

Utah State Office of Education

*Technical Assistance
Manual for Serving Students with
Special Health Care Needs*



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FOREWORD

As the population of students with special health care needs increases in size, schools are being asked to provide for a greater array of health care services during the school day. Students with special health care needs may require ongoing medical monitoring and direct treatment needed to ensure access to special education, in addition to their individualized education programs. School personnel, parents, and health care providers all share a substantial interest in the quality and configuration of health services in the educational setting, but often there is no mechanism available to bring them together to do effective service planning.

The purpose of this document is to provide guidance to parents, educators, school staff, and health care providers in serving students with special health care needs in the educational environment. One desired outcome of this manual is to create and strengthen partnerships between educators, parents, and health care providers that will result in improved services for students with special health care needs.



Disclaimer

This manual is not intended to be adopted policy by the Utah State Board of Education, but recommended practice for Utah school districts and charter schools. Many issues discussed, however, are based upon requirements of school district policy, as well as State Rules, and federal laws and regulations. ***Check with your local school district or charter school policies and procedures.***

ACKNOWLEDGEMENTS



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INTRODUCTION

This section provides an overview, including legal issues and possible service options, for serving and educating students with special health care needs.



Introduction

The purpose of this manual is to provide information for Utah school district and charter school staff and parents regarding the education of students with special health care needs. The manual contains legal requirements as well as suggestions on promising practices in addressing the needs of students with special health care needs.

The number of students with special health care needs attending Utah public schools has dramatically increased during recent years. This increase is the result of (1) medical advancements in saving children with complex health care conditions and (2) the increased legal requirements to serve all students with disabilities, which were reaffirmed with Section 504 of the Rehabilitation Act of 1973 and the Individuals with Disabilities Education Act and important decisions by the courts throughout the country.

The definition of “special health care needs” includes students with a wide continuum of needs from mild to severe. For example, a student with asthma could have several characteristics of the definition, as could a student who requires technological devices and special health care procedures at school. The important goal for school, staff, and parents is to have a process whereby the student with special health care needs has an Individualized Health Care Plan (IHP) and/or emergency plan developed by a team knowledgeable enough about the student to address his/her unique health issues. The composition of the team depends on the student and service needs but usually would include the student, a school nurse, general education teacher(s), medical home and parent(s), and others as appropriate (for a definition of medical home, see page 23). In addressing the unique needs of a student, three standards become important: (1) accurate and complete evaluation of data, (2) team members with knowledge about the student, and (3) a team member who has knowledge about the student’s health condition. The following is a general definition of students with special health care needs:

Definition

Students with special health care needs are those who require specialized health care during the school day to enable participation in the educational program. This includes students who:

1. May require administration and/or monitoring of medication.
2. Have a health condition that is currently stable but may require routine monitoring or crisis care.
3. Use a particular device that compensates for the loss of vital body functions.
4. Require substantial and complex or frequent health care procedures to avert injury or death.

This is a very broad definition that encompasses the full range of conditions from mild to severe. Options for this group could include the general education classroom, special education, and/or accommodations under Section 504.

Advances in Technology

There has been extensive progress in health care procedures and technology during recent years. Advancements in diagnostic procedures and improvements in medication, treatment, and technology have all contributed to the enhancement of the individual's life. The development of augmentative communication systems and adaptive equipment has increased the independence and self-sufficiency of many of these individuals.

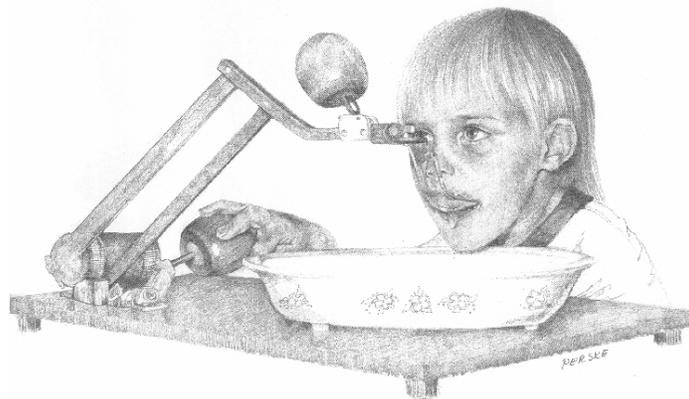
Service Options

There are several service options available for students with special health care needs. The next few pages provide general information on those services.

A. SECTION 504 OF THE VOCATIONAL REHABILITATION ACT OF 1973 AND THE AMERICANS WITH DISABILITIES ACT (ADA) prohibit discrimination against any individual because of a disability. These laws require accessibility of public buildings, including schools.

Some students with special health care needs may require special education services or related services that the school district provides in particular schools. The IEP team determines a placement on the continuum of options from general education to more restrictive placement based on the student's individual needs. The district may determine that a student will attend a school in a different geographic location where needed services are provided.

Following are the eligibility criteria that help a school team, including the parents and school nurse, to determine whether the student with special health care needs qualifies for a Section 504 accommodation plan.



SECTION 504 ELIGIBILITY

THE STUDENT MUST HAVE A PHYSICAL OR MENTAL IMPAIRMENT THAT SUBSTANTIALLY LIMITS ONE OR MORE MAJOR LIFE ACTIVITIES.*

MAJOR LIFE ACTIVITIES

- WALKING
- BREATHING
- LEARNING
- SEEING
- PERFORMING MANUAL TASKS
- CARING FOR ONESELF
- HEARING
- SPEAKING
- WORKING

* The impairment must affect the student's education program.

For example, a student with asthma could have a physical impairment that substantially limits the major life activity of breathing. This student might need accommodations at school in order to benefit from his/her education. Examples of accommodations might be administration of medication and accommodations during PE. These accommodations could be outlined in an Individualized Health Care Plan.

All school districts and charter schools in Utah shall have a Section 504 and ADA Coordinator who assists staff in understanding and implementing the Section 504 process. Each individual school is required to assign a staff member as the building level 504 Coordinator. Section 504 is a general education management responsibility.

Please refer to the Utah Section 504 and ADA Guidelines for more information. Web site:
<http://www.schools.utah.gov>

One major difference between Section 504 and ADA and special education is the provision of a free appropriate public education. Under special education, a student with a disability must first be eligible for special education under IDEA before the IEP team determines if the student needs related services such as physical therapy or occupational therapy.

A student eligible under Section 504 and ADA could receive only a related service, which is the responsibility of general education. Since a large number of students with special health care needs require only a related service, they could fall under Section 504 and ADA protection. Examples of related services are school health services, occupational therapy, physical therapy, counseling, assistive technology, and transportation.

Not all students with special health care needs will require special education services. Many will be served under Section 504 requirements or participate in the general program with a written health care plan.

A student who is eligible for Section 504 might require an individualized health care plan. The plan could be considered the Section 504 documentation for services. Some students served under Section 504 might have both a 504 accommodation plan and a health care plan (e.g., a student with a learning problem and health care concern).

B. SPECIAL EDUCATION—THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA) includes students with disabilities in various classifications and categories who may have complex health care needs and be technologically dependent. The most common category in special education for this population is “Other Health Impairment” (OHI). The definition of OHI is a “limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli that results in limited alertness with respect to the educational environment; that is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, and sickle cell anemia; and that adversely affects a student’s educational performance and requires special education.”

There are a number of other health-related disability categories under the Individuals with Disabilities Education Act (IDEA), including orthopedic impairment, traumatic brain injury, and multiple disabilities.

Under IDEA, a student must be found eligible for special education services before the IEP team determines if the students needs related services such as physical therapy or occupational therapy. Related services are “transportation and such developmental, corrective, and other supportive services determined by an IEP team as required to assist a student with a disabilities to benefit from special education.”

The educational impact criterion requires that the student’s disability be one that, without special education (specially designed instruction), limits the student’s access to and progress in the general education program. Thus, a student whose special health care needs pose no hindrance to educational performance may not be eligible for special education services. However, under Section 504 of the Rehabilitation Act, this student may still be entitled to accommodation and access to the public school setting from funds other than special education.

The following are the eligibility criteria for the Other Health Impairment (OHI) category as stated in the Utah State Office of Education special education rules:

1. The health impairment must adversely affect the student’s educational performance.
2. The team must determine that the other health impairment is the student’s primary disability.

3. The student with the health impairment must require special education and related services.
4. The requirements of Rule II.F. (Eligibility Determination) must be met.

C. DELEGATION OF HEALTH CARE PROCEDURES—School staff and parents should be familiar with the Utah Nurse Practice Act Rules, especially in regard to the delegation of health care procedures. (See Appendix C.)

The following issues are addressed in the Utah Nurse Practice Act Rules:

1. The standards of professional nursing in the State of Utah
2. Who can legally perform health care procedures
3. Nursing and health care activities as defined by State statute and interpreted by the Utah State Board of Nurses
4. Training and supervision of health care procedures at school
5. Decisions about whether or not procedures (specifically addressed in statute or legal interpretations) could be performed by a nurse. (Nursing activities not specifically addressed in statute or legal interpretations could be performed by a nonlicensed individual if the activity does not require the exercising of nursing judgment and is delegated and supervised by a nurse.)

The delegating and supervising nurse should provide the following services for each student with special health care needs:

1. Conduct an initial nursing assessment.
2. Validate the necessary physician orders (including emergency orders), parent/guardian authorization, and any other legal documentation necessary for implementing the nursing care.
3. Determine to whom the task can be delegated (whether a licensed or nonlicensed health care giver or other staff person) consistent with the Nurse Practice Act and related rules.
4. Determine the amount of inservice training required for the individual performing the nursing service.
5. Evaluate the competence of the individual to safely perform the task prior to delegation.
6. Provide ongoing supervision and monitoring of the health care procedures.

Multiagency Collaboration

When determining services for students with special health care needs, it may become obvious that the resources of a single agency are insufficient to meet the educational needs of the student. Services could come from a variety of settings, including public and private health care practitioners and social service agencies. The challenges of providing adequate services necessitate intensive multiagency collaboration to address funding, evaluations, and service delivery.

A new concept in multiagency collaboration is a process referred to as the “medical home.” The medical home is a partnership between parents and pediatric health care professionals to identify and access all the medical and non-medical services needed to help children with special health care needs and their families achieve their maximum potential. This is a family-centered approach to providing health care services in a high-quality and cost-effective manner. Children and their families who have a medical home receive comprehensive, coordinated, and accessible care from a pediatrician or physician (pediatric health care professional) whom they trust.

For more information on the concept of the medical home, go to <http://medhome.med.utah.edu/>.

GLOSSARY OF TERMS

This section contains terms, including health-related terms, and definitions used in this manual.



Glossary

| | |
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| Chronic Condition | A physical, physiological, and/or developmental impairment; any anatomical or physiological impairment that interferes with the individual's ability to function in the environment. |
| Chronic Health Condition | A health condition that is long-term and either may render a person incapable or has residual features that result in limitations in daily living requiring special assistance or adaptation in function. |
| Chronic Illness | Any disorder that persists over a long period and affects physical, emotional, intellectual, social, or spiritual functioning. |
| Delegation (Nursing) | Transferring to an individual the authority to perform a selected nursing task in a selected situation. The nurse retains accountability for the delegation. |
| Delegation (Medical) | Entrusting the performance of selected medical tasks to competent licensed individuals in selected situations. |
| Developmental Disability (DD) | Any severe, chronic disability that is attributable to a mental and/or physical impairment, is manifested before age 22 years, is likely to continue indefinitely, results in substantial limitation of function, and requires special services. <i>This is not the DD definition referred to in Utah State Special Education Rules.</i> |
| Diagnosis | The act or process of identifying or determining the nature of a disease by way of examination. |
| Disability | The functional limitations imposed by, and the psychological response resulting from, an impairment. |
| Educational Setting | Any setting in which the student receives instruction, whether school building, institution, or home. |
| Emergency | A serious situation that arises suddenly and threatens the life or welfare of a person; a crisis. |
| Free Appropriate that Public Education (FAPE) | Special education and related services provided at public expense meet State education agency standards and are consistent with the student's Individualized Education Program. |
| Handicap | An environmental barrier preventing or making difficult full participation or integration, such as curbs or steps for someone in a |

wheelchair; the social consequences of an impairment and resulting disability that interferes with social role fulfillment.

Health Aide
(Nurse's Aide)

A person who is qualified to carry out basic, specialized health care procedures regarding the care of students under the supervision of a registered professional nurse.

Health Assessment

As used in these guidelines, the collection and analysis of information or data about a student's health situation to determine the student's state of health, patterns of functioning, and need for health services, counseling, and education. Health assessment is the licensed function of physicians and nurses.

Health Insurance Portability
Accountability Act (HIPAA)

Federal standards for electronic health care information and transactions.

Health Professional

Individual with specialized educational preparation, knowledge, and skill who is licensed or certified to provide specific health care services to clients, such as nurses, physicians, occupational and physical therapists, speech language pathologists, clinical psychologists, and social workers.

Hepatitis B
Virus (HBV)

The causative agent of Hepatitis B.

Human Immunodeficiency
Virus (HIV)

The causative agent of AIDS.

Impairment (Health)
terminal

Any chronic illness, disability, developmental disability, or illness, whether physical or mental in nature.

Individualized
Health Care Plan (IHP)

A plan to be used by the school nurse and other members of the school team, as appropriate, to meet the health needs of a student.

Inservice Education

Instructional programs that provide for continuing professional growth and development of all school personnel.

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| Judgment | The process of forming an opinion or evaluation of a situation, arrived at by reasoning, discerning, and comparing premises or general principles. |
| Least Restrictive Environment (LRE) | A requirement that, to the maximum extent appropriate, children with disabilities be educated with non-disabled children. Removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. |
| Licensed Practical Nurse (LPN) | An individual who is licensed to function as a practical nurse in Utah. LPNs must work under the direction of a registered nurse (RN). |
| Licensure | Permission given by a competent authority (usually a governmental agency) to an organization or individual to engage in a practice or activity, usually granted on the basis of education and examination. |
| Medication | Any over-the-counter or prescription drug. |
| Medical Home | A partnership between parents and pediatric health care professionals to identify and access all the medical and <i>non-medical</i> services needed to help children with special health care needs and their families achieve their maximum potential. This approach to care is not building- house- or hospital-centered, but rather a family-centered approach to providing health care services in a high-quality and cost-effective manner. Children and their families who have a medical home receive comprehensive, coordinated, and accessible care from a pediatrician or physician (pediatric health care professional) whom they trust. |
| Multidisciplinary Team | Individuals representing family, education, health, and school administration who have assessed the student and/or will provide direct or indirect services to the student. |
| Nurse | Generic term referring to a person licensed to practice nursing. |
| Nursing | The practice of nursing by a <i>registered</i> nurse (RN) is defined as the process of diagnosing human responses to actual or potential health problems, providing supportive and restorative care, health counseling and teaching, case finding and referral, collaborating in the implementation of the total health care regimen, and executing |

the medical regimen under the direction of a licensed physician or dentist.

Advanced nursing practice is defined as the performance of advanced-level nursing practice activities that, by virtue of post-basic specialized education and experience, are appropriate to and may be performed *by an advanced practice registered nurse*.

Advanced nursing practice includes the ordering of diagnostic tests to determine medical diagnoses, the prescription of medical therapeutics, including medication, as well as corrective measures under mutually-agreed-upon protocols with a directing physician.

The practice of nursing by a *licensed practical nurse (LPN)* is defined as the performing of selected tasks and sharing of responsibility under the direction of a registered nurse or an advanced practice registered nurse and within the framework of supportive and restorative care, health counseling and teaching, case finding and referral, collaborating in the implementation of the total health care regimen, and executing the medical regimen under the direction of a licensed physician or dentist.

Nursing Diagnosis

A statement that describes the human response of an individual or group to actual or potential health problems. Nursing diagnoses are those which the nurse can legally identify and for which the nurse can order definitive interventions to maintain the health state or to reduce, eliminate, or prevent alterations.

Other Health Impairment (OHI)

A categorical label for special education eligibility that refers to “a child with limited strength, vitality, or alertness, due to chronic or acute health problems that adversely affect educational performance and require specially designed instruction.”

Parent

A natural or adoptive parent, a guardian (but not the State if the student is a ward of the State), a person acting in the place of a parent of a student (such as a grandparent or stepparent with whom the student lives, or a person who is legally responsible for the student’s welfare), or a surrogate parent who has been appointed in accordance with the Utah Special Education Rules. Consistent with State law, a foster parent may act as a parent under Part B of the IDEA if the following four conditions are met:

1. The natural parents' authority to make educational decisions on the student's behalf has been extinguished under State law.
2. The foster parent has an ongoing, long-term parental relationship with the student.
3. The foster parent is willing to make the educational decisions required of parents under the Utah Special Education Rules.
4. The foster parent has no interest that would conflict with the interests of the student.

PRN or prn

Abbreviation for "pro re nata," a Latin phrase meaning "as needed." The administration terms of medications are determined by the patient's needs.

Registered Nurse (RN)

An individual who is licensed in Utah by the Division of Occupations and Professional Licensing to practice nursing. The professional nurse has responsibility for the care of individuals and groups through a colleague relationship with a physician to function in making self-directed judgments and to act independently in the practice of the profession.

School Nurse

A registered nurse or nurse practitioner who meets the Utah State requirements.

School Nursing

A specialized practice of professional nursing that advances the well-being, academic success, and lifelong achievement of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self-management, self-advocacy, and learning.

Skill

The ability to use one's knowledge, judgment, and competency effectively and readily in performing a learned psychomotor task.

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| Special Health Care Needs | Health-related services, supports, or adaptations required by a student in order to maintain his/her health status, including medical devices; nursing care; psychosocial care; medically necessary services; specific services; equipment to sustain and enrich life; and adaptations required to maintain life, provide an environment conducive to growth and development, stimulate learning, and maintain him/her in the least restrictive environment. |
| Standard of Practice | A standard established by custom or authority as a model, criterion, or rule for comparison or measurement. |
| State Nurse Practice Act | The document that defines nursing in the States; the Act defines and explains the issue of delegation of health care procedures. |
| Student | Any infant, child, adolescent, or young adult enrolled in a school program or post-secondary program. |
| Student with Special Health Care Needs | One who may require technology, health services, and/or some other form of health-related support services or program modifications in order to access an appropriate educational program. |
| Supervision (Nursing) | <p>Provision of guidance by a qualified nurse for the accomplishment of a nursing task or activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity. Total nursing care of an individual remains the responsibility of the nurse.</p> <p><i>General Supervision:</i> Includes review, observation, and evaluation of another's performance by the professional nurse, but does not require the nurse to be present at all times.</p> <p><i>Direct Supervision:</i> Requires the professional nurse to be on-site, physically present, and immediately available to coordinate, direct, inspect, and evaluate the performance of another.</p> |
| Terminal Illness | An illness, of long or short duration, with a life-threatening outcome. |
| To Maintain One's Health Status normally | To stay as healthy and functional as possible, to prevent deterioration in one's condition, and to maximize one's ability to develop normally. |

Unlicensed Assistive
Personnel (UAP)
(Paraprofessionals)

Individuals who are not authorized (by licensure) to provide health care services, including health assessment and health care interventions, acts, or tasks. In nursing, UAP refers to personnel who are not licensed to practice nursing but who are trained to assist nurses in implementing health care activities that are within the scope of nursing and do not require assessment or judgment.

Utah Baby Watch
Early Intervention Program

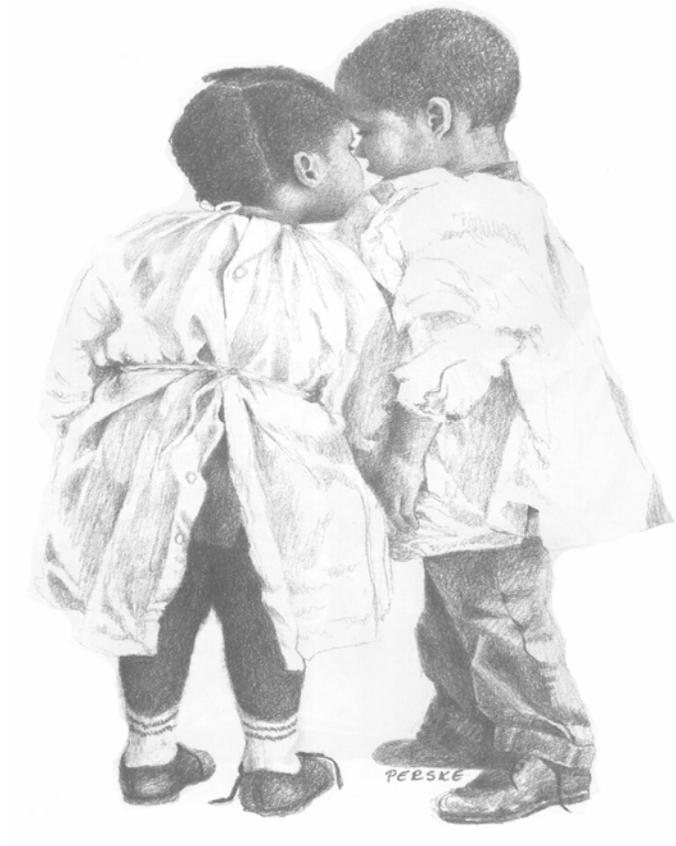
A program that provides services from birth to three-year-olds with disabilities. Services are provided under the Individuals with Disabilities Education Act (IDEA) Part C. In Utah, this program is administered by the Utah Department of Health.

Utah Nurse
Practice Act

Delineates the legal scope of the practice of nursing within the State.

Legal Issues

This section provides a short overview of legal issues relating to serving students with special health care needs.



Serving Students with Special Health Care Needs

Legal Summary

This section gives a brief overview of legal issues as they relate to the provision of services for students with special health care needs.

Legal Responsibilities

Federal legislation, guidance from the U.S. Department of Education, and court cases have clarified the responsibilities of schools to serve students with health care needs. Major laws impacting services include Section 504 of the Vocational Rehabilitation Act of 1973, Americans with Disabilities Act of 1990, and the Individuals with Disabilities Education Act (IDEA). The State of Utah has a Nurse Practice Act that affects services to students with health care needs and outlines the process by which nurses may delegate procedures to others, including school staff.

Section 504

In recent years, courts have emphasized that in order for a student to qualify for accommodations under Section 504, the student's physical or mental impairment must *substantially limit* a major life activity. The need for an insulin injection or medications to avert severe allergic reactions may or may not substantially limit a major life activity. Individual factors would have to be considered including the age of the student, the frequency of the medication administration, the ability of the medication to control the condition, and the side effects, if any, of the medication. The U.S. Supreme Court in *Sutton v. United Air Lines, Inc.*, 119 S. Ct. 2139 (1999), held that mitigating measures must be taken into account when considering whether an individual is disabled under the Americans with Disabilities Act (ADA). With respect to mitigating measures, the Supreme Court stated, "Looking at the Act as a whole, it is apparent that if a person is taking measures to correct for, or mitigate, a physical or mental impairment, the effects of those measures—both positive and negative—must be taken into account when judging whether that person is 'substantially limited' in a major life activity and thus 'disabled' under the Act." The ADA and Section 504 share the same definition and standards.

Additionally, communicable diseases, such as AIDS, often are not substantially limiting. Although a student with a communicable disease such as AIDS is protected *against discrimination* by others who regard him or her as having a disability, the student is not entitled to special treatment by the district unless he or she currently has a physical or mental impairment that substantially limits a major life activity. The Office for Civil Rights (OCR) addressed this issue in a Senior Staff Memorandum. OCR made it clear that there is a distinction between (1) students who actually have a physical or mental impairment and (2) those who have a record or are regarded as having such an impairment: "Unless a person actually has a disability, the mere fact that he/she has a 'record of' or is 'regarded as' disabled is insufficient, by itself, to trigger those Section 504 protections that require special treatment, (such as FAPE or reasonable accommodation), of persons with physical or mental impairments which substantially limit one or more major life activities." *OCR Senior Staff Memorandum*, 19 IDELR 894 (OCR 1992).

