

Serving Students with Health Care Needs in Public Schools



A Technical Assistance Manual

Prepared by



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INTRODUCTION

Technical assistance manuals are developed by the Office of Public Instruction (OPI) to provide guidance to school personnel regarding the provision of services to students enrolled in Montana public schools.

This manual contains recommended practices and procedures that may enhance the delivery of school health services to students with health care needs that must be addressed during the school day. It is not adopted policy by the Office of Public Instruction. Many issues discussed, however, are required by school district policy, state and federal laws and regulations. It is recommended that you check with your local school district's policies and procedures.

This document was updated in December 2004. It replaces the 1993 document titled *Serving Students With Special Health Care Needs* produced by the OPI.

If you have questions, please contact the Division of Health Enhancement and Safety at (406) 444-2086 or the Division of Special Education at (406) 444-5661. Both divisions may be reached through the Office of Public Instruction's toll free number, 1-888-231-9393.

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www.opi.mt.gov/health or www.opi.mt.gov/speced

FOREWORD

As the population of students with health care needs continues to increase, schools are being asked to provide for a greater array of health care services during the school day. School personnel, parents, and health care providers all share a substantial interest in the quality and provision of health services in the educational setting.

The purpose of this document is to provide guidance to school personnel and health care providers in serving students with health care needs in the educational environment. An intended outcome of this manual is to create and strengthen partnerships between educators, parents, and health care providers that result in the provision of necessary school health services for students with health care needs.

ACKNOWLEDGMENTS

Disclaimer

This manual contains recommended practices and procedures that may enhance the delivery of school health services to students in need of such services during the school day. It is not adopted policy by the Office of Public Instruction. Many issues discussed, however, are required by school district policy, state, and federal laws and regulations. It is recommended that you ***check with your local school district's policies and procedures.***

Acknowledgments

The Montana Office of Public Instruction convened a committee of representative stakeholders to revise Montana's 1993 technical assistance manual titled "Serving Students With Special Health Care Needs." The committee was composed of parents, Montana Office of Public Instruction staff, general and special education administrators, school nurses, teachers, related service staff, and Mountain Plains Regional Resource Center staff. The task force met over several months to create a manual that is consistent with current legal requirements and promising practices.

The Montana Office of Public Instruction appreciates the time and effort spent by the committee members in contributing to the development of this document. Following is a list of committee members.

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OVERVIEW

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

Students with Health Care Needs in Public Schools

Students with health care needs includes students with a wide continuum of health care needs from mild to severe. For example, a student with asthma could have several characteristics of the definition, as well as the student who requires technological devices and specialized health care procedures at school. The important factor for school personnel and parents is to have a process whereby the student with health care needs has an Individualized Health Care Plan and/or emergency plan developed by a team knowledgeable about the student to address his/her unique health issues. The composition of the school health services planning team could be different depending on the student's unique needs and education services but usually would include, if appropriate, the student, school nurse, general education teacher(s), special education teacher(s) and parent(s), and others, as appropriate. In addressing the unique health needs of a student, three standards become important: a) good evaluation data, b) team members with knowledge about the student, and c) a team member who has knowledge about the student's health condition.

Following is a general definition of students with health care needs that will be used for the purpose of this manual. It should be noted that the Montana Office of Public Instruction is not proposing a new category of disability. Students with health care needs could be within the general education classroom and/or special education and/or require accommodations under Section 504.

Definition

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

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 of 1997 (IDEA). The State of Montana has a Nurse Practice Act that impacts 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." As you know, 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. In its 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 Free Appropriate Public Education (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)

Under IDEA, school health services must be provided to an IDEA eligible student if the individualized education program (IEP) team determines that such services are necessary as a related service to the student's special education program. School health services are those services, provided during the school day, by a nurse or another individual, as appropriate, who is trained to provide for the student's health care need. The district is not obligated to provide the student with services that are considered to be medical. Medical services are those that must be provided by a physician.

Multiagency Collaboration

When determining services for students with 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.



GLOSSARY OF TERMS

This section contains terms, including health-related terms, and definitions used in this manual in the context of serving students with health care needs.

Health Care/Education Glossary

The purpose for this section is to provide the reader with health care and educational terms used in this manual.

Acquired Immuno-Deficiency Syndrome (AIDS)	A bloodborne disease representing the final phase of human immunodeficiency virus (HIV) infection.
Advanced Practice Registered Nurse	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 <i>by an advanced practice registered nurse</i> . Advanced nursing practice includes the ordering of diagnostic tests to determine medical diagnoses and the prescription of medical therapeutics, including medication, and corrective measures under mutually agreed upon protocols with a directing licensed medical provider.
Americans with Disabilities Act (ADA)	A civil rights law that defines “disability” and prohibits discrimination of individuals with disabilities by employers, any facility open to the general public, and state and local public agencies that provide such services as transportation (Public Law 101-336).
Anaphylactic Reaction	A severe, and potentially fatal, allergic reaction to a foreign protein or drugs that occurs in an individual who has previously been sensitized to the substance. This reaction occurs during or shortly following exposure to the allergen.
Aspiration	Entry of material into the airway below the true vocal cords. Common examples of material may include food and fluids taken orally or stomach contents by way of vomiting or esophageal reflux. This could result in aspiration pneumonia or to choking if airway is blocked by the material.
Asthma	Asthma is a chronic lung disease characterized by inflammation of the lower airways leading to airflow obstruction.
Cardiopulmonary Resuscitation (CPR)	A series of steps that includes opening the airway, assessing breathing, providing rescue breathing, assessing signs of circulation, and providing chest compressions. These actions keep oxygen-rich blood flowing to the brain until defibrillation attempts and advanced life support can be provided.

Catheter	A thin tube used to administer fluids to the body or to drain fluids from the body.
Child Study Team	The school team that examines evaluation results and makes the eligibility determination for special education and related services.
Chronic Health Condition	A long-term condition that is either not curable or has residual features that result in limitation in functioning fully in the environment without special assistance or adaptations. Some conditions may require medical intervention either continuously or only occasionally.
Chronic Illness	Any disorder that persists over a long period and affects physical, emotional, intellectual, or social 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.
Developmental Disability (DD)	A disability that is attributable to cognitive delay, cerebral palsy, epilepsy, autism or any other neurologically disabling condition closely related to cognitive delay and that requires treatment similar to that required by individuals with retardation. A developmental disability is a disability that originated before the individual turned 18, that has continued or can be expected to continue indefinitely and that constitutes a substantial handicap of the individual.
Diabetes Mellitus	<p>A disease in which the body does not produce or properly use insulin, which in turn, produces elevated blood glucose (sugar) levels. There are two major types of diabetes.</p> <p>Type I diabetes (previous term was juvenile diabetes) is an autoimmune disease that causes the body to stop producing insulin. People with Type I will need to take injectable insulin daily. Although most people with Type I develop it as a child or adolescent, adults may sometimes develop it as well. Five to 10 percent of people with diabetes have this type.</p> <p>Type II (previous term was adult onset) diabetes results from insulin resistance (a condition in which the body fails to properly use insulin), combined with relative insulin deficiency. Ninety to ninety-five percent of people with diabetes have this type. It may be treated with only exercise, weight loss, and diet changes, although oral medications or injectable insulin may be required. This is increasingly seen in younger people.</p>

Disability	The functional limitations imposed by, and the psychological response resulting from, an impairment.
Do Not Resuscitate (DNR)	A written licensed medical provider order stating that cardiopulmonary resuscitation (CPR) should not be provided to a person in the event of a cardiac/respiratory arrest. A DNR order is written only after consultation with the person involved and/or his or her family or legal guardian. A DNR order may be considered for a person who is terminally ill and is imminently dying, whose illness or injury is irreversible and irreparable, or for whom continuous advanced life support would result in prolonged, unrelieved pain or discomfort with little or no potential for human experience.
Edema	Accumulation of an excessive amount of fluid in the cells, tissues, or body cavities.
Educational Setting	Any setting in which the student receives instruction, whether general and/or special education classroom, home or other setting.
Emergency	A serious situation that arises suddenly and threatens the life or welfare of a person; a crisis.
Emergency Procedures Plan	An Emergency Procedures Plan is developed for any student who may require emergency services at school based upon his/her unique health care needs. The plan describes how to intervene in a health emergency.
Epinephrine	Adrenaline.
EpiPen(r)	A device that allows easy injection of epinephrine (adrenaline). Epinephrine is the medicine of choice for treating anaphylaxis.
Free Appropriate Public Education (FAPE)	Special education and related services provided at public expense and that meet state education agency standards and are consistent with the student's individualized education program.
Family Education Rights and Privacy Act (FERPA)	Family Education Rights and Privacy Act—A federal law that protects the privacy and transfer of student education records.
Gastrostomy	A surgically created opening in the abdominal wall to provide nutrition directly to the stomach via a tube when the esophagus is blocked or injured, or to provide drainage after abdominal injury.

