

Individual Healthcare Plan



Family to Family
Health Information
Center

1-800-284-8520
or 402-403-3908



•*"This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number and title for grant amount (H84MC08009, Family Professional Partnership CYSHCN, total \$95,700, no other additional funds provided). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government."*

PTI NEBRASKA

Parent Training and Information for Families of Children with Disabilities is a statewide resource for families of children with disabilities and special health care needs.

PTI Nebraska's staff are parent/professionals who are available to talk to parents and professionals about special education, other services and disability specific information.

PTI Nebraska conducts relevant workshops across the state. Parents, professionals and others are encouraged to attend at no cost. Requests for specific workshops are welcome.

PTI Nebraska has printed and electronic resources available at no cost.

PTI Nebraska encourages and supports parents in leadership roles locally and statewide.

You are encouraged to contact us or visit the office if:

You would like information about your child's disability

You have a question about your child's special education program

You would like to schedule a workshop in your community

You would like to talk to another parent

Workshops and materials are available in alternate languages and formats upon request.



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Individual Healthcare Plan

1. **Individual Healthcare Plan (IHP) is a plan of care** for the student with special health care needs who requires medical attention and services during the school day. The child's condition, potentially, may create an emergency or crisis. The IHP assists the child to attend school, participate in school with their friends in the classroom and on field trips.
2. **The authority for the IHP is the Nurse Practice Act**, under the title of "Provision of Nursing Care". The Registered Nurse (RN) has the authority to determine level of need, provide training to staff and determine medical competence of the staff assigned by the principal. Parents assist with training and competence with the RN.
3. **The purpose of the IHP is to communicate all the medical needs of the child** including day to day care, emergency care and to articulate expected actions of school staff.
4. **The school nurse (RN) is responsible for the development of the IHP.** Parents provide lots of information and assist the RN with training. All interventions and medical procedures are prescribed by the child's doctor.
5. **If there is no School Nurse?** Only an RN can make the medical decisions about level of care, provide training and supervise care. The RN can be a volunteer. The administrator can contact the Educational Service Unit (ESU), local health department or NE Dept of Health and Human Services for consultation.
6. **The school administrator is responsible to identify staff**, plan for training, support RN and staff, communicate with parents and ensure the legal and ethical adequacy of medical care as well as legal considerations in the IEP or 504 Plans.
7. **The components of the IHP are student specific.** They include: Diagnosis/condition, statement of assessment, routine and predictable needs, emergency care, promotion of self-care and promotion of normal psychosocial development
8. **The IHP requires:** Parent written consent, medical authorizations, follows procedural guidelines and relevant policies and contains consent for release of information to enhance good lines of communication.
9. **Information from the IHP is referenced in the IEP or 504 plan.** The IHP is a separate document that can stand alone. It also supports the work of the IEP or 504 plan, but contains procedural and medical information prescribed by the doctor for the child.
10. **Make an appointment with the school nurse** to talk about the medical needs of the child. Share documentation from doctors about the care required during the school day. The school nurse can then make the determination about how your child's medical needs can be met or begin the development of an **Individualized Healthcare Plan**.

For more information contact: Nina Baker – 402-403.3908

Parent Training and Information for Families of Children with Disabilities

Individualized Healthcare Plan

Family to Family
Health Information Center
PTI Nebraska
888-490-9233
Or 402-403-3908 (new number)

Parent Training and Information Nebraska

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Parent Training and Information Nebraska



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- *You would like to talk to another parent*

www.pti-nebraska.org

Family to Family Health Information Center

PTI Nebraska is home to the Family to Family Health Information Center

Funded by:

- U.S. Dept of Health and Human Services
- Health Resources and Services Administration
- Maternal and Child Health Bureau
- Division of Services for Children with Special Health Needs

Family to Family Health Information Center

We provide information about:

- Health evaluations for children with special health care needs
- Medical care options
- Medical care funding options
- Appeals for denial of services
- Connections with other families
- Health Care and the school

- Call Nina Baker – 402.403.3908 or
Toll Free 1-888-490-9233



What we will learn

- What is skilled medical care
- What is included in an Individualized Healthcare plan (IHP)
- Who is responsible for the development of the IHP
- What is the parent's role in the IHP

What is Skilled Medical Care?

- Urinary catheterization
- Gastrostomy tube feedings
- Tracheostomy cares
- Medication by route other than oral, topical, inhalation, and instillation
- Care for students with diabetes
- Invasive procedures of any type
- Procedures used on an as needed basis including when it is or isn't needed

Individualized Healthcare Plan (IHP)

- Is a written plan of care
 - For a student whose special health care needs
 - Require attention and services during the school day
 - May require emergency or crisis intervention
 - Impact the student performance or presence at school



Individualized Healthcare Plan Purpose:

- Communicate health/medical safety needs
 - In school, including field trips and extracurricular activities
- Specify emergency interventions
- Consider the range of interventions to support student success, (school nurse)
- Articulate the expected actions of school personnel and expected outcomes

Materials Provided

- The Individualized Healthcare Plan (IHP)
A Tool for Schools
- Decisions about nursing care at school
- Making Decisions about Assigning Skilled Medical Procedures/Nursing Interventions at School:
Guidance for School Administrators
- Additional materials
 - Evacuation Considerations
 - School Nurse Qualifications
 - Kathy Karsting, RN, MPH, DHHS School Health Program

Development of the IHP

- The Registered Nurse is responsible – for the student requiring specialized care at school
- Only the Registered Nurse is qualified and credentialed in Nebraska to delegate decisions

If there is no school nurse...

