

**CLAYMONT CITY SCHOOL DISTRICT
(CLAYMONT)**

**TELEMEDICINE
POLICIES AND PROCEDURES MANUAL
FOR CLAYMONT CITY SCHOOLS**

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1. OVERVIEW

This Telemedicine Policies and Procedures Manual (“Manual”) is designed to aid health care professionals and staff at Claymont City School District (“Claymont”) in providing medical care to students via telemedicine. This Manual is in connection with the telemedicine program services provided by Practitioners located at The Orrville Hospital Foundation d/b/a Aultman Orrville Hospital and Aultman designated affiliates (the “Distant Site”) for students who are present at one of the five (5) Claymont schools located in Uhrichsville and Dennison, Ohio (each an “Originating Site”):

Claymont High School
Claymont Middle School
Claymont Intermediate School
Claymont Elementary School
Claymont Primary School

The goal of the telemedicine program is to enable Practitioners located at Aultman Orrville or Aultman designated affiliates to provide consultations, via telemedicine, to students located at each of Claymont’s locations. Telemedicine holds particular promise in facilitating the management and coordination of care for children by increasing access to care, promoting continuity of care, and improving quality.

The policies and procedures in this Manual outline certain practice guidelines and technical standards that will ensure quality and safety of service to students. Further, these policies and procedures are designed to enable Claymont, at each of its locations, to comply with legal and regulatory requirements for telemedicine services. The Manual addresses the following aspects:

- Telemedicine personnel;
- Training;
- Student records;
- Informed consent and required authorizations;
- Network connectivity;
- Use of telemedicine equipment;
- Quality and safety.

Where applicable, staff should consult other Claymont policies and procedures, including those pertaining to student privacy, information security, and quality assurance.

2. DEFINITIONS

“Consulting Practitioner.” The Practitioner to whom the student is referred and who examines and treats the student via telemedicine. Unless otherwise determined by Aultman Orrville, in its sole discretion, Consulting Practitioners will be physicians and licensed nurse practitioners.

“Distant Site.” The site where the Consulting Practitioner providing the professional services is located.

“FERPA.” The Family Educational Rights and Privacy Act (“FERPA”) (20 U.S.C. § 1232g; 34 C.F.R. Part 99) is a Federal law that protects the privacy of student education records.

“HIPAA.” The Health Insurance Portability and Accountability Act of 1996, (“HIPAA”) and the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (“HITECH Act”), and the final regulations to such Acts that the U.S. Department of Health and Human Services (“HHS”) has promulgated and set forth in 45 C.F.R. Parts 160, 162, and 164 (collectively, the “HIPAA Rules”).

“Legally Authorized Representative.” A parent, legal guardian or other individual who is authorized by law to consent on behalf of a minor student to the student’s participation in the Telemedicine consultation and disclosure and use of records.

“Originating Site.” The site where the student is located at the time the service is provided.

“Permanent Student Record.” Those records that are maintained by Claymont and are directly related to a student, including without limitation, immunization and other health records that are directly related to a student.

“Practitioner.” A physician or other licensed health care provider, including licensed nurse practitioners, who is permitted by State law to provide medical services to students via telemedicine or otherwise.

“Presenting Practitioner.” The Practitioner who presents a student to the Consulting Practitioner.

“Telemedicine.” The use of medical information exchanged from one site to another via electronic communications for the health and education of the student or health care provider and for the purpose of improving student care, treatment and services.¹ “Electronic communications” may include internet, telephone and facsimile.

“Telemedicine Network Coordinator.” Aultman Orrville and Aultman designated affiliate employee(s) responsible for connectivity and overall coordination of the consultation.

“Telemedicine Site Coordinator.” Claymont employee(s) responsible for coordination of the consultation.

¹ Source: American Telemedicine Association.

3. PERSONNEL

POLICY NO: 3.1
SUBJECT: Telemedicine Coordinators

Policy:

Telemedicine services will be scheduled or arranged by Telemedicine Network Coordinators and Telemedicine Site Coordinators at each of the Originating and Distant Sites.