Gavage Feeding	Feedings given through a tube passed through the nose or mouth and into the stomach.
Glucagon	A protein hormone that promotes an increase in the sugar content of the blood by increasing the rate of glycogen breakdown in the liver. Glucagon injection is used for extreme hypoglycemia.
Health Aide (Nurse's Aide)	A person who is qualified to carry out basic, specialized health care procedures in the care of students under the supervision of a registered professional nurse.
Health Assessment	The gathering and analysis of health care information by an appropriate licensed health care provider.
Health Care Services	Health care services means: (a) the services included in furnishing medical or dental care to a person; (b) the services included in hospitalizing a person; (c) the services incident to furnishing medical or dental care or hospitalization; or (d) the services included in furnishing to a person other services for the purpose of preventing, alleviating, curing, or healing illness, injury, or physical disability.
Handicap	An environmental barrier preventing or making it difficult for full participation or integration, such as curbs or steps for someone who uses a wheelchair; the social consequences of an impairment and resulting disability that interferes with social role fulfillment.
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, and 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.
Health Insurance Portability and 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, licensed medical providers, occupational and physical therapists, speech language pathologists, clinical psychologists, and social workers.
Hepatitis B Virus (HBV) Human Immunodeficiency Virus (HIV)	Hepatitis B Virus, the causative agent of Hepatitis B infection. Human Immunodeficiency Virus, the causative agent of AIDS.
Individuals with Disabilities Act (IDEA)	The federal law that provides the legal authority for early intervention and special educational services for children birth to age 21. Part B outlines services for children ages three to 21. Part C outlines services for children birth to age three.
Individualized Education Plan (IEP)	A special education service plan for a student's school program that is required for all students eligible for special education. The IEP outlines a student's annual goals, short-term goals and objectives, and any related services.
Individualized Health Care Plan (IHCP)	A plan used by the school nurse, and, as appropriate, other members of the school team to meet the health needs of a student.
Least Restrictive Environment (LRE)	To the maximum extent possible, students with disabilities should be educated with students without disabilities. Removal of students with disabilities from the general 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 Medical Provider	A physician, hospital, hospital-related facility, long-term care facility, dentist, osteopath, chiropractor, optometrist, podiatrist, psychologist, licensed social worker, registered pharmacist, or advanced practice registered nurse, as specifically listed in 37-8-202, who treats any illness or injury within the scope and limitations of the provider's practice or any other person who is licensed or otherwise authorized in this state to furnish health care services.
Licensed Practical Nurse (LPN)	An individual who is licensed to function as a practical nurse in Montana. LPNs must work under the direction of a registered nurse (RN) or licensed medical provider, dentist, osteopath, podiatrist or advanced practice registered nurse.

Licensure	Permission 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.
Medicaid	Medicaid is a federally-funded, state-run program that provides medical assistance for individuals and families with limited incomes and resources. It pays for specified health care costs for eligible children and adults.
Medical Diagnosis	The process of identifying the nature or cause of a disease or injury through evaluation of patient history, examination, and review of laboratory data.
Medication	Any over-the-counter or prescription drug.
Montana Nurse Practice Act	Delineates the legal scope of the practice of nursing in Montana.
Nurse	Generic term referring to a person licensed to practice nursing.
Nursing	<p>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 medical provider or dentist.</p> <p>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 <i>by an advanced practice registered nurse</i>. Advanced nursing practice includes the ordering of diagnostic tests to determine medical diagnoses and the prescription of medical therapeutics, including medication, and corrective measures under mutually agreed upon protocols with a directing licensed medical provider.</p> <p>The practice of nursing by a <i>licensed practical nurse</i> (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 medical provider or dentist, osteopath, podiatrist, or advanced practice registered nurse.</p>

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.
Ostomy	An artificial opening in the body.
Other Health Impairment (OHI)	A categorical label for special education eligibility that refers to “a student with limited strength, vitality, or alertness, due to chronic or acute health problems, which is anticipated to be of more than three weeks’ duration” and which adversely impacts educational performance.
Paraprofessional	School personnel who work along-side of and under the direction of a licensed educator or related services provider to assist in implementing a student’s education program.
Parent	<p>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 Montana 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:</p> <ol style="list-style-type: none">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 Montana Special Education Rules.4. The foster parent has no interest that would conflict with the interests of the student.
Part B of IDEA	The section of the Individuals with Disabilities Education Act special education regulations that addresses services for eligible children with disabilities ages three through eighteen years.
Peak Flow Meter	A hand-held device that measures the pressure generated on forced expiration. When used consistently, this measurement can identify subtle changes in lung function in people with chronic lung conditions, such as asthma. This information may then be used to make decisions on day-to-day treatment of their asthma.

PRN or prn	Abbreviation for “pro re nata,” a Latin phrase meaning “according to circumstances.” Commonly seen written in a medical practitioner’s authorization/prescription for medications meaning the medication may be used if needed. When written correctly, authorization will include the frequency that medication may be taken and for what condition. Example: Tylenol 650 mg every 4 hours PRN headache; i.e., Tylenol may be taken no more frequently than every four hours but only if needed for a headache.
Professional Development	Instructional programs that provide for continuing professional growth.
Registered Nurse (RN)	An individual who is licensed in Montana to practice nursing. The professional nurse has responsibility for the care of individuals and groups through a colleague relationship with a licensed medical provider, dentist, osteopath, or podiatrist to function in making self-directed judgments and to act independently in the practice of the profession.
Related Services	Related services as defined (in part) by IDEA means transportation and such developmental, corrective and other supportive services designed to enable a child with a disability to receive FAPE as described in the IEP. The term includes school nurse services.
School Health Services	Services provided by a licensed nurse or other trained and appropriately supervised person not limited to diagnosis or evaluations.
School Nurse	A registered nurse (RN) or nurse practitioner who meets the state requirements.
School Nursing	A specialized practice of professional nursing that advances the well being, academic success, and life-long 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.
Section 504 of the Rehabilitation Act	Federal legislation passed to protect the civil rights of people with disabilities. The law is aimed also at schools, in an attempt to prevent them from excluding students with health impairments or from restricting an educational program for such students.

Shunt	An artificially created passage between two areas of the body, as in a ventriculoperitoneal shunt for hydrocephalus, a tube that drains fluid from the ventricles of the brain into the peritoneum (the abdominal cavity).
Student	Any child, adolescent, or young adult (ages three through 21), enrolled in a public school.
Student with Health Care Needs	Public school enrolled student 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.
Standard of Practice	A standard established by custom or authority as a model, criterion, or rule for comparison or measurement.
Suctioning	Removal of secretions or foreign matter from the airway.
Supervision (Nursing)	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 and accountability of the nurse. <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. <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.
Terminal Illness	Any illness, of long or short duration, with a life threatening outcome.
Trachea	Windpipe; the tube that extends from the throat to the bronchial tubes.
Tracheostomy	A surgical opening in the trachea, below the larynx (voice box), made to allow air to enter the lungs when the throat becomes obstructed.
Transportation Plan	For purposes of this guide, the Transportation Plan is a document that describes the adaptations, accommodations and special health care procedures that must be implemented to ensure

safe transport of the student. It may be a part of the IHCP, IEP or stand alone as a separate document.