If there is no school nurse...

- Delegation decisions require a Registered Nurse
- Neither parent, administrator, nor physician is qualified to delegate and provide training and supervision of unlicensed person
- Registered Nurse (RN) may be a volunteer
- Local health dept may employ a nurse to consult to the local school
- Dept of Health and Human Services, School Health program employs an RN FOR CONSULTATION

Development of the IHP?

- Parent expectations and contributions to the IHP are critical
 - To assure student safety and wellbeing
 - Build essential relationship of trust between school and family
- The IEP or 504 team contributions must also be considered to assure the IHP will be effectively implemented. This includes that:
 - School personnel is informed and prepared
 - Medical procedures are integrated into the student's school day

Development of the IHP?

- All medical procedures and interventions must be legally authorized by prescriber
- There is no requirement for physician review or authorize of the IHP



Components of the IHP

The IHP is student specific and includes:

- Diagnosis or condition
- Current Statement of assessment
 - Age
 - Stage of development
 - Cognitive ability
 - Communication ability
 - Mobility
 - **Evacuation needs – (ex. fire drills)**

Components of the IHP

Step by step description of procedures/intervention should include:

- Routine and predictable needs
 - Specific School personnel
 - Incorporate accepted standards of nursing and medical care
 - Expected Outcomes

Components of the IHP

- Emergency care/procedures/interventions
 - Prevention and early intervention
 - Expected outcomes
 - Recognition of expected response
 - Observable signs that emergency interventions are needed
 - "What to do next" is written
 - School personnel identified
 - Specific skills/interventions described

Promotion of Self-Care & TRANSITION SKILLS

- Student age and developmentally appropriate needs for learning self-care
- Communication to an adult
- Self management of complex condition

Promote psychosocial development:

- Student needs, age, cognitive development
- Draw from family communication, priorities

Documents Related to the IHP

- Parent/guardian written consent
 - The parent is the guardian for legal purposes
- Medical authorizations
 - Must be in writing and renewed when student condition changes or at the beginning of each school year
 - Prescriptive authority belongs only to physicians, physician assistants & advance practice registered nurses

Documents Related to the IHP

- Medical authorizations – (continued)
 - A statement of medical authorization from the prescriber is needed if medical decisions are to be made “per parent”
- Procedural guidelines and relevant policies
 - consistent with standards of practice and Nebraska statutes.

Open Communication between parent, school nurse and medical provider facilitates both quality and continuity of the provision of the student’s essential health care

Documents Related to the IHP

- Consent for release of information
 - Facilitates open communication
 - Not required for implementation of IHP
 - Families have responsibility to provide information and access to information about their child
 - An IHP can be developed without parent input, but this is not ideal

IHP Relationship to IEP

- The IHP should be named and referenced in the IEP, but should stand apart from the IEP
 - IHP must be available to parent and school nurse to revise as needed
 - IHP available to IEP team to address related services on IEP
 - Address areas of “overlap” on the documents
 - Plans need to collaborate and coordinate to build trust and confidence

IHP Relationship with ESY

- Extended School Year Services
 - Decided by the IEP team based on need
 - Retention & recoupment to maintain skills
 - Emerging skills
- Discussion needs to include provision of skilled medical care needs
 - Involve RN for supervision or direct care
 - Continuation or training of non-medical staff

IHP Relationship with 504 Plan?

- The IHP may be the basis of need for a 504 Plan
- IHP establishes medical necessity and appropriateness of accommodations
- Educational accommodations beyond the scope of the IHP need to be addressed in a 504 plan such as:
 - Accommodations to leave to test blood sugar and return, like timed testing in all school assessments
 - Accommodations during classroom activities due to medical need
 - Addressing excessive absence due to medical need

How 504 Plans work for students with Hidden Disabilities

- Special consideration to accommodate needs
- Modify test arrangements – SAT/ACT
- Provide for note taking or writing accommodations
- Chronic medical needs – parking space, time between class,

How 504 Plans work for students with Hidden Disabilities

- Diabetes – class scheduling for needs, time for care,
- Time for counseling, therapy
- Seizures – Accommodate individual needs
- Adapted physical education program

Role of the School Nurse

Contact Carol Tucker, RN
School and Child Health Program
DHHS Division of Public Health,
School Health Program
carol.tucker@dhhs.ne.gov