Individuals with Disabilities Education Act (IDEA)

The Court in *Cedar Rapids* addressed the issue of whether continuous one-on-one nursing services throughout the school day are a related service or an excluded medical service under the Act. The Court adopted a bright line licensed medical provider/non-licensed medical provider test: If the services are necessary for the student to attend school, and can be provided by anyone other than a licensed medical provider, then they are “school health services,” which must be provided, rather than “medical services,” which are not the school’s responsibility. The court rejected the argument that cost is a factor in determining whether the service is a related service or an excluded medical service. In this case, a student, who was left paralyzed after an accident, required services that included urinary bladder catheterization, suctioning of the tracheostomy, ventilator setting checks, ambu bag administrations, and blood pressure monitoring.

Tatro

Irving (Texas) Independent School District vs. Tatro, 1984—Clean intermittent catheterization was found to be a “related service” to be provided by the school district. The related service must be necessary in order for the student with a disability to benefit from special education. The school will have no obligation for a “medical service,” other than for evaluation.

Medical vs. Educational

The Supreme Court qualified the *Tatro* finding by stating that the student must be disabled, the service must be necessary for the student to benefit from education, and it must be a service that can be provided by a nurse or other qualified person. If the service requires a physician, it is a medical service excluded by the Act.

Hawaii vs. Katherine D.

Department of Education, State of Hawaii vs. Katherine D. (9th Cir. 1983)—nursing care found to require too great an expertise and found to be too continuous to be a school-required related service.

Detzel

Detzel vs. Board of Education of Auburn (2nd Cir. 1987)—nursing care found to require too great an expertise and found to be too continuous to be a school-required related service.

Bevin vs. Wright

Bevin vs. Wright (1987)—full-time assistance of nurse providing health care in school found not to be a related service.

IDENTIFICATION AND PLACEMENT PROCESS

This section provides information on a suggested identification, programming, and placement process.



Identification and Placement Process

Among students with chronic illness and disability, there is a wide variety of learning styles and abilities. Although many students who are assisted by medical technologies have conditions that have little or no impact on their cognition, other students—such as those with acquired brain injury, neurological conditions, or brain irradiation—may have substantial cognitive deficits that require special education intervention. Many of the following factors may impede a student’s ability to learn:

- Frequent school absence
- Lack of concentration because of effects of the illness, including pain and fatigue
- Short- or long-term emotional/physical effects of undergoing medical treatments
- Side effects of medication
- Less time for classes/studying as a result of time needed for health care procedures/therapies
- Personal concerns about health
- Acceptance and understanding of peers
- Poor self-image
- Lack of realistic expectations by program/service providers
- Specific learning disability/developmental delay/cognitive deficits

Many individual factors that affect learning are short-term issues (e.g., surgery, diabetic crisis). One factor or episode may not affect learning, but cumulative factors or repeated episodes need careful planning. The team should consider the following:

- Logistical considerations, such as rest periods, shortened transportation, and an extra set of books at home
- Opportunities for experiences missed because of illness and hospitalization
- Adaptation in the daily school schedules and timelines for academic requirements (e.g., 12-month program, summer services, after-school tutoring)
- Flexible, immediate home or hospital instruction services based on the student’s condition
- Student education and counseling regarding the health condition, the effects of treatment, and self-management techniques
- Family education regarding health condition and effects on child’s development and learning
- Special education
- Section 504 services

The identification of students with health care needs often occurs years before a student enters the public school setting. For infants with identified disabilities, the Utah Baby Watch Early Intervention Program provides services as early as birth. Some infants with special health care needs are identified prior to birth, but most are identified at birth or thereafter. Just prior to turning three years of age, eligible toddlers are transitioned to Part B preschool programs. The transition process provides an opportunity for special education eligibility teams, with parental consent, to access current information about individual students and their needs. For children

ages 3–5 with special health care needs not eligible for special education preschool services, public school entrance may not occur until the child is five years old. As such, a multitude of assessment and health care-related information may have already been obtained by the student’s private and public health care practitioners and can be available with parental consent to the public school system upon the child’s entrance. It is critical that special education eligibility teams and school district staff (for those students not identified as in need of special education) access and use past and current information to the maximum extent possible.

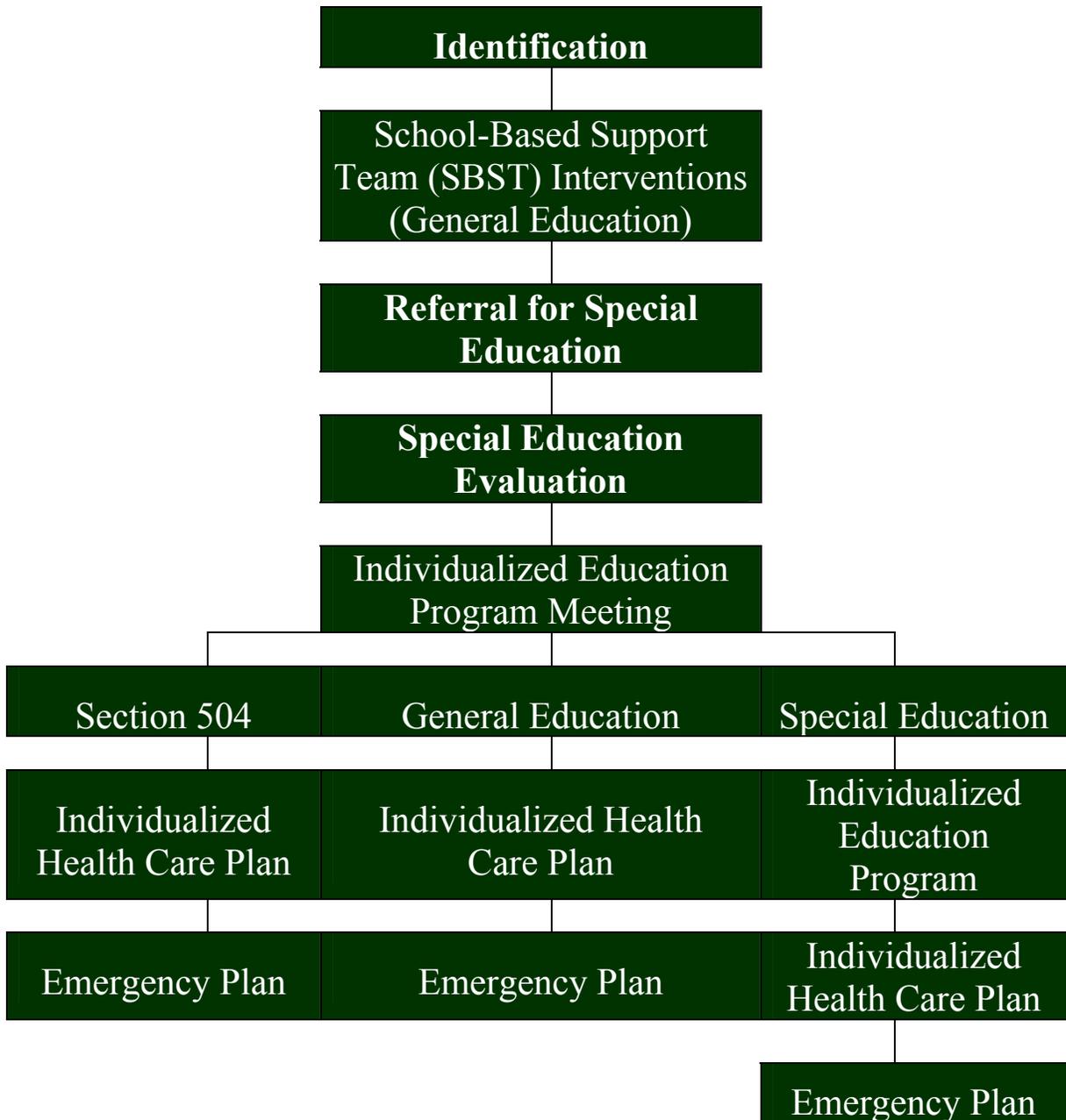
Public education services are mandated for all students, including those with special health care needs. Not all students who have special health care needs require special education; some students will qualify for accommodations under Section 504. However, all children with special health care needs do require consideration and planning to determine the need for special services or accommodations. A collaborative effort by all is needed to accomplish a safe, healthy, and educationally appropriate program.

An organized planning process is necessary for a smooth transition for the student into the education setting. To ensure this, the school principal or designee (school liaison) must be thoroughly familiar with the placement process and the *Utah Technical Assistance Manual for Serving Students with Special Health Care Needs*. In most cases, the school liaison will be the school nurse. In areas where school nurses are not employed or have limited time available, the school district could contract with county or community nurse services. The school liaison assumes the role of the health care coordinator for the assigned student and ensures, with input from the parents and other school staff, that the necessary procedures are followed and the student is placed in an appropriate program. Responsibilities of the individual(s) assuming this role include an ability to do the following:

1. Obtain health information with written parent permission from medical home or health care providers.
2. Determine the importance of health information and its impact on the educational process.
3. Coordinate meetings with parents, health care providers, and educators.
4. Act as liaison among the parent(s), student, school staff, and health care professionals.
5. Be responsible for completing the health care plan checklist.
6. Ensure that all procedures and documentation are completed.

The flowchart on the next page details a general framework of service options for student identification and placement. This flowchart would not necessarily be used for all students with special health care needs. For example, if a student with asthma needs minor health care accommodations, the school nurse could handle this situation.

*Students with Special Health Care Needs Eligibility for Services**



*IHP can serve as the Section 504 Accommodation Plan.

*Some students will be provided services by a combination of programs: general education and/or Section 504 and/or special education. For children ages 3–5 with special health care needs not eligible for special education preschool, public school entrance may not occur until the child is five years old.

Eligibility/Placement Process

Identification/School-Based Support Team—Interventions

All school districts and charter schools have procedures and requirements regarding student registration. Enrollment forms usually ask about health information. This is usually the time when most health care problems are identified. Parents normally inform school officials of any health concern that might interfere with the educational process. The school principal or designee should review information and determine the need to initiate a referral for possible special education services. Some students with special health care needs could be referred to the school-based support team where intervention and an individualized health care plan could be developed by the school nurse. The team members for students with special needs usually include the school nurse, parent(s), student (where appropriate), general education teacher(s), and others as appropriate. Suggested forms are included in Appendix F.

Referral for Special Education

The referral for evaluation is usually initiated through the pre-referral team or by the parent, health care provider, or school staff members who informs the school principal of the student's special health care needs. It is essential that the school be notified about a prospective student with special health care needs as soon as possible before school entrance. Prompt referral and identification enable the school to plan the educational process for the student that will result in a program that addresses the health care and educational needs of the student. In many cases, the nature of the problem will require a direct referral to special education.

The school principal or school liaison should complete the REFERRAL FORM FOR SPECIAL HEALTH CARE NEEDS (see Appendix F). The purpose of the referral is to gather health care information that will be helpful in planning for assessment and services. This should be completed and reviewed by the school nurse prior to a team meeting.

1. The parent(s) will inform the school of the child's health care issue(s).
2. The parents will identify the primary health care providers who have information regarding the student.
3. The confidential release form and special education permission to evaluate form should be completed to assist in gathering information.
4. The placement process, parents' and student's rights will be explained.
5. The team members who will be a part of the evaluation process will be identified. At a minimum, this team should consist of a parent, general education and special education teachers, school nurse, and school administrator.

Special Education Evaluation

A comprehensive evaluation for possible special education services or other program options is essential in providing an appropriate educational program and health services. The student's health care needs across all settings (home, hospital, school, and community) should be considered in the evaluation process. The following types of information could be collected during the evaluation and used to assist the team in recommending the eligibility for services and intervention process:

1. Parent input
2. Medical records
3. Social/emotional status
4. Academic levels
5. Cognitive level
6. Communication skills
7. Vision (report/acuity)
8. Hearing (report/acuity)
9. Adaptive and health care equipment
10. Gross and fine motor skills
11. Vocational (skills)
12. Adaptive behavior

When the multidisciplinary evaluation team has information related to all areas of the student's functioning that might be affected by the disability, eligibility can be determined and interventions developed. The public school's evaluation process must include academic and other areas of assessment as appropriate for the individual child. To evaluate the student's health care needs, most information can be gathered from family and health care professionals. For those families who have never accessed the health care system, the school district should provide support to the family in making contact with a medical home or with public agencies such as the Utah Department of Health.

Individualized Education Program (IEP) Meeting

The purpose of the IEP meeting is to develop an appropriate education program, including the health care plan. If necessary, the team will also develop the emergency and transportation plan. If the student is not eligible for special education and needs an Individualized Health Care Plan and/or Emergency Plan, then a meeting should be held for all students with special health care needs regardless of their need for special education. If the student is to receive special education services, the IEP team and health care team will develop an Individualized Education Program that includes an individualized health care plan.

Individualized Health Care Plan

In collaboration with the appropriate school team, the school nurses will develop an INDIVIDUALIZED HEALTH CARE PLAN that addresses the unique health needs of the student. If the student's condition is life-threatening, the health care plan should be developed before entry into school. In this case, homebound services should be provided. If the student is

Section 504 or IDEA eligible, then the school nurse develops an Individualized Health Care/Emergency Plan with appropriate school input. In the meantime, the school liaison should inform all school staff of any special considerations. The health care plan should include the items listed below:

1. Background information/nursing evaluation
 - a. Brief medical history
 - b. Special health care needs
 - c. Psychosocial concerns
 - d. Student and family strengths
 - e. Academic profile
2. Health care procedures and interventions
3. Designated personnel in the school (e.g., school nurse, back-up personnel) who have been trained to deal with an emergency
4. A summary of the student's medical condition and needs that may need to be on file at the local hospital emergency room, if indicated
5. The preferred hospital emergency room identified in case of the need to transport
6. A written plan with emergency numbers of the family, physician, and emergency personnel (Post the telephone numbers in a variety of locations.)
7. A formal, documented procedure to review the plan with ALL personnel on a regular basis (The health care plan should be reviewed and revised annually or as the student's condition changes.)

The next few pages contain an example of the contents and format for the Individualized Health Care Plan and Emergency Plan.

Individualized Health Care Plan

- Special Education
- 504
- School Nurse Services

I. IDENTIFYING INFORMATION

| | |
|------------------|------------------|
| Student _____ | School _____ |
| Birth Date _____ | Teacher(s) _____ |
| Age _____ | Grade _____ |

Health Care Plan for Period of _____ to _____

Physician's authorization must accompany **ONLY** if the plan includes any medications to be dispensed or the administration of a specialized procedure.

II. MEDICAL OVERVIEW

Medical Condition(s) _____

Primary Health Care Provider/Medical Home _____

Medications _____

Possible side effects _____

Necessary health care procedures at school _____

Allergies _____

Other Important Information

III. BACKGROUND INFORMATION/NURSING ASSESSMENT

Brief Medical History Check if additional information is attached.

Specific Health Care Needs Check if additional information is attached.

Social/Emotional Concerns Check if additional information is attached.

IV. HEALTH CARE ACTION PLAN

Attached physician's authorization and other standards for care.

Procedures and Interventions (student specific)

| Procedures | Administered by | Equipment | Maintained by | Auth/trained by |
|------------|-----------------|-----------|---------------|-----------------|
| | | | | |

Medications/Possible Side Effects/Treatments

Check if additional information is attached.

Diet

Check if additional information is attached.

Transportation Plan

Check if transportation plan is attached.

Classroom and School Modifications

Check if additional information is attached.

Training (Training plan must be attached if applicable.)

Check if additional information is attached.

Safety Measures

Check if additional information is attached.

Emergency Procedures Plan

The health care team develops an EMERGENCY PLAN for any student who may require emergency services at school based upon his/her unique health care needs. The emergency plan should include these elements:

1. Student-specific medical emergencies (specific signs of distress should be defined.)
2. Designated personnel in the community (fire, police, hospitals, ambulance, and other emergency departments) who should be notified/consulted when the student with special health care needs is attending school
3. Emergency procedures when being transported to and from the school
4. Designated personnel in the school (school nurse, back-up personnel) who have been trained to deal with the emergency
5. A written plan with emergency contacts for family, physician, and emergency personnel (Post telephone numbers in various locations.)
6. Provisions for extra medication, back-up equipment, and generators in case of a natural disaster
7. The preferred hospital emergency room identified in case of the need to transport
8. A formal, documented procedure to review the plan with ALL personnel on a regular basis
9. A review and update of the plan as necessary

The following is an example format for an emergency plan.

Emergency Plan Procedures

Make in Triplicate:

1. Transportation (attach to Transportation Plan)
2. Student File
3. Available in Classroom

Student: _____ Birth Date: _____
Address: _____ Telephone: _____
Parent: _____ Work: _____ Home: _____
Parent: _____ Work: _____ Home: _____
Other Contact: _____ Phone: _____

Summary of Medical Information (e.g., medications, allergies, precautions, etc.)

Emergency Numbers (if applicable)

Hospital: _____ Telephone: _____
Primary Physician: _____ Telephone: _____
Medical Home: _____ Telephone: _____
Home Care Co.: _____ Telephone: _____
Medical Supplier Responsible for Maintaining Equipment: _____
Preferred Hospital: _____ Telephone: _____

Specialists (if applicable)

_____ Telephone: _____
_____ Telephone: _____
_____ Telephone: _____

Photo suggested here

Emergency Procedures Continued

If an emergency occurs:

1. Stay with student or designate another adult to do so.
2. If the emergency is life-threatening, immediately call 911.
 - a. Tell who you are.
 - b. State where you are.
 - c. Explain the problem.
3. Call or designate someone to call the principal and/or health care provider.
4. The following staff members are trained to deal with an emergency and to initiate the emergency plan:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

| IF YOU SEE THIS | DO THIS |
|-----------------|---------|
| | |
| | |
| | |

If there is a natural disaster(e.g., earthquake, flood, etc.), you must have emergency procedures in place (ex: 3–4 days' supply of medications, plans for equipment failure or power failure, etc.).

TRAINING AND TRANSPORTATION

This section provides an overview of training and transportation issues relating to serving students with special health care needs.



Transportation

The Individuals with Disabilities Education Act (IDEA) lists transportation as a related service that may be needed for eligible children to access their special education. The IEP team determines whether a student needs any related service, including transportation. Section 504 of PL 93-112, the Rehabilitation Act of 1973, requires that services and programs provided to students who have disabilities must be equal to those provided to students without disabilities. This includes transportation for nonacademic and extracurricular activities if transportation is provided to students without disabilities. Both laws speak to the right to transportation services but provide little guidance for specific issues.

Transportation Plan

The health care team should develop a TRANSPORTATION PLAN for the students requiring special transportation considerations. The transportation plan should include these elements:

1. Type of transportation to and from school
2. Maximum recommended length of time on vehicle each way
3. Equipment and/or adaptations necessary for transportation (e.g., method of securing wheelchair, oxygen cylinders, other equipment)
4. Emergency evacuation procedures
5. Emergency plan for student-specific problems
6. Staffing requirements
7. Staff (bus driver) training

The bus driver should receive a copy of the health care, emergency, and transportation plans. When appropriate, the bus driver should participate in team meetings.

Bus Drivers

Many students with special health care needs have unique transportation needs; bus drivers will need special instructions and training to transport the student in a safe manner. Such instruction must be provided before a student enters the program and requires transportation services. The following areas should be covered:

1. Basic awareness devoted to transporting students with disabilities
2. Instructions concerning confidential information

3. The bus driver should be part of the planning and be familiar with his/her role and responsibilities in the health care and emergency plans
4. Special instructions and training on the unique health care needs of each student with special health care needs
5. Special considerations:
 - a. Establish procedure to communicate with staff from emergency services.
 - b. Identify all hospitals and emergency rooms located within or near the specific bus route.
 - c. Depending on the Individual Health Care Plan, obtain additional assistance from police or fire departments or from ambulance services during an emergency.
 - d. Be able to evacuate the bus in an orderly and timely fashion, including directing and controlling the students after they have evacuated the bus.
 - e. Handle a student's medication in the manner approved by the local educational agency and health care professionals.
 - f. Communicate expectations for the student's behavior during the bus trip.
 - g. Know how to lift and carry students off the bus correctly without causing harm to the student or to oneself.
 - h. Be competent in procedures for basic CPR and first aid.
6. When a student with special health care needs is admitted to school, the bus driver, specified substitute bus driver, bus attendant, and substitute bus attendant for the route servicing this student shall be given specific information on the student including the following:
 - a. The method of communicating with others
 - b. The manner of going from home to the bus and method of boarding the bus
 - c. Any special seating arrangements
 - d. The type of emergency the student might have while on the bus, including any allergic reactions that might occur (for example, a bee sting) and phone numbers for bus drivers to call in case of emergency
 - e. The actions that the bus driver should employ in responding to an emergency for a student or for equipment
 - f. Special instructions if the bus is involved in an accident (e.g., methods for carrying the student or for handling any type of physical reaction that the pupil might experience)
 - g. Any specific behavioral management plan that is used by the parents or school
7. When an attendant is riding the bus with a student, the bus driver should be informed about the attendant's responsibilities. The attendant should understand that the bus driver has final authority concerning actions taken on the bus.

The next few pages have an example transportation plan form.

| | | | |
|--|--|---|---------------------|
| <h2 style="text-align: center;">Transportation Plan for Students with Special Health Care Needs</h2> <p>Bus Driver: _____</p> <p>Student: _____</p> | | (Student's Picture) | |
| | | | |
| Address | | Home Phone | |
| School | | Grade | |
| Parent/Guardian Name | | Work Phone (Father) | Work Phone (Mother) |
| Receives Medication Yes <input type="checkbox"/> No <input type="checkbox"/> | | Possible Side Effects | |
| Method of Mobility | | Method of Communication | |
| Childcare Provider | | Emergency Drop-off Site | |
| Address | | Phone | |
| I. Adaptations/Accommodations Required Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| <input type="checkbox"/> Bus Lift <input type="checkbox"/> Seat Belt <input type="checkbox"/> Wheelchair Tie-Downs | | <input type="checkbox"/> Chest Harness <input type="checkbox"/> Booster Seat <input type="checkbox"/> Other _____ | |
| | | Walks to and from bus Yes <input type="checkbox"/> No <input type="checkbox"/> Walks up and down stairs Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Identify equipment that must be transported on the bus and method of securing (including oxygen, life-sustaining equipment, wheelchair equipment, communication device). | | | |
| II. Positioning or Handling Requirements Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Describe: | | | |
| III. Behavior Considerations Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Describe. | | | |

IV. Transportation Staff Training

Describe training:

| Names of Individuals Trained | Signature | Date |
|------------------------------|-----------|------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

V. Student-Specific Emergency Procedure

A copy of student's emergency information/plan must be attached.

Staff Training

An important issue in the successful delivery of services to students with special health care needs is the training and education of school personnel. Because each student is unique and has different health care and educational needs, training must occur whenever a student's health care needs change. Inservice should involve comprehensive staff training and/or student-specific training. In most cases, a school nurse or public health care professional will provide training to school staff. It is appropriate to involve the parent(s) and student during certain stages of the training.

The school nurse should provide a list to all staff at the beginning of each school year (and an update as needed) of those students with special health care concerns. Rules concerning confidentiality of information and parent consent should always be followed. Copies of the student's health care plan should be reviewed and distributed to all appropriate staff.