Unlicensed Assistive Personnel (UAP)

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.

Ventilator

A mechanical device used to substitute for or to assist with breathing; is the same as a respirator.

Wheeze

Whistling, humming, or raspy sound made during breathing, caused by obstructions in the respiratory tract. Sometimes called rales or ronchi.



IDENTIFICATION AND HEALTH CARE PLANNING

Identification and Health Care Planning

The identification of a student having health care needs that must be addressed during the school day is often done at the time of the student's enrollment in school. District registration procedures generally require the parent to provide health information. In other cases, following the student's enrollment in school, the student may develop a health condition that requires school health services. To ensure that students in need of school health care services are identified, and required services are implemented, it is recommended that schools have a well-defined and organized process for identifying students who are in need of school health services; determine what school health services must be provided; and develop a plan for the implementation of the school health services.

It is recognized that there is a broad range of students who may have need for school health care services. Included in this population of students are those whose school health services may range from self-administration of medication to those with more complex health care needs who require tube feeding, seizure control and/or who may use a ventilator.

Identification

When school personnel become aware that a student has a health condition that may require school health services, the personnel should report such information to the school principal, or to the person designated by the principal as responsible for collecting and responding to such information. If a school district employs a school nurse, the information is generally shared directly with the school nurse.

In all cases, it is important that all school personnel and parents are familiar with the district's procedures for notifying or reporting student health care needs to ensure appropriate follow-up.

Determination of Need for School Health Services

The school should have an established procedure for determining whether a student's health condition warrants the provision of school health services. In districts that employ a school nurse, the procedures for determining the need for school health services are usually implemented by the school nurse. If a district does not employ a school nurse, depending on the school health services that may be needed by the student, the school may use the services of a county health nurse or contract with the services of another



agency for the services of a nurse. It is recognized that not all school health services require that a nurse participate in the determination of the need for school health services or participate in the planning process. Procedures for determining the need for school health services must always include parent input and must include school personnel, and others, as appropriate, to determine implications of a student's health condition in the educational setting.

Appropriate Licensed Medical Provider

Licensed Medical Provider Documentation/Input: There must be a licensed medical provider's documentation that the student has a current medical condition that requires school health services during the school day. If this documentation is not provided, the nurse or the person designated by the school as the individual to gather this information must collect the information. This is usually done by getting written permission from the parent to collect this information directly from the licensed medical provider or the licensed medical provider's nurse. In some cases, this information can be provided to the school by the parent.

The decision to provide school health services must be based on the physician's documentation of need that the service must be provided during the school day. A district is not obligated to provide a service(s) if it is not required during the school day. The decision cannot be based on convenience. As an example, if a medication(s) or health care procedure can be administered at home prior to or after school, and is not required to be administered during the school day, the district is not under any obligation to administer the medication or procedure. Exceptions would be those emergency procedures that would be required to be administered if the student had a health emergency (e.g., administration of Epi-pen or glucagon).

Health Assessment

Health assessment refers to the collection and analysis of pertinent information regarding the student's state of health, patterns of functioning, and need and management for health services in the school setting. The primary source of information should be the parent and student; an additional valuable source is the student's health record and medical information obtained with parental permission. The health assessment is generally conducted by the nurse. The extent of information gathered by the nurse will be determined by the student's health care needs. A health assessment may not be necessary, for example, for students who self-administer medications. A health assessment can also be conducted by the student's licensed medical health care provider if a school nurse is not available.

Schools should consult with their school nurse or in the case of a school that does not employ a school nurse with the county health nurse or other nurse, as appropriate, to

determine what health assessment information should be collected for a student's specific needs.

Health Care Planning

Health care planning should always involve the parent(s) and may include the physician and other school personnel as appropriate. If the student receives special education services, it is important that the director of special education, and the special education teacher be informed and included, as appropriate, in the health care planning process.

The goals of health care planning are to identify:

- any concerns of the parent or staff related to the student's health care needs;
- the specific health care needs of the student that must be provided for during the school day;
- the special equipment needs, if any, and arrangements for provision, maintenance and storage of the equipment;
- medications to be given, if any, and under what circumstances;
- the personnel who will provide for the health care needs of the student and the training the personnel will require, if any;
- what accommodation/modification, if any, will be required for the instructional program to accommodate the student's health care needs and the strategies for implementation of the modification;
- the service delivery options to be used when the direct care provider(s) of the student's health care needs is absent;
- the transportation needs of the student and the need for training of transportation staff; and
- the information and training needs of teaching personnel as they relate to the health care needs of the student.



Each student with health care needs is unique. The assessment procedure and the Individualized Health Care Plan are developed accordingly. For example, a student who requires only the administration of medication during the school day may not require as extensive health assessment or Individualized Health Care Plan as a student who has more extensive needs such as use of a ventilator.

Individualized Health Care Plan

The Individualized Health Care Plan is student specific. The plan identifies the student's health needs and the school health care services that will be provided during the school day to address those health needs. The complexity of the health care plan is determined by the student's health needs.

A health care plan may be as simple as identifying a medication that a student will self-administer, including when and where it will be self-administered or as complex as identifying specific health care procedures that will be administered (tube feeding, administration of medication, specific emergency procedures to follow and personnel to contact in case of an emergency, etc.) on a routine basis or as specific conditions require.

Reviewing the Individualized Health Care Plan

The student's Individualized Health Care Plan should be reviewed as often as necessary by the health care planning team, but no less than annually. Any change in the student's health care status would require a review of the Individualized Health Care Plan. If the health care plan is developed as a part of a special education student's IEP, the IEP team should conduct the health care plan review.

Special Education Considerations

- If a student in need of school health services is referred to special education or is a special education student, the district should have a procedure to ensure that the special education teacher is informed that the student has been determined to be in need of school health services. In some cases, the awareness of need for such services is made at the time of the student's evaluation for special education services.
- Depending on the student's health care needs, it may be appropriate to include a nurse as a participant on the Individualized Education Plan (IEP) team.
- If a special education student has a health condition that requires school health services to be provided as a part of his special education services, school health services should be identified as a related service on the IEP.

Note: General education considerations for Section 504 are not a related service.

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

**SAMPLE No. 1
Individualized Health Care Plan**

- Special Education
- 504
- School Nurse Services

I. IDENTIFYING INFORMATION

Student Johnny Smith School Sunrise Elementary

Birth Date 10/14/99 Teacher(s) Mrs. Thompson

Age 5 years Grade Kindergarten

Health Care Plan for Period of 8/30/04 to 6/10/05

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

II. MEDICAL OVERVIEW

Health Condition(s) Asthma

Primary Health Care Provider Dr. Jones

Medications Singular, Azmacort, Albuterol

Possible side effects _____

Necessary health care procedures at school Nebulizer treatments as needed

Allergies Fur-bearing animals, pollens

Other Important Information Asthma triggers include fur-bearing animals, pollen, exercise, cold weather and smoke.

- Transportation Plan attached.
- Training Plan attached.

III. BACKGROUND INFORMATION/NURSING ASSESSMENT

Brief Medical History Check if additional information is attached.
 Medical diagnosis attached.

Hospitalized 3x for asthma last year. Uses prednisone 2-3x/year.

Specific Health Care Needs Check if additional information is attached.

Nebulizer as needed at school.

Developmental (Related to Health Concerns) Check if additional information is attached.

Due to young age, may need oversight to recognize symptoms and to use nebulizer equipment. Not yet able to use inhaler effectively.