Nurse Practice Act

- Defines the practice of nursing
 - Nebraska Administrative Code (NAC) 99 states only RNs may delegate intervention to be performed by non-nurses
 - Individual tasks labeled as nursing done by non-nurses is unlawful – nursing without a license
 - School employees who perform medical care for children with medical needs are under Nurse Practice Act

Nurse Practice Act

- Complex interventions require nursing judgment to alter standards of care in accordance with need of a student may not be delegated to non-nurses
- Non-complex interventions can safely be performed. They do not require alteration of standard of care when results and student responses are predictable

School Nurse is Essential

- School nurse develops the IHP
 - Including identification of responsibilities of (medically) unlicensed school personnel
 - If there is no nurse??? See slide #12
- For Students who are:
 - not medically stable
 - New to school/environment
 - Require complex interventions
 - Require staffing in school

School Nurse is Essential

- Families may request use of a trusted teacher or para professional
 - May or may not be feasible
 - School is responsible for decision of assignment
 - Decisions should be lawful for safety and medical wellbeing of student

NAC Title 172 Chapter 99

Keep in mind

- Nurse Practice Act does not apply to:
 - Self care
 - Family home care or
 - When care is not at a level requiring nursing judgment or skill



Individuals with Disabilities Education Act (IDEA)

- School health services is a related service
- IEP team determines need for related services for a child to benefit from special education program, those services must be provided
- School health services are provided by a qualified school nurse or other qualified person

Interventions at School: Guidance for School Administrators



To School Administrators An IHP:

- Is not required by all students with medical diagnoses or conditions
- Is for interventions medically necessary during the school day
 - In order to maintain health, safety, ability to perform at school
 - With written authorization from doctor
 - With parent consent obtain additional medical history – (to establish medical necessity)
 - Includes Skilled Medical Procedures (slide 7)

Talk with your School Administrator So plans can be made for your child

- Staff assignment and training considerations are made by administration
 - Assignment may be outside the usual duties
 - Specialized training required
 - Staff should feel comfortable with additional assignment to provide medical care
 - Gender and strength consideration apply
 - Adequate planning for substitute or other unplanned changes

Talk with your School Administrator So plans can be made for your child

- Considerations
 - Parents rely on principal to assign staff
 - Parents need ongoing and frequent communication with assigned staff
 - Parents judge adequacy of care and communicate concerns to the principal
 - Parents build trust and satisfaction that expectations are met over time

Talk with your School Administrator So plans can be made for your child

- Legal and Ethical considerations
 - Adequacy of delivery of skilled medical care can mean life or death
 - Child in special education - protected by IDEA (Individuals with Disabilities Education Act)
 - Related Services and child's safety at school
 - Child not in special education – may qualify for accommodations under Section 504, Civil Rights Act

Parent does this at home, why can't a teacher do it at school?

- Delivery of skilled medical procedures is a regulated act in Nebraska (Nurse Practice Act)
- At school the school assumes responsibility within state regulations
- IDEA provides for related services that require a licensed nurse

Administrative Decision Process to assign School Staff

- | | |
|--|--|
| <ul style="list-style-type: none">• Parent request/consent• Written medical authorization• Additional medical information if needed• Identification of nursing interventions• Delegation - Transference from RN to unlicensed person non-complex nursing interventions | <ul style="list-style-type: none">• What may be delegated?• Which person may provide intervention?• Only licensed Registered Nurses may delegate nursing interventions to others• Only non-complex interventions may be performed by non-licensed personnel• Only RN may provide complex interventions |
|--|--|

Questions?



Evaluation

- Tell us what was valuable
- Tell us what needs to be added
- Tell us what we can do to provide better information to families in Nebraska



For Health Care Information

- Contact:
 - Nina Baker
 - 402.403.3908
 - 1-888-490-9233



The Individualized Healthcare Plan (IHP): A Tool for Schools

I. Description

- A. The IHP is a written plan of care for the student with special health care needs which will
 - 1. Require attention and services during the school day
 - 2. Potentially create emergency or crisis situations at school
 - 3. Impact the student's performance, presence (attendance), or inclusion at school.
- B. The purposes of the IHP are to
 - 1. Communicate the health/medical/safety needs of the student while at school (inclusive of school day, field trips, and extracurricular activities)
 - 2. Specify emergency interventions to be made available to the student if needed (inclusive of the capacity to identify that such needs are emergent)
 - 3. Stimulate the professional nurse to consider the range of possible interventions to support student success
 - 4. Articulate the expected actions of school personnel having contact with the student, and expected outcomes

II. Who should develop the IHP?

- A. For the student requiring the delivery of specialized care procedures at school, the Registered Nurse is responsible for developing the IHP.
- B. Only the Registered Nurse is qualified and credentialed in the state of Nebraska to make delegation decisions that are inherent to the IHP (identifying the school personnel qualified to carry out the procedures and assuring they are competent to do so).
- C. Parent/guardian expectations and contributions to the written IHP are critical, both to assure student safety and wellbeing, and in order to build an essential relationship of trust between school and family that the child's needs are adequately understood and will be met at school.
- D. In the multidisciplinary school setting, the contributions of the IEP or 504 team must also be considered in order to assure the IHP will be effectively implemented by adequately informed and prepared school personnel, and well-integrated with the student's school day.
- E. All medical procedures and interventions including medications must be legally authorized in writing by the prescriber. However, there is no specific requirement that a physician review and authorize the IHP document.