Procedures:

1. Telemedicine Network Coordinator. Aultman Orrville will identify and assign one or more Telemedicine Network Coordinators who will be located at the Aultman designated affiliate site (the “Distant Site”). The Telemedicine Network Coordinators will do their best to accommodate requests for telemedicine consultations but cannot guarantee availability for such requests. The Telemedicine Network Coordinator will be responsible for the following activities:
 - a. Maintain a line of communication with the Telemedicine Site Coordinator to accommodate requests for telemedicine consultations.
 - b. Verify a signed copy of *Informed Consent for Telemedicine Services, HIPAA Authorization, and FERPA Authorization* forms are received and placed in the student’s record prior to the telemedicine consultation.
 - c. Provide pertinent student care records received from the Telemedicine Site Coordinator to the Consulting Practitioner prior to the consultation (e.g., lab results, relevant history and physical information, growth charts, diagnostic studies, etc.).
 - d. Oversee and arrange for the setup and maintenance of telemedicine equipment at the Aultman designated affiliate site and be available to oversee and arrange for technical assistance as needed.
 - e. Maintain a network log of each telemedicine session.
2. Telemedicine Site Coordinator. Each Originating Site will identify and assign a Telemedicine Site Coordinator who will report to the Claymont City School Nurse. The Telemedicine Site Coordinator will be responsible for the following activities:

- a. Work with the Telemedicine Network Coordinator to maintain an open line of communication to accommodate requests for telemedicine consultations. All requests for telemedicine consultations are subject to the review and approval of Aultman Designated affiliate site.
- b. Document appointments in students' charts and appointment records.
- c. At the time of the student's consultation, the Telemedicine Site Coordinator will explain to the student and/or the student's Legally Authorized Representative the process for a telemedicine consultation. This will include:
 - i. A description of video-conferencing equipment.
 - ii. A description of examination room set-up.
 - iii. Identification of personnel involved in the consultation.
- d. Verify that the student has provided a valid and executed informed consent, HIPAA Authorization, and FERPA Authorization form prior to the telemedicine consultation, ensure the original form is placed in the student's record, and electronically transmit (via fax or email) a copy of the signed *Informed Consent for Telemedicine Services, HIPAA Authorization, and FERPA Authorization* forms to the Telemedicine Network Coordinator prior to the student visit. For returning telemedicine students, the Telemedicine Site Coordinator will verify that a valid and executed informed consent, HIPAA Authorization, and FERPA Authorization form are on file. At the time of the student's consultation, the Telemedicine Site Coordinator will review these documents with the student and answer any questions he or she may have.
- e. Provide pertinent student care records and other pertinent information to the Telemedicine Network Coordinator prior to the telemedicine exam (e.g., lab results, relevant history and physical information, growth charts, diagnostic studies, allergies, etc.).
- f. Maintain proper functioning of the telemedicine equipment at the Originating Site and be available to provide technical assistance as needed.

3. PERSONNEL

POLICY NO: 3.2
SUBJECT: Presenting Practitioners

Policy:

A Practitioner at the Originating Site who has an ongoing treatment relationship with the student will be physically present during the telemedicine consultation and will be responsible for presenting the student to the Consulting Practitioner at the Distant Site (Aultman Designated Affiliate). This Practitioner is referred to as the “Presenting Practitioner.” Presenting Practitioners shall hold appropriate, required licenses and certifications and shall practice within the scope of such licenses and certifications.

Procedures:

1. Preparing for the Exam.
 - a. The Presenting Practitioner will ensure that the student consent, HIPAA Authorization, and FERPA Authorization forms have been signed and copies sent to the Telemedicine Network Coordinator prior to the exam or consultation.
 - b. The Presenting Practitioner will ensure the exam room is prepared so it is appropriate for the type of telemedicine exam taking place.
 - i. Physical exam:
 - (1) Necessary medical supplies and equipment.
 - (2) Medical peripherals (e.g., zoom camera, otoscope) are connected and working properly.
 - ii. Mental health or developmental evaluation: include age-appropriate assessment and diagnostic tools.
2. During the Exam.
 - a. The Presenting Practitioner will introduce the student and Consulting Practitioner to each other.
 - b. The Presenting Practitioner will give (or invite the student to give) a brief student health history or health update to the Consulting Practitioner, including the primary student complaint.