IV. HEALTH CARE ACTION PLAN

Attached licensed medical provider's order and other standards for care.

Procedures and Interventions (student specific)

Procedures	Administered by	Equipment	Maintained by	Auth/trained by
Nebulizer Treatment	School nurse or student with staff supervision	Nebulizer and tubing, albuterol medication	Parent, school nurse	Parent and MD order/school nurse

Medications taken during school hours: Check if additional information is attached.

Albuterol/tremors, higher heart rate

Diet Check if additional information is attached.
 Regular, no special needs

Safety measures Check if additional information is attached.
 **Notify parent if less than 2 pre-measured doses of Albuterol remain.
 **Discuss medication options w/parent/nurse prior to any field trips.
 See EHP.

Equipment (list necessary equipment/supplies)	Provided by Parent	Provided by School
1. Nebulizer, tubing, mask	Yes	
2. Albuterol--pre-measured blister packs	Yes	

V. DOCUMENTATION OF PARTICIPATION AND AGREEMENT

We (I), the undersigned who are the parents/guardians of Johnny Smith 10/14/99
 (Student) (Birth Date)
 request and approve this Individualized Health Care and if needed, Emergency Plan. We (I) will notify the school immediately if the health care status of our (my) child changes. The contact person is _____ at (406)_____.

Signature _____ Date _____
 Parent(s) BeckySmith 8/26/04

Student, if appropriate _____

Administrator or Designee Walter Fischer 8/26/04

Teacher(s) Alice Thompson 8/26/04

School Nurse Susan Miller 8/26/04

Family Licensed medical provider, if appropriate _____

Other(s) _____

VI. INDIVIDUALIZED HEALTH CARE PLAN REVIEW

Next review date of Individual Health Care Plan 8/05

Person Responsible Susan Miller

Name Johnny Smith Date 8/26/04
 DOB _____ Grade _____
 School _____ Teacher _____
 School Nurse Susan Miller

**Sample No. 2
Individualized Health Care Plan**

Date	Health Need/ Nursing Diagnosis	Goals	Action/Intervention	Evaluation
8/26/04	1. Potential for alteration in respiratory function.	<p>Prevention of asthma symptoms.</p> <p>Symptoms of asthma episode will be promptly recognized and treated.</p>	<p>1. Instruct classroom teacher to not allow fur-bearing animals or flowering plants in classroom.</p> <p>2. Instruct classroom teacher/ PE teacher to keep student indoors on Stage II alert days.</p> <p>3. Instruct PE teacher to utilize warm-up activities prior to strenuous exercise.</p> <p>1. Educate student as to symptoms of asthma, what triggers an episode, how to get help, where to go for medications and how to use nebulizer.</p>	<p>9/20/04-Teacher is aware of these precautions and has complied.</p> <p>9/20/04-Both teacher aware only two Stage II alert days and was kept indoors for both.</p> <p>9/20/04-PE teacher is aware and reports doing this.</p> <p>9/6/04-Reviewed with student, needs supervision to finish treatment. Will review continuously.</p>

Emergency Procedures Plan



The health care team develops an Emergency Procedures 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 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, licensed medical provider, 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; and
9. A review and update of the plan as necessary.

(The following is an example format for an Emergency Plan.)

Sample No. 3 Emergency Procedures Plan	Student's Picture
---	----------------------

Student Johnny Smith Birth Date 10/14/99

Address 123 Cherry Court Telephone 521-7743

Parent Becky Smith Work: 521-3342 Home 521-7743

Parent Thomas Smith Work: 521-0049 Home 521-8848

Other Contact Melissa Smith Telephone 521-8848

Summary of medical information (e.g., medications, allergies, precautions, etc.)

History of asthma triggered by fur-bearing animals, pollens, exercise, cold weather and smoke. Has Albuterol at school.

Emergency Numbers (if applicable)

Preferred Hospital St. Joseph's Telephone 521-1112 Ext. 16

Primary Licensed medical provider Dr. Jones Telephone 521-0101 Ext. 12

Home Care Co. N/A Telephone _____

Medical Supplier Responsible for Maintaining Equipment N/A

Specialists (if applicable)

N/A Telephone _____

_____ Telephone _____

Emergency Procedures 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 9-1-1.
 - 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:

Mrs. Thompson Kindergarten teacher Room 101 Ext. 13

Kelly White Secretary-Office Ext. 12

Walter Fischer Principal Ext. 4

IF YOU SEE THIS	DO THIS
Shortness of breath, wheezing, coughing, rapid breathing, anxious	Bring Johnny to office, and assist him in taking nebulized Albuterol treatment.
No improvement of above after treatment	Notify parent and school nurse immediately!
Symptoms continue after treatment and parent not available. Unable to talk, walk, confused, blue lips/nails.	Call 911

Make in Triplicate:

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

TRANSPORTATION

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

Transportation

Transportation should be addressed and documented as a part of the health care planning process, if needed. As appropriate, school bus personnel should be included in the transportation planning process and should be provided information, as necessary, to ensure safe transport of the student. Transportation personnel should receive training regarding confidentiality requirements.

Transportation Plan

As needed, a transportation plan should be developed for students who require 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 on the bus; and
7. Staff (bus driver) training and who will provide the training.

The bus driver must be provided information needed on each student transported with health care needs. When appropriate, the bus driver should participate in team meetings.

Bus Drivers

Some students with health care needs have unique transportation needs. In those cases, the bus drivers will need special instructions and training. The instruction must be provided before a student begins using school transportation services. The following areas should be covered:

1. Information and training concerning confidentiality issues.
2. As appropriate, the bus driver should be part of the team developing the transportation plan.

3. The bus driver must be familiar with his/her role and responsibilities in the health care and emergency plan.
4. Special instructions and training on the unique health care needs of each student with health care needs.
5. Special considerations:
 - a. Establish procedures 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 health care needs is enrolled in 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 are likely to 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); and
 - g. Any specific behavioral management plan that is used by the parents or school.
7. When an attendant/paraprofessional is riding the bus with a student, the bus driver should be informed about the attendant's/paraprofessional's responsibilities. The attendant/paraprofessional should understand that the bus driver has final authority concerning actions taken on the bus.

(The next few pages have an example Transportation Plan.)

Sample Transportation Plan	Student's Picture
---------------------------------------	----------------------

Bus Driver: Joe Potter Bus # 260

Student: Johnny Smith

Address 123 Cherry Court	Home Telephone 521-7743
School Sunrise Elementary	Grade Kindergarten
Parent/Guardian Name Becky/Thomas Smith	Work Telephone (Father) 521-0049 Work Telephone (Mother) 521-3342
Receives Medication Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Possible Side Effects Tremors, anxiety
Method of Mobility Walks	Method of Communication Speaks English normally
Student Care Provider Busy Hands Daycare	Emergency Drop-off Site Melissa Smith
Address 102 Main Street	Telephone 521-8848

I. Transportation Staff Training

Describe Training:

Reviewed symptoms of asthma episode. Bus driver is to proceed to nearest location if symptoms occur; school, home in the morning, or if after school, to daycare (places where medication is present). Call 911 as indicated by emergency plan.

Date training completed:

II. Adaptations/Accommodations Required Yes No

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

Sample Transportation Plan (continued)

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

III. Positioning or Handling Requirements Yes No

IV. Behavior Considerations Yes No

Describe

V. Student Specific Emergency Procedure

IF YOU SEE THIS	DO THIS

VI. Student Specific Emergency Procedure

Attach a copy of the student's Emergency Procedures Plan, as appropriate.



STAFF TRAINING

This section provides an overview of staff training issues related to serving students with health care needs.

Staff Training

An important issue in the successful delivery of services to students with 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. In-service 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 students during certain stages of the training.

Copies of the student's health care plan should be reviewed and distributed to staff who have a need to know the information.