III. Major Components of the IHP

- A. The IHP is student-specific.
- B. **Diagnosis or condition**, stated in common terminology in order to inform school personnel about the underlying medical condition(s) resulting in needs for care.
- C. **Statement of assessment**, updated periodically as the student matures and needs evolve. Such assessment may commonly include; statement of age, stage of development, cognitive ability, communication ability, mobility (including special evacuation needs in the event of school emergency).

- D. **Routine and predictable needs** of the student, described in detail, that must be addressed during the school day. Specific step-by-step description of procedures/interventions should be included.
1. Specific school personnel who are to carry out the interventions should be identified (by role if not by name).
 2. The IHP incorporates (in direct text or by reference when creating a student-specific plan of care) generally accepted standards of nursing and medical care. This is generally achieved through building the IHP on a foundation of model IHPs for schools, or reference to standard nursing and medical resources.
 3. Expected outcomes of the routine care, or goals of therapy, are stated.
- E. **Emergency cares/procedures/interventions**, described in detail, the student may potentially require, based on condition. Prevention and early intervention considerations most certainly can and should be noted. Expected outcomes of interventions, in order to facilitate problem-solving or recognition that the expected response is/is not achieved (and what to do next) should be articulated.
1. As with routine care and procedures, specific school personnel who are to carry out the interventions should be identified, by role if not by name.
 2. The indications – observable signs – that emergency interventions are needed should be described.
 3. The specific skills and/or interventions should be described.
- F. **Promoting self-care:** The student's age- and developmentally-appropriate needs for learning the skills of self care. Such needs may range from "communicating to an adult that s/he feels funny" to mastering independence and the self-management of a complex condition such as diabetes.
- G. **Promoting normal psychosocial development:** Each student's needs for age- and cognitively appropriate psychosocial development (needs for self-esteem, managing the impact of chronic disease on relationships with peers, addressing fears of uncertain future or sudden death). Development of this aspect of the plan draws heavily on family communication, family adjustment, family perceptions of priorities, etc.

IV. **Documents Related to the IHP**

- A. **Parent/guardian written consent** for nursing interventions at schools. Sometimes the parent/guardian consent is incorporated into the document of the IHP, or in a standard form designed to elicit complete parent/guardian information about their child, or in separate forms specifically for the purposed of written consent/release.
- B. **Medical authorizations** for all medications and interventions prescribed by the physician, physician assistant, and/or advance practice registered nurse. Medical authorization must be in writing, and should be renewed when student condition changes or at the beginning of each school year.
1. Only physicians, physician assistants, and advance practice registered nurses have prescriptive authority in Nebraska.
 2. The parent/guardian who indicates that the medical prescriber allows them to make decisions as to cares, dose changes, etc. must provide a statement of medical authorization from their prescriber that explicitly states that medical decisions are to be made "per parent". Such authorization does not relieve the school of responsibility to assure the medical prescriber is kept informed (by parent or school) of the progress of care.

- C. **Procedural guidelines and relevant policies** for specific interventions, developed by the school or available from other sources, consistent with standards of practice and pertinent statutes in Nebraska are incorporated by reference or as supporting documents.
- D. **Consent for release of information** in order to facilitate open communication between the school nurse, parent, and medical provider. Open communication facilitates both quality and continuity of the provision of the student's essential health care.
 - 1. This component of the IHP is not required in order to implement the plan of care as long as parent/guardian is forthcoming with sufficient medical information and providing access to medical records or medical information upon request by the school.
 - 2. In order to establish IHP, parents/guardians must fulfill their responsibility to provide adequate information, and/or to allow or provide access to sufficient medical information regarding their child, including medical history as requested and clarification of medical orders in order to complete the IHP to the school nurse's satisfaction. An IHP can (and sometimes must) be developed without parent/guardian input, but this is certainly not ideal.