- c. The Presenting Practitioner is encouraged to explain to the student that the Presenting Practitioner is an advocate for the student, and that he or she and the Consulting Practitioner work as a health care team to provide the best possible student care.
 - d. The Presenting Practitioner will document verbal orders received from the Consulting Practitioner regarding any tests or clinical procedures that need to be done and will ensure that proper signature(s) are obtained on such orders.
 - e. The Consulting Practitioner may issue prescriptions, via electronic or other means, in compliance with all applicable laws. The Presenting Practitioner shall inform the student and, if appropriate, Legally Authorized Representative of where to obtain the prescription.
 - f. The Presenting Practitioner will always maintain student confidentiality.
 - g. The Presenting Practitioner will allow time after the conclusion of the student visit to consult with the Consulting Practitioner.
 - h. If the Practitioners determine a subsequent or follow-up consultation or other follow-up care with a different provider is necessary, the Presenting Practitioner will ensure the consultation or follow-up care is appropriately scheduled.
3. Following the Exam. After the conclusion of the telemedicine consultation, the Presenting Practitioner will:
- a. Order any lab tests, etc., and forward the results to the Consulting Practitioner.
 - b. Ensure that any written orders (including electronic orders) issued by the Consulting Practitioner following the examination are received, placed in the chart and forwarded to the appropriate department/personnel at the Originating Site.
 - c. Provide written documentation of the consultation to the student and/or Legally Authorized Representative of student, as applicable
 - d. Follow-up with the student regarding any lab or other tests performed subsequent to the consultation. The Consulting Practitioner may recommend any necessary follow-up care for the student, but the Consulting Practitioner will not make referrals for follow-up care.
 - e. Ensure the examination room and equipment are cleaned and serviced, following Claymont infection control policies and procedures. *See Policy No. 6.2, Use of Telemedicine Equipment.*

PERSONNEL

POLICY NO: 4.1
SUBJECT: Training for Telemedicine Personnel

Policy:

Qualified staff at both the Originating and Distant Sites will have appropriate education and training in use and maintenance of telemedicine equipment.

Procedures:

1. Basic video conferencing training.
 - a. It is strongly recommended that each site have a minimum of three individuals who are competent in the following:
 - i. Basic set-up and operation of the videoconferencing equipment.
 - ii. Moving equipment from room to room, as necessary.
 - iii. Changing camera views, as necessary.
 - iv. Centering the view of the participants depending on the type of session.
 - v. Explain to participants how to do the following:
 - (1) Mute audio.
 - (2) Change the camera view.
 - (3) Use any peripherals, such as the hand held cameras or document cameras.
 - (4) Change camera views from the room to the peripherals.
2. Additional videoconferencing training.
 - a. Advanced use of the videoconferencing equipment (topics such as direct dialing, saving slides, etc.)
 - b. Use of the medical peripherals, as needed.
 - c. Presenting techniques in front of a camera.
 - d. Telemedicine risk management and quality assurance.
 - e. Mock clinic: a practice run prior to beginning a new student care clinic.

5. STUDENT RECORDS AND INFORMED CONSENT AND AUTHORIZATIONS

POLICY No: 5.1
SUBJECT: Student Records

Policy:

Practitioners and staff will adhere to the following procedures for documenting telemedicine services in student records.

Procedures:

1. All permanent student records will be kept at the Originating Site.
2. The original signed *Informed Consent for Telemedicine Services, HIPAA Authorization, and FERPA Authorization* forms will be placed in the student's permanent medical record.
3. Consulting Practitioners will send their progress notes from telemedicine consultations to the Originating Site to be put in the student's permanent medical record.
4. Presenting Practitioners will also document the student's telemedicine visit in the permanent medical record.