It is recommended that all school districts provide, or make available, inservice in the following areas:

1. Confidentiality and student records
2. Skills in CPR and basic first aid
3. Awareness training in serving students with special health care needs
4. Universal body fluid precautions
5. Review process and components of a health care emergency plan
6. Death and dying—teachers, parents, and students should receive professional information and resources on death and dying, as appropriate, prior to death or in the event a student dies.

Student-Specific Training

The primary school personnel who are serving the student should be provided training whenever a student requires health care and/or emergency procedures at school and/or whose condition is severe enough to jeopardize his/her physical health. All school staff involved with the student should be included. Training should provide comprehensive information on the student's condition and the roles and responsibilities of each staff member. Parents should always be informed and give consent to provide staff training regarding their child. The parent(s) might want to be involved in the training. Topics in the training should include, but not be limited to:

1. Review of the student's condition and health care needs.

2. Required health care procedures and who will be responsible. (*Those providing direct health care procedures should be trained and should meet requirements under the Utah Nurse Practice Act.*)
3. A review of and familiarization with the student's individualized health care plan.
4. A review of and familiarization with the emergency plan. (*This plan should include back-up procedures in case of power outages, school staff absences, and equipment failure.*)
5. A review of roles and responsibilities in the transportation plan.
6. Procedures for keeping records and documenting the student's program and health care procedures.
7. The training should be reviewed as follows:
 - a. At least annually
 - b. If an emergency occurs
 - c. For new staff members
 - d. Whenever the student's health care status changes

Appropriate staff should discuss and share information with the student's peer group. This will lead to a greater understanding of the student's condition and foster acceptance by the peer group. The method and manner of this presentation should be discussed with the parent(s) and student.

Training should be viewed as an ongoing process that is modified to meet the needs of the student.

The next few pages are an example of a school training plan.

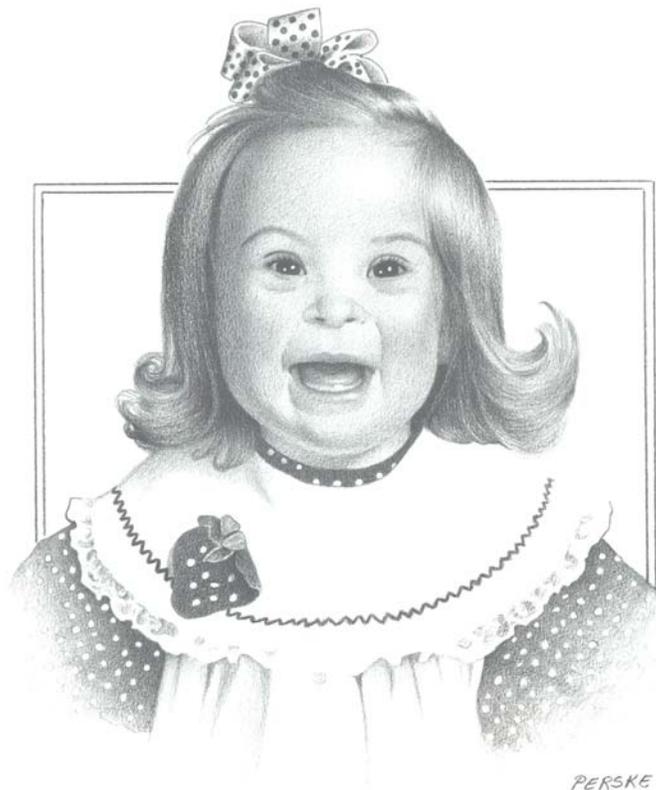


School Personnel Training Plan for a Student with Special Health Care Needs

| | | | | |
|--------------------------------------|------|-----------------------|--------|-------|
| Student: | DOB: | School: | Grade: | Date: |
| Staff to be trained: | | Name of training: | | |
| | | Instructor: | | |
| | | Date of training: | | |
| | | Signature of trainer: | | |
| Describe training provided: | | | | |
| | | | | |
| | | | | |
| | | | | |
| Recommendation for follow-up review: | | | | |
| | | | | |
| | | | | |
| Staff to be trained: | | Name of training: | | |
| | | Instructor: | | |
| | | Date of training: | | |
| | | Signature of trainer: | | |
| Describe training provided: | | | | |
| | | | | |
| | | | | |
| | | | | |
| Recommendation for follow-up review: | | | | |
| | | | | |

SCHOOL NURSE CONSIDERATIONS

This section provides information for school nurses on specific issues in dealing with students with special health care needs.



School Nurse Considerations

Next to the parents, the school nurse plays the most important role to ensure appropriate health care services are provided at school. This section contains some important information for the school nurse.

Coordinating Health Services

It is important for the nurse providing or coordinating school health services to be familiar with this document in its entirety. For example, much, if not all, of the information in the Special Administrative Considerations section is relevant to all school nurses.

It is recognized that not all schools have access to a school nurse full time. The amount of school health services provided to schools varies from district to district. School districts hire their own nurses or contract with a local health department to provide school nursing services for their district. It is also recognized that school nursing has challenges unique to the specialty.

The school nurse is considered the school's medical resource person. However, the nurse may practice in isolation from other health professionals, students may present with uncommon or rare conditions, and legal issues may be unfamiliar. This technical assistance document is intended to provide information and a framework to plan for students with health care needs. It is also highly recommended that the school nurse use the section on Resource Materials in this document and network with other school nurses as well. Every nurse should have a current copy of the Utah statutes and rules relating to nursing and may obtain one from the Utah Board of Nursing. (See the Resource Material section.)

Individualized Health Care Plans and Emergency Health Plans

As stated in the accompanying position statement, Individualized Health Care Plans are a variation of traditional nursing care plans. However, health issues specific to the school setting and to the student should be identified and documented. The format developed by the Utah State Office of Education included in this manual allows for such planning. Alternative plans such as readily available computerized and standardized IHPs are acceptable and have some advantages, but still must be individualized. The school nurse, with parental input, will need to decide what and how much medical information needs to be shared with school staff in order to meet the needs of the student. The IHP format in this manual asks for "Health Condition" and "Health History." This could refer to a medical diagnosis and history or to a functional nursing diagnosis such as "Alteration in Breathing Patterns."

Although there may be no absolutes in deciding when it would be necessary to develop an Individualized Health Care Plan (IHP) or which student has priority, the position statements from the National Association of School Nurses should serve as a guide. (See next pages.) For a student with a ventilator or other significant airway needs, an IHP would certainly be recommended practice, as it would benefit the student, provide direction to the staff, and reduce liability for the school district. Health issues affecting safety even when students are not

receiving direct nursing care may include, but not be limited to, diabetes and a history of anaphylaxis; in such cases an Emergency Health Plan should be also considered.

Documentation

For issues regarding the handling of health records, refer to the Questions and Answers section of this document and to the school district's policies. If the district does not have a policy or the policy is not specific, it is important that the school nurse collaborate with the school administration to develop policies for health care records.

The forms within this document may be modified or alternative forms may be used. The important factor is that there be documentation of health care planning and the delivery of health services.

National Association of School Nurses

Position Statement Individualized Health Care Plans

History

Since the inception of school nursing, management of students with chronic health problems has been a vital role (American Nurses Association, 2001). The standard for this management is provided by the six steps of the nursing process: Assessment, Nursing Diagnosis, Outcome Identification, Planning, Implementation, and Evaluation. Documentation of these steps for individual students who have health-related issues results in the development of Individualized Health Care Plans (IHPs), a variation of nursing care plans. IHPs fulfill both administrative and clinical purposes leading to sound planning, coordination, continuity, and evaluation of care (Arnold & Silkworth, 1999).

Description of Issue

The number of students with special health care needs in the education setting is increasing due to advances in medicine and increased access to public education as authorized by federal and State laws. Furthermore, some chronic conditions have a potential for developing into a medical emergency and require the development of an Emergency Care Plan (ECP). The ECP is a component of an IHP, not a substitute (NASN, 1998).

Standardized IHPs, both printed and computerized, are available for the most frequent chronic health problems that occur in school-age children. These standardized care plans help promote consistency of care. In addition, the use of standardized language is being encouraged in the development of IHPs to ease communication with other team members, to assist with data collection demonstrating the school nurse contribution to student health and education outcomes, and to examine linkages between interventions and outcomes (NASN, 2001). Nevertheless, individualization is essential in order to meet the unique needs of each student.

A significant task for the school nurse, especially when assigned high student ratios and/or multiple buildings, is the determination of which students require an IHP. According to Arnold and Silkworth (1999), prioritization of students and their needs is essential and begins by identifying students whose health needs affect their daily functioning, that is, students who

- are medically fragile with multiple needs;
- require lengthy health care or multiple health care contacts with the nurse or unlicensed assistive personnel during the school day;
- have health needs that are addressed on a daily basis; and
- have health needs addressed as part of their IEP or 504 plan.

Next, prioritization is accomplished by focusing on health issues that affect safety and the student's ability to learn or that the student, family, and/or teachers perceive as priorities. Ideally, the IHP is developed collaboratively with the student, family, school staff, community, and other

health providers, as appropriate (American Nurses Association, 2001). Ongoing evaluation ensures a commitment to achieving measurable student outcomes. IHPs are updated as appropriate and revised when significant changes occur in the student's health status.

Rationale

As a leader of the school health team, the school nurse is responsible for first assessing the student's health status; identifying health problems that may create a barrier to educational progress, safety or well being; and developing a health care plan for management of the problems in the school setting (American Academy of Pediatrics, 2001). The use of current care standards in the development of the IHP will help assure administrators, parents, and staff that the student is properly cared for. The IHP can assist in many areas:

- Professional school nurses uses IHPs to communicate nursing care needs to administrators, staff, students, and parents.
- The IHP will create a safer process for delegation of nursing care, supporting continuity of care.
- The IHP can serve as the health plan component of a 504 plan, and for students qualifying for special education, it can be incorporated into the Individual Education Plan when the health care issues are related to the educational needs of the student.
- The IHP will serve as legal protection by showing that proper plans and safeguards, such as an Emergency Care Plan, were in place.
- Planning and delivering care based on standardized IHPs and the use of standardized nursing language will help advance professional school nurses by affording evidence-based practice.

Conclusion

It is the position of the National Association of School Nurses that students whose health needs affect their daily functioning have an IHP. It is also the position of NASN that the professional school nurse should be responsible for the writing of the IHP in collaboration with the student, family, and health care providers and for seeing that the IHP is implemented, with periodic evaluation for evidence of desired student outcomes.

National Association of School Nurses

Position Statement Emergency Care Plans for Students with Health Care Needs

History

Students with special health care needs may be at greater risk for a medical emergency. Students with special needs may come to school with equipment, procedures, and technology. Schools, communities, and families have the responsibility to be well prepared for prompt, safe, and individualized care in the event of a medical emergency.

Description of Issue

An Emergency Care Plan (ECP) is usually a set of procedural guidelines that provide specific directions about what to do in a particular emergency situation. Students with special health care needs may have both an ECP and an Individualized Healthcare Plan (IHP). The ECP may be formulated as part of the IHP or Individualized Educational Plan (IEP). The ECP should never be considered a substitute for a full IHP that addresses all of the student's needs. The professional school nurse has the expertise to make a complete assessment of the child to determine what will be done and what results to expect.

Rationale

A written Emergency Care Plan promotes quality school nursing services. The plan includes specific information about the child's medical condition, current and emergency medications, and appropriate emergency intervention. When an emergency occurs, school nurses, school personnel, and emergency care providers have the information needed to provide appropriate care to the child without delay.

Conclusion

It is the position of the National Association of School Nurses that each student with a special health care need that puts him/her at a greater risk for medical emergency should have an Individualized Emergency Care Plan. NASN also believes that the professional school nurse should be responsible for writing the ECP in collaboration with the student, family, and health care providers.

EDUCATOR CONSIDERATIONS

This section provides information for classroom teachers on specific issues in dealing with students with special health care needs.



Educator Considerations

This section contains some issues that classroom teachers and other school staff should be aware of as the staff provides services for students with special health care needs. The classroom teacher and other staff should familiarize themselves with the health status of their students inasmuch as it is necessary to provide for the health and safety of those students. The school nurse may be consulted for assistance with the understanding to include knowledge of signs and symptoms of distress unique to a child's condition, any necessary precautions or generalized risks, side effects of medications to be alert for, and treatment or procedures that he/she may be asked to assist with or do. Other tips to consider for classroom teachers are given here:

Accessibility: Make the classroom as barrier-free and accessible as possible. Do not block doorways or put sharp or breakable items in doorways or aisles. This is especially important in case of emergency.

Access to Electrical Power: If the student needs electrically powered equipment, ensure access to the necessary electrical outlets and back-up electrical power in case of a power failure in the school. Notify the school principal if adjustments are necessary.

Accidental Exposure: Risk of exposure to body fluids depends on the type of body fluid, the type of infection, and the condition of the skin. Contaminated areas should be washed immediately with soap and water. School districts should have a policy regarding exposure to body fluids, including a post-exposure program.

Assistive Technology: Many students with special health care needs require the use of an assistive technology device or service. Become familiar with any technology used in the classroom.

Building-level Emergency Procedures: Make sure working emergency and fire protection systems are in place and posted for all to locate and understand. Ensure that all students understand the warning signals and procedures for what to do and who is responsible. Have a plan for transporting students with limited mobility out of the building in case of fire. Make sure switches, controls, and fire alarms are within reach of students in wheelchairs. Find out what types of emergencies might occur as a result of equipment failures. Notify the school principal if adjustments are necessary.

Classroom Furnishings: The furniture in the classroom should be appropriate for the students' health care needs as well as general physical accessibility.

Cleanliness: Hands should be washed before and after contact with the student needing health care. Consideration should be given to the type of cleaning materials used and possible allergic reactions.

Clean-up: Spills of body fluids should be cleaned up immediately. The OSHA regulations recommend the following method: (1) wear gloves; (2) mop up the spill with paper towels

or other absorbent material; (3) use a solution of one part household bleach in 10 parts water to wash the area well; (4) dispose of gloves and waste in a sealed double plastic bag.

Confidentiality: All records and information pertaining to an individual student with special health care needs are confidential. All questions or concerns regarding health should be directed to the school principal and/or school nurse.

Extracurricular Activities: The Individualized Health Care Plan should address nonacademic and extracurricular services and activities, including meals, recess periods, transportation, vocational or community-based instructional settings, and sports.

Medication: Know what medications are being taken by the student, the side effects, and the consequences of not taking the medication. If at all possible, medication should be given at home and not at school. Consult with the school nurse on all issues relating to medication.

Observations: The teacher and classroom assistant are the first line of information in the educational setting. Written observations of behavior and changes in behavior must be communicated in an accurate and timely manner to the rest of the team. A checklist is useful for routinely monitoring ongoing and changing student needs.

Peer Awareness: With parent and student consent and school nurse involvement, provide information to the class regarding health care conditions. This lessens fears and increases acceptance of diversity.

Privacy: Each student has the right to privacy, especially for medical procedures that are invasive or could be embarrassing if performed in front of other students.

Protection: Use disposable non-latex gloves for protection when providing services requiring contact with body fluids, including blood. This is essential for the protection of the caregiver as well as to control the spread of infectious agents from student to student.

School Nurse as a Health Resource: The professional school nurse is a health resource to the classroom teacher and will be able to assist in the understanding of specific health conditions and their implications for care in the classroom. He/she can provide interpretation of medical record data, parent(s)' and physician's instructions, and medication indications.

When the school nurse is not assigned to the school full time, knowledge of her/his accessibility and plans for back-up resources are important for classroom staff.

The classroom teacher should take advantage of training opportunities that may be necessary to care for students with specialized health needs.

Supplies: Have knowledge of where equipment and supplies can be obtained. Communicate with the parent(s) about sending disposable supplies to school on a regular basis.

Toileting: A bathroom must be accessible for the student who is physically disabled, with space and hardware to permit independence. Sinks and faucets should be low and easy to operate. A procedure for taking the student to and from the bathroom should be established when necessary.

Transition Points: The team should carefully plan for critical times during the student's education when changes will occur, such as grade level-to-grade level, building-to-building, and school-to-community experiences.

Waste Disposal: Have a system for disposing of contaminated waste. Contaminated supplies (except for sharp objects) should be placed in sealed plastic bags and then sealed in a second plastic bag, labeled as hazardous waste, and then disposed of. Sharp objects should be placed in labeled puncture-proof containers that conform with OSHA regulations.

ADMINISTRATIVE CONSIDERATIONS

This section provides information for school board members, school principals, and other school district administrators regarding issues of educating students with special health care needs.



Special Administrative Considerations

The following are issues that should be considered by school administrators as students with special health care needs are provided services in the school program.

Appropriate Education

Ensure that the classrooms are appropriately equipped for the needs of the student with special health care needs. The equipment should be easily accessible. Consider its placement and the safety of the others in the room. The equipment needs to be routinely monitored and maintained.

Handling and Administration of Medication

The school district should have a policy in place governing the handling and administration of medications during the school day. Refer to Utah Code on Administration of Medication in Appendix D. These policies must prohibit the dispersion of any medication, whether prescription or over-the-counter, without a signed physician's order. Physician's orders must include the student's name, date, name of medication, dosage, and possible side effects. Any order for a "PRN" (as needed) prescription must be accompanied by very specific parameters for the administration of the medication and should not be given without consultation with a school nurse or the student's physician. (See Appendix D.)

Documentation

Clear documentation of the delivery of health care procedures is an essential part of safe delivery of school health services. All health care services delivered to the student, including the administration of medication, should be documented on a per incident basis. The school district should have detailed, written documentation of all health care procedures. The documentation should objectively reflect the student's condition. (See suggested forms in Appendix F.)

Notification of Emergency Medical Personnel

The school district should have a policy in place governing the appropriate notification of emergency medical personnel. The policy should indicate the person in the school who will be responsible for determining whether a possible medical emergency exists and who is to notify the emergency medical personnel. This policy should be broad enough to consider the needs of all students and allow for the specific needs of the student with special health care needs. When appropriate, the student should have an emergency plan as part of the Individualized Health Care Plan. The plans should include contingencies of how to handle situations when the individual performing health care procedures is on a break, has to leave school unexpectedly, or is absent. (See Emergency Plan.)

Parents should be asked to sign a written statement indicating their understanding of the school district's policy regarding Do Not Resuscitate (DNR) orders and should discuss the implications of the school's policies with their physician. (See Appendix D.)

Children with Special Dietary Needs

Children with disabilities who require changes to the basic meal (such as special supplements or substitutions) are required to provide documentation with accompanying instructions from a licensed physician. This documentation is required to ensure that the modified meal is reimbursable and to ensure that any meal modifications meet nutrition standards that are medically appropriate for the child.

Management of Do Not Resuscitate (DNR) Orders

The school district should have a written policy regarding the treatment of Do Not Resuscitate (DNR) orders for a student. The policy should explain that when any student is in a life-threatening situation, the school will call emergency medical services. Although it is recognized that parents and physicians have given thoughtful consideration to DNR orders, such orders put educators in the position of making medical decisions and place the school personnel in a position of liability. In extreme emergencies, school districts will access public emergency health care transportation and leave DNR decisions to the health care professionals. The school could keep the DNR order and give it to the emergency medical services upon arrival. The directive should be reviewed on a regular basis. Refer to your school district DNR policy and Appendix D.

Disagreement with Physician's Orders

The school district should have a policy and procedures in place in the event that school health personnel have concerns or disagreements with physician's orders. It is recommended that such policies include the written documentation of all communications regarding physician's orders and that any and all changes be submitted in writing. In rare cases, a school health officer or specialty physician may need to be consulted to assist in settling the issue. The school may also request a second opinion through an independent evaluation.

Comprehensive System of Personnel Development (CSPD)

The school district should incorporate training into its CSPD plan and acquire and disseminate promising educational practices relative to the student with special health care needs. Parents should be invited for relevant training and inservice activities.

Homebound/Hospitalized Instruction

Students with special health care needs may experience frequent and/or prolonged absences from school. Such absences will likely have a negative effect on their success in their educational program. The school district must have a written policy for the continued delivery of educational services to the student who experiences frequent or prolonged absences of 10 continuous days or more.

Medical Equipment

Parents have the responsibility of providing special equipment. The school should have procedures for maintenance of school-purchased medical equipment, storage of equipment, temporary back-ups, and lending equipment during non-school hours. Ensure that the classrooms are appropriately equipped for the needs of the student with special health care needs. The equipment should be easily accessible. Consider its placement and the safety of the others in the room. The equipment needs to be routinely monitored and maintained.

Funding

Although schools are responsible for providing education-related health services for students in educational settings, other funding sources such as health insurance and Medicaid should be used when available and appropriate. Private health insurance, including Health Maintenance Organizations (HMOs), is generally considered to be first dollar payer for covered health services, and Medicaid covers many health services for eligible students. Recent legislation and rulings have allowed eligible services to be covered by third-party payers in educational settings as well as clinic and hospital settings. These potential funding sources should, therefore, be explored in order to expand the funding for health services needed by students in school settings.

Natural Disasters

We all live in areas that could experience emergencies and natural disasters. Students requiring life-sustaining medications or equipment will require additional provisions, provided by the parent, if they are required to remain at school for extended periods of time.

Mild Conditions

Even though some students might not appear to have a serious medical condition, it is still critical to deal with their need. Students with asthma, allergies, attention deficit disorder, etc., might require a health care plan. These conditions come in degrees of severity; the team shall determine if a health care plan will be necessary for mild conditions.

Hepatitis B Vaccinations

The OSHA Blood Borne Pathogens Standard requires that Hepatitis B vaccinations be provided to all employees who, as a part of their normal job duties, are expected to have occupational exposure to blood or other infectious body fluids. These vaccinations must be provided within 10 working days of assignment, at no cost, at a reasonable time and place, and under the supervision of a licensed health care professional. Employees who choose not to be vaccinated must sign a declination form.

Confidentiality and HIV

The identities or other case details of HIV-infected subjects shall not be disclosed to any person other than the members of the review committee and the pertinent superintendent. The Utah Health Code citation outlines the following procedures when dealing with students and staff infected with HIV:

1. Upon notification that a student or employee has been diagnosed with HIV infection, the school administrator will convene a review committee.
2. A student or employee infected with HIV will continue in his/her general classroom or job assignment until a review committee can meet and formulate recommendations.
3. The committee will review all pertinent information, including current findings and recommendations of the United States Public Health Service, the American Academy of Pediatrics, and the Utah Department of Health; apply that information to the subject and the nature of activities and associations which the subject is involved with the school; and establish written findings of facts and recommendations based upon reasonable medical judgments and other information concerning the following:
 - a. The nature of the risk of transmission of HIV relevant to the activities of the student in the school setting
 - b. The probability of the risk, particularly the reasonable likelihood that HIV could be transmitted to other persons by the subject in the school setting
 - c. The nature and the probability of any health-related risks to the student
 - d. If restrictions are determined to be necessary, what accommodations could be made by the school to avoid excessive limitations on activities and associations of the student
4. The review committee shall forward its findings and recommendations to the superintendent.

5. The school administrator will implement the recommendations without delay.
6. The school administrator shall immediately advise the student or, in the case of a minor, the student's parents, in writing, of the decision of the review committee and that continued participation in the school setting may result in exposure to other communicable diseases.
7. The school administrator shall review the committee's decision on a regular basis and may reconvene the committee if, in his/her opinion, the facts of the case have changed.

DELEGATION OF SCHOOL HEALTH CARE PROCEDURES

This section contains specific information on delegation and the process that should be used by school nurses when delegating health care procedures to educational staff.