V. **How does the IHP relate to a student's IEP (Individualized Education Plan)?**

- A. The IHP should be named and referenced in a student's IEP, but should stand apart from the IEP. The rationale for this is twofold:
 - 1. The IHP must be available to parent/guardian and school nurse to revise whenever the student's needs and condition change. The "rules" which govern how changes in the IEP are made by the IEP team must not limit or hamper the parent/guardian, medical provider, and school nurse in making changes in the IHP promptly as required/recommended.
 - 2. The IEP team should have access to the IHP on request in order to address the related services component of the student's IEP. The IEP should be provided regular opportunities to review and discuss the IHP with parent/guardian and school nurse present.
 - 3. There may be areas of "overlap" between the content of the IEP and IHP. For example, the school nurse writing the IHP should have the opportunity to understand how the student's needs to achieve knowledge and skills for self-care, and psychosocial needs, are addressed in the IEP. These areas of the student's planning should be addressed collaboratively to maximize benefit to the student.
 - 4. Collaboration and coordination between IEP and IHP for a student will help build parent/guardian trust and confidence that the school appropriately understands and is committed to meeting the student's health and educational needs at school.

VI. **How does the IHP relate to a student's 504 Plan?**

- A. For a student with health care needs at school who does not also qualify for special education under IDEA, the IHP may, in fact, serve as the basis or foundation of the 504 plan and may be adopted as such by the 504 team.
- B. The IHP provides a very important opportunity to establish the medical necessity and appropriateness of accommodations requested by the parent/guardian.
- C. Some students may need educational accommodations under Section 504, however, that are beyond the scope of the individualized healthcare plan, and these will need to

be addressed in an expanded 504 plan. Examples of educational accommodations beyond the scope of an IHP may include, for example:

1. The student who may require accommodations during educational testing (a student with diabetes must be excused from a test if needed for blood sugar testing, food or fluids, or other interventions. The student must not be prevented from leaving the test if such cares are indicated; the student may require specific accommodations in order to resume or retake the test).
2. The student may require accommodations during classroom activities (again, if the student's participation is interrupted due to medical needs, some parents may request specific accommodations in order to assure the child receives full educational benefit of the activity).
3. The student may experience excessive absence due to the medical condition.



SCHOOL HEALTH PROGRAM
DIVISION OF PUBLIC HEALTH – LIFESPAN HEALTH SERVICES
www.dhhs.ne.gov/SchoolHealth

MEMO

TO: School Nurses
School Administrators

FROM: Kathy Karsting, RN, School and Child Health Program
DHHS Division of Public Health, School Health Program

SUBJECT: Decisions about nursing care at school

DATE: February 13, 2008

The purpose of this memo is to provide information about planning for children with special needs in your school who may require medical procedures or care during the school day.

I am often asked for guidelines for assigning nursing interventions or procedures to unlicensed school personnel. While there is no “cookie-cutter” approach to planning for the needs of each individual child, essential information is found in the Nurse Practice Act (NRS 71-1,132.01 to 71-1,132.53) and in Title 172, Chapter 99 of the Nebraska Administrative Code, titled, “Provision of Nursing Care”.

Why are school administrators affected by how the state of Nebraska regulates the practice of nursing? The Nurse Practice Act defines the practice of nursing as (among other criteria) including the execution of therapeutic regimens prescribed by any person lawfully authorized to prescribe. Sections 99.004.01A through 99.004.01C of the Nebraska Administrative Code clearly describe that only Registered Nurses licensed in accordance with the Nurse Practice Act may delegate interventions which can be performed by non-nurses. Individual tasks labeled as nursing provided in isolation by unlicensed persons functioning independently of the nurse is unlawful and constitutes the practice of nursing without a license. School employees who are assigned cares for children with medical needs as a function of their employment fall under the scope of the Nurse Practice Act

In brief, the regulatory guidance and the Nurse Practice Act for making delegation decisions focuses on distinguishing between non-complex and complex interventions.

Complex interventions means those which require nursing judgment to safely alter standard procedures in accordance with the needs of the patient/student; or require nursing judgment to determine how to proceed from one step to the next; or require the multidimensional application of the nursing process. Complex interventions may not be delegated to non-nurses.

Non-complex interventions means those which can safely be performed according to exact directions, do not require alteration of the standard procedure, and for which the results and patient/student responses are predictable.

Students who are not medically stable, who are new to the school environment (and consequently response to changing environments and exposures is unknown or unpredictable), and/or students who require complex interventions at school will require particular caution in your staffing

decisions. When a child presents at school with medically-necessary cares that must be incorporated into the educational plan, a school nurse or other licensed Registered Nurse can be an essential asset in developing the plan of care, or individualized health care plan (IHP), including identifying the responsibilities of unlicensed school personnel.

Many parents will express a desire for a trusted teacher or para to participate directly in providing their child's nursing procedures, such as a tube feeding, catheterization, suctioning or other respiratory cares or treatments. This may or may not be feasible for the school to consider in any individual case. Because these procedures are to be provided at school, not home, and will be assigned to a person as a function of employment by the school, the school is responsible for how the decisions of assignment are made. Such decisions should be made lawfully for the safety and medical wellbeing of the student, and in accordance with the regulated practice of nursing in the state of Nebraska.