It is recommended that all school personnel have training in the following areas:

1. Confidentiality and student records;
2. Skills in CPR and basic first aid;
3. Awareness training in serving students with health care needs;
4. Universal Precautions and Infection Control;
5. Review process and components of a health care emergency plan; and
6. District's policy on emergency procedures.

Student-Specific Training

All school personnel responsible for the direct care of the student during the school day must have training in student-specific procedures. Based on the student's special health care needs, personnel may require more formalized training. The level of personnel training should be determined during the development of the student's IHCP. Parents should be informed of the training and be invited to participate in the training, as determined appropriate by the school. Topics in the training should include, but not be limited to, the following:

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 Montana Nurse Practice Act.*);

3. A review and familiarization with the student's individualized health care plan;
4. A review 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. Confidentiality requirements;
8. The training should be reviewed as follows:
 - a. At least annually;
 - b. If an emergency occurs;
 - c. For new staff members; and
 - 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 page is an example of a School Training Plan.)



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

Student Johnny Smith	DOB 10/14/99	School Sunrise Elementary	Grade Kindergarten	Date 8/20/04
Staff to be trained		Focus of training: Asthma Education		
Principal: Walter Fischer		Instructor: Susan Miller		
Teacher: Mrs. Thompson		Date of training: 9/1/04		
PE Teacher: Mr. Graham		Signature of trainer: <i>Susan Miller</i>		
Secretary: Kelly White				
Describe training to be provided				
What asthma is, signs and symptoms of asthma, specific triggers that can cause an asthma attack. How to manage signs and symptoms, work and set up nebulizer. Supervising student's self medication.				
DOCUMENTATION OF TRAINING				
Staff Who Received Training		Name of training		
Walter Fischer		Asthma Education		
Mrs. Thompson		Instructor Susan Miller		
Mr. Graham		Date of training 9/1/04		
Kelly White		Signature of trainer <i>Susan Miller</i>		
Describe training provided				
What asthma is and the seriousness of this illness. How to recognize an asthma attack/episode. The signs and symptoms and possible triggers that can cause asthma attack. How to treat asthmatic students and manage symptoms. How to set-up nebulizer properly and supervise student's self-medicating. What to do in an emergency situation.				
Recommendation for follow-up review Review as needed or annually.				

SCHOOL NURSE CONSIDERATIONS

This section provides information for school nurses on specific issues in dealing with students with health care needs. Montana laws and rules do not require districts to employ school nurses. However, if the district does have access to nursing services, this section is provided as a resource for the nurse.

School Nurse Considerations

The National Association of School Nurses has position statements on Individualized Health Care Plans and Emergency Health Care Plans. In those, it is stated that 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. (See the Identification and Health Care Planning section). The forms developed by the Office of Public Instruction included in this manual allow for such planning. Use of alternative plans, such as readily available computerized and standardized IHCPs 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 IHCP form 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 (IHCP) or which student has priority, the position statements from the National Association of School Nurses should serve as a guide. The following is taken from the position statement on IHCPs.

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 IHCP. 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 plans.



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.

For a student with a ventilator or other significant airway needs an IHCP 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 health issues such as diabetes and history of anaphylaxis thus an Emergency Health Plan should be additionally considered.

Documentation

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

The forms within this manual are optional to use, may be modified or alternative forms may be utilized. The important factor is that there is documentation of health care planning and the delivery of health services.

Delegation Issues for School Nurses

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 the health services to students who require them while at school.

Every nurse is accountable and responsible for delegating tasks that are considered the practice of nursing to unlicensed assistive personnel. The nurse retains the professional accountability for the outcome of the task. Delegation is always task specific, student specific, and unlicensed assistive personnel specific. Nurse refers to a licensed nurse, either registered nurse (RN), licensed practical nurse (LPN) or advanced practice registered nurse (APRN).

Tasks not considered to be the practice of nursing may be performed by anyone and do not require delegation by a nurse.

The Montana Nurse Practice Act defines the qualifications of a nurse, the practice of nursing, and the standards for the practice of nursing in Montana. 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 student 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 does a thorough training, feels comfortable with the person being trained, and follows up as needed to ensure proper and safe techniques are being used. As more students with health care needs enter the school setting, it is imperative that school nurses understand and are familiar with the Nurse Practice Act and special education guidelines. The school nurse must document all aspects of the delegation, including decision to delegate, specifics of training, and evaluation of the unlicensed assistive personnel and the student.

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 the task performed. The school nurse should ask himself/herself these questions to determine if delegation is appropriate and to whom it 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 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 itself or procedure 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.

- There is no list of things that are usually or NEVER delegated because of the multiple factors involved.
- The school nurse must train, supervise, evaluate, and monitor in an ongoing manner the person to whom the task is delegated.

What Can Be Delegated

The following activities are not the sole practice of nursing, and therefore do not require delegation. These activities may be performed by anyone trained to do so.

- Checking pulse, respirations, blood pressure, height and weight
- Assisting with feeding, cutting food, etc.
- Assisting with personal hygiene, washing hands, brushing teeth, etc.
- Assisting with toileting, cleaning skin, etc.
- Assisting with dressing
- Assisting with medications by:
 1. Prompting or reminding a student to take his meds;
 2. Handing a pre-filled, labeled medication holder, labeled unit dose container, or original marked, labeled container from the pharmacy to the student;
 3. Opening the lid of a container for a student;
 4. Assisting with the removal of the med from a container or package;
 5. Guiding the student's hand to self-administer; and
 6. Holding and assisting the patient in drinking fluid to assist in swallowing oral meds.
- Providing nutrition, inclusive of supplements and medications prescribed by a physician, advanced practice registered nurse or a licensed medical provider assistant certified, to be administered to an individual through a gastrostomy or jejunostomy tube when trained by a parent, guardian, foster parent, surrogate parent, or other adult family member.
- Non-invasive, non-sterile treatments
- Assisting with ambulation, positioning and turning



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 the following:

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; and
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.