5. STUDENT RECORDS AND INFORMED CONSENT AND AUTHORIZATION

POLICY No: 5.2
SUBJECT: Obtaining Informed Consent

Policy:

Practitioners and Staff at the Originating Sites will follow all applicable laws, policies and procedures for obtaining and documenting informed consent for telemedicine services. All students, regardless of the student's age, must submit an informed consent, HIPAA Authorization, and FERPA Authorization executed by the student's Legally Authorized Representative prior to receiving telemedicine services.

Procedures:

1. The Telemedicine Site Coordinator is responsible for explaining to the student and, if applicable, the student's Legally Authorized Representative the process for a telemedicine consultation. *See Policy No. 3.1, Telemedicine Coordinators.*
2. Claymont is responsible for obtaining the consent and authorizations of the student/the student's Legally Authorized Representative.
3. The original forms will be placed in the student's file at the Originating Site and a copy transmitted electronically (via fax or email) to the Telemedicine Network Coordinator.
4. The informed consent, HIPAA Authorization, and FERPA Authorization will be in the format of Form A, Form B, and Form C (*attached hereto*), and as revised from time-to-time.

FORM A: CONSENT FOR TELEMEDICINE SERVICES

Student Name: _____ Date of Birth: _____

Location of Student: _____

Primary Care Physician Name and Location: _____

Student's Pharmacy Name and Location: _____

Introduction

Claymont City School District ("Claymont") has established a program to offer students medical care through telemedicine. The goal of the telemedicine program is to enable healthcare practitioners located at Aultman Orrville Hospital and Aultman designated affiliates ("Aultman Orrville") to provide consultations and related services, through telemedicine, to students located at Claymont's locations. Practitioners may include physicians, primary care practitioners and/or licensed nurse practitioners, specialists, and/or subspecialists.

Expected Benefit of Telemedicine Services:

- Improved access and efficiency to medical care by enabling a student to remain in his/her school while the Practitioner consults from Practitioner's distant/other sites.

Possible Risks of Telemedicine Services:

- In rare cases, information transmitted may not be sufficient (e.g., poor resolution of images) to allow for appropriate medical decision making by the Practitioner and consultant(s).
- Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment.
- In rare cases, a lack of access to complete medical records may result in adverse drug interactions or allergic reactions or other judgment errors.

By signing this form, I understand and acknowledge the following:

1. I understand that I have the right to withhold or withdraw my consent to use telemedicine in the course of my care at any time, without affecting my right to future care or treatment.
2. I understand that a variety of alternative methods of medical care may be available to me and that I may choose one or more of these at any time.
3. I understand that telemedicine may involve electronic communication of my personal medical information to other medical practitioners who may be located at a different location than me, and details of my medical history, examinations, x-rays, and tests may be discussed with the medical practitioner who is at a different location than me. I understand that I may expect the anticipated benefits from the use of telemedicine in my care, but that no results can be guaranteed or assured.

4. I have received, or have been offered, a copy of Aultman Orrville’s Notice of Privacy Practices. I understand I can obtain a copy of the Notice of Privacy Practices by going online to: <http://aultmanorrrville.org/Patient-Information/resources/patient-privacy>.

PLEASE INITIAL ONE:

I hereby _____ permit OR _____ do not permit Aultman Orrville to provide the student with telemedicine services **without me being present or participating**. I understand if I have not chosen to initial either option, I am waiving my right to be present or participating with the student for telemedicine services.

I consent for the undersigned student to receive Telemedicine consultation services. I understand that confidentiality between the student and the Practitioners will be ensured in specific instances in accordance with the law, and that students will be encouraged to involve their parents or guardians in counseling and medical care decisions. Telemedicine consultation services may include, but are not limited to:

- Prescribing of medications
- Medically prescribed basic laboratory tests based upon Provider’s assessment
- Referrals for service not provided at the school-based wellness center
- Health education and risk prevention counseling

I understand that if this form is not signed and returned, then no telemedicine services will be offered to the student. I further understand and agree that this informed consent for telemedicine services will suffice as informed consent for future telemedicine services rendered to student.