The regulations of Chapter 99 specifically do not apply to a) persons who perform self-care; b) family, foster parents, or friends who provide home care; and c) persons performing health maintenance activities in accordance with NRS 71-1,132.30. These regulations also do not apply to the provision of activities of daily living and personal care by unlicensed persons when such cares do not rise to the level of requiring the application of nursing judgment or skill based upon a systematized body of nursing knowledge.

The full text of NAC Title 172 Chapter 99 can be found at http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-99.pdf

It is important to note that the Individuals with Disabilities Education Act of 2004 includes school health services in the description of Related Services. If it is determined that the related services are needed for a child to benefit from his or her special education program, those services must be provided. School health services in IDEA are to be provided by a qualified school nurse or other qualified person. Examples of such services may include but are not limited to catheterization, giving medications, or writing an individualized health care plan.

For more information about nursing as a related service under IDEA, contact Beth Wierda or Jill Weatherly at the Dept. of Education. For more information about skills and procedures for students with medical needs, contact Kathy Karsting in the School Health Program at Dept. of Health and Human Services. For information about the scope of nursing and pertinent laws and regulations governing practice, contact Karen Bowen in the Credentialing Section at DHHS. All contact information is shown below.

Karen Bowen, RN, DHHS Nursing Practice Consultant karen.bowen@dhhs.ne.gov
402-471-6443

Carol Tucker, BSN, RN, NCSN, School Health Program Manager carol.tucker@nebraska.gov
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Kathy Karsting, RN, MPH, DHHS School Health Program kathy.karsting@dhhs.ne.gov
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402-471-2471

Making Decisions about Assigning Skilled Medical Procedures/Nursing Interventions at School: Guidance for School Administrators

I. What activities fall under the scope of “skilled medical procedures?”

A. Not all students with medical diagnoses or conditions require special interventions at school.

B. Special medical interventions required during the school day should be medically necessary, required in order to maintain the student’s health, safety, and ability to perform at school. Medical necessity is established by written authorization from the student’s medical doctor. In some situations, it is valid to obtain and evaluate additional medical history on the student, with parent/guardian consent, in order to establish the medical necessity of the procedure or intervention. A licensed health care professional working on behalf of the school may be needed to assist administrators in evaluating this information.

C. The more common skilled medical procedures needed by Nebraska students include (but are not limited to):

1. cares for students with diabetes
2. medication administration by routes other than oral, topical, inhalation, and instillation.
These additional routes may include: medications by gastrostomy tube, by injection (insulin, glucagon, clotting factors for hemophilia), or by rectal suppository (Diastat)
3. urinary catheterization
4. gastrostomy tube feedings
5. tracheostomy cares including suctioning, removal of the trach for cleaning, and emergency replacement of the trach tube
6. invasive procedures of any type
7. procedures intended to be utilized on an as needed basis, which involve understanding the circumstances or indications when the procedure should/should not be implemented.

II. Considerations for School Administrators

A. Staff assignments and training

1. The assignment may be outside the “usual” assigned duties of the educational personnel.
2. Additional specialized training is often required.
3. The designated staff member must agree to the responsibility of performing the additional assignment.
4. Sometimes gender and strength considerations apply (in delivering personal cares that may involve disrobing the student; in requirements to safely transfer and position the student).
5. There must be adequate planning for a trained and qualified substitute for the person primarily assigned.

B. Parent/guardian concerns

1. Parents of children with special needs will look to the principal to assign capable, responsive, agreeable staff to their child.
2. Parents/guardians often wish to have ongoing and frequent communication with their child's assigned caregiver.
3. Parents/guardians will judge the adequacy of the care given their child and will communicate concerns or perceptions of shortcomings to the principal.
4. Building a relationship of trust and satisfaction between school and parent/guardian may face special challenges. It may take time for parents to feel confident the school is adequately prepared to provide necessary medical cares at school for a child with special needs.

C. Legal/ethical considerations

1. The adequacy of delivery of skilled medical cares at school can be the difference of life or death.
2. The child who is verified special education is protected by federal law, IDEA. The child's individualized education plan must encompass related services if they are needed, the plan must address the child's safety at school, and qualified personnel must be provided.
3. The child who is not verified special education but has needs for medical attention during the school day may qualify for accommodations by the school under section 504 of the Civil Rights Act.
4. Delivery of skilled medical procedures by an institution such as the school is a regulated act in the state of Nebraska. A reliable and appropriate process must be demonstrated in making decisions about staffing and assignment of such procedures in order to assure that neither parent/guardian nor school is practicing medicine or nursing without a license.

III. Parents provide these skilled cares. What difference does it make who does it at school as long as parent/guardian is satisfied?

- A. The delivery of skilled medical procedures in non-home settings is regulated by the state.
- B. A parent/guardian in Nebraska is permitted to learn the necessary cares for their own child, and carry them out themselves in home or other locations. When an organization such as a school assumes responsibility for these cares, that organization is required to make determinations regarding delegation or assignment that are consistent with state laws and regulations.
- C. IDEA includes provisions for related services that require the services of a licensed nurse. It is not presumed that unlicensed school personnel can or should carry out all services required by the student.