Delegation Issues for School Nurses

During the 2002–2003 school year, there were approximately 120 school nurses serving approximately 479,617 school-age children in Utah. The ratio of school nurses to students is one school nurse for every 6,207 students (Green, 2002). With the large student-to-school nurse ratio, school nurses may have to delegate appropriate activities to unlicensed assistive personnel (UAP), e.g., school staff, clerical aides, health/nursing assistants or paraprofessionals, in order to provide health services to students who require them while at school.

Delegation is the transfer of responsibility for the performance of an activity from one individual to another, with the former retaining accountability for the outcome. For example, the nurse, in delegating an activity to an unlicensed individual, transfers the responsibility for the performance of the activity but retains professional accountability for overall care (American Nurse Association, [ANA], 1994).

The Utah Nurse Practice Act defines the qualifications of a nurse, the practice of nursing, and the standards for the practice of nursing in Utah. The rule allows for delegation of various procedures. It is important to note that only the procedure is delegated. The assessment and other activities associated with the child and his/her health condition must still be done by the nurse. The ultimate responsibility for the delegated task is still performed under the nurse's license. Thus, it is important that the nurse do a thorough training, feel comfortable with the person being trained, and follow up as needed to ensure proper and safe techniques are being used. As more children with special health care needs enter the school setting, it is imperative that school nurses understand and be familiar with the Nurse Practice Act and special education guidelines. The school nurse must also understand the importance of documenting his/her decisions and delegation process.

Criteria for Delegation of Specialized Health Care Procedures by a Registered Nurse

In general, delegation of nursing tasks should not occur unless there is an organized process for ensuring the quality of the service provided or task performed. The school nurse should ask himself/herself these questions to determine whether delegation is appropriate and to whom a task should be delegated. (See Delegation Decision Tree and/or the Nursing Competency/Scope of Practice Decision Tree.)

- Is the delegated task within the area of responsibility of the delegating RN?
- Is the delegated task within the knowledge, skills, and ability of the delegating RN?
- Is the delegated task of a *routine, repetitive nature* not requiring nursing judgment or intervention?
- Is the delegated task one that a reasonable and prudent registered nurse would consider to be within the generally accepted scope of nursing practice?
- Is the act of delegation consistent with the health and safety of the student?

- Is the delegation limited to a specific person, for a specific student, and within a specific time frame? (*This means delegation is never automatic.*)

Additional Requirements for Safe and Effective Delegation

- The delegating nurse determines whether the UAP is competent to perform the delegated task for a particular student.
- There is a plan and process in place for the nurse to monitor the performance of the UAP who is performing the task.
- There is a plan and process in place for the nurse to monitor the effectiveness of the intervention in relation to outcomes/goals identified on the student's health care plan.
- School personnel to whom the school nurse delegates a task shall not further delegate that task to another individual, nor may the task be expanded without the expressed permission of the delegating school nurse. It is important for all involved to remember that licensed health care professionals should make medical decisions. Others may risk charges of practicing medicine without a license.
- The school nurse shall ensure school personnel can and will perform the task with the degree of care and skill that would be expected of the professional nurse. This means the task or procedure itself is done with the same care and skill, not that the school employee has the nursing knowledge to make nursing decisions about a particular task.
- The school nurse determines whether the task can be delegated and to whom.
- The school nurse must train, supervise, evaluate, and monitor in an ongoing manner the person to whom the task is delegated.

What Not to Delegate

Nursing activities that include the core of the nursing process (assessment, nursing diagnosis, planning, and evaluation) and require specialized knowledge, judgment, and/or skill should NOT be delegated. Examples of these activities include:

1. The initial nursing assessment and any subsequent assessment that requires professional nursing knowledge, judgment, and skill.
2. The determination of nursing diagnoses, the establishment of the nursing care goals, development of the nursing plan of care, and evaluation of the student's progress in relation to the plan of care.
3. Any nursing intervention that requires professional nursing knowledge, judgment, and skill. Nursing judgment is the intellectual process that a registered nurse exercises in forming an opinion and reaching a conclusion by analyzing the data.

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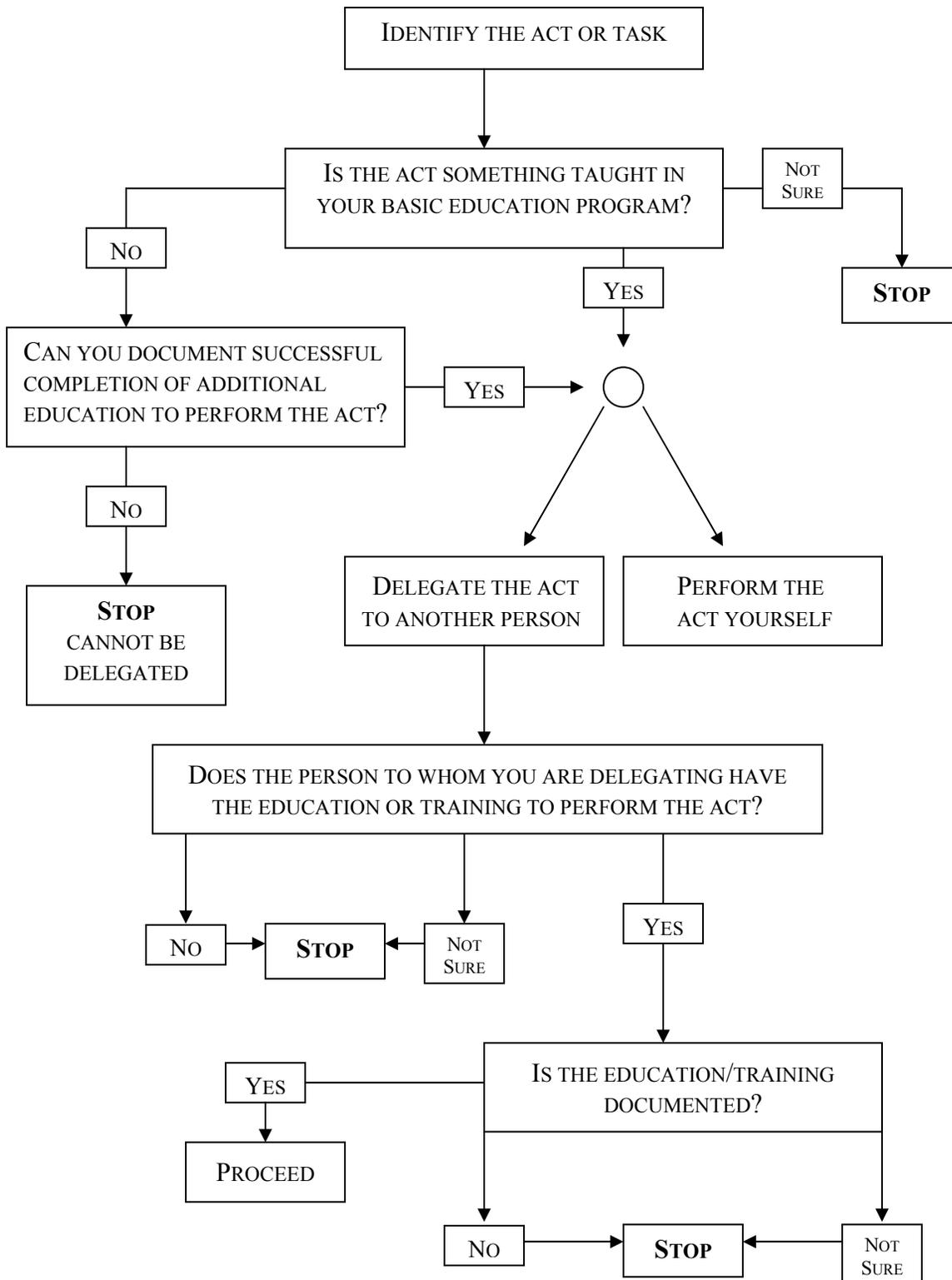
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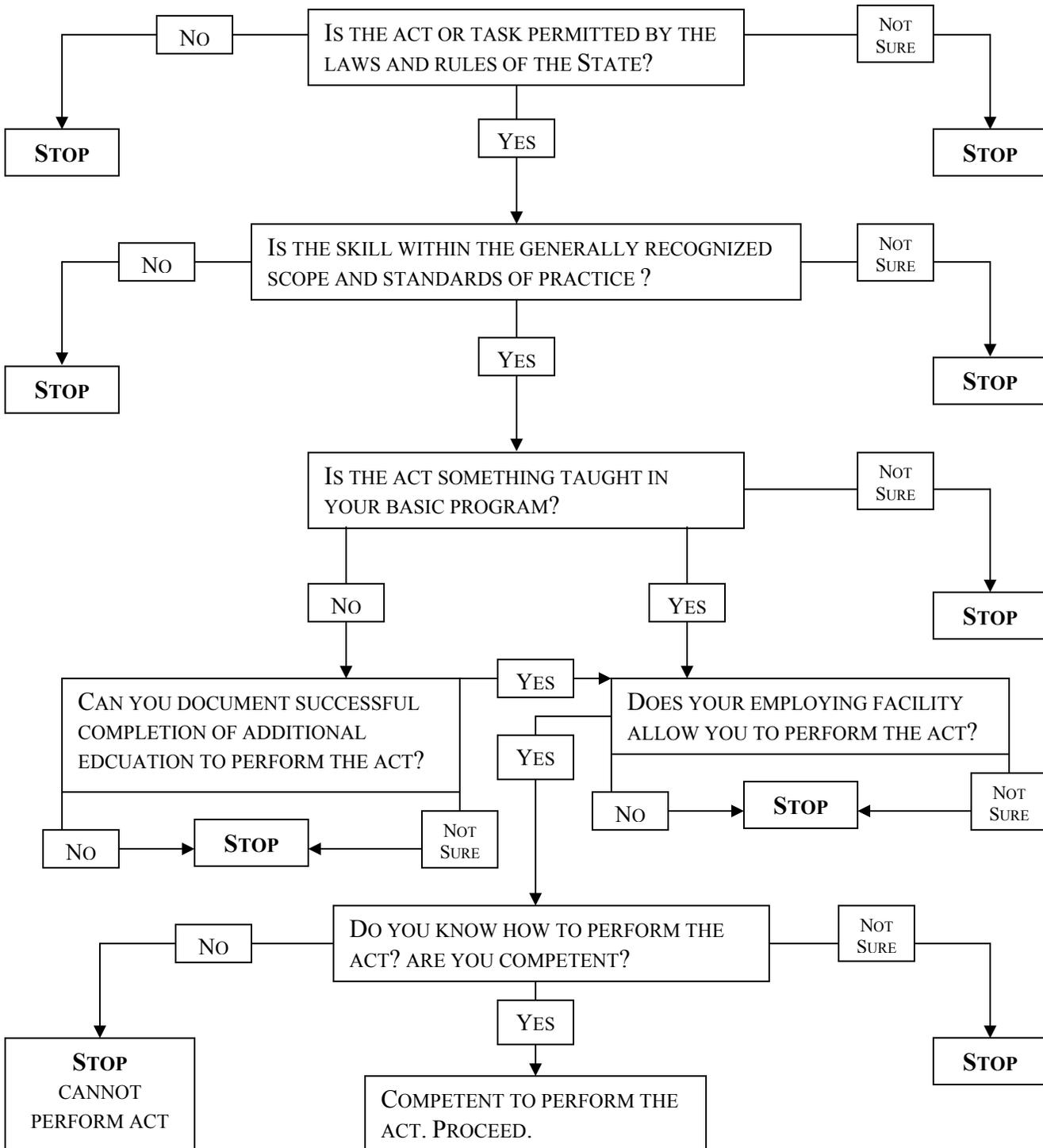
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Delegation Decision Tree



Nursing Competency/Scope of Practice Decision Tree



Sample Decision Grid for Registered Professional Nurses to Delegate

| <i>Task & Specific Patient Combination</i> | <i>Potential for Harm</i> | <i>Complexity of Task</i> | <i>Problem Solving/ Innovation Needed</i> | <i>Unpredictability of Outcome</i> | <i>Level of Interaction Required w/Client</i> | <i>Total</i> |
|--|---------------------------|---------------------------|---|------------------------------------|---|--------------|
| Suctioning Student has frequent episodes of apnea/choking. Requires suctioning every two hours or more. Unable to indicate needs to caregiver. | 3 | 2 | 3 | 3 | 3 | 14 |
| Suctioning Student is stable. Suctioning is infrequent/less than once per week. Can usually cough up secretions and indicate to caregiver when suctioning is needed. | 1 | 2 | 2 | 1 | 1 | 7 |

Instructions: This grid can be used to evaluate activities considered for delegation to nonlicensed assistive personnel. For the task at hand, consider both the task and the patient involved. Score each risk factor according to this scale: 0=none, 1=low, 2=moderate, 3=high. There is a total of a maximum of 15 points. The higher the score, the less likely it is that the registered professional nurse should delegate the task/activity. A blank copy of this form is included in Appendix F.

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QUESTIONS AND ANSWERS

This section contains commonly asked questions and answers about educating students with special health care needs.



Questions and Answers

Following are some commonly asked questions with guidance regarding servicing students with special health care needs. Check with your school district's attorney for further clarification and school policy issues.

Services

- 1. Q. Can a school refuse to enroll a student with special health care needs?**

A. School districts cannot discriminate against a student with special health care needs; all students regardless of their health care condition are entitled to a free appropriate public education. A student with special health care needs may be entitled to related services under special education or accommodations under Section 504.
- 2. Q. When a student experiences changes in his/her health condition, who is responsible for making adjustments in the educational program?**

A. The IEP team or Section 504 committee is responsible for making adjustments in the educational program when a student's health condition changes. It is essential for a nurse to participate in the meeting to provide relevant health information and recommendations.
- 3. Q. Do public charter schools have the same obligations as public schools in providing services to students with special health care needs?**

A. Yes.
- 4. Q. Is the manual intended only for moderate or severe students with special health care needs?**

A. The majority of students will have mild conditions that will require a minimal amount of paperwork and accommodations. These cases are just as important as the students with complicated problems.
- 5. Q. Who determines whether a student with special health care needs is able to attend school?**

A. The family physician in collaboration with the parents, school nurse, and school staff.

6. **Q. If a child has a chronic health care problem, does the child have right to homebound services?**
- A. If the medical condition of the student is such that homebound services are necessary, the IEP team or Section 504 committee should address the need and consider homebound services in the educational plan of the student.
7. **Q. Is the school obligated to provide special meals for a student with special dietary needs?**
- A. The school food service is specifically responsible for providing the necessary foods needed by a child with a disability. School food service staff must make food substitutions or modifications at no additional cost to children whose disability restricts their diet, as defined in USDA's nondiscrimination regulations.

General Education

8. **Q. Who are the typical members of the school-based support team (SBST) that addresses health care issues?**
- A. The SBST typically includes the general education teacher(s), student (when appropriate), school nurse (as appropriate), parent(s), school principal, and school counselor.
9. **Q. Can the SBST also serve on the Section 504 committee?**
- A. Yes; the composition of the team might vary according to each individual student.

School Nursing

10. **Q. Who determines what nursing tasks can be delegated?**
- A. The Utah State Board of Nursing, through the Utah Nurse Practice Act. Questions regarding delegation of nursing tasks should be directed to the school nurse or to the Utah State Board of Nursing.
11. **Q. How can a school district provide for the special health care needs of a student if the school doesn't employ a nurse?**
- A. School districts and charter schools may contract with individual nurses to provide full- or part-time nursing services. Delegation of health care procedures can only occur through a certified health care provider.

Confidentiality/Records

12. **Q. Do all school personnel have the right to know the diagnosis of a student's health condition?**
- A. School staff who need to know should only be provided relevant health care information from the school nurse to ensure the child's safety.
13. **Q. There are numerous forms contained in this manual. Does each form need to be completed for all students with special health care needs?**
- A. Each student will be different; the team will decide what documentation is necessary.
14. **Q. What is considered best practice in managing records for students on health care plans?**
- A. If the student is receiving special education services, the IEP team should decide who will manage the plan and records. If the student is Section 504 eligible, then the Section 504 committee makes the determination. If the student is neither special education or Section 504, then the school nurse will probably take the responsibility. In all cases, the school nurse should play an active role.
15. **Q. Can an Individualized Health Care Plan serve as the Section 504 Plan for those eligible for Section 504?**
- A. If the students' needs are being addressed in the health care plan, it would serve as the Section 504 documentation.
16. **Q. Do all school personnel who have contact with a student have access rights to the student's school health records?**
- A. The IEP team or Section 504 committee will determine what health information should be shared and with whom. School staff members who need to know and are involved with the student should be provided with information.
17. **Q. Where should the student's health records be kept?**
- A. This is a school district decision. They are usually maintained in the nurse's office in a separate file. In any case, they must be maintained in a confidential manner in accordance with federal and State regulations.

18. **Q. How does FERPA relate to HIPAA regarding the health care information in student school records?**
- A. Education records, including individually identifiable health information contained in such records, that are subject to FERPA, are specifically exempt from the HIPAA Privacy Rule. The reason for this exemption is that Congress, through FERPA, previously addressed how education records should be protected.

Eligibility

19. **Q. Does a student with special health care needs or a medical diagnosis of a health condition automatically qualify for special education?**
- A. No; a special education eligibility team that includes the parent(s) must determine if the student meets the eligibility criteria for special education after an evaluation of the student has been conducted.

Individualized Health Care Plan

20. **Q. Who should write the individualized health care plan?**
- A. The school nurse writes the health care plan in a collaborative effort with the parents, teacher(s), school principal, family physician, and other individuals as needed.
21. **Q. Is a health care plan required by federal or State regulation?**
- A. It is recommended as good practice if it will benefit the student, provide direction to staff, and reduce liability for the school district.
22. **Q. Is it necessary to have a physician attend the individualized health care planning meeting?**
- A. It may be desirable in some cases, but it is not required. Physician input can be gained in a variety of ways: written reports, teleconference calls, e-mail, prescriptions, or other written communications. Although verbal information may be used, written information provides less opportunity for miscommunication and error.

Special Education

23. **Q. Are health care goals and objectives required on a special education student's IEP?**
- A. The IEP team will decide whether goals and objectives are necessary to address health care issues. In most cases, the student's health care plan covers the information needed to keep the student safe.
24. **Q. Is the school obligated to provide an extended school year program for a student who has a chronic health condition and who has missed a great deal of school?**
- A. If the student is eligible for special education, extended school year services must be discussed as part of an IEP.

Parent Issues

25. **Q. Under what circumstances should parents be notified of any change in a student's health condition?**
- A. Parents should always be notified of changes in a child's health condition.
26. **Q. Can the school require the parent(s) to come to school to provide for the health care needs of the student?**
- A. No; however, a school may employ a parent as a health care aide, if appropriate.

Equipment

27. **Q. Are schools responsible for maintenance of medical equipment?**
- A. No; however, the school has a responsibility to inform the parent if the school district becomes aware of problems with the equipment. The school is responsible for the cost of maintaining equipment *provided by the school district*.
28. **Q. Is the school district required to supply a portable generator as a precaution against power failure?**
- A. Provision of a portable generator may be an accommodation to the student's medical condition. The decision needs to be made on an individual basis by the IEP team or Section 504 and ADA committee.

Medication

29. **Q. Is a school district responsible for purchasing and supplying medication?**
- A. It is the parents' responsibility to purchase and supply the medications for their child at school.
30. **Q. Does the school have a responsibility for ensuring that a student remembers to take medication at school?**
- A. The school is required to make accommodations for a student who must take medication during school or school-sponsored activities. Such medication shall be given in accordance with the physician's orders and be documented whenever medication is given.
31. **Q. Is it permissible to change the dosage of medication at the request of a parent, even though the physician's order on the medication is different?**
- A. No; if the dosage of medication is to be changed, it must be changed by a physician. The parent or the nurse who provides services in the school may contact the child's physician to request a change in the child's medication. Before any dosage of medication is changed, it is required that the school have a written order signed by a licensed physician, dentist, nurse practitioner, or physician assistant. The written order must be the same as the pharmacy-labeled container. (The prescription label on the container does *not* take the place of a written order.)
32. **Q. Can the school require a parent to have a child placed on medication in order to attend school?**
- A. No; however, if, in the judgment of the nurse who provides services in the school, a child's life or health is in danger without medication, adequate steps should be taken to inform the parent(s) and encourage them to seek medical care.
33. **Q. When is it appropriate for a student to perform self-administration of medication?**
- A. The team should consider of the following factors when allowing a student to self-administer medication:
1. Physician recommendation
 2. The student's competency and age to perform the procedures
 3. The school district policy on self-administration and controlled substances

34. Q. What are some ways the school should prepare for emergencies and natural disasters in relation to the student who requires life-sustaining medication or equipment?

A. In the event of an emergency or natural disaster, there is a possibility that the student would need to remain at school for several days. The team should plan for such emergencies by storing extra medication and having back-up equipment provided by the parent(s).

35. Q. What does new legislation say regarding the use of asthma medication by pupils in school?

A. Utah law directs a public school to permit a student to possess and self-administer prescription or non-prescription inhaled asthma medication if the student's parent or guardian provides written authorization and an acknowledgement that the student is responsible for, and capable of, self-administering the asthma medication; and the student's health care provider provides a written statement indicating it is medically appropriate for the student to self-administer asthma medication and be in possession of asthma medication at all times. The law also requires the Utah Department of Health, in cooperation with the State Superintendent of Public Instruction, to create forms for parental and health care provider statements for use by public schools.

Emergency

36. Q. Can a school be required to follow a DNR (Do Not Resuscitate) order?

A. Schools should follow the school district's policies for handling medical emergencies. Educators should not be required to make medical judgments.

37. Q. Is it permissible to give the name of the student to the power company, telephone company, or emergency services agency when alerting them as to the potential need for emergency services?

A. These agencies do not need the student's name; they only need to know that there is a student in the school who may require emergency medical services, the nature of the health condition, and the services that may be required in case of an emergency.

APPENDIX A

UNIVERSAL PRECAUTIONS AND INFECTION CONTROL

Universal Precautions and Infection Control

Utah Administrative Rule—R388-802-9 Procedures for Handling Blood or Body Fluids: Each school district and other school entities shall adopt routine procedures for handling blood or body fluids, including sanitary napkins, regardless of whether students or employees with HIV infections are known to be present. The procedures should be consistent with recommendations of the United States Public Health Service, the American Academy of Pediatrics, and the Utah Department of Health.

In response to the increase in Hepatitis B and Human Immunodeficiency Virus (HIV) infections, the Centers for Disease Control and Prevention have recommended universal blood and body-fluid precautions. These measures are intended to prevent transmission of these and other infections, as well as to decrease the risk of exposure for care-providers and students. As it is currently not possible to identify all infected individuals, these precautions must be used with every student, regardless of his/her medical diagnosis.

The single most important step in preventing exposure to and transmission of any infection is anticipating potential contact with infectious materials in routine as well as emergency situations. Based on the type of possible contact, the caregiver should be prepared to use the appropriate precautions and techniques prior to providing care. Diligent and proper hand washing, the use of barriers, appropriate disposal of waste products and needles, and proper decontamination of spills are essential techniques of infection control. Using common sense in the application of these measures will enhance protection of both the caregiver and the student.

Hand Washing

Hand washing is the key to a successful hygiene program. It is the single most important practice in the fight against transmission of infectious organisms. Hand washing should be encouraged often and especially after using the toilet, before eating, after changing a diaper, after helping with the toilet seat, and before and after any other high-risk situations when the hands may have come in contact with body fluids. Adequate facilities—such as hot and cold water, sinks, soap, and paper towels—must be furnished for this.