I have read this Consent and the Notice of Privacy Practices or had them read to me. I understand what these documents say.

Student Signature: _____ Date: _____
(If Student is Over Age 18)

Parent/Legal Guardian* Signature: _____ Date: _____
(If Student is Under Age 18)

*If signed by a Legally Authorized Representative, provide your name and describe your authority to act for the individual below (e.g., parent, legal guardian, healthcare power of attorney, etc.).

FORM B: HIPAA AUTHORIZATION

AUTHORIZATION FORM Student Authorization for Use and Disclosure of Protected Health Information

Student Name: _____ (“Student”) Date of Birth: _____

By signing this form, I hereby authorize Aultman Orrville Hospital and Aultman designated affiliates (“Aultman Orrville”) to disclose health information about Student to any employee of the Claymont City School District (“Claymont”) and to Student’s parents/authorized representatives for treatment, payment, or healthcare operations. I understand that any health information disclosed by Aultman Orrville to Claymont pursuant to this Authorization may be incorporated into Student’s education records and may be accessed by others who are legally permitted to view such records.

This authorization permits Aultman Orrville to use and/or disclose protected health information about Student, including, without limitation, all notes of physicians, nurses, psychologists, counselors, and other persons who have provided or who are providing health care to the undersigned individual, all radiology and pathology records, and other sensitive information (including HIV/STD information, genetic testing information, mental health information, and alcohol and drug abuse information). Notwithstanding the broad scope of the above disclosure request, the undersigned does not authorize the disclosure of "psychotherapy notes" as such term is defined by the Health Insurance Portability and Accountability Act ("HIPAA").

I understand that I have the right to revoke this authorization, in writing, at any time by sending written notification to Aultman Orrville Hospital, ATTN: Medical Records Department, 832 South Main Street, Orrville, OH 44667. I understand that a revocation is not effective to the extent that information has already been used or disclosed in reliance on this Authorization. Aultman Orrville will not condition my treatment or payment for my treatment on whether I provide authorization for the requested use or disclosure. I also understand I have the right to a copy of this Authorization.

I understand that information used or disclosed pursuant to this Authorization may be used or disclosed by the recipient and may no longer be protected by federal or state law.

I have read this form or have had it read to me. I understand what it says.

Student Signature: _____ Date: _____
(If Student is Over Age 18)

Parent/Legal Guardian* Signature: _____ Date: _____
(If Student is Under Age 18)

*If signed by a Legally Authorized Representative, provide your name and describe your authority to act for the individual below (e.g., parent, legal guardian, healthcare power of attorney, etc.).

FORM C: FERPA AUTHORIZATION

Student Name: _____ (“Student”) Date of Birth: _____

The purpose of this Authorization is to permit Claymont City School District (“Claymont”) to provide all personally identifiable information contained in the Student’s educational records (including any health-related or other information in the records maintained by the Claymont school nurse) to (i) Student’s parents and/or Legally Authorized Representatives (unless restricted by law) and (ii) Aultman Orrville Hospital or Aultman designated affiliates (“Aultman Orrville”) so that Aultman Orrville can provide telemedicine services to Student.

The Family Educational Rights and Privacy Act (“FERPA”) is a Federal Law that protects the privacy of student education records. In accordance with FERPA, Claymont will disclose information from education records with the Student’s, or (in the case of a minor) a Student’s Legally Authorized Representative’s, written consent.

By signing this document, I am giving consent that Claymont officials may provide and discuss the entire contents of Student’s education records, including personally identifiable information from such records, with Aultman Orrville representatives. I understand that I may revoke consent at any time in writing to: **Claymont City School Nurse** at: **Claymont High School**, 4205 Indian Hill Road, Uhrichsville, OH 44683; or, **Claymont Middle School**, 215 E. Sixth Street, Uhrichsville, OH 44683; or, **Claymont Intermediate School**, 230 N. Third Street, Dennison, OH 44621; or, **Claymont Elementary School**, 1200 Eastport Avenue, Uhrichsville, OH 44683; or, **Claymont Primary School**, 320 Trenton Avenue, Uhrichsville, OH 44683.