IV. What is the decision-making process for determining if a child's procedures can be assigned to a school teacher or para?

- A. Obtain parent/guardian request/consent for the cares, including a complete description of what is to be done at school, and when.

- B. Obtain written medical authorization stating the cares are required for the student's safe and optimal participation in the educational experience.
- C. Obtain additional medical information if needed to understand why and how the student's educational program will be affected, by the condition and by procedures at school.
- D. In the state of Nebraska, medical procedures authorized by the licensed physician for delivery to the patient by others besides the physician are considered to be assigned to parent/guardian or to a licensed registered nurse. Another phrase to identify such medical procedures is "nursing interventions." Nursing interventions fall within the regulated scope of practice of nursing.
- E. When unlicensed personnel are assigned the responsibility of performing the procedures, this is an act of delegation, and is defined as "transference from an RN to an unlicensed person the authority, responsibility, and accountability to provide selected non-complex nursing interventions on behalf of the RN"
- F. The delegation decision includes determining which nursing intervention(s) may be delegated, selecting which unlicensed person(s) may provide the delegated interventions, determining the degree of detail and method to be used to communicate the delegation plan, and selecting a method of evaluation and supervision. Only licensed Registered Nurses may delegate nursing interventions to be performed by others.
- G. Only selected non-complex nursing interventions may be delegated. Non-complex interventions those which safely be performed according to exact directions, do not require alteration of the standard procedure, and for which the results and patient/student responses are predictable (either results do not vary, or vary within a predictable range which can be identified in the plan).
- H. Complex nursing interventions may not be delegated to unlicensed personnel. These require nursing judgment to safely alter standard procedures in accordance with the needs of the student, or require nursing judgment to determine how to proceed from one step to the next; or require the multidimensional application of the nursing process.

V. If a school does not employ a school nurse, how are delegation decisions to be made by the school when a child with special health care needs enrolls?

- A. Delegation decisions require a Registered Nurse.
- B. Under Nebraska law, only the licensed Registered Nurse is qualified to make the necessary delegation decision and provide the required training and supervision if the cares are to be delegated to an unlicensed member of the school staff.
- C. Nothing in Nebraska law precludes the school engaging a registered nurse on a volunteer basis to perform these functions.
- D. An Educational Service Unit may be the source of information and guidance on accessing services of a Registered Nurse familiar with the school setting.
- E. A local health department familiar with the school environment may employ a nurse who can provide consultation to the local school for this purpose.
- F. The Department of Health and Human Services, School Health program, employs a Registered Nurse available for consultation on delegation decisions as well as other areas of school health practice.

Evacuation Considerations of Staff and Students with Special Needs

Be sure to give special consideration to the unique needs of staff and students with disabilities when developing the crisis plan. Evacuation and relocation procedures will need to address mental, physical, motor, developmental, and sensory limitations. For example, individuals who use wheelchairs or other auxiliary aids will not be able to traverse the front steps of a building without substantial assistance.

The following issues should be addressed:

- In some cases, individuals with disabilities may have limited mobility. In an evacuation there may not be enough time to move mobility impaired students and staff to traditional shelters. It is important to identify alternative, accessible, safe shelter locations and to communicate these locations to emergency responders.
- Individuals with hearing disabilities may not be able to communicate verbally, to read lips, or to hear fire alarms or other emergency signals. Consider providing basic sign language training to designated school staff.
- Visual impairments might impede reading signs or traversing unfamiliar or altered terrain — consider whether debris might obstruct the evacuation of such staff and students and necessitate alternative shelter locations.
- Debris may obstruct the evacuation of individuals with mobility impairments. Be sure to assign sufficient staff to assist these individuals during a crisis or consider identifying alternative shelter locations.
- Are staff trained to assist students with developmental disabilities? These students may become upset if routine patterns of activity are disrupted.
- Do any students or staff have special needs for medicines, power supplies, or medical devices that are not likely to be available in emergency shelters? Consider what alternative arrangements can be made to provide these necessities.

In addition to addressing these concerns, find out whether specific crises will require additional considerations for hazards, such as fire, severe weather, or earthquake. For example, mobility impairments might prevent some staff or students from being able to bend over to assume the protective position recommended during tornadoes. Also, during a fire, elevators will be unavailable to transport wheelchairs. As noted earlier, it is critical to identify safe and appropriate shelter areas inside school buildings that can be reached quickly and accommodate individuals with disabilities.

National Clearinghouse for Educational Facilities at the National Institute of Building Sciences, www.ncef.org. Prepared under a grant from the U.S. Department of Education, Office of Safe and Drug-Free Schools.

