Considerations for School Nurses When Providing Virtual Care

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Introduction

As schools transition to virtual instruction there is opportunity for nurses to connect with students through virtual care. Virtual care means providing healthcare services between a healthcare provider and a client while being in separate locations during a specific time frame (McGrail et al., 2017), and can be provided through video platforms and phone calls. There are also opportunities to continue case management activities such as providing resources to families that address disparities related to social determinates of health. Some students may need the services of a skilled school nurse in their home setting to provide virtual assistance with direct care needs such as medication supervision or carb counting.

The information below describes tools and resources for school nurses to consider when delivering direct care to students via live audio-visual technology. Direct care is defined as a service provided by a licensed school nurse, such as attending to identified health needs, providing treatments and medications, as well as care provided under the supervision of a school nurse (NASN, 2016).

It is important to note that school nurses are still providing skilled school nurse care, just completing it in a virtual manner. If a school nurse identifies symptoms of a potential medical diagnosis during the nursing assessment, a referral to a healthcare provider will be necessary.

During virtual care, school nurses are going into family homes as a guest, which calls for insightful assessment skills related to evaluating a home setting. Mandatory reporting requirements are the same for virtual visits as in person visits. Follow state regulations and school policy for reporting.
Determining if Virtual Student Visits are Appropriate

Not all care is appropriate via a virtual method, and it requires critical nursing judgement to make this determination. This kind of virtual interaction also requires specific considerations to state laws surrounding delegation as well as district policies. For example, procedures such as tube feedings, catherization, and others that may require training and delegation may not be appropriate for a virtual visit. Consider state-specific legal mandates regarding telehealth.

1. States are actively modifying requirements for telehealth to provide healthcare services.
   - The website below has the most up to date information on current state laws and reimbursement policies guidance that is changing rapidly during the Covid-19 Pandemic. Be aware that some of the guidance may change back after COVID-so it is important for a school nurse to stay current.
   - Refer to your State Nurse Practice Act (NPA) and consider contacting your state school nurse consultant and the state board of nursing if you are proposing to delegate for a direct student service which is allowed in your state. (Not all states are able delegate according to their NPA.)
   - Refer to state Medicaid agencies for assistance with reimbursement of telehealth nursing services.

   - Follow school/district guidelines when accessing student records.
   - Recognize and consider specific interaction guidelines in a virtual situation.

3. Determine if a virtual visit is appropriate for the need. Not all care is appropriate for a virtual visit.

4. Seek approval from administration in your district (Nursing Supervisor, District Superintendent and potentially legal counsel for school system.)
   - Develop policies and procedures for virtual care provided by school nurses.

Virtual School Nurse Visit

1. Preparation for visit.
   - Be aware of what your “virtual office” looks like.
     - Your background should be uncluttered with no activity/traffic behind you.
     - Check the lighting to make sure you are clearly visible.
     - Keep the camera at eye level and talk into the camera (this will make it seem like you are having eye contact with the student and family).
     - Be sure your office is conducive of a visit, remove distracting noises such as pets, fans, radio, etc.
• Wear professional attire that you wear in the school setting.
• Be sure confidentiality can be maintained and that others in your household can not see or hear you or the student/family during the virtual visit.

• Practice with the equipment.
  o Know some basic troubleshooting such as how to adjust your volume, camera, etc. (it is recommended that school devices be used, but personal computers may be used with school permission).
  o Know how to guide the student/adult caregiver in troubleshooting from their side.
  o Take your time when speaking and pausing to give the student time to speak and respond. Sometimes there is a slight delay and it is easy to interrupt the student/caregiver.
  o If technology challenges interrupt the encounter several times, consider finishing via phone.
  o Have a back-up communication plan for how the student and family can contact you in case of technology issues that may arise; and vice versa.
• Have community resource list available to address family needs that may be identified at the visit.
  o Due to lost jobs and health insurance, provide resources for health insurance, food assistance, medication assistance, healthcare, rent assistance, childcare, and others.

2. Conducting the Virtual Visit.
• Set expectations for telehealth in order to provide for a meaningful encounter.
  o Introduce yourself and let the student know exactly what you will be doing and what they will be doing.
  o Ensure student environment is conducive to visit. For example, limited distractions, confidentiality (is student in a private room with the caregiver or are there multiple people in the room), appropriate adult assistant.
  o Involve primary caregiver on site when able.
• Engage the student
  o Build a relationship of trust. The virtual atmosphere and different context from which they are used to interacting with the nurses may be stressful for the student. Speak in a calm, reassuring voice and explain what will be happening in age appropriate language.
  o Make eye contact via the camera, and if you need to look away from the camera explain what you will be doing. For example, you might say I need to look at your record so will be looking away from you for a minute.
  o Engage younger students with small stuffed animals on camera, reading a book, singing or deep breathing. Older students may like jokes or riddles.
• Assessment/Supervision of task.
  o Remember to assess the whole child-not just the complaint. Take note of any nonverbal cues related to home or social factors that may be impacting the student’s health. Ask follow-up questions, as appropriate.
It is helpful to think of the virtual visit like it is happening in your school building, but you are not using your own hands to assess or feel the student. Translate what you need to know for an assessment using the assistance of a caregiver or the student themselves to help assess. For example, you might say, point with one finger to where you are hurting.

- Making sure student/caregiver has the appropriate information. For example, my understanding is that the carbs for lunch from school today were _____. Let me know what you ate, and we will figure the insulin dose together.

- Follow up/end the visit.
  - Summarize any instructions that need to be given asking the student and caregiver to repeat the instructions back to you to make sure they understood. Do not ask if they understand (yes or no answer).
  - Ask if there are any questions.
  - Make appointment for next visit as appropriate.
  - Make sure the caregiver has a way to reach you if there are other questions that come up.
  - Connect student and family to community resources as identified during the visit.
  - High fives, waves or knuckles are great ways to end a visit.

- Documentation.
  - Documentation should be done in the usual manner for a school health visit, noting that the visit was virtual.

**Conclusion**

Providing a virtual telehealth visit for a student is an impactful tool that can deliver high quality school nursing care when thoughtfully delivered.

**References:**