Hand Washing Procedures

- Ensure that each hand sink is supplied with dispensable soap and disposable paper towels. Germicidal towelettes or alcohol-based hand sanitizers should be provided where water is not available.
- Wet hands thoroughly under warm running water; use cold water only if warm water is unavailable.

- Dispense soap into wet hands. Bar soap should be used when dispensed soap is unavailable.
- Vigorously rub hands together for one minute, paying particular attention to nails, cuticles, spaces between fingers, and under jewelry. Wash hands above the wrist.
- Thoroughly rinse hands.
- Shake hands to remove excess water.
- Dry hands using a disposable towel. Avoid the use of nondisposable towels.
- After drying hands, use the towel to turn off the water.
- Dispose of paper towel in a waste receptacle.

Barriers

Barriers include non-latex disposable gloves, protective eye wear, masks, and gowns. The use of a barrier is intended to reduce the risk of contact with body fluids for the caregiver as well as to control the spread of infectious agents from student to student. It is essential that appropriate barriers be used when contact with potentially infectious material is possible.

Non-Latex Disposable Gloves

In any situation in which when hands come in direct contact with body fluids or body wastes, the use of non-latex disposable gloves is essential.

Non-Latex Disposable Gloves Procedures

- Maintain a supply of disposable gloves in various sizes in a readily accessible location.
- Slip each hand into a clean glove, pulling it snugly over the fingers to ensure a good fit. Pull glove over the wrist as far as it will go to maximize coverage.
- Do not reuse gloves.
- Remove first glove by turning the glove inside out as it is pulled over the hand; grasp the glove in remaining gloved hand. During removal of the second glove, avoid touching the outer surface by slipping the fingers of the ungloved hand under the glove and pulling it inside out as it is pulled over the hand, effectively sealing the first glove inside.
- Dispose of the used gloves in a lined waste container.

- Wash hands thoroughly, following hand washing procedures.

Others

- Gowns or aprons may be worn to protect the caregiver's clothing if spattering of body fluids is possible. The apron or gown should be laundered or disposed of after each care session and should not be reused.
- Protective eye-wear and masks should be worn if splashing of body fluids is likely to occur (such as mouth suctioning or a coughing student).
- Chux or other waterproof barriers should be used to cover any work surfaces if drainage or splashing with body fluids is possible. The barrier should be disposed of after each care session and should not be reused.
- Disposable masks with a one-way valve may be used when administering mouth-to-mouth resuscitation. If these are unavailable, gauze or some other porous material can be placed over the mouth and mouth-to-mouth resuscitation given.

Clean-Up Procedures

Surfaces (floors, walls, counter tops)

- Wear non-latex disposable gloves.
- Sprinkle disinfecting absorbent over the spillage and wipe surrounding surfaces with a paper towel. If absorbent powder is not available, spread paper toweling over spill and allow it to soak up the fluid.
- Dispose of the material in a lined waste container.
- Spray the affected area with a spray cleaner/disinfectant. This can be any hospital-grade tuberculoidal and germicidal product. A 10 percent bleach solution is an acceptable substitute.
- After allowing for adequate contact time, wipe the disinfectant from the affected surface.
- Dispose of paper towels and gloves in a lined waste container.
- Draw the plastic liner out of the waste container. Tie and immediately dispose of the bag following normal procedures.
- Wash hands thoroughly, following hand washing procedures.

Objects

- Put on non-latex disposable gloves. If gloves are not available, use disposable towels as a barrier when handling the object.
- Discard contaminated items that cannot be cleaned.
- Wash objects using clean, warm water and a general-purpose cleaning agent. Use only mops, sponges, or cloths not used on floors, walls, or plumbing fixtures.
- Rinse the object thoroughly in clean water.
- Disinfect or sanitize the object by spraying, swabbing, or immersing in a germicidal solution. A 10 percent bleach solution or commercially available disinfectant is adequate.
- Objects that might be placed in a person's mouth should be rinsed in clear water after they have been disinfected.

Sharps

- Needles, syringes, and other sharp objects should be placed in a metal or other puncture-proof container immediately after use.
- To reduce the risk of an accidental needle stick or cut, needles should not be recapped, bent, or removed from the syringe before disposal.
- Containers should be sealed and double-bagged.

Persons

- Put on disposable gloves.
- Use a paper towel to wipe material from exposed skin, paying particular attention to the face. Allow person to rinse mouth, nose, and eyes with running water, if possible. Germicidal towelettes should be used when running water is not available.
- Place soiled towels or towelettes in a lined waste container. Urge the person to perform as much of this procedure as possible.
- If practical, remove soiled clothing and place in a plastic bag for laundering later.
- Assist in cleansing the affected body area.

- Put on clean clothing and/or notify a parent to supply clean clothes.
- Soiled clothing should be laundered separately from the rest of the laundry. Use hot water and a cup of bleach in each load.
- Follow procedures for the cleaning of surfaces and objects.
- Remove and dispose of gloves in a lined waste container.
- Pull the liner from the waste container. Tie it and immediately dispose of the bag following normal procedures.
- Wash hands thoroughly, following hand washing procedures.
- When helping with a runny nose, coughing, and/or drooling, provide facial tissues and dispose of them in a plastic-lined trash can.
- Wash hands after the procedure is completed.

Laundry

- Whenever possible, disposable barriers should be used if contamination with body fluids is possible.
- If sheets, towels, or clothing do become soiled, they should be handled as little as possible.
- Wash with hot water and detergent for at least 25 minutes.
- Cool water washing is also acceptable if detergent that is appropriate for the water temperature is used.

Diapering

- Assemble the supplies beforehand. Use disposable diapers.
- Wash hands, following hand washing procedures.
- Put on disposable gloves.
- Place the person on a designated washable changing table or mat, located near the hand sink and used for no other purpose. The use of a disposable paper liner is optional.

- DO NOT leave the person unattended on changing table.
- Remove the soiled diaper, carefully folding inward and wrapping the diaper in its own plastic liner.
- Put the solid diaper in a small plastic bag and place it in a lined waste container and keep covered.
- Cleanse the person's skin with a disposable wipe and an appropriate cleaning solution or a moist towelette. Move from front to back to prevent urinary tract infections, paying particular attention to skin creases.
- Bulk salves, creams, or ointments must be dispensed from the jar using a disposable spatula. Do not use your fingers to dispense the materials. Squeeze tubes or bottles of these products are preferred.
- Redress the person.
- Dispose of the spatulas in an appropriate waste container.
- Remove the gloves, following disposable glove procedures.
- Wash the person's hands with soap and water or wipe with a germicidal towelette if running water is not available.
- Disinfect the change table/mat surface and wipe it dry with a paper towel.
- As frequently as possible, draw the plastic liner out of the waste container, tie, and immediately dispose of it following normal disposal procedures.
- Wash your hands thoroughly, following hand washing procedures.
- Report abnormal skin, rash, or stool conditions (unusual fecal consistency, color, odor, or frequency) to the parent or guardian.

Toilet/Potty Chair

- In the event of a fecal or urine accident, refer to procedures for dealing with contaminated persons and clothing, surfaces, and objects.
- Assist with the removal of the clothing if necessary.
- Put on disposable gloves if assistance in wiping the person is necessary or if you will come in contact with body fluids.

- Wipe the person using toilet tissue, a disposable wipe, and an appropriate cleaning solution or a moist, germicidal appropriate towelette and moving from front to back to prevent a urinary tract infection.
- Assist with redressing if necessary.
- Remove your gloves, following disposable glove procedures.
- Ensure that the person washes his/her hands properly.
- Wash your own hands thoroughly, using hand washing procedures.

When using the potty chair, follow this procedure after the person is dressed but before removing your gloves:

- Empty the contents of the pot into the toilet.
- Rinse the pot with water. Dispose of the rinse water into the toilet. If rinse water is obtained from hand sink, be sure not to splash the sink or faucet.
- Clean the pot with a germicidal solution. Wipe it with a paper towel. Dispose of the paper towel in a lined waste container.
- Remove your disposable gloves.
- Disinfect the hand sink.
- Wash your hands thoroughly following hand washing procedures.
- Repeat these procedures for each person.
- Potty seats should be cleaned with a germicidal solution at least once a day.

Accidental Exposure

Accidental exposure to body fluids places the exposed individual at risk of infection. This risk varies depending on the type of body fluid (blood vs. respiratory vs. feces), the type of infection (salmonella vs. HIV), and the integrity of the skin that is contaminated.

- Always wash the contaminated area immediately with soap and water.
- If a mucous membrane splash (in the eye or mouth) or contamination of broken skin occurs, irrigate or wash the area thoroughly.

- If a cut or needle stick injury occurs, wash the area thoroughly with soap and water. In those instances where broken skin, mucous membrane, or needle stick exposures occur, the caregiver should document the incident. The health care provider should be contacted as soon as possible. The student's parent or guardian should also be notified. The person who had the exposure should contact his/her physician for further care as outlined by the CDC recommendations.

Pregnant Women

Pregnant women are at no higher risk of infection than other care providers as long as appropriate precautions are observed. However, due to the possibility of in-utero transmission of viral infections such as cytomegalovirus (CMV) or HIV, as well as the potential for adverse outcomes with these congenitally acquired infections, pregnant women should be especially careful to observe universal precautions.

Further information regarding universal precautions and infection control is available from the local Public Health Department and in the references at the end of this section.



APPENDIX B

CONFIDENTIALITY AND STUDENT RECORDS

Family Educational Rights and Privacy Act
(FERPA)

and

Health Insurance Portability and Accountability Act
(HIPAA)

Confidentiality and Student Records

The basic mandates for student records are listed below:

1. Family Educational Rights and Privacy Act (FERPA) of 1974 and its implementing regulations
2. Health Insurance Portability and Accountability Act (HIPAA)
3. The Individuals with Disabilities Education Act (IDEA) 1997
4. Section 504 of the Rehabilitation Act of 1973/Americans with Disabilities Act
5. Utah laws and administrative rules pertaining to special education

Requirements

Each school district and charter school maintaining school records must do the following:

1. Formulate and adopt institutional policy and procedures concerning student records (FERPA, Reg. 99.5).
2. Annually notify parents and students in attendance or eligible students (attained 18 years of age and in attendance) of their rights pertaining to student records (FERPA, Reg. 99.6).
3. Establish written procedures for the destruction of confidential records.
4. Maintain a record of each request and each disclosure of personally identifiable information from the education records of a student (FERPA, Reg. 99.32).
5. Permit the parent of a student or an eligible student to inspect and review the educational records of the student. Requests must be complied with within a reasonable time but in no case more than 45 days after the request has been made. (FERPA, Reg. 99.11).
6. Amend the education records of a student upon an approved request by parent or eligible student. The request is authorized when the parent or eligible student believes the information is inaccurate, misleading, or violates the privacy or other rights of the student. When a decision is made not to amend records, the parent or eligible student must be informed of his/her right to a hearing. Requirements do not provide that copies be made available, but note should be made that if the child receives services under IDEA, a parent copy of the IEP is required (FERPA, Reg. 99.22).
7. Establish procedures for and conduct a hearing as required when a parent or eligible student appeals the denial to amend a student's educational records (FERPA, Reg. 99.22).

8. Parents must also be informed of their right to place in the record a statement commenting on the information or setting forth any reasons for disagreeing with the decision of the agency.
9. Parents must be informed that although records are about a student, they belong to the school.

Clarifications

Transfer of Education Records

Written consent is not required to send records when the transferring school has a notice in its policies that it forwards education records on request to a school in which a student seeks or intends to enroll (FERPA, Reg. 99.31).

Rights of Noncustodial Parents

In the case of divorce or separation, a school district must provide access to education records to both custodial and noncustodial parents, and custodial step-parents unless there is a legal binding document that specifically removes one parent from FERPA rights (statement from FERPA office).

Sole Possession Records

To classify any record maintained by a staff member and directly related to a student as a sole possession record (exempt from parent or student access, challenge, and control), an education agency or institution must make certain the record meets the following test:

1. It must be a private note created solely by the individual possessing it.
2. It must be a personal memory aid.
3. The information contained in the note must not be accessible or revealed to any other person (including the student), except to the possessor's temporary substitute (statement from FERPA office).
4. It cannot be used to treat a student or make decisions about a student.

Confidentiality Requirements of the Individuals with Disabilities Education Act (IDEA)

1. Under IDEA regulations, the term “children” includes children ages zero through 21, including those who have not yet become students (i.e., unserved). FERPA refers to “students” or “eligible students.”
2. IDEA Part B regulations apply to all education agencies involved in the State’s identification, location, evaluation, and education efforts. FERPA is applicable only to those students’ attendance at education agencies and institutions receiving funds from programs administered by departments of education.
3. Specific notification to parents that data will be collected on their children is required under IDEA Part B, and the parents’ right to access is more extensive.
4. Specific safeguards to protect the confidentiality of personally identifiable information at all stages (storage, disclosure, and destruction) are required by IDEA Part B, which also specifies procedures relating to the destruction of information after the need for such material has expired.
5. The State education agency is required under IDEA Part B regulations to have specific sanctions it can use to ensure implementation of the confidentiality requirements.
6. Any abrogation of a student’s rights, including privacy, must be accomplished through a court.

Students Under Age 18—Right of Access

Each district should adopt a policy for access of student records by students under 18. Federal regulations do not preclude school districts from according students rights in addition to those accorded to parents of students (FERPA, Reg. 99.4(a)).

Withholding Transfer of Records

Transfer of records cannot be held up for nonpayment of education fees (e.g., fee charges for lab, library books, shops).

Applicability of Private Schools

Private schools are subject to FERPA regulations if they receive funds under any federal program. FERPA is not applicable solely because students attending the school receive services under a federal program through another institution (FERPA, Reg. 99.1).

Computerized Database

Information stored in computers is subject to the provisions of FERPA and to State laws and rules pertaining to confidentiality.

Access Rights

The parents of a student or eligible student who is or has been in attendance may inspect and review the student's education records (FERPA, Reg. 99.11 and 99.3). Persons who may have access to personally identifiable information without prior consent are listed in FERPA, Reg. 99.31. Among those listed are the following:

1. State education authorities
2. Persons connected with financial aid which the student has applied for or received
3. Organizations conducting studies for or on behalf of education agencies or institutions for the purpose of developing, validating, or administering predictive tests, administering student aid programs, and improving instruction

Persons Exempt from Record of Access (Log)

The following persons are not required to have their request for access to personally identifiable information recorded: parent of a student or eligible student, school officials (including teachers) who have been determined by the agency or institution to have legitimate education interests, persons having written consent of a parent, and persons acquiring directory information (FERPA, Reg. 99.32).

Conditions for Disclosure in Health and Safety Emergencies

Personally identifiable information from a student's education records may be disclosed to appropriate parties in connection with an emergency if knowledge of the information is necessary to protect the health or safety of the student or other individuals. In order to disclose information, there needs to be an eminent emergency (FERPA, Reg. 99.36).

Fees for Copies of Education Records

A fee may be charged for copies if that fee does not prevent the parents and eligible students from exercising their rights to inspect and review the records (FERPA, Reg. 99.8). A copy of the IEP, evaluation, and eligibility reports, however, must be provided at no cost to parents. Although records are about the student, they belong to the school.

Disclosure to Federal and State Officials

Authorized federal and State officials may have access to student and other records related to the audit and evaluation of federally supported education programs or to the enforcement of or

compliance with federal requirements of these programs (FERPA, Reg. 99.35). Such officials must sign the access log showing agency and purpose for accessing student records.

The Relationship of HIPAA to Special Education

The purpose of this section is to provide clarification to educators regarding the privacy of records and information related to the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Additional resources and Web sites are provided for the reader to obtain current information regarding the required privacy regulations.

What Is the HIPAA?

The Health Insurance Portability and Accountability Act of 1996, known as HIPAA, includes important new—but limited—protections for millions of working Americans and their families around the ability to obtain and keep health coverage. Among its specific protections, HIPAA does the following:

- Limits the use of pre-existing condition exclusions.
- Prohibits group health plans from discriminating by denying coverage or charging extra for coverage based on an employee or his/her family member's past or present poor health.
- Guarantees certain small employers and certain individuals who lose job-related coverage the right to purchase health insurance.
- Guarantees, in most cases, that employers or individuals who purchase health insurance can renew the coverage regardless of any health conditions of individuals covered under the insurance policy.

In short, HIPAA may lower the individual's chance of losing existing coverage, ease the ability to switch health plans, and/or help to buy coverage if an individual loses an employer's plan and has no other coverage available.

What Is the HIPAA Privacy Rule?

The U.S. Department of Health and Human Services (DHHS) issued the privacy rule to implement the requirements of HIPAA. The privacy rule standards address the use and disclosure of individuals' health information, or "protected health information," by organizations subject to the privacy rule, or "covered entities," as well as standards for individuals' privacy rights to understand and control how their health information is used. Within DHHS, the Office for Civil Rights (OCR) has the responsibility for implementing and enforcing the Privacy Rule with respect to voluntary compliance activities and civil money penalties.

A major goal of the privacy rule is to ensure that individuals' health information is properly protected, while allowing the flow of health information needed to provide and promote high-quality health care and to protect the public's health and well-being. The rule strikes a balance that permits important uses of information while protecting the privacy of people who seek care and healing. Given that the health care marketplace is diverse, the rule is designed to be flexible and comprehensive to cover the variety of uses and disclosures that need to be addressed.

Source: U.S. DHHS, OCR PRIVACY BRIEF, Summary of the HIPAA Privacy Rule, HIPAA Compliance Assistance <http://www.DHHS.gov/ocr/privacysummary.pdf>

What Is FERPA and How Is It Different From the HIPAA?

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

FERPA defines education records as those records that contain information directly related to a student that are maintained by an education agency, institution, or person acting for the agency or institution.

Source: <http://www.ed.gov/offices/OM/fpco/ferpa/library/hipaa.html>

Health records are defined through the HIPAA privacy regulation, 45 CRR, § 164.501:

Protected Health Information means any individually identifiable health information that is:

- Transmitted by electronic media.
- Maintained in any medium described in the definition of electronic media at §162.103 of this subchapter.
- Transmitted or maintained in any other form or medium.

Protected health information **excludes** individually identifiable health information in education records covered by FERPA, as amended, 20 U.S.C. 1232g.

Must Public Schools and Education Agencies Comply With the HIPAA?

The preamble to the privacy regulation includes the following statement by the DHHS, the entity responsible for developing HIPAA Privacy:

While we strongly believe every individual should have the same level of privacy protection for his/her individually identifiable health information, Congress did not provide us with authority to disturb the scheme it had devised for records maintained by

educational institutions and agencies under FERPA. We do not believe Congress intended to amend or preempt FERPA when it enacted HIPAA.

The HIPAA final rule explains that records that are subject to FERPA are not subject to the HIPAA. Additionally, medical records that are exempt from FERPA's definition of "education records" under the section 99.3 provision are also exempt from coverage by the HIPAA.

Source: Page 82483 of the December 28, 2000, Federal Register HIPAA final rule

Who Must Comply With the HIPAA?

As required by Congress in the HIPAA, the Privacy Rule covers the items listed below:

- Health plans
- Health care clearinghouses
- Health care providers or medical homes who conduct certain financial and administrative transactions electronically. These electronic transactions are those for which standards have been adopted by the Secretary under the HIPAA, such as electronic billing and fund transfers.

These covered entities are bound by the new privacy standards even if they contract with others (called "business associates") to perform some of their essential functions. The law does not give the DHHS the authority to regulate other types of private businesses or public agencies through this regulation. For example, DHHS does not have the authority to regulate employers, life insurance companies, or public agencies that deliver social security or welfare benefits.

Source: <http://www.DHHS.gov/ocr/hipaa/guidelines/overview.pdf>

What Does the HIPAA Privacy Rule Require Providers to Do?

Under the final privacy rules, covered entities must protect individually identifiable health information against deliberate or inadvertent misuse or disclosure. Consequently, health plans and providers must maintain administrative and physical safeguards to protect the confidentiality of health information, as well as to protect against unauthorized access. These entities must inform individuals about how their health information is used and disclosed and ensure them access to their information. Written authorization from patients for the use and disclosure of health information for most purposes is also required, with the exception of health care treatment, payment, and operations (and for certain national priority purposes).

*Source: Office for the Advancement of Telehealth,
<http://telehealth.hrsa.gov/pubs/hipaa.htm#what>*

Would Education Programs Ever Be Subject to the HIPAA?

You may need to contact DHHS to inquire about the applicability of the HIPAA to records on non-students. However, students' medical records and education records under FERPA are not subject to the HIPAA and should not be disclosed to DHHS under the HIPAA.

Educational institutions that provide health care services to individuals other than students or that provide health care coverage to their employees need to be familiar with and may be subject to the HIPAA. Educational institutions that do not receive federal funds that maintain any student medical records may also be subject to the HIPAA requirements.

The procedures for the submission of electronic records and billing of medical information would be subject to HIPAA. For example, schools that bill Medicaid for therapeutic services would need to comply with HIPAA for those procedures.

The safeguards for the protection of privacy under both regulations are comparable, and ensure confidentiality if staff members are trained and procedures are in place to maintain privacy and confidentiality.

Where Can I Locate Other Resources?

- Office of the Assistant Secretary for Planning and Evaluation—Administrative Simplification in the Health Care Industry
<http://aspe.os.dhhs.gov/admsimp/>
- Utah Health Information Network: UHIN is a not-for-profit organization that is reducing the cost of administrative health care through electronic transactions, electronic transaction standards, and education. If you would like to utilize their services, click on Getting Started.
<http://www.uhin.com/>
- Office for Civil Rights—HIPAA
 - Medical Privacy—National Standards to Protect the Privacy of Personal Health Information
<http://www.DHHS.gov/ocr/hipaa/assist.html>
 - Overview of information from the Office of Civil Rights
<http://www.DHHS.gov/ocr/hipaa/guidelines/overview.pdf>
 - What's new at the Office for Civil Rights—HIPAA
<http://www.DHHS.gov/ocr/hipaa/whatsnew.html>
- HIPAA Privacy Rule and Research Web site
<http://privacyruleandresearch.nih.gov/>
- Final Modifications to the Privacy Rule published in the *Federal Register*
www.DHHS.gov/ocr/hipaa/finalreg.html

- FERPA online library with reference to the HIPAA
<http://www.ed.gov/offices/OM/fpco/ferpa/library/hippa.html>

APPENDIX C

UTAH NURSE PRACTICE ACT RULES AND DELEGATION

School staff should pay particular attention to the highlighted section on pages 133–134 of delegation procedures.

NURSE PRACTICE ACT RULES

R156-31b

**Utah Administrative Code
Issued November 18, 2002**

R156. Commerce, Occupational and Professional Licensing.

R156-31b. Nurse Practice Act Rules.

R156-31b-101. Title.

These rules are known as the "Nurse Practice Act Rules".

R156-31b-102. Definitions.

In addition to the definitions in Title 58, Chapters 1 and 31b, as defined or used in these rules:

- (1) "Activities of daily living (ADLs)" means those personal activities in which individuals normally engage or are required for an individual's well-being whether performed by them alone, by them with the help of others, or for them by others, including eating, dressing, mobilizing, toileting, bathing, and other acts or practices to which an individual is subjected while under care in a regulated facility or under the orders of a licensed health care practitioner in a private residence.
- (2) "APRN" means an advanced practice registered nurse.
- (3) "Approved continuing education" in Subsection R156-31b-303(3) means:
 - (a) continuing education that has been approved by a professional nationally recognized approver of health related continuing education;
 - (b) nursing education courses taken from an approved education program as defined in Section R156-31b-601; and
 - (c) health related course work taken from an educational institution accredited by a regional institutional accrediting body identified in the "Accredited Institutions of Postsecondary Education", 1997-98 edition, published for the Commission of Recognition of Postsecondary Accreditation of the American Council on Education.
- (4) "Approved education program" as defined in Subsection 58-31b-102(3) is further defined to include any nursing education program published in the documents entitled "State-Approved Schools of Nursing RN", 1998, and "State-Approved Schools of Nursing LPN/LVN", 1998, published by the National League for Nursing Accrediting Commission, which are hereby adopted and incorporated by reference as a part of these rules.
- (5) "CCNE" means the Commission on Collegiate Nursing Education.
- (6) "Contact hour" means 50 minutes.
- (7) "CGFNS" means the Commission on Graduates of Foreign Nursing Schools.
- (8) "CRNA" means a certified registered nurse anesthetist.
- (9) "Delegation" means transferring to an individual the authority to perform a selected nursing task in selected situation. The nurse retains accountability for the delegation.

- (10) "Direct supervision" is the supervision required in Subsection 58-31b-306(1)(a)(iii) and means:
 - (a) the person providing supervision shall be available on the premises at which the supervisee is engaged in practice; or
 - (b) if the supervisee is specializing in psychiatric mental health nursing, the supervisor may be remote from the supervisee if there is personal direct voice communication between the two prior to administering or prescribing a prescription drug.
- (11) "Disruptive behavior", as used in these rules, means conduct, whether verbal or physical, that is demeaning, outrageous, or malicious and that places at risk patient care or the process of delivering quality patient care. Disruptive behavior does not include criticism that is offered in good faith with the aim of improving patient care.
- (12) "Generally recognized scope and standards of advanced practice registered nursing" means the scope and standards of practice set forth in the "Scope and Standards of Advanced Practice Registered Nursing", 1996, published by the American Nurses Association, which is hereby adopted and incorporated by reference, or as established by the professional community.
- (13) "Generally recognized scope of practice of licensed practical nurses" means the scope of practice set forth in the "Model Nursing Administrative Rules", 1994, published by the National Council of State Boards of Nursing, which is hereby adopted and incorporated by reference, or as established by the professional community.
- (14) "Generally recognized scope of practice of registered nurses" means the scope of practice set forth in the "Standards of Clinical Nursing Practice", 2nd edition, 1998, published by the American Nurses Association, which is hereby adopted and incorporated by reference, or as established by the professional community.
- (15) "Licensure by equivalency" as used in these rules means licensure as a licensed practical nurse after successful completion of course work in a registered nurse program which meets the criteria established in Section R156-31b-601.
- (16) "LPN" means a licensed practical nurse.
- (17) "NLNAC" means the National League for Nursing Accrediting Commission.
- (18) "NCLEX" means the National Council Licensure Examination of the National Council of State Boards of Nursing.
- (19) "Non-approved education program" means any foreign nurse education program.
- (20) "Other specified health care professionals", as used in Subsection 58-31b-102(12), who may direct the licensed practical nurse means:
 - (a) advanced practice registered nurse;
 - (b) certified nurse midwife;
 - (c) chiropractic physician;
 - (d) dentist;
 - (e) osteopathic physician;

- (f) physician assistant;
 - (g) podiatric physician;
 - (h) optometrist;
 - (i) certified registered nurse anesthetist.
- (21) "Patient surrogate", as used in Subsection R156-31b-502(4), means an individual who has legal authority to act on behalf of the patient when the patient is unable to act or decide for himself, including a parent, foster parent, legal guardian, or a person designated in a power of attorney.
- (22) "Personal assistance and care", as used in Subsection 58-31b-102(11), means acts or practices by an individual to personally assist or aid another individual in activities of daily living. These activities do not include those services provided by physical therapy, occupational therapy, or recreational therapy aides/assistants.
- (23) "Psychiatric mental health nursing specialty", as used in Subsection 58-31b-302(3)(g), includes psychiatric mental health nurse specialists and psychiatric mental health nurse practitioners.
- (24) "RN" means a registered nurse.
- (25) "Supervision" in Section R156-31b-701 means the provision of guidance or direction, evaluation and follow up by the licensed nurse for accomplishment of a task delegated to unlicensed assistive personnel or other licensed individuals.
- (26) "Unprofessional conduct" as defined in Title 58, Chapters 1 and 31b, is further defined in Section R156-31b-502.

R156-31b-103. Authority Purpose.

These rules are adopted by the division under the authority of Subsection 58-1-106(1) to enable the division to administer Title 58, Chapter 31b.

R156-31b-104. Organization Relationship to Rule R156-1.

The organization of this rule and its relationship to Rule R156-1 is as described in Section R156-1-107.

R156-31b-201. Board of Nursing Membership.

In accordance with Subsection 58-31b-201(3), the Board of Nursing shall be composed of the following nurse members:

- (1) five registered nurses, two of whom are actively involved in nursing education;
- (2) one licensed practical nurse; and
- (3) two advanced practice registered nurses or certified registered nurse anesthetists.

R156-31b-202. Advisory Peer Committee created Membership - Duties.

- (1) In accordance with Subsections 58-1-203(6) and 58-31b-202(2), there is created the Psychiatric Mental Health Nursing Peer Committee whose duties and responsibilities include reviewing APRN applications, when appropriate, and advising the board and division regarding practice issues.
- (2) The composition of the committee shall be:
 - (a) three APRNs specializing in psychiatric mental health nursing;
 - (b) at least one member shall be a faculty member actively teaching in a psychiatric mental health nursing program; and
 - (c) at least one member shall be actively participating in the supervision of an APRN intern.

R156-31b-203. Prescriptive Practice Peer Committee Audits.

In accordance with Subsection 58-31b-202(1)(b)(ii), the Prescriptive Practice Peer Committee shall audit and review the prescribing records of APRNs by reviewing the controlled substance data bank. The prescribing records of five percent of APRNs with a controlled substance license will be reviewed on a quarterly basis.

R156-31b-301. License Classifications Professional Upgrade.

Upon issuance and receipt of an increased scope of practice license, the increased licensure supersedes the lesser license which shall automatically expire and must be immediately destroyed by the licensee.

R156-31b-302a. Qualifications for Licensure Education Requirements.

In accordance with Sections 58-31b-302 and 58-31b-303, the education requirements for licensure are defined as follows:

- (1) Applicants for licensure by equivalency shall submit written verification from an approved registered nurse education program, verifying the applicant is currently enrolled and has completed course work which is equivalent to the course work of an NLNAC accredited practical nurse program.
- (2) Applicants from foreign education programs shall submit a credentials evaluation report from one of the following credentialing services which verifies that the program completed by the applicant is equivalent to an approved practical nurse or registered nurse education program.
 - (a) Commission on Graduates of Foreign Nursing Schools; or
 - (b) Foundation for International Services, Inc.

R156-31b-302b. Qualifications for Licensure Experience Requirements for APRNs Specializing in Psychiatric Mental Health Nursing.

- (1) In accordance with Subsection 58-31b-302(3)(g), the supervised clinical practice in mental health therapy and psychiatric and mental health nursing shall consist of a minimum of 4,000 hours of psychiatric mental health nursing education and clinical practice (including mental health therapy).
 - (a) 1,000 hours shall be credited for completion of clinical experience in an approved education program in psychiatric mental health nursing.
 - (b) The remaining 3,000 hours shall:
 - (i) include a minimum of 1,000 hours of mental health therapy and one hour of face to face supervision for every 20 hours of mental therapy services provided;
 - (ii) be completed while an employee, unless otherwise approved by the board and division, under the supervision of an approved supervisor; and
 - (iii) be completed under a program of supervision by a supervisor who meets the requirements under Subsection (3).
 - (c) At least 2,000 hours must be under the supervision of an APRN specializing in psychiatric mental health nursing. An APRN working in collaboration with a licensed mental health therapist may delegate selected clinical experiences to be supervised by that mental health therapist with general supervision by the APRN.
- (2) An applicant who has obtained all or part of the clinical practice hours outside of the State, may receive credit for that experience if it is demonstrated by the applicant that the training completed is equivalent to and in all respects meets the requirements under this section.
- (3) An approved supervisor shall verify practice as a licensee engaged in the practice of mental health therapy for not less than 4,000 hours in a period of not less than two years.
- (4) Duties and responsibilities of a supervisor include:
 - (a) being independent from control by the supervisee such that the ability of the supervisor to supervise and direct the practice of the supervisee is not compromised;
 - (b) supervising not more than three supervisees unless otherwise approved by the division in collaboration with the board; and
 - (c) submitting appropriate documentation to the division with respect to all work completed by the supervisee, including the supervisor's evaluation of the supervisee's competence to practice.
- (5) An applicant for licensure by endorsement as an APRN specializing in psychiatric mental health nursing under the provisions of Section 58-1-302 shall demonstrate compliance with the clinical practice in psychiatric and mental health nursing requirement under Subsection 58-31b-302(3)(g) by demonstrating that the applicant has successfully

engaged in active practice in psychiatric mental health nursing for not less than 4,000 hours in the three years immediately preceding the application for licensure.

R156-31b-302c. Qualifications for Licensure Examination Requirements.

- (1) In accordance with Section 58-31b-302, the examination requirements for graduates of approved nursing programs are as follows.
 - (a) An applicant for licensure as an LPN or RN shall pass the applicable NCLEX examination.
 - (b) An applicant for licensure as an APRN shall pass one of the following national certification examinations consistent with his educational specialty:
 - (i) one of the following examinations administered by the American Nurses Credentialing Center Certification:
 - (A) Adult Nurse Practitioner;
 - (B) Family Nurse Practitioner;
 - (C) School Nurse Practitioner;
 - (D) Pediatric Nurse Practitioner;
 - (E) Gerontological Nurse Practitioner;
 - (F) Acute Care Nurse Practitioner;
 - (G) Clinical Specialist in Medical-Surgical Nursing;
 - (H) Clinical Specialist in Gerontological Nursing;
 - (I) Clinical Specialist in Community Health Nursing;
 - (J) Clinical Specialist in Adult Psychiatric and Mental Health Nursing;
 - (K) Clinical Specialist in Child and Adolescent Psychiatric and Mental Health Nursing;
 - (L) Psychiatric and Mental Health Nurse Practitioner (Adult and Family);
 - (ii) National Certification Board of Pediatric Nurse Practitioners and Nurses;
 - (iii) American Academy of Nurse Practitioners;
 - (iv) The National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties;
 - (v) The Oncology Nursing Certification Corporation Advanced Oncology Certified Nurse; or
 - (vi) The Advanced Practice Certification for the Clinical Nurse Specialist in Acute and Critical Care.

- (c) An applicant for licensure as a CRNA shall pass the examination of the Council on Certification of Nurse Anesthetists.
- (2) In accordance with Section 58-31b-303, an applicant for licensure as an LPN or RN from a non-approved nursing program shall pass the applicable NCLEX examination.

R156-31b-302d. Qualifications for Registration.

In accordance with Subsections 58-1-401(2)(a) and 58-1-501(2)(c), the standards for determining if a misdemeanor crime of moral turpitude or any other misdemeanor crime bears a reasonable relationship to the safe practice as a health care assistant, shall be the same as for those individuals who function under Subsections R432-35-4(2) and (3), as effective August 22, 1999, which is incorporated by reference in this rule.

R156-31b-303. Renewal Cycle Procedures.

- (1) In accordance with Subsection 58-1-308(1), the renewal date for the two year renewal cycle applicable to licensees under Title 58, Chapter 31b, is established by rule in Section R156-1-308.
- (2) Renewal procedures shall be in accordance with Section R156-1-308.
- (3) Each applicant for renewal shall comply with the following continuing competence requirements:
 - (a) An LPN or RN shall complete one of the following during the two years immediately preceding the application for renewal:
 - (i) Licensed practice for not less than 400 hours;
 - (ii) licensed practice for not less than 200 hours and completion of 15 contact hours of approved continuing education; or
 - (iii) completion of 30 contact hours of approved continuing education hours.
 - (b) An APRN shall complete the following:
 - (i) be currently certified or recertified in their specialty area of practice; or
 - (ii) if licensed prior to July 1, 1992, complete 30 hours of approved continuing education and 400 hours of practice.
 - (c) A CRNA shall be currently certified or recertified as a CRNA.

R156-31b-304. Temporary Licensure.

- (1) In accordance with Subsection 58-1-303(1), the division may issue a temporary license to a person who meets all qualifications for licensure as either an LPN or RN, except for the passing of the required examination, if the applicant:
 - (a) is a graduate of a Utah-based, approved nursing education program within two months immediately preceding application for licensure;
 - (b) has never before taken the specific licensure examination;
 - (c) submits to the division evidence of having secured employment conditioned upon issuance of the temporary license, and the employment is under the direct, on-site supervision of a fully licensed registered nurse.
- (2) The temporary license issued under Subsection (1) expires the earlier of:
 - (a) the date upon which the division receives notice from the examination agency that the individual failed the examination;
 - (b) four months from the date of issuance; or
 - (c) the date upon which the division issues the individual full licensure.

R156-31b-306. Inactive Licensure.

- (1) A licensee may apply for inactive licensure status in accordance with Sections 58-1-305 and R156-1-305.
- (2) To reactivate a license which has been inactive for five years or less, the licensee must document current compliance with the continuing competency requirements as established in Subsection R156-31b-303(3).
- (3) To reactivate an RN or LPN license which has been inactive for more than five years but less than 10 years, the licensee must document active licensure in another State or jurisdiction, pass the required examinations as defined in Section R156-31b-302c within six months prior to making application to reactivate a license, or successfully complete an approved re-entry program.
- (4) To reactivate an RN or LPN license which has been inactive for 10 or more years, the licensee must document active licensure in another State or jurisdiction, or pass the required examinations as defined in Section R156-31b-302 within six months prior to making application to reactivate a license and successfully complete an approved re-entry program.
- (5) To reactivate an APRN or CRNA license which has been inactive for more than five years, the licensee must document active licensure in another State or jurisdiction or pass the required examinations as defined in Section R156-31b-302c within six months prior to making application to reactivate a license.

R156-31b-307. Reinstatement of Licensure.

- (1) In accordance with Section 58-1-308 and Subsection R156-1-308e(3)(b), an applicant for reinstatement of a license which has been expired for five years or less, shall document current compliance with the continuing competency requirements as established in Subsection R156-31b-303(3).
- (2) The Division may waive the reinstatement fee for an individual who was licensed in Utah and moved to a Nurse Licensure Compact party State, who later returns to reside in Utah.

R156-31b-309. Intern Licensure.

- (1) In accordance with Section 58-31b-306, an intern license shall expire:
 - (a) immediately upon failing to take the first available examination;
 - (b) 30 days after notification, if the applicant fails the first available examination; or upon issuance of an APRN license.
- (2) Regardless of the provisions of Subsection (1) of this section, the division in collaboration with the board may extend the term of any intern license upon a showing of extraordinary circumstances beyond the control of the applicant.

R156-31b-310. Licensure by Endorsement.

- (1) In accordance with Section 58-1-302, an individual who moves from a Nurse Licensure Compact party State does not need to hold a current license, but the former home State license must have been in good standing at the time of expiration.
- (2) An individual under Subsection (1) who has not been licensed or practicing nursing for three years or more is required to retake the licensure examination to demonstrate good standing within the profession.

R156-31b-401. Disciplinary Proceedings.

- (1) An individual licensed as an LPN who is currently under disciplinary action and qualifies for licensure as an RN may be issued an RN license under the same restrictions as the LPN.
- (2) A nurse or health care assistant whose license or registration is suspended under Subsection 58-31b-401(2)(d) may petition the division at any time that he can demonstrate that he can resume competent practice.

R156-31b-402. Administrative Penalties.

In accordance with Subsections 58-31b-102(1) and 58-31b-402(1), unless otherwise ordered by the presiding officer, the following fine schedule shall apply.

- (1) Using a protected title:
initial offense: \$100 - \$300
subsequent offense(s): \$250 - \$500
- (2) Using any title that would cause a reasonable person to believe the user is licensed or registered under this chapter:
initial offense: \$50 - \$250
subsequent offense(s): \$200 - \$500
- (3) Conducting a nursing education program in the State for the purpose of qualifying individuals for licensure without board approval:
initial offense: \$1,000 - \$3,000
subsequent offense(s): \$5,000 - \$10,000
- (4) Practicing or attempting to practice nursing or health care assisting without a license or registration or with a restricted license or registration:
initial offense: \$500 - \$2,000
subsequent offense(s): \$2,000 - \$10,000
- (5) Impersonating a licensee or registrant, or practicing under a false name:
initial offense: \$500 - \$2,000
subsequent offense(s): \$2,000 - \$10,000
- (6) Knowingly employing an unlicensed person:
initial offense: \$500 - \$1,000
subsequent offense(s): \$1,000 - \$5,000
- (7) Knowingly permitting the use of a license or registration by another person:
initial offense: \$500 - \$1,000
subsequent offense(s): \$1,000 - \$5,000
- (8) Obtaining a passing score, applying for or obtaining a license or registration, or otherwise dealing with the division or board through the use of fraud, forgery, intentional deception, misrepresentation, misstatement, or omission:
initial offense: \$500 - \$2,000
subsequent offense(s): \$2,000 - \$10,000
- (9) violating or aiding or abetting any other person to violate any statute, rule, or order regulating nursing or health care assisting:
initial offense: \$500 - \$2,000
subsequent offense(s): \$2,000 - \$10,000
- (10) violating, or aiding or abetting any other person to violate any generally accepted professional or ethical standard:
initial offense: \$500 - \$2,000
subsequent offense(s): \$2,000 - \$10,000

- (11) Engaging in conduct that results in convictions of, or a plea of nolo contendere, or a plea of guilty or nolo contendere held in abeyance to a crime of moral turpitude or other crime:
initial offense: \$500 - \$2,000
subsequent offense(s): \$2,000 - \$10,000
- (12) Engaging in conduct that results in disciplinary action by any other jurisdiction or regulatory authority:
initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000
- (13) Engaging in conduct, including the use of intoxicants, drugs to the extent that the conduct does or may impair the ability to safely engage in practice as a nurse or a health care assistant:
initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000
- (14) Practicing or attempting to practice as a nurse or health care assistant when physically or mentally unfit to do so:
initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000
- (15) Practicing or attempting to practice as a nurse or health care assistant through gross incompetence, gross negligence, or a pattern of incompetency or negligence:
initial offense: \$500 - \$2,000
subsequent offense(s): \$2,000 - \$10,000
- (16) Practicing or attempting to practice as a nurse or health care assistant by any form of action or communication which is false, misleading, deceptive, or fraudulent:
initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000
- (17) Practicing or attempting to practice as a nurse or health care assistant beyond the individual's scope of competency, abilities, or education:
initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000
- (18) Practicing or attempting to practice as a nurse or health care assistant beyond the scope of licensure:
initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000
- (19) Verbally, physically, mentally, or sexually abusing or exploiting any person through conduct connected with the licensee's or registrant's practice:
initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000

- (20) Failure to safeguard a patient's right to privacy:
initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000
- (21) Failure to provide nursing service in a manner that demonstrates respect for the patient's human dignity:
initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000
- (22) Engaging in sexual relations with a patient:
initial offense: \$5,000 - \$10,000
subsequent offense(s): \$10,000
- (23) Unlawfully obtaining, possessing, or using any prescription drug or illicit drug:
initial offense: \$200 - \$1,000
subsequent offense(s): \$500 - \$2,000
- (24) Unauthorized taking or personal use of nurse supplies from an employer:
initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000
- (25) Unauthorized taking or personal use of a patient's personal property:
initial offense: \$200 - \$1,000
subsequent offense(s): \$500 - \$2,000
- (26) Knowingly entering false or misleading information into a medical record or altering a medical record:
initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000
- (27) Unlawful or inappropriate delegation of nursing care:
initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000
- (28) Failure to exercise appropriate supervision:
initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000
- (29) Employing or aiding and abetting the employment of unqualified or unlicensed person to practice:
initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000
- (30) Failure to file or impeding the filing of required reports:
initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000

- (31) Breach of confidentiality:
initial offense: \$200 - \$1,000
subsequent offense(s): \$500 - \$2,000
- (32) Failure to pay a penalty:
Double the original penalty amount up to \$10,000
- (33) Prescribing a schedule II-III controlled substance without a consulting physician or outside of a consultation and referral plan:
initial offense: \$500 - \$1,000
subsequent offense(s): \$500 - \$2,000
- (34) Failure to confine practice within the limits of competency:
initial offense: \$500 - \$1,000
subsequent offense(s): \$500 - \$2,000
- (35) Any other conduct which constitutes unprofessional or unlawful conduct:
initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000
- (36) Engaging in a sexual relationship with a patient surrogate:
initial offense: \$1,000 - \$5,000
subsequent offense(s): \$5,000 - \$10,000
- (37) Engaging in practice in a disruptive manner:
initial offense: \$100 - \$500
subsequent offense(s): \$200 - \$1,000.

R156-31b-502. Unprofessional Conduct.

"Unprofessional conduct" includes:

- 1) failing to destroy a license which has expired due to the issuance and receipt of an increased scope of practice license;
- (2) an RN issuing a prescription for a prescription drug to a patient except in accordance with the provisions of Section 58-17a-620, or as may be otherwise provided by law;
- (3) failing as the nurse accountable for directing nursing practice of an agency to verify any of the following:
 - (a) that standards of nursing practice are established and carried out so that safe and effective nursing care is provided to patients;
 - (b) that guidelines exist for the organizational management and management of human resources needed for safe and effective nursing care to be provided to patients;
 - (c) nurses' knowledge, skills and ability and determine current competence to carry out the requirements of their jobs;
- (4) engaging in sexual contact with a patient surrogate concurrent with the nurse/patient relationship unless the nurse affirmatively shows by clear and convincing evidence that the contact:
 - (a) did not result in any form of abuse or exploitation of the surrogate or patient; and
 - (b) did not adversely alter or affect in any way:
 - (i) the nurse's professional judgment in treating the patient;
 - (ii) the nature of the nurse's relationship with the surrogate; or
 - (iii) the nurse/patient relationship;
- (5) engaging in disruptive behavior in the practice of nursing;
- (6) unauthorized disclosure of confidential information obtained as a result of practice as a health care assistant; and
- (7) engaging in any regulated health care practice for which the person is not registered, certified, or licensed.

R156-31b-601. Nursing Education Program Standards.

In accordance with Subsection 58-31b-601(2), the minimum standards that a nursing education program must meet to qualify graduates for licensure under this chapter, which are hereby adopted and incorporated by reference, are respectively:

- (1) the "Standards of Accreditation of Baccalaureate and Graduate Nursing Education Programs", August 1998, published by the CCNE; or

- (2) the standards found in the "Accreditation Manual and Interpretative Guidelines by Program Type for Post Secondary, Baccalaureate, and Higher Degree Programs in Nursing", 2001 Revised, published by the NLNAC.

R156-31b-602. Nursing Education Program Full Approval.

- (1) Full approval of a nursing program shall be granted when it becomes accredited by the NLNAC or the CCNE.
- (2) Programs which have been granted full approval as of the effective date of these rules and are not accredited, must become accredited by July 1, 2003, or be placed on probationary status.

R156-31b-603. Nursing Education Program Provisional Approval.

- (1) The division may grant provisional approval to a nursing education program for a period not to exceed three years after the date of the first graduating class, provided the program:
 - (a) is located or available within the State;
 - (b) is newly organized;
 - (c) meets all standards for approval except accreditation; and
 - (d) is progressing in a reasonable manner to qualify for full approval by obtaining accreditation.
- (2) A nursing education program that receives approval from the Utah Board of Regents shall be granted provisional approval status by the Division in collaboration with the Board. Provisional approval granted under this subsection shall not exceed a time period of three years after the date of the first graduating class.
- (3) Programs which have been granted provisional approval status shall submit an annual report to the Division on the form prescribed by the Division.
- (4) Programs which have been granted provisional approval prior to the effective date of these rules and are not accredited, must become accredited by July 1, 2003.

R156-31b-604. Nursing Education Program Probationary Approval.

- (1) The division may place on probationary approval status a nursing education program for a period not to exceed three years provided the program:
 - (a) is located or available within the State;
 - (b) is found to be out of compliance with the standards for full approval to the extent that the ability of the program to competently educate nursing students is impaired; and
 - (c) provides a plan of correction which is reasonable and includes an adequate safeguard of the student and public.

- (2) The division may place on probationary approval status a program which implements an outreach program or satellite program without prior notification of the Division.
- (3) Programs which have been granted probationary approval status shall submit an annual report to the division on the form prescribed by the division.

R156-31b-605. Nursing Education Program Notification of Change.

- (1) Educational institutions wishing to begin a new nursing education program shall submit an application to the division for approval at least one year prior to the implementation of the program, or shall document program approval from the Utah Board of Regents.
- (2) An approved program that expands onto a satellite campus or implements an outreach program shall notify the Division at least one semester before the intended change.

R156-31b-606. Nursing Education Program Surveys.

The division may conduct a survey of nursing education programs to monitor compliance with these rules.

R156-31b-701. Delegation of Nursing Tasks.

In accordance with Subsection 58-31b-102(10)(g), the delegation of nursing tasks is further defined, clarified, or established as follows:

- (1) The nurse delegating tasks retains the accountability for the appropriate delegation of tasks and for the nursing care of the patient/client. The licensed nurse shall not delegate any task requiring the specialized knowledge, judgment and skill of a licensed nurse to an unlicensed assistive personnel. It is the licensed nurse who shall use professional judgment to decide whether or not a task is one that must be performed by a nurse or may be delegated to an unlicensed assistive personnel. This precludes a list of nursing tasks that can be routinely and uniformly delegated for all patients/clients in all situations. The decision to delegate must be based on careful analysis of the patients/client's needs and circumstances.
- (2) The licensed nurse who is delegating a nursing task shall:
 - (a) verify and evaluate the orders;
 - (b) perform a nursing assessment;
 - (c) determine whether the task can be safely performed by an unlicensed assistive personnel or whether it requires a licensed health care provider;
 - (d) verify that the delegatee has the competence to perform the delegated task prior to performing it;
 - (e) provide instruction and direction necessary to safely perform the specific task; and
- (f) provide ongoing supervision and evaluation of the delegatee who is performing the task.

- (3) The delegator shall evaluate the situation to determine the degree of supervision required to ensure safe care.
 - (a) The following factors shall be evaluated to determine the level of supervision needed:
 - (i) the stability of the condition of the patient/client;
 - (ii) the training and capability of the delegatee;
 - (iii) the nature of the task being delegated; and
 - (iv) the proximity and availability of the delegator to the delegatee when the task will be performed.
 - (b) The delegating nurse or another qualified nurse shall be readily available either in person or by telecommunication. The delegator responsible for the care of the patient/client shall make supervisory visits at appropriate intervals to:
 - (i) evaluate the patient's/client's health status;
 - (ii) evaluate the performance of the delegated task;
 - (iii) determine whether goals are being met; and
 - (iv) determine the appropriateness of continuing delegation of the task.
- (4) Nursing tasks, to be delegated, shall meet the following criteria as applied to each specific patient/client situation:
 - (a) be considered routine care for the specific patient/client;
 - (b) pose little potential hazard for the patient/client;
 - (c) be performed with a predictable outcome for the patient/client;
 - (d) be administered according to a previously developed plan of care; and
 - (e) not inherently involve nursing judgment which cannot be separated from the procedure.
- (5) If the nurse, upon review of the patient's/client's condition, complexity of the task, ability of the unlicensed assistive personnel and other criteria as deemed appropriate by the nurse, determines that the unlicensed assistive personnel cannot safely provide care, the nurse shall not delegate the task.

R156-31b-702. Scope of Practice.

- (1) The lawful scope of practice for an RN employed by a department of health shall include implementation of standing orders and protocols, and completion and providing to a patient prescriptions which have been prepared and signed by a physician in accordance with the provisions of Section 58-17a-620.

- (2) An APRN who chooses to change or expand from a primary focus of practice must be able to document competency within that expanded practice based on education, experience and certification. The burden to demonstrate competency rests upon the licensee.
- (3) An individual licensed as either an APRN or a CRNA may practice within the scope of practice of a RN under his APRN or CRNA license.
- (4) An individual licensed in good standing in Utah as either an APRN or a CRNA and residing in this State, may practice as an RN in any Compact State.

KEY: licensing, nurses

Effective November 18, 2002 58-31b-101, 58-1-106(1), 8-1-202(1)(a)

APPENDIX D

ADMINISTRATION OF MEDICATION AND DO NOT RESUSCITATE (DNR) POLICY

- Utah Code on Administration of Medication
- National Association of School Nurses Position Statement on Medication Administration in the School Setting
- School District Example Policy for Administration of Medication
- National Association of School Nurses Position Statement on “Do Not Resuscitate” (DNR) Orders
- School District example policy on “Do Not Resuscitate” (DNR) Orders

Utah State Code

53A-11-601. Administration of medication to students—Prerequisites— Immunity from liability.

- (1) A public or private school that holds any classes in grades kindergarten through 12 may provide for the administration of medication to any student during periods when the student is under the control of the school, subject to the following conditions:
 - (a) the local school board or its private equivalent has consulted with the Department of Health and other appropriate health professionals and adopted policies that provide for:
 - (i) the designation of employees who may administer medication;
 - (ii) proper identification and safekeeping of medication;
 - (iii) the training of designated employees; and
 - (iv) maintenance of records of administration; and
 - (b) medication may only be administered to a student if:
 - (i) the student's parent or legal guardian has provided a current written and signed request that medication be administered during regular school hours to the student; and
 - (ii) the student's physician, dentist, nurse practitioner, or physician's assistant has provided a signed statement describing the method, amount, and time schedule for administration, and a statement that administration of medication by school employees during periods when the student is under the control of the school is medically necessary.
- (2) Authorization for administration of medication by school personnel may be withdrawn by the school at any time following actual notice to the student's parent or guardian.
- (3) School personnel who provide assistance under Subsection (1) in substantial compliance with the physician's or dentist's written statement and the employers of these school personnel are not liable, civilly or criminally, for:
 - (a) any adverse reaction suffered by the student as a result of taking the medication; and
 - (b) discontinuing the administration of the medication under Subsection (2).

Enacted by Chapter 236, 1988 General Session
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National Association of School Nurses

Position Statement on Medication Administration in the School Setting

History

Medication administration is one of the most common health-related activities performed in schools. Historically, administering medications within the school setting has been a school nurse responsibility. Because the number of students needing medication administration has grown, school nurses increasingly are required to delegate medication administration to unlicensed assistive personnel (UAP) (McCarthy, Kelly, & Reed, 2000).

Description of Issue

The safe and effective use of medications for the treatment of certain medical conditions and illnesses has enabled many children to attend school and achieve academic success. Students receive medications at school for a variety of reasons ranging from treatment of acute conditions to chronic illnesses to complex disabilities. Some students may require medications for life-threatening emergencies (American Academy of Pediatrics, 1997).

Important issues confronting the school nurse regarding the administration of medications include, but are not limited to, the following:

- Safe administration of the medications
- Adherence to safe nursing practice, State practice acts, and the applicable State laws and regulations
- Ongoing monitoring of therapeutic benefits, adverse reactions and any side effects associated with the medications
- Appropriate communication with the student, family, school personnel and health care providers
- Proper documentation
- Use of alternative and homeopathic remedies for self-limiting conditions
- Management of both over-the-counter (OTC) medications and prescription medications
- Self-administration of medications by students
- Need for delegation of medication administration to UAP within the school setting
- Confidentiality
- Ongoing attempts by legislative bodies to change any part of the policies regarding the administration of medications in schools

Rationale

The school nurse has the educational background, knowledge, and licensure that provide the unique qualifications to direct the administration of medications in the school setting. As the school staff member most involved in this issue, the school nurse must have input into school district policies and procedures relating to medication administration. These policies should be developed considering the safety of all students and staff. School nurses may be able to increase resources available to them by developing partnerships with local pharmacists and/or health care providers. At the State level, the school nurse should be an integral part of the legislative process before any changes or modifications to a State's current laws are addressed.

Conclusion

It is the position of the National Association of School Nurses (NASN) that school districts develop policies and procedures to address medication administration in accordance with federal and State laws and guidelines. NASN recommends that the school nurse, as well as to other school district personnel, parents, school medical advisors, pharmacists, and legal counsel, be included in policy development to ensure that the numerous issues surrounding medication administration are addressed. Confidentiality must be a priority for the school nurse and any designees that administer medications to students in the school setting.

The school nurse can administer medication safely and effectively under the following guidelines, at a minimum:

- Adherence to school policies, school nurse standards of practice, State nurse practice acts and State laws governing these practices.
- The medication is in the original container if over-the-counter (OTC) or in a properly labeled prescription container, subject to State Board of Pharmacy regulations. In some States, a licensed health care provider may package and label the medication.
- Information on the container must include the student's name, the name of the drug, dosage amount, route of administration, the time interval of the dose, and the name of the prescribing licensed health care provider.
- The parent/guardian must request in writing that the medication be administered at school.
- The school nurse, based on nursing assessment, determines that the medication can be given at school.
- The administration of medication in no way violates nursing protocols or standing orders.
- The school nurse is aware of and has access to current, reliable information regarding the safe use of the medication including side effects and toxicity, possible drug interactions, adverse effects and expected outcomes.
- Medications are stored in a locked cabinet.

- Procedures must be in place for reception of, administration of, and accountability for all medications in the school setting.

The implementation of appropriate guidelines will assist the school nurse in conjunction with the local education agency in meeting their responsibility to foster the protection of the health, safety, and welfare of the students, school personnel, and general the public during the administration of medications in the school setting.

References/Resources

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Reutzel, T.J. & Rinku, P. (2001). Medication management problems reported by subscribers to a school nurse listserv. *Journal of School Nursing*, 17(3), 131-139.

Adopted: 1993

Revised: September 1997

Revised: June 2003

School District Example Policy for Administration of Medication

Medication Procedures

A. School-Administered Medications (Prescription, Non-Prescription, or “Over-the-Counter”)

1. All prescriptions or non-prescription medications shall be:
 - a. Accompanied by written parental consent.
 - b. Accompanied by current written orders (directions and prescription) from the student’s physician, dentist, nurse practitioner, or physician’s assistant. Orders shall indicate the student’s name, medication, dosage, route, time of administration, medication’s purpose, a statement that the medication is necessary during school hours, and any possible side effects and procedures to follow if a severe reaction occurs.
 - c. Sent in a pharmacy or manufacturer’s labeled container. The pharmacy label shall include the student’s name, name of medication, dosage, time, and route. Students on more than one medication (or requiring different dosages of the same medication) shall provide separate pharmacy- or manufacturer-labeled containers for each medication.
 - d. Kept in a locked cabinet or drawer with the information described in 1.a. and 1.b. above.
 - e. Recorded on the Medication Record Form by the designated school employee who administers the medication. The form shall be retained in the student’s cumulative folder and is subject to random audit by the district nurses.
 - f. Administered by a principal-designated school employee who shall receive annual training by district nurses in medication protocol and precautions.
2. For parents who request that their elementary students carry their own Epi-pens®, insulin, or asthma inhalers, the physician’s order must include a statement that the student is capable of carrying and self-administering his/her own medications and that it is medically necessary for him/her to keep the medication with him/her at all times.
3. Written orders must be presented to the school office at the beginning of each school year and as medication is prescribed or changed. Requests for changes in dosage, time, or route for any medication shall be accompanied by a written order (see 1.b. above) and new appropriately labeled containers with updated information. Requests to discontinue medication shall be accompanied by a written parent request and written physician’s order. A copy of these instructions shall be kept on file with the designated school employee.
4. Students with diabetes, seizure disorders, or severe allergic disorders that require emergency medication shall have written instructions from their health care provider,

written instructions from parents, and names and phone numbers of emergency contact persons. A district nurse shall review the procedure for administering emergency medications with a school administrator and an appointed designee.

5. All medication that is to be given at school must be furnished by the parent or guardian and delivered to the school by a responsible adult. Unused medication must be picked up by a responsible adult within two weeks following the last dose administered. Medication remaining at the school after this time should be destroyed according to the direction of the school nurse.

B. Self-Administered Medications or Other Substances

1. Secondary students may retain and self-administer medications subject to the following:
 - a. Medication, prescription or non-prescription, shall be taken only as directed by prescription or manufacturer's directions.
 - b. Medication, prescription or non-prescription, shall not be sold, shared, or otherwise given to others.
2. A responsible adult must transport syringes (insulin pens excepted) to and from school, and they must be kept in a locked cabinet or drawer in the office.

C. Other Information

1. District Health Services may withdraw authorization for administration of medication at any time with parental notice.
2. Violation of this policy may be regarded as substance abuse and could result in disciplinary action pursuant to the school district's policies and procedures regarding substance abuse.
3. Forms and sample letters to assist with the administration of medication and communication with parents about this memorandum are available from District Health Services.

National Association of School Nurses

Position Statement on Do Not Resuscitate (DNR) Orders

History

Increased numbers of medically fragile, chronically ill, and terminally ill students are attending school.

Description of Issue

In some instances, parents of medically fragile, chronically ill and terminally ill students do not wish Cardio-Pulmonary Resuscitation (CPR) to be initiated in the case of respiratory or cardiac arrest. The school district may be petitioned to honor a DNR order.

Rationale

Do Not Resuscitate orders are a sensitive issue. Professional school nurses will often need assistance in developing a plan of care for the student when it is possible to honor a Do Not Resuscitate (DNR) order.

Conclusion

It is the position of the National Association of School Nurses (NASN) that DNR orders for a student must be evaluated on an individual basis at the local level, according to State and local laws. The local board of education should refer this matter to school district legal counsel for guidance. Each student involved should have an Individualized Health Care Plan (IHP) and an Emergency Plan developed by the professional school nurse with involvement from the parents, administrators, physicians, teachers and the student when appropriate. The IHP needs to include a written Do Not Resuscitate request from the parent(s) as well as the physician's written Do Not Resuscitate order. In some states, the IHP may need to include a court order to honor the DNR. The plan should be reviewed at least annually. The IHP also should state the procedure to be taken in case of respiratory or cardiac arrest.

Adopted: September, 1994

Revised: June, 2000

School District Example

“Do Not Resuscitate” Orders and Other Forms of Emergency Care

According to school district policy and procedures, life-sustaining emergency care (First Aid, CPR, calling 911, etc.) will not be denied to any student in need of such care, regardless of race, color, sex, religion, age, natural origin, disabilities, or the existence of a medical directive. “Do Not Resuscitate” orders will not be honored by staff members of the school district. Such medical decisions will be left to those medical professionals who are licensed to make these decisions.

A student’s medical condition may require specialized techniques for first aid, CPR, or other medical procedures to sustain life in an emergency. These could include, but are not limited to, suctioning, breathing treatments such as with a nebulizer, oxygen, etc. Requests for use of specialized forms of life-sustaining emergency care are subject to the following safeguards:

1. **Other forms of life-sustaining emergency care**—Schools must consider written requests for other forms of life-sustaining emergency care (e.g., O₂, suctioning, ambu bag, respirators), but those requests must be accompanied by written medical instructions signed by the student’s doctor. Copies of such requests must be forwarded to district health services.
2. **Documentation**—Other forms of life-sustaining emergency care must be documented on a student health care plan and signed by a medical doctor. Copies of this plan must be disseminated to teachers, office personnel, and the transportation department (when appropriate). Copies shall also be made available to emergency medical personnel when needed.
3. **Training**—When other forms of life-sustaining emergency care are necessary, staff members must receive appropriate training from District Health Services.

Further clarification of this policy and assistance in explaining the school district’s position to parents are available from the Department of Special Education.

APPENDIX E

RESOURCE MATERIALS

This section provides school staff with additional sources of information about serving students with special health care needs.

Resource Materials

There is a wealth of sources on the Internet that has made finding information about specific disabilities, treatments, programs, and organizations very easy. The key to success on the Internet lies in being able to do a good search.

The Basics

A search service helps you find documents on the Internet. Here's how it works. You tell the search service what you're looking for by typing in keywords, phrases, or questions in the search box. The search service responds by giving you a list of all the Web pages in its index relating to those topics. The most relevant content will appear at the top of your results.

The search services are called "engines," and there are several on the Internet that are good. One of the most popular search engines is "Google" and it can be found at <http://www.google.com>.

There are other search engines you might want to try as well:

AltaVista — <http://www.altavista.com>

Excite — <http://search.excite.com>

Lycos — <http://www.lycos.com>

All of the search engines have a search box that appears something like this:

The Search Box



How to Use:

1. Type your keywords in the search box.
2. Click on the Search button to start your search.

Here's an example:

1. Type **individualized health care plans** in the search box.
2. Click on the **Search** button or press the **Enter** key.
3. The Results page will show you numerous pages on the Web about individualized health care plans.

Tip: Don't worry if you find a large number of results. In fact, use more than a couple of words when searching. Even though the number of results will be large, the most relevant content will always appear at the top of the result pages.

When searching, separate words using white space and tabs. You can also link words and numbers together into phrases if you want specific words or numbers to appear together in your result pages. If you want to find an exact phrase, use "**double quotation marks**" around the phrase when you enter words in the search box.

Example: To find information about the Nurse Practice Act, type "**Nurse Practice Act**" in the search box. This will provide a much more focused result than typing Nurse and Practice and Act in the search box without the quotation marks.

Simple Tips

When in doubt, use lowercase text in your searches.

When you use lowercase text, the search service finds both upper and lowercase results. When you use uppercase text, the search service finds only uppercase.

Including or excluding words:

To make sure that a specific word is always included in your search topic, place the plus (+) symbol before the key word in the search box. To make sure that a specific word is always excluded from your search topic, place a minus (-) sign before the keyword in the search box.

Example: To find information about DNR orders but only as they apply to schools, try **DNR +school -nursing homes**

Expand your search using wildcards (*):

By typing an * at the end of a keyword, you can search for the word with multiple endings.

Example: To search for information that includes key words of diabetes and diabetic, type in diabet*

The only drawback to the Internet is that anyone can post information there! Make sure the information you use is from reputable sources.

Video Training Tapes

The videos below are available from the Utah State Office of Education (801-538-7695).

“Who Are the Children Being Born Today–Impact on the Future” 1992*

“Care of Children with Asthma in Child Care and School Settings” 2001*

“Care of Children with Diabetes in Child Care and School Settings” 2001*

*Linking Medicine and Education for the Child with Special Needs**–1998, 34-minute video by Bruce Beuhler, National Professional Resources, 1-800-453-7461.

*Health and Education Resources for Professionals Serving Students with Special Needs**
University of Colorado Health Sciences Center School of Nursing
Distributed by Learner Managed Designs, 2201 K West 25th Street, Lawrence, KS 66047, Phone (913) 842-9088.

1. *Rolling Along: Children in Wheelchairs at School*
2. *Children with Casts at School*
3. *Care of Children with Asthma in Child Care and School Settings*
4. *Universal Precautions in Schools: Protection from Bloodborne Diseases*
5. *Breathing Easy: Children on Ventilators at School*
6. *Safe at School: Planning for Children with Special Needs*
7. *Children with Central Line Catheters at School*
8. *Effective Home Visiting Techniques*
9. *Clean Intermittent Catheterization*
10. *Assisting Children with Medications at School: A Guide for School Personnel*
11. *Preparing Schools for Children with HIV*
12. *Care of Children with Diabetes in Child Care and School Settings*
13. *Kids in Wheelchairs*

* Available on loan from the Mountain Plains RRC Collection. Contact Information Services, 435-752-0238 ext. 19 or request the videos online at <http://www.usu.edu/mprrc>.

Resources

The American Academy of Pediatrics
(847) 434-4000
<http://www.schoolhealth.org/>

American Brain Tumor Association
800-886-2282
info@abta.org (E-mail)
<http://www.abta.org>

American School Health Association
(ASHA)
(330) 678-1601
<http://www.ashaweb.org/>

Brain Injury Association of America
(703) 236-6000
<http://www.biausa.org>

Brain Injury Association of Utah
biau@sisna.com (E-mail)
<http://www.biau.org>

Epilepsy Foundation of America
Phone: (301) 577-0100
Educational materials at low cost or free; will send free packet on inquiry.

The Center for Health and Health Care
in Schools
(202) 466-3396
<http://www.healthinschools.org>

Health Resources and Services
Administration
Maternal and Child Health Bureau
<http://www.mchb.hrsa.gov/programs/default.htm>

Juvenile Diabetes Research Foundation
Phone: 1-800-JDF-CURE
<http://www.jdf.org>
Educational materials at low cost or free;
will send free packet on inquiry.

National Association of School Nurses (NASN)
Western Office
1-866-NASN-SNS(1-866-627-6767)
nasn@nasn.org (E-mail)
<http://www.nasn.org>

National Cancer Institute
800-4-CANCER
<http://cancer.net.nih.gov>

National Resource Center for Youth
Services
<http://www.nrcys.ou.edu/default.htm>
Catalog; educational materials for
adolescents.

National Scoliosis Foundation
Phone: (617) 926-0397
<http://www.scoliosis.org>
Information and educational materials.

Journal

Health & Health Care in Schools
Available online
Published by The Center for Health and Health
Care in Schools
School of Public Health and Health Services at
<http://www.healthinschools.org/ejournal/ejournal>

Web Sites

PACER
<http://www.pacer.org/>

Utah Parent Center
<http://www.utahparentcenter.org>

Children's Hospital of Philadelphia
<http://www.chop.edu/consumer/index.jsp>

Primary Children's Hospital
<http://www.ihc.com/xp/ihc/primary>

Utah Collaborative Medical Home Project
<http://medhome.med.utah.edu/>

APPENDIX F

SAMPLE FORMS

This section contains sample forms to address the unique issues of serving students with special health care needs. All forms do not need to be used for each student. Which forms are used will be the decision of the team, based upon the student's unique needs.

Form Summary

Each student with special health care needs is unique. One student might need only a health care plan; others, with complex problems, may need detailed procedures that will require extensive documentation. The following are examples of suggested forms that can be used. The school district could adapt this paperwork to meet their particular needs. ***Remember, if a student is eligible for and receives special education programs, all other required special education documentation must be completed.***

1. REFERRAL FOR SPECIAL HEALTH CARE PROCEDURES—Completed by the school nurse. Information is gathered from parents and health care professionals. (1 page)
2. AUTHORIZATION FOR RELEASE AND USE OF HEALTH INFORMATION—Sample release form to authorize transfer of health care information. This form has been reviewed under HIPAA requirements. (1 page)
3. PHYSICIAN'S ORDER/AUTHORIZATION FOR SPECIAL HEALTH CARE SERVICES TO BE PERFORMED AT SCHOOL—Gives detailed information from the physician regarding specialized health care procedures and administration of medications. Also contains parent's signature. (2 pages)
4. MEDICAL HOME-SCHOOL INFORMATION RELEASE FORM—This form is to authorize the exchange of information between the student's health care provider and school professionals as it relates to the diagnosis/condition listed. (1 page)
5. MEDICAL HOME—SCHOOL EVALUATION/SERVICES RECOMMENDATION FORM—This form can serve as communication between the student's health care provider and school professionals as it relates to health concerns that may affect the student's education. (3 pages)
6. INDIVIDUALIZED HEALTH CARE PLAN—A detailed summary of the student's health care procedures and who will be responsible for each. Includes goals and actions. (3 pages)
7. EMERGENCY PLAN—Pertinent demographics and emergency information on the student. This form should be stapled to the health care and transportation plan. (2 pages)
8. TRANSPORTATION PLAN FOR STUDENTS WITH SPECIAL HEALTH CARE NEEDS—Outlines issues and procedures for transporting the student. The bus

driver, transportation aide, and substitute should have copies of this plan. The emergency plan and health care plan should be attached. (2 pages)

9. SCHOOL PERSONNEL TRAINING PLAN FOR STUDENTS WITH SPECIAL HEALTH CARE NEEDS—Details training of key personnel and when follow-up is necessary. (2 pages)
10. DAILY MEDICATION ADMINISTRATION FOR SCHOOL YEAR—Monthly record assists school districts in documenting the administration of medication. (2 pages)
11. DAILY LOG—Daily log to record health care procedures. (1 page)
12. DAILY LOG: MEDICATION/TREATMENT/PROCEDURE RECORD—Will assist school districts in documenting the authorized medical care given to students. (2 pages)
13. ADMINISTRATION OF MEDICATION CHECKLIST—Will assist school districts in documenting the authorized medical care given to students. (1 page)
14. UTAH DEPARTMENT OF HEALTH/UTAH STATE OFFICE OF EDUCATION ASTHMA SELF-ADMINISTRATION FORM—Authorization for the school to allow self-administration of asthma medication. (1 page)

Referral for Special Health Care Procedures

| | | | |
|---|-----------|--------|----------|
| Student | DOB | School | Grade |
| Person Completing Form | Teacher | Date | |
| DOES THE STUDENT: | YES | NO | COMMENTS |
| 1. Have a medical diagnosis of a chronic health problem (such as diabetes, tuberculosis, seizures, cystic fibrosis, asthma, muscular dystrophy, liver disease, digestive disorders, respiratory disorder, hemophilia, TBI)? | | | |
| 2. Receive medical treatments during or outside the school day (such as oxygen, gastrostomy care, special diet, tracheotomy care, suctioning, injections)? | | | |
| 3. Receive ongoing medication for conditions (such as seizure, heart, allergy, asthma, cancer, depression)? | | | |
| 4. Experience frequent absences due to illness? | | | |
| 5. Experience frequent hospitalizations? | | | |
| 6. Require scheduling adjustments due to a health condition (such as rest following a seizure, limitation in physical activity, periodic break for endurance)? | | | |
| 7. Require adjustments to classroom or school facilities (such as temperature control, refrigeration/medication storage, availability of running water, modification for accessibility)? | | | |
| 8. Have other special health care needs (such as special precautions in lifting, special transportation, emergency plan, special safety equipment, special techniques for positioning, feeding)? | | | |
| 9. Other: | | | |
| REVIEWED BY HEALTH CARE COORDINATOR | | | |
| Date Received | Signature | | Title |

Authorization for Release and Use of Health Information

| | |
|---------------|------------------|
| Student _____ | Birth Date _____ |
|---------------|------------------|

I authorize the release of the above-named student's health information (as designated below)

| | |
|----------------------|--------------------------------|
| From: _____ | To: (Contact person) _____ |
| Address: _____ | At: (School or district) _____ |
| City/State/Zip _____ | Address: _____ |

The released information will be used for the following purposes (please **check** all that apply):

| | | |
|--------------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Educational | <input type="checkbox"/> Medical | <input type="checkbox"/> Personal |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Other | |

Specific information to be released (please **initial** all that apply) for treatment dates _____ to _____.

| | | |
|--|--|--|
| <input type="checkbox"/> Complete Records | <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Immunization Records |
| <input type="checkbox"/> Consultation Reports | <input type="checkbox"/> Physical/Occupational Therapy Records | <input type="checkbox"/> Special Education Records |
| <input type="checkbox"/> Psychological Reports | <input type="checkbox"/> Intervention Summaries | <input type="checkbox"/> Assessment Results |
| <input type="checkbox"/> Mental Health Reports | <input type="checkbox"/> Speech/Language Reports | <input type="checkbox"/> Progress Notes |
| <input type="checkbox"/> Other _____ | | |

This authorization shall remain in effect for six (6) months from the date of signing. I understand that I have the right to revoke this authorization to the school and student's physician on behalf of my minor child by providing written notice to the health care provider consistent with the health care provider's policies. Revocation does not affect releases of medical records made prior to the revocation.

I understand that the health care provider is not responsible for any further disclosures of the released information by the school/district. I also understand that the released medical records may become part of the student's education records and may be forwarded to another school in which the student seeks or intends to enroll. The school and district will protect this information in compliance with the Family Educational Rights and Privacy Act (FERPA).

Signing this release is voluntary. Refusing to sign it will not affect the school or district's commitment to provide a quality education for the student. However, the requested records may be required in order for the school to implement an appropriate plan of education, learning accommodations/modifications, and/or health care.

I understand that if I authorize release of the above information to any individual or entity that is not legally required to keep it confidential, the information may no longer be protected by the Health Insurance Portability and Accountability Act of 1996, or any other state or federal law.

I understand that I have a right to receive a copy of this form after signing, and I may inspect the information that is disclosed.

By my signature below, I authorize the release and use of the information in accordance with the rights, restrictions, and understandings above.

Signature of Parent/Legal Guardian/Student at Age of Majority _____
Date

Authorization Expires _____
Date

Copy to Parent(s) _____

Physician's Order/Authorization for Special Health Care Services to Be Performed at School

Attach Health Care Plan If Applicable

| | | |
|---------|------------|----------------|
| Student | Birth Date | Parent(s) Name |
|---------|------------|----------------|

I. Describe Condition for which Procedure is Required

II. Describe Procedure(s) to be Performed

III. Time Schedule for Procedure

Procedure should be continued until (date) _____

IV. Precautions/Possible Adverse Reactions/Interventions

V. Special Equipment Required (If Any)

VI. Physical Limitations (If Any)

VII. Special Dietary Requirements

| |
|--|
| |
|--|

VIII. Medications

| Medication(s) Prescribed | Dose | Expected Side Effects and Learning Efficiency |
|--------------------------|------|---|
| | | |

IX. Parent Authorization Request for Special Health Care Procedures

I, _____, request the above health care procedures and/or medication treatment be administered to my child at school. I understand that qualified designated person(s) will be performing these health care services. I will notify the school immediately if my child's health status changes or there is a change or cancellation of the procedure/medication(s).

I understand that I am responsible for providing and bringing all medical equipment, supplies, medications (in labeled prescription bottle/container) and dietary supplements.

Parent/guardian signature

Date

X. Physician Authorization

As the physician for _____ (Student Name), I verify that the procedures and treatments, as described, are necessary to be performed during the school day.

- I approve the Individualized Health Care Plan and approve of it as written.
- I approve the Individualized Health Care Plan and approve of it as modified.
- I do not approve the Individualized Health Care Plan. I have attached a substitute plan.

Physician's Signature

Date

TO WHOM IT MAY CONCERN:

I hereby give my permission to the following physician _____ and/or medical agencies _____ for exchange of confidential medical information contained in the record(s) of my child _____ date of birth _____ to _____.

Signature of Parent or Guardian

Medical Home—School Information Release

This form will authorize the exchange of information between the student's health care provider and school professionals as it relates to the diagnosis/condition listed. When completed, this form should be handed or mailed to the school principal.

I. Release of Information

| | | |
|----------------------|-------------------|----------------------|
| Patient/Student: | Parent/Guardian: | Phone Number: |
| School and District: | School Principal: | School Phone Number: |

I, the undersigned, authorize the release of information relating to the diagnosis/condition listed below regarding the above-named student to his/her LEA (school principal or designated Local Education Agency representative) and appropriate school personnel and authorize the school to release and discuss information and reports with the named physician and/or his/her assigned office personnel.

| | | |
|------------------------------|-------|------------------------------------|
| Parent/Guardian's Signature: | Date: | If applicable, my consent expires: |
|------------------------------|-------|------------------------------------|

Not included in this release are:

II. Physician (MD, DO, PA, NP) Contact Information

| | | |
|---|-----------------|--------------|
| Physician's Name: | Phone Number: | Fax Number: |
| Mailing Address: | E-mail Address: | |
| If not you, who is the best contact person? | Phone Number: | Fax Number:: |
| Mailing Address: | E-mail Address: | |

Preferred Method and Time of Contact:

III. Diagnosis

Diagnosis/Condition

Will this condition adversely affect the student's educational performance?

YES Briefly describe impact:

NO

Medical Home Provider Signature: Date:

IV. School Information

| | | |
|------------------------------|-------------------|-------|
| School Name: | School Signature: | Date: |
| Best initial contact person: | Position: | |
| Mailing Address: | Phone: | |
| E-mail Address: | Fax: | |

Medical Home—School Evaluation/Services Recommendation Form

This form will serve as communication between the student's health care provider and school professionals as it relates to health concerns that may impact the student's education.

I. Family/School Authorization to Release Contact Information

| | | |
|--------------------------------------|-------------------|----------------------|
| Parent/Student: | Parent/Guardian: | Phone Number: |
| Patient/Student School and District: | School Principal: | School Phone Number: |

I, the undersigned, authorize the release of any of the below indicated professional information and reports regarding the above-named student to his/her school principal/LEA and authorize the school to release and discuss information and reports with those providing medical and other related information to the school.

- Medical information/reports
- Psychological information/reports
- Other related information/reports, explain: Have authorized sharing of information by signing a Medical Home—School Information Release that is current and will remain in effect until the date indicated here: _____.

Parent/Guardian's Signature _____ Date: _____
 My consent is effective through: _____

II. Physician Contact Information

| | | |
|---|-----------------|-------------|
| Medical Home Provider (MD, DO, PA, NP): | Phone Number: | Fax Number: |
| Mailing Address: | E-mail Address: | |
| If not the above, name the best contact person: | Phone Number: | |
| Mailing Address: | E-mail Address: | |
| Preferred Method and Time of Contact: | | |

**Medical Home—School Evaluation/Services
Recommendation Form (Continued)**

III. Diagnosis and Treatment

Student's condition/diagnosis: _____ Date of onset: _____

Nature of current treatment/medication, if any:

Side effects from treatment/medication (indicate current, expected, or possible, particularly as they may affect the classroom):

| | |
|--|---|
| <p>Patient Has:</p> <p><input type="checkbox"/> Recovered</p> <p><input type="checkbox"/> Improved</p> <p><input type="checkbox"/> Not changed</p> <p><input type="checkbox"/> Regressed</p> <p><input type="checkbox"/> Other-Explain</p> | <p>With treatment, does the child have PHYSICAL Functional Limitations?</p> <p><input type="checkbox"/> Yes; if yes, explain:</p> <p><input type="checkbox"/> No</p> <p>With treatment, does the child have any MENTAL/EMOTIONAL Functional Limitations?</p> <p><input type="checkbox"/> Yes; if yes, explain:</p> <p><input type="checkbox"/> No</p> |
|--|---|

IV. Areas Affected by the Condition

Patient/Student: _____ School _____

| | |
|--|--|
| School activities possibly affected by this condition: | Life activities possibly affected by this condition: |
|--|--|

- | | | |
|--|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> School attendance <input type="checkbox"/> Memory/attention <input type="checkbox"/> Thirst/appetite <input type="checkbox"/> Mobility/motor skills <input type="checkbox"/> Peer interactions <input type="checkbox"/> Personality <input type="checkbox"/> Toileting/hygiene <input type="checkbox"/> Stamina/fatigue <input type="checkbox"/> Meals/feeding/foods <input type="checkbox"/> Transportation | <ul style="list-style-type: none"> <input type="checkbox"/> Academic testing <input type="checkbox"/> Physical education <input type="checkbox"/> Field trips/events <input type="checkbox"/> Playground/recess <input type="checkbox"/> Oral expression <input type="checkbox"/> Articulation <input type="checkbox"/> Written expression <input type="checkbox"/> Comprehension <input type="checkbox"/> Transition <input type="checkbox"/> Other: _____ | <ul style="list-style-type: none"> <input type="checkbox"/> Caring for oneself <input type="checkbox"/> Performing manual tasks <input type="checkbox"/> Walking <input type="checkbox"/> Seeing <input type="checkbox"/> Hearing <input type="checkbox"/> Speaking <input type="checkbox"/> Breathing <input type="checkbox"/> Learning <input type="checkbox"/> Working |
|--|---|--|

Explain:

Explain:

Medical Home—School Evaluation/Services Recommendation Form (Continued)

V. Recommended Evaluation(s) and Services

Complete only the sections appropriate

Note: The following information will be considered by school teams to determine steps to be taken, such as evaluation, services, accommodations, or other considerations.

Reason for recommendation:

Evaluation recommendations:

- ADD/ADHD
- Autism
- Deaf-blindness
- Deafness or other hearing impairments
- Emotional disturbance
- Learning disabilities
- Mental retardation
- Orthopedic impairment
- Speech or language impairment
- Traumatic brain injury
- Visual impairment
- Other Health Impairment, including chronic or acute health conditions. Explain:

Comments:

School services recommendations:

(Please check category and provide detail if applicable):

- Dietary accommodations
 - Personal care
 - Physical/occupational therapy consult
 - Psychological services
 - School health services
-
- Specially designed instruction
 - Speech, vision and/or hearing therapy consult
 - Other—please explain:

Comments:

Other recommendations (e.g., further tests, treatments, mitigating measures, accommodations, etc.):

Other concerns not previously addressed:

Medical Provider Signature

Date

For more information about Medical Home, visit <http://medhome.med.utah.edu>

Individualized Health Care Plan

- Special Education
- 504
- School Nurse Services

I. IDENTIFYING INFORMATION

| | |
|------------------|------------------|
| Student _____ | School _____ |
| Birth Date _____ | Teacher(s) _____ |
| Age _____ | Grade _____ |

Health Care Plan for Period of _____ to _____

Physician's order/authorization must accompany **ONLY** if the plan includes any medications to be dispensed or the administration of specialized procedure.

II. MEDICAL OVERVIEW

Medical Condition(s) _____

Primary Health Care Provider/Medical Home _____

Medications _____

Possible Side Effects _____

Necessary Health Care Procedures at School _____

Allergies _____

Other Important Information

III. BACKGROUND INFORMATION/NURSING ASSESSMENT

Brief Medical History Check if additional information is attached.

Specific Health Care Needs Check if additional information is attached.

Social/Emotional Concerns Check if additional information is attached.

IV. HEALTH CARE ACTION PLAN (Continued)

Attached physician's order and other standards for care.

Procedures and Interventions (Student Specific)

| Procedures | Administered by | Equipment | Maintained by | Auth/trained by |
|------------|-----------------|-----------|---------------|-----------------|
| | | | | |

Medications/Possible Side Effects/Treatments)

Check if additional information is attached.

Diet

Check if additional information is attached.

Transportation Plan

Check if transportation plan is attached.

Classroom and School Modifications

Check if additional information is attached.

Training (training plan must be attached if applicable)

Check if additional information is attached.

Safety Measures

Check if additional information is attached.

Emergency Plan

Make in Triplicate:

1. Transportation (attach to Transportation Plan)
2. Student File
3. Available in Classroom

Student: _____ Birth Date: _____

Address: _____ Telephone: _____

Parent: _____ Work: _____ Home: _____

Parent: _____ Work: _____ Home: _____

Other Contact: _____ Phone: _____

Summary of Medical Information (e.g., medications, allergies, precautions, etc.)

Emergency Numbers (if applicable)

Hospital: _____ Telephone: _____

Primary Physician: _____ Telephone: _____

Medical Home: _____ Telephone: _____

Home Care Co.: _____ Telephone: _____

Medical Supplier Responsible for Maintaining Equipment: _____

Preferred Hospital: _____ Telephone: _____

Specialists (if applicable)

_____ Telephone: _____

_____ Telephone: _____

_____ Telephone: _____

Photo suggested here

Emergency Plan (Continued)

If an emergency occurs:

1. Stay with student or designate another adult to do so.
2. If the emergency is life-threatening, immediately call 911.
 - a. Tell who you are.
 - b. State where you are.
 - c. Explain the problem.
3. Call or designate someone to call the principal and/or health care provider.
4. The following staff members are trained to deal with an emergency and to initiate the emergency plan:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

| IF YOU SEE THIS | DO THIS |
|-----------------|---------|
| | |
| | |
| | |

If there is a natural disaster(e.g., earthquake, flood, etc.), you must have emergency procedures in place (ex: 3–4 days’ supply of medications, plans for equipment failure or power failure, etc.).

Transportation Plan for Students with Special Health Care Needs

(Student's Picture)

Bus Driver: _____

Student: _____

| | | | |
|---|--|-------------------------|---------------------|
| Address | | Home Phone | |
| School | | Grade | |
| Parent/Guardian Name | | Work Phone (Father) | Work Phone (Mother) |
| Receives Medication Yes <input type="checkbox"/> No <input type="checkbox"/> | | Possible Side Effects | |
| Method of Mobility | | Method of Communication | |
| Child care Provider | | Emergency Drop-off Site | |
| Address | | Phone | |

I. Adaptations/Accommodations Required Yes No

| | | |
|--|---|---|
| <input type="checkbox"/> None Required <input type="checkbox"/> Bus Lift <input type="checkbox"/> Seat Belt <input type="checkbox"/> Wheelchair Tie-Downs | <input type="checkbox"/> Chest Harness <input type="checkbox"/> Booster Seat <input type="checkbox"/> Other _____ | Walks to and from bus Yes <input type="checkbox"/> No <input type="checkbox"/> Walks up and down stairs Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|---|---|

Identify equipment that must be transported on the bus and method of securing (including oxygen, life-sustaining equipment, wheelchair equipment, communication device).

II. Positioning or Handling Requirements Yes No

Describe:

III. Behavior Considerations Yes No

Describe.

IV. Transportation Staff Training

Describe Training:

| Names of Individuals Trained | Signature | Date |
|------------------------------|-----------|------|
| | | |
| | | |
| | | |
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V. Student-Specific Emergency Procedure

A copy of student's emergency information/plan must be attached.

School Personnel Training Plan for Students with Special Health Care Needs

| Student | DOB | School | Grade | Date |
|--------------------------------------|-----|-----------------------|-------|------|
| Staff to be trained: | | Name of training: | | |
| | | Instructor: | | |
| | | Date of training: | | |
| | | Signature of trainer: | | |
| Describe training provided. | | | | |
| | | | | |
| | | | | |
| | | | | |
| Recommendation for follow-up review: | | | | |
| | | | | |
| | | | | |
| Staff to be trained: | | Name of training: | | |
| | | Instructor: | | |
| | | Date of training: | | |
| | | Signature of trainer: | | |
| Describe training provided: | | | | |
| | | | | |
| | | | | |
| | | | | |
| Recommendation for follow-up review: | | | | |
| | | | | |

| | |
|--|-----------------------|
| Staff to be trained: | Name of training: |
| | Instructor: |
| | Date of training: |
| | Signature of trainer: |
| Describe training provided. | |
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| | |
| Recommendation for follow-up review: | |
| | |
| Parent/Guardian Permission | |
| I have reviewed the training plan and approve of it. | |
| _____ Signature | _____ Date |
| _____ Signature | _____ Date |

Daily Medication Administration For School Year _____

Attach Student Photo Here

Student _____ Teacher _____

| Codes | SIGNATURE & INTIAL of those AUTHORIZED TO ADMINISTER MEDICATION | | | |
|--------------------------|---|--|--|--|
| Medication given Initial | | | | |
| Student Absent A | | | | |
| No Show NS | | | | |
| Late L | | | | |
| Field Trip FT | | | | |
| Medication Out MO | | | | |

| MEDICATION DATE/NAME/AMOUNT BROUGHT IN | | | | | | | | |
|--|---------|--------|------|---------|--------|------|---------|--------|
| DATE | NAME OF | AMOUNT | DATE | NAME OF | AMOUNT | DATE | NAME OF | AMOUNT |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| MEDICATION NAME | DATE DISCARDED | HOW DISCARDED | TWO SIGNATURES |
|-----------------|----------------|---------------|----------------|
| | | | |
| | | | |
| | | | |

Student _____ Teacher _____

| Medication/ Dosage Time | Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | | | |
|----------------------------|-------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|--|
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| Medication/ Dosage Time | Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | | | | |
|----------------------------|-------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|--|--|
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| Medication/ Dosage Time | Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | | | | | |
|----------------------------|-------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|--|--|--|
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| Medication/ Dosage Time | Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | | | | | |
|----------------------------|-------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|--|--|--|
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Daily Log: Medication/Treatment/Procedure Record

I. Identifying Information

| | | | |
|-----------|-----|---|-------|
| Student | DOB | School | Grade |
| Teacher | | Name of Individual Administering Medication/Treatment | |
| Physician | | Phone | |

II. Medications

| Medication/Treatment | Time Frequency | Dosage | How Given | Expected Effects on Learning and Special Considerations |
|----------------------|----------------|--------|-----------|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

III. Daily Log: Medication/Treatment/Procedure

| Date/Time | | Medication/Treatment/Procedure | Administered By |
|-----------|------|--------------------------------|-----------------|
| Date | Time | | Initials |
| | | | |
| | | | |
| | | | |
| | | | |

Administration of Medication Checklist

The following checklist is to help school districts and charter schools determine whether they are in compliance with State law regarding the administration of medication.

| <i>YES</i> | <i>NO</i> | <i>The School:</i> |
|-------------------|------------------|--|
| _____ | _____ | 1. Has designated employees who may administer medication. |
| _____ | _____ | 2. Has a policy for proper identification and safekeeping of medication. |
| _____ | _____ | 3. Has provided training for designated employees. |
| _____ | _____ | 4. Has a procedure for the maintenance of records for administration. |
| _____ | _____ | 5. Has current parent or guardian written and signed permission for medication to be administered at school. |
| _____ | _____ | 6. Has a copy of the student's health care provider's signed statement describing the method, amount, and time schedule for administration. |
| _____ | _____ | 7. Has a copy of the student's health care provider's statement that administration for medication by school employees during the school day is necessary. |

Date _____

Utah Department of Health/Utah State Office of Education Asthma Self-Administration Form

in accordance with Utah Code 53A-11-602

Student _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

EMERGENCY CONTACT INFORMATION:

Name _____ Phone: _____

Health Care Provider Authorization

The above named student is under my care. I feel it is medically appropriate for the student to self-administer inhaled asthma medication and be in possession of inhaled asthma medication at all times.

The medication prescribed for this student is:

Name of Inhaler _____

Dosage _____

Possible side effects _____

Signature of Health Care Provider _____ Date _____

Parent/Guardian Authorization

I authorize my child _____ to carry and self-administer the medications described above consistent with Utah Code 53A-11-602.

I do not authorize my child to carry and self-administer this medication. Please keep my child's medication with appropriate school personnel.

My child and I understand there are serious consequences, which may include suspension, for sharing any medications with others.

Parent/Guardian Signature _____ Date _____

ACCESS TO MANUAL

This manual can be downloaded from the Utah State Office of Education Web site at <http://www.schools.utah.gov/> or the MPRRC Web site at www.usu.edu/mprrc.

For additional information regarding the content of this manual please check with the following:

—School District/Charter School

—Utah Parent Center

229 East 4500 South, Suite #110

Salt Lake City, UT 84117-4428

(801) 272-1051

Toll-Free: 1-800-468-1160 voice or TTY

Español: 801-272-1067

www.parentcenter.org

—Utah State Office of Education

250 East 500 South

P.O. Box 144200

Salt Lake City, Utah 84114-4200

<http://www.schools.utah.gov/>