MAKING THE CONNECTION BETWEEN HEALTH AND ACHIEVEMENT: NEBRASKA'S SCHOOL NURSES

The role of the school nurse is to implement school health services including acute, chronic, episodic, and emergency care, as well as health education, health counseling, and advocacy for students with disabilities (American Academy of Pediatrics, 2001; American Heart Association, 2004). Physical health, mental health, and safety of children and youth are directly related to student achievement. The increasing incidence of chronic disease, behavior disorders and learning disabilities in the typical classroom has complicated the job of protecting and providing for students' health care needs during the school day (American Nurses Association, 2007). School nurses support student success by providing direct care; by providing a central management role for coordinated services to appraise, protect, and promote student health; and by fostering the inclusion of students with special health care needs. School nurses contribute significantly to the development of collaborations between schools and community health resources and services to benefit children and families (Centers for Disease Control/SHPPS, 2007).

What do School Nurses do?

The American Academy of Pediatrics (2008) identifies the following seven core roles of professional school nurses:

- Provide direct care, supporting inclusion of students with special needs, developing and carrying out the individualized health care plan, serving as a health expert on the multidisciplinary/IEP team, and providing case management where needed.
- Provide leadership for the overall system of care in the school.
- Conduct health screening and referral.
- Help assess and promote a healthy school environment.
- Provide health promotion and health education.
- Provide leadership for health policies and program development.
- Serve as a liaison between school personnel, families, health care professionals, and the community, linking school health to healthy communities.

What are the activities of a School Health Services Program?

The overall goal of the school health services program is to contribute to the educational success, well-being, and lifelong health of every student. To accomplish this, school health services programs:

- Provide health screening and immunization monitoring.
- Control the spread of communicable disease.
- Provide individualized health care planning and direct care for children with special needs.
- Promote utilization of primary care and other community resources to promote health of children and families.
- Assure a healthy and safe school environment.
- Provide health education and health promotion activities.
- Provide a system for responding to crisis medical situations.
- Evaluate the health program periodically and identify new priorities and needs.

Are School Nurses "required" in Nebraska?

There is no law or regulation in Nebraska specifically requiring schools to employ a licensed nurse. However, a number of related regulations and statutes speak to the role of the licensed health professional at school:

The Medication Aide Act (Neb. Rev. Stat. 71-6718 to 71-6742 and Title 92 NAC 59, “Regulations for School Health and Safety) identifies the role of the licensed health professional in determining competency of unlicensed school personnel in administering medication at school.

School Health Screening Statutes (Neb. Rev. Stat. 79-248 through 79-253) require qualified personnel to conduct vision, hearing, dental/oral health, and other health screenings.

Nebraska Nurse Practice Act and Regulations (Neb. Rev. Stat. 71-1,132.01 to 71-1,132.53 and Title 172 NAC 99, “Provision of Nursing Care) prohibit the practice of nursing by any unqualified and unlicensed person under penalty of law. These laws and regulations require that only the Registered Nurse may make delegation decisions, determining when an unlicensed person may carry out nursing interventions as are provided at school with children with health conditions. Circumstances when an unlicensed person may not assume responsibility for interventions are also identified.

Individuals with Disabilities in Education Act requires states that receive federal funding under IDEA must provide “related services”, which include health services such as school nurse services that are a component of the child’s IEP. Related services encompass a broad range of health services. Services provided by a physician (other than for diagnostic and evaluation purposes) may be excluded, but services that can be provided by a nurse or qualified layperson must be covered. (NAC Title 92 Chapter 51 003.50)

Americans with Disabilities Act and Section 504 of the Rehabilitation Act also obligate school systems to provide care to eligible children with disabilities using appropriately qualified personnel so these children may access public education.

What are the qualifications of a School Nurse?

A person using the title “nurse” or “school nurse” must possess a Nebraska license to practice nursing which is currently active and in good standing. Any member of the public can verify licensure information at the following website: www.dhhs.ne.gov/crl/profindex1.htm. In Nebraska, the school nurse may be a Registered Nurse (RN) or Licensed Practical Nurse (LPN). In Nebraska, an RN is permitted to practice independently within the regulated scope of practice. An LPN is not allowed to practice independently. If an LPN, the school nurse must assure a relationship is in place to provide supervision and direction for the LPN by a Registered Nurse, Advance Practice Registered Nurse, or Medical Doctor.

The school nurse may be prepared at the associate degree level, three-year professional diploma level, bachelor’s degree level or higher. If an employing district requires the school nurse to obtain a special services certificate from the Dept. of Education, a bachelor’s degree at a minimum is required.

Applicable practice settings that seem to translate well to the school setting include previous history of: emergency room nursing, ambulatory care, public health, mental health, and pediatrics. The nursing skill set relevant to school nursing includes: strong physical assessment skills, ability to respond to medical crisis, knowledge of pediatric chronic health issues (asthma, diabetes, severe allergy, seizure) strong oral and written communication skills, family-centered practice, knowledge of normal development age 0-21 years, the ability to work in a non-health care-centered multidisciplinary environment, and the ability to work independently.

A number of resources and activities are available to help the new school nurse become oriented to school health practice. For more information, contact the DHHS School Health Program.