References

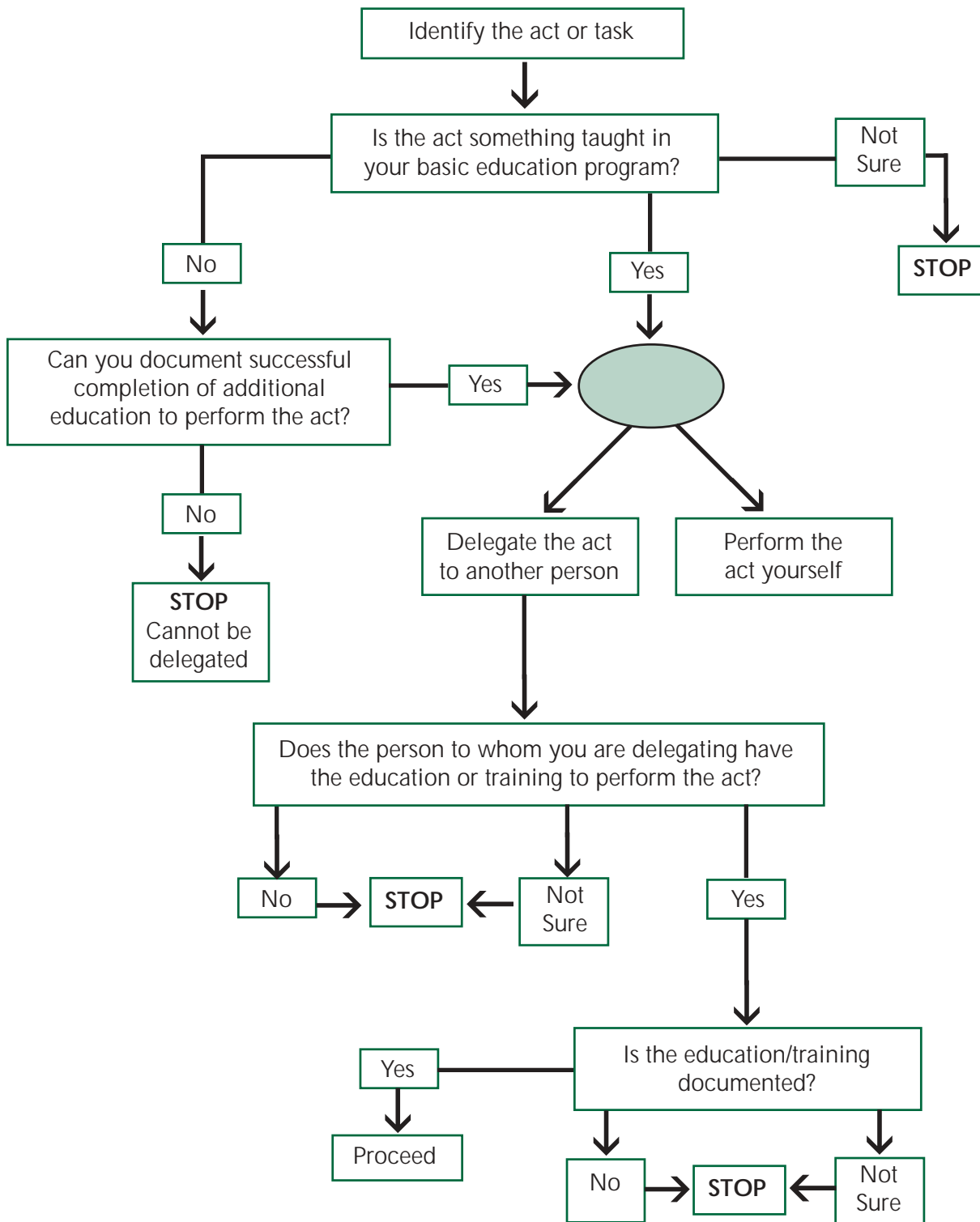
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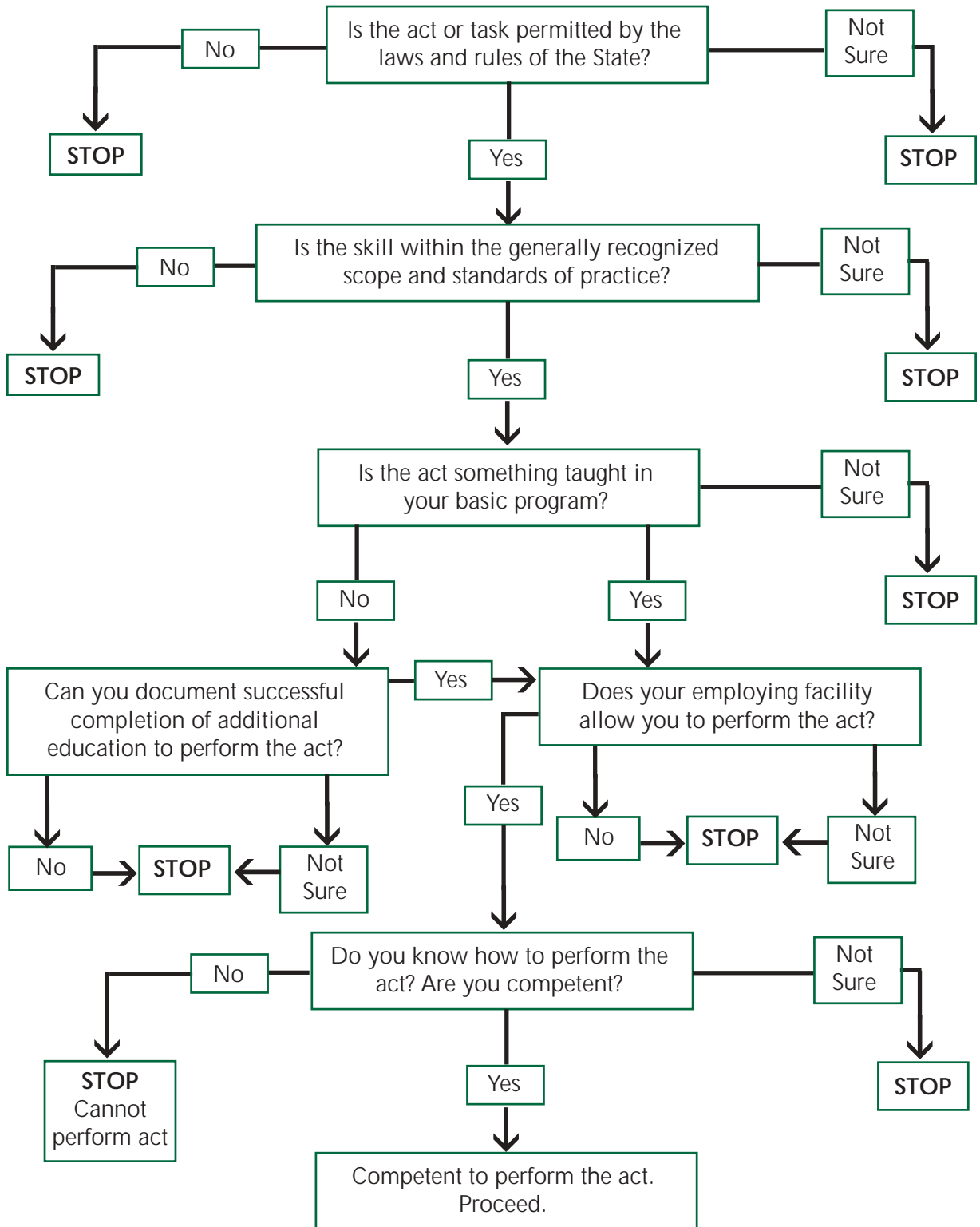
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Delegation Decision Tree



Nursing Competency/Scope of Practice Decision Tree



Decision Grid for Registered Professional Nurses to Delegate*

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

Instructions: This grid can be used to evaluate activities considered for delegation to non-licensed 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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EDUCATOR CONSIDERATIONS

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

Following are important considerations that classroom teachers and other school staff should be familiar with as services are provided for students with health care needs. As appropriate, the school nurse should be consulted on matters regarding services for students with health care needs.

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.

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.

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.

Assistive Technology: Some students with health care needs may 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 and blood 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; and 5) wash your hands with soap and water.

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: As appropriate, 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: Parent permission and a licensed medical provider order must be obtained before any administration of 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.

Observations: Looking at and documenting student behavior, the teacher and paraprofessional are the primary source of information in the educational setting. Behavior should 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: When appropriate and with the parent/student and school nurse involvement, provide information to the class regarding the student's health care condition and needs. This lessens fears and increases acceptance of diversity. Parent consent must be obtained prior to the provision of peer group awareness training. The information to be shared and the manner of presentation must be discussed with the parent and, if appropriate, the student. The parent should be encouraged to take part in the training.

Privacy: Each student has the right to privacy, especially for medical procedures that are invasive or could be embarrassing if discussed 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. The school nurse can provide interpretation of medical record data, parent(s) and licensed medical provider 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: The school staff should have knowledge of where equipment and supplies are located. Communicate with the parent(s) regarding sending disposable supplies to school on a regular basis.

Toileting: A bathroom must be accessible for any student with a physical disability. If necessary, a procedure for taking the student to and from the bathroom should be established. Bathrooms and other school facilities should meet the requirements of the Americans with Disabilities Act.

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, and then disposed of in a locked location. 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 when educating students with health care needs.

It is important that school board members, school principals, and other school district administrators are aware of the following issues when educating students with health care needs.

Medical Equipment

When medical equipment is necessary for the student to attend school, be sure the equipment is 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

Each school district should have policies governing the handling and administration of medications that is in accordance with all other applicable state and federal laws and rules regarding medications. These policies regarding medication must require a signed licensed medical provider's (with prescriptive authority) order and written parental consent.

Licensed medical provider's (with prescriptive authority) orders must include the student's name, date, name of medication, dosage, and possible side effects. Any order for an "as needed" "PRN" prescription must be accompanied by very specific instructions from the licensed medical provider, with prescriptive authority.

Forms for the administration of medication are included in Appendix F.

It is recommended that school district medication policies require:

- Current, signed parent or guardian consent;
- Current, signed licensed medical provider's (with prescriptive authority) order;
- Properly labeled pharmaceutical container;
- Initial dose to be administered at home, licensed medical provider's (with prescriptive authority) office or hospital;
- Renewal of parent/guardian consent and licensed medical provider's (with prescriptive authority) order at the start of each school year;
- Plan for any required training (including merely informing);



- Clear statement of parent’s responsibility for providing the medication(s);
- Strategy for dealing with problems caused by failure to receive; and
- A plan to get necessary medications out of the building during emergency situations.

Medication should be stored under proper temperature and maintained in a locked storage.

Documentation

Clear documentation of the delivery of health care procedures is an essential part of safe delivery of school health services. 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 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 Procedures Plan.) Parents should be familiar with the district’s policy for addressing medical emergencies.

Students with Special Dietary Needs

Students who require changes to the basic meal (such as special supplements or substitutions) are required to provide documentation with accompanying instructions from a licensed medical provider. This documentation is required to ensure that any meal modifications meet nutrition standards that are medically appropriate for the student. The decision as to whether the student requires an individualized health care plan should be made by the health care planning team.

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 licensed medical providers 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 personnel upon arrival. The directive should be reviewed on a regular basis.

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 licensed medical provider. Refer to your school district DNR policy and Appendix D.

Disagreement with Licensed Medical Provider's Orders

The school district should have a policy in place in the event that school health personnel have concerns or disagreements with licensed medical provider's orders. It is recommended that such policies include communication procedures with the licensed medical provider and methods of documentation.

Homebound/Hospitalized Instruction

Students with health care needs may experience frequent and/or prolonged absences from school. Such absences will likely have a negative effect on their ability to succeed in their educational program. The school district must have a written policy and ensure the continued delivery of educational services to the student who experiences frequent or prolonged absences of 10 continuous days or more. IEP teams must address, as appropriate, homebound or hospital-based educational services for special education students.

Medical Equipment

Parents have the responsibility of providing personal, medically prescribed medical equipment. The school should have procedures for maintenance of school-purchased 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 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, funding sources such as health insurance and Medicaid should be used when available and appropriate. Private health insurance, including Health Maintenance Organizations (HMOs), are generally considered to be first dollar payer for covered health services, and Medicaid covers many health services for Medicaid 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 addressing the funding for health services needed by students in school settings. IDEA Part B and IDEA preschool funds can be used to purchase necessary education related services and equipment for IDEA eligible students.

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, and attention deficit disorder, etc. might require a health care plan. These conditions come in degrees of severity; the health care planning team should determine if a health care plan will be necessary for mild conditions of a disability.

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

Only those persons with direct responsibility for the care of the student or for determining appropriate educational accommodation will be informed of the specific nature of the condition if it is determined there is a need for such individuals to know this information due to the risk of transmission in the school setting of the disease to others or the need to protect the child from other communicable diseases which may be life threatening to the child.

The superintendent shall initiate procedures to ensure that all medical information will be held in confidence. Any school staff member who violates confidentiality shall be subject to appropriate disciplinary measures.

COMMON QUESTIONS & ANSWERS

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

The following are some commonly asked questions with guidance regarding servicing students with health care needs. Check with your school attorney for further clarifications and school policy issues.

1. **Q. Can a school refuse to enroll a student with health care needs?**
 - A. School districts cannot discriminate against a student with health care needs. Such a student has the right to enroll in school in accordance with state law.
2. **Q. Who determines if a student with health care needs is able to attend school?**
 - A. The family licensed medical provider in collaboration with the parents, school nurse, and school health care planning team.
3. **Q. Are these guidelines intended only for students with moderate or severe health care needs?**
 - A. No.
4. **Q. When a student experiences changes in his/her health condition, who is responsible for making adjustments in the educational program?**
 - A. The district's health care and/or educational planning team, as appropriate. The district should have procedures in place to ensure the student's health care issues are appropriately addressed.
5. **Q. Does a student with health care needs or a medical diagnosis of a health condition automatically qualify for special education?**
 - A. No. The school must use its Child Study Team (CST) procedures to determine whether the student qualifies as a special education student under IDEA.
6. **Q. If a student has a chronic health care problem, does the student have an automatic right to homebound services?**
 - A. A student does not have an automatic right to homebound services. If the medical condition of the student is such that homebound services are necessary, the school should address the need and consider homebound services in the educational plan of the student. If the student is a special education student, the IEP team determines where educational services will be provided.
7. **Q. How often should a health care plan be reviewed?**
 - A. The child's health care plan should be reviewed as often as necessary but at least annually. Any change in the child's health care status requires a review of the health care plan.

8. **Q. Can health care providers and school officials share immunization information with another provider or a school to update missing immunization history or bring children into compliance with school requirements?**
- A. Yes. Health care providers may disclose immunization information to schools without authorization, if permitted or required by state law. For further clarification, the Montana State Immunization Program may be consulted at (406) 444-5580.

Individualized Health Care Plan (IHCP)

9. **Q. Who should write the individualized health care plan (IHCP)?**
- A. The IHCP is developed by a team knowledgeable about the student to address his/her unique health issues. The school nurse writes the health care plan in a collaborative effort with parents, teacher(s), school principal, family licensed medical provider, and other individuals as appropriate. If the district does not employ a school nurse, the school may wish to contract for a nurse's services, as appropriate.
10. **Q. Is a health care plan required by federal or state regulation?**
- A. No. However, it is a recommended best practice for the school if the plan will benefit the student, provide safety, direction to staff, and reduce liability for the school district.
11. **Q. Is it necessary to have a licensed medical provider attend the individualized health care planning meeting?**
- A. It may be desirable in some cases, but it is not required. Licensed medical provider input can be gained in a variety of ways: written reports, teleconference calls, e-mails, prescriptions, or other written communications. Although verbal information may be used, written information provides less opportunity for miscommunication and error. Consider submitting the IHCP for the primary licensed medical provider to review and comment within a given return date.
12. **Q. Who should sign the IHCP?**
- A. If the IHCP is a separate plan, a best practice would be for the IHCP team members to sign the plan. If it is developed as part of an IEP for a special education student, the signatures of the participating members of the IEP team are sufficient.

13. Q. **If the student only has an emergency plan, who should sign the document?**
- A. It would be best practice to have the emergency plan signed by the school nurse, administrator, and parents.
14. Q. **If an Individualized Health Care Plan is an attachment to the IEP or Section 504 plan must signatures also be included on the Individualized Health Care Plan?**
- A. No.

Confidentiality and Records

15. Q. **Where should the student's health records be kept?**
- A. This is a school district decision. The records must be maintained in a confidential manner in accordance with federal and state regulations and district policy.
16. Q. **Do school personnel have the right to know the diagnosis of a student's health condition?**
- A. No.
17. 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. No. Each student will be different; the team will decide what documentation is necessary.
18. Q. **Do all school personnel who have contact with a student have access rights to the student's school health records?**
- A. No. However, school staff , as appropriate, must be provided with the health information, as determined necessary, to ensure the student's health care needs are addressed in accord with district, state and federal policy and regulation.
19. Q. **May a school nurse distribute a list of health concerns for all students in a building to staff in that building?**
- A. No. Only those school staff who have a "need to know" should be provided information regarding health care concerns.

20. Q. **Where are the Individualized Health Care Plan and the Emergency Health Plan kept?**
- A. This is the district's decision. Generally, if there is a school nurse, the school nurse maintains the health records. Districts should have a cross reference system to ensure that all of a student's educational records, including health records, can be located. If the student is a special education student, it may be appropriate that the plan(s) be kept with the student's IEP.

Delegation

21. Q. **Who determines what nursing tasks can be delegated?**
- A. The Montana State Board of Nursing, through the Montana Nurse Practice Act. Questions regarding delegation of nursing tasks should be directed to the school nurse or to the Montana State Board of Nursing.
22. Q. **If an LPN delegates a procedure (within their scope of practice) but the supervising RN would not have chosen to delegate that procedure in those circumstances, who is accountable for the outcome? The RN or LPN?**
- A. The LPN is always accountable for the LPN's own practice. If they delegate inappropriately, they are accountable. The RN is never accountable for the LPN's practice unless the RN gives the LPN an inappropriate assignment. They both hold licenses and must perform accordingly. LPNs may delegate, but they are held to the same standard (e.g., training and evaluating the unlicensed person's ability to perform the task).
23. Q. **How can a school district provide for the health care needs of a student if the school doesn't employ a nurse?**
- A. School districts may contract with individual licensed professional nurses to provide full- or part-time nursing services for those students who require the services of a nurse.

Emergencies

24. Q. **How should the school district 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. In cases of school evacuation, there should be procedures for bringing out necessary medications.

25. **Q. Is the school district required to supply a portable generator as a precaution against power failure?**
- A. No. However, if a health planning team decides that back-up power is needed by a student that requirement should be addressed in the IHCP.
26. **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 required in case of an emergency.
27. **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 cannot make medical judgments.

Equipment

28. **Q. Are schools responsible for maintenance of medical equipment?**
- A. The school is responsible for the cost of maintaining equipment *provided by the school district*.

General Education

29. **Q. Who are the typical members of the school team when addressing health care issues?**
- A. The composition of the school health services planning team could be different depending on the student's unique needs and education services but usually would include, if appropriate, the student, school nurse, general education teacher(s), special education teacher(s) and parent(s), and others, as appropriate.

30. Q. Is the school obligated to provide special meals for a student with special diet needs?

- A. If the school provides food services to all students then the school food service staff must make food substitutions or modifications at no additional cost to students whose disability restricts their diet as defined in USDA's nondiscrimination regulations.

Medically prescribed supplements or dietary foods are the responsibility of the parent.

Medication Issues

31. Q. What is the school's responsibility if the parent does not meet their responsibility of providing required medical supplies or medications?

- A. First, meet with the parents to try to resolve the situation. If the problem persists and there is a safety risk to the student, the school should call the Department of Public Health and Human Services (DPHHS).

32. Q. Is a school district responsible for purchasing and supplying medication?

- A. No. It is the parents' responsibility to purchase and supply the medications for their student at school.

33. Q. Does the school have a responsibility for ensuring that a student remembers to take medication at school?

- A. Not necessarily. However, a student's age and disability may be factors the school needs to consider when developing the student's health care plan. For some students there may need to be procedures implemented to help ensure the student receives needed medications.

34. Q. Is it permissible to change the dosage of medication at the request of a parent, even though the licensed medical provider's (with prescriptive authority) order on the medication is different?

- A. No. If the dosage of medication is to be changed, it must be changed by a licensed medical provider.

35. Q. Can the school require a parent to have a student 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 student's life or health is in danger without medication, adequate steps should be taken to inform the parents and encourage them to seek medical care.
- 36. Q. When is it appropriate for a student to perform self-administration of medication?**
- A. The school should consider all of the following factors when allowing a student to self-administer medication:
1. Licensed medical provider recommendation;
 2. The student's competency and age to perform the procedures; and
 3. The school district policy on self-administration and controlled substance.

Parent Issues

- 37. 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 student's health condition.
- 38. Q. Can the school require the parent to come to school to provide for the health care needs of the student?**
- A. No. However, a school may employ the parent as a health care aide if the school wishes and the parent agrees.

Special Education

- 39. Q. Are health care goals and objectives required on a special education student's IEP?**
- A. No. However, the IEP team may decide that the student needs to learn how to address his/her own health care needs. In such a case, goals and objectives would be developed to address this identified need.
- 40. Q. Is the school obligated to provide an extended school year (ESY) program for a student who has a chronic health condition and who has missed a great deal of school?**
- A. The school should follow its policy regarding extended absences. In the case of a special education student, the IEP team must determine what is a free, appropriate public education (FAPE) for the student.

41. Q. Does school policy override state law?
- A. State and federal law would override school board policy.
42. Q. In the situation where a student's health care needs could be provided by the parent before or after the normal school day, can the school be required to provide those services during the school day?
- A. No. The school is obligated to provide only those health services that the licensed medical provider has determined must be provided during the course of the normal school day.



APPENDIX A

UNIVERSAL PRECAUTIONS AND INFECTION CONTROL

Each school district and other school entities should adopt routine procedures for handling blood or body fluids, including sanitary napkins, regardless of whether students or employees with HIV and hepatitis infections are known to be present. Refer to the OPI guidance document titled *Communicable Diseases: Model Policies and Procedures for HIV Education, Infected Students and Staff, and Work Site Safety (January 2003)* found on the OPI Web site at www.opi.state.mt.us/PDF/HIVED/HIVModelPolicies.

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 their 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 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 pinching the glove at the wrist and peeling it toward fingers. This will turn the glove inside out as it is pulled over the hand. Tuck the removed glove into the 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 at the wrist. Peel 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 procedure.

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).
- 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 this is 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, countertops)

- 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 (one-part bleach to 10-parts water) 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 (one-part bleach to 10-parts water) 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 is used that is appropriate for the water temperature.

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 gloves 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 gloves 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 a 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 (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 licensed medical provider for further care as outlined by the Centers for Disease Control and Prevention (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 inutero 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 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)

The laws and regulations that address student educational 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),
4. Section 504 of the Rehabilitation Act /Americans with Disabilities Act, and
5. Montana laws and administrative rules pertaining to special education.

Requirements

Each school district 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. Maintain separate special education records.
4. Establish written procedures for the destruction of confidential records.
5. Maintain a record of each request and each disclosure of personally identifiable information from the education records of a student (FERPA, Reg. 99.32).
6. Permit the parent of a student or an eligible student to inspect and review the educational records of the student. Schools must comply with a request within a reasonable time but in no case more than 45 days after the request has been made (FERPA, Reg. 99.11).
7. Amend the education records of a student upon an approved request by parent or eligible student. The request is authorized when 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 their right to a hearing (FERPA, Reg. 99.22).
8. 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).

9. 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.

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 unless there is a legally binding document that specifically removes that 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).

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

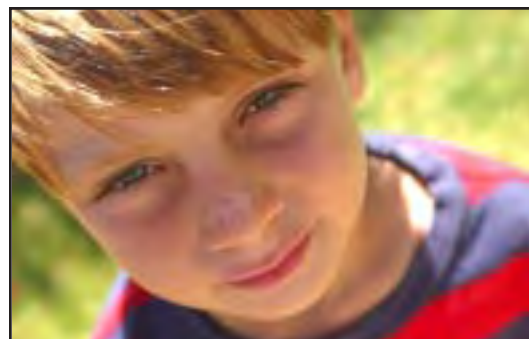
1. Under the IDEA/Part B regulations, the term "students" includes students ages zero through 21, including those who have not yet become students (i.e., pre-school or unserved). FERPA refers to "students" or "eligible students."
2. IDEA/Part B regulations apply to all agencies involved in the State's 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 students is required under IDEA/Part B, and the parents' right to access is more extensive.
4. The IDEA/Part B regulations concerning parental consent before release of personally identifiable information modify the FERPA requirements.
5. 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.
6. The severity of disability, in addition to the student's age, must be considered under IDEA/Part B regulations in connection with the transfer of privacy rights from a parent to an 18-year-old student.
7. 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.

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; and
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.

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 (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). Fees for personnel time to make copies may not be charged. A copy of a special education student's IEP and CST, however, must be provