisions represent a compromise between competing viewpoints about the importance of parental access to minor's health information and the availability of confidential adolescent health services.
 - 4.3 Adolescents have gained many opportunities to receive confidential health care services, particularly for concerns related to sexual activity, pregnancy, HIV and other sexually transmitted diseases (STDs), substance abuse and mental health.
 - 4.4 Protection of confidentiality for adolescents has been based on recognition that some minors would not seek needed health care if they could not receive it confidentially, and that their forgoing care would have negative health implications for them as well as society.
5. Procedures
- 5.1 Confidential Medical Care is defined as medical care or counseling for drugs, alcohol, sexually transmitted diseases, or mental health for students 14 years and older. Students may access these services without parental consent or notification.
 - 5.2 The district is required to notify parents and students of this law. Parental notification is included in the Rights and Responsibilities Handbook.
 - 5.3 A student may be referred by site staff or self-refer to the school nurse or school counselor if they wish to be released from school for confidential medical services.

- 5.4 Designated staff, school nurses and/or counselors will develop a list of vetted, youth-friendly School Linked Health Centers approved for referral.
 - 5.5 Release from school shall be handled confidentially by the school nurse, school counselor, or attendance office, if no school nurse or school counselor is present. Schools should take reasonable steps to insure that the parent is not informed of the absence.
 - 5.6 The school nurse, school counselor or attendance office may request the student verify their absence verbally or in writing.
 - 5.7 The school nurse, school counselor or attendance office shall enter “excused” in PowerSchool for the period the student is off campus seeking confidential medical care.
 - 5.8 The student should report back to the same staff member who excused them, upon return to the school following the appointment, (or the next school day). The copies of the referral forms will be kept with the staff member who released the student and should not be recorded in the student’s record without the student’s permission.
 - 5.9 The absence will not be recorded in the electronic attendance record.
 - 5.10 District staff will continue to encourage students seeking confidential medical services to consult with their parent/guardian or trusted adult.
 - 5.11 If a parent learns of their child’s absence, and questions the staff member, the reason for the absence should not be disclosed. The staff member can inform the parent that “their child requested to be released from school for a medical appointment and by law we are required to release them.”
 - 5.12 Students are responsible for making arrangements with their teachers to make up any assignments that they miss due to the absence.
6. Work Instructions, templates, & samples
 - 6.1 Centers for Disease Control and Prevention, 2014. Reported STDs in the United States. Atlanta, Georgia. Accessed November 18, 2014, from <http://www.cdc.gov/nchhstp/newsroom/docs/STD-Trends-508.pdf>
 - 6.2 Center for Disease Control and Prevention, 2014. HIV Testing Among Adolescents: What Schools and Education Agencies Can Do. http://www.cdc.gov/healthyouth/sexualbehaviors/pdf/hivtesting_adolescents.pdf
 - 6.3 Referral template (to be developed)
 - 6.4 Staff training guidelines (to be developed)
7. Training and feedback
 - 7.1 Staff (and parents) will be notified of district policy for referral to Confidential Medical Care.
 - 7.2 The appropriate building administrator will identify designated staff, who are approved to make and manage referrals to Confidential Medical Care (e.g. school nurse, counselors, etc.).
 - 7.3 Approved staff will receive training regarding appropriate referrals to recognized School Linked Health Centers. This training will include procedure for insuring confidentiality and managing absences.

7.4 Approved staff will monitor and evaluate School Linked Health Centers, gathering data from students and health care providers to ensure referrals are effective and appropriate.

8. Implementation, Compliance & Assessment

8.1 Information regarding laws impacting student access to Confidential Medical Care will be included annually the parental Rights and Responsibilities Handbook.

8.2 Data collected by approved staff will be evaluated and reviewed on an annual basis and as needed, in response to any concerns expressed by staff or students. Data will be utilized to evaluate appropriateness of referrals to School Linked Health Centers.