Special Health Care Needs TA Manual

Training of Trainers
This Power Point Presentation was developed as a training tool for ALL team members serving students with special health care needs.

It is the intent of USOE that all schools in the state of Utah have access to, and understand, the information contained in the manual that this presentation is based upon.

The topics focused on in this presentation are based upon questions and needs that have been brought to the attention of USOE specialists.

Please use this training presentation as needed to meet the unique needs of schools and/or districts.
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.
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.**
INTRODUCTION

This section provides an overview, including legal issues and possible service options, for serving and educating 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.
Service options

- Section 504
- Special Education IDEA
- Delegation of Health Care Procedures
Section 504

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
Special Education

- Includes students with disabilities in various classifications and categories who may have complex health care needs and be technologically dependent.

- The most common category for this population is “Other Health Impairment” (OHI).

- No matter what the category of classification, a student must meet eligibility requirements to receive health care services under special education.
Delegation of Health Care Procedures

The following 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 and 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.)

See Appendix C
Delegation continued…

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.

See Appendix C
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 setting, 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.
Medical Home

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 pediatrician or physician (pediatric health care professional) whom they trust.

For more information, go to http://medhome.med.utah.edu/
# Education & Schools

**Physician's Guide**

This section is developed in collaboration with the Utah State Office of Education to guide you, the physician, in communicating with teachers and school personnel to assure that your patients receive appropriate education-related services. The details you provide for school personnel will help determine 1) your patient's eligibility for Special Education, and 2) the exact nature of the child's special needs in the school setting. Your information will also be considered in the development of his/her Individualized Education Program (IEP), including special dietary, personal care and medical requirements during school hours.
GLOSSARY OF TERMS

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

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

This section provides information on a suggested identification, programming, and placement process.
Eligibility/Placement Process

- Identification/School-Based Support Team-Interventions
- Referral for Special Education
- Special Education Evaluation
- Individualized Education Program (IEP) Meeting
- Individualized Health Care Plan
- Emergency Procedures Plan
Sample forms

- Health Care Plan (pp. 41-43)
- Emergency Procedure Plan (pp. 46-47)
This section provides an overview of training and transportation issues relating to serving students with special health care needs.
Transportation

- Transportation Plan
- Bus Drivers
- Sample transportation plan form (pp.53-54)
Staff Training

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

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. (See 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.
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
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

- Coordinating Health Services
- Individualized Health Care Plans and Emergency Health Plans
- Documentation
National Association of School Nurses

- Position Statement Individualized Health Care Plans
- Position Statement Emergency Care Plans for Students with Health Care Needs
EDUCATOR CONSIDERATIONS

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

- Accessibility
- Access to Electrical Power
- Accidental Exposure
- Assistive Technology
- Building-level Emergency Procedures
- Classroom Furnishings
- Cleanliness
- Clean-up
- Confidentiality
- Extracurricular Activities
- Medication
- Observations
- Peer Awareness
- Privacy
- Protection
- School Nurse as a Health Resource
- Supplies
- Toileting
- Transition Points
- Waste Disposal
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

- Appropriate Education
- Handling and Administration of Medication
- Documentation
- Notification of Emergency Medical Personnel
- Children with Special Dietary Needs
- Management of Do Not Resuscitate (DNR) Orders
- Disagreement with Physician’s Orders

- Comprehensive System of Personnel Development (CSPD)
- Homebound/Hospitalized Instruction
- Medical Equipment
- Funding
- Natural Disasters
- Mild Conditions
- Hepatitis B Vaccinations
- Confidentiality and HIV
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

Criteria for Delegation of Specialized Health Care Procedures by a Registered Nurse. (See Delegation Decision Tree, etc.)

- 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 specific time frame? *(This means delegation is never automatic.)*
Delegation Issues for School Nurses

Additional Requirements for Safe and Effective Delegation

- The delegating nurse determines whether the unlicensed assistive personnel (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.
Delegation Issues for School Nurses

What NOT to Delegate

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.
Delegation Decision Tree

- See page 86
Nursing Competency/Scope of Practice Decision Tree

- See page 87
Sample Decision Grid for Registered Professional Nurses to Delegate

See page 88
QUESTIONS AND ANSWERS

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

- Hand Washing
- Barriers
  - Non-Latex Disposable Gloves
  - Others
- Clean-Up Procedures
  - Surfaces
  - Objects
  - Sharps
  - Persons
  - Laundry
  - Diapering
  - Toilet/Potty Chair
  - Accidental Exposure
  - Pregnant Women
CONFIDENTIALITY AND STUDENT RECORDS

Family Educational Rights and Privacy Act (FERPA)

and

Health Insurance Portability and Accountability Act (HIPAA)
Confidentiality and Student Records

Basic mandates for student records are listed below:

1. FERPA of 1974 and its implementing regulations
2. HIPAA
3. The IDEA 1997
4. Section 504 of the Rehabilitation Act of 1973/Americans with Disabilities Act (ADA)
5. Utah laws and administrative rules pertaining to special education
Requirements

1. Formulate and adopt institutional policy and procedures concerning student records.
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.
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.
5. Permit the parent of a student or an eligible student to inspect and review the educational records of the student. Requests must be completed within a reasonable time but in no case more than 45 days after the request has been made.
Requirements Continued

6. Amend the education records of a student upon an approved request by 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.

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.

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
- Rights of Noncustodial Parents
- Sole Possession Records
Confidentiality Requirements of the 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.
Confidentiality Requirements of the IDEA Continued

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.
Confidentiality Requirements of the IDEA Continued

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.
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.
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.
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. Persons who may have access to personally identifiable information without prior consent are listed in FERPA. 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
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.
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.
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. 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. 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). 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 HIAPP, includes important new—but not limited—protections for millions of working Americans and their families around the ability to obtain and keep health coverage.
What is the HIPAA?

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 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. The Office of Civil Rights has the responsibility for implementing and enforcing the Privacy Rule with respect to voluntary compliance activities and civil money penalties.
What Is the HIPAA Privacy Rule?

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

- 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.
Must Public Schools and Education Agencies Comply with the HIPAA?

- The 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.
Who Must Comply With the HIPAA?

- As required by Congress in the HIPAA, the Privacy Rule covers:
  - 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.
Would Education Programs Ever Be Subject to the HIPAA?

- Students’ medical records and education records under FERPA are not subject to the HIPAA and should not be disclosed to the Department of Health and Human Services (DHHS).
- 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?

- See pp. 118-119
NURSE PRACTICE ACT RULES

R156-31b
Utah Administrative Code
Issued November 18, 2002
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 DNR Orders
- School District example policy on DNR Orders
Utah State Code

- Administration of medication to student—Prerequisites—Immunity from liability.
National Association of School Nurses

Position Statement on Medication Administration in the School Setting
School District Example Policy for Administration of medication

Medication Procedures

A. School-Administered Medications (Prescription, Non-Prescription, or “Over-the-Counter”)
B. Self-Administered Medications or Other Substances
C. Other Information
National Association of School Nurses

Position Statement on Do Not Resuscitate (DNR) Orders

- History
- Description of Issue
- Rationale
- Conclusion
Conclusion—

- It is the position of the 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 DNR request from the parent(s) as well as the physician’s written DNR 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.
School District Example

DNR 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:
School District Example

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.

(pp. 157-160)
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.

(pp.163-195)
ACCESS TO MANUAL

This manual can be downloaded from the USOE 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
- Utah State Office of Education
Special thanks goes to MPRRC for helping make this manual available.