I understand that a revocation is not effective to the extent that information has already been used or disclosed in reliance on this Authorization.

I have read this form or have had it read to me. I understand what it says.

Student Signature: _____ Date: _____
(If Student is Over Age 18)

Parent/Legal Guardian* Signature: _____ Date: _____
(If Student is Under Age 18)

*If signed by a Legally Authorized Representative, provide your name and describe your authority to act for the individual below (e.g., parent, legal guardian, healthcare power of attorney, etc.).

6. TECHNICAL OPERATIONS

POLICY No: 6.1
SUBJECT: Network Connectivity

Policy:

Distant and Originating Sites will take steps to ensure optimum connectivity of telemedicine equipment.

Procedures:

1. Testing. Connectivity testing will be coordinated by the Telemedicine Site Coordinator, as needed.
2. Room Configuration.
 - a. Rooms used for videoconferencing must have a telephone to facilitate testing and troubleshooting.
 - b. Connectivity for student consultations requires a relatively small room to simulate the environment of an examination room and to help ensure student privacy.
 - c. Rooms used for telemedicine consultations shall be configured to protect students' privacy and confidentiality.
 - d. The Presenting Practitioner should identify an appropriate space for the telemedicine consultation. Ideally, the space should be large enough to comfortably accommodate the student, up to two Legally Authorized Representatives, and the Presenting Practitioner, along with necessary examination equipment. If present, the Legally Authorized Representative should also be able to see any monitors or clinical information that is visible to the student, and to be seen on camera by the Consulting Practitioner.

6. TECHNICAL OPERATIONS

POLICY NO: 6.2
SUBJECT: Use of Telemedicine Equipment

Policy:

Presenting Practitioners and staff at the Originating Sites will ensure that telemedicine equipment is appropriately maintained.

Procedures:

1. Video Conference Equipment.
 - a. Keep dust-free by using a compressed-gas duster or dust cloth.
 - b. Clean monitors and cabinet by wiping down with a soft cloth dampened with water, isopropyl alcohol, or mild detergent.
2. Medical Peripherals.
 - a. Including the following equipment:
 - i. Telemedicine Tablet
 - ii. Otoscopes
 - iii. Dermatoscope
 - iv. Stethoscopes
 - (1) Use disposable end pieces when using otoscope.
 - (2) Immediately after each use of a medical peripheral device, clean by wiping down with a soft cloth dampened with water, isopropyl alcohol, or mild detergent.
 - v. Any other necessary equipment or materials.

7. CLINICAL OPERATIONS

POLICY NO: 7.1
SUBJECT: Quality and Safety

Policy:

Presenting Practitioners and staff will ensure the provision of high quality telemedicine services and a safe and adequate environment at the Originating Site for telemedicine consultations.

Procedures:

1. In the event of a mechanical failure of the telemedicine equipment, an alternate videoconference system/site will be utilized if practicable. If none are functioning, appropriate, or available, or if there is a network transmission failure, two options will be presented to the Presenting Practitioner, Consulting Practitioner and student:
 - a. The student will be informed by the Presenting Practitioner or Consulting Practitioner to seek care locally as deemed necessary by the Consulting Practitioner, in conjunction with the Presenting Practitioner.
 - b. The telemedicine consult will be rescheduled.
 - c. In the event of a mechanical failure, the same options will be presented (traditional meeting or reschedule).
 - d. Assessment and resolution of the equipment or transmission problems will be initiated as soon as possible.
2. Staff and Practitioners at both Distant and Originating Sites are encouraged to notify the Telemedicine Network Coordinator of all other problems or errors (i.e., equipment failures) involving telemedicine equipment, to help monitor for quality and safety issues.
3. Telemedicine equipment is cleaned according to Claymont infection control guidelines. Staff utilizing telemedicine equipment for student encounters will ensure that it is cleaned and disinfected before and after each use with a Claymont-approved disinfectant. Universal precautions apply at all times. *See Policy No. 6.2, Use of Telemedicine Equipment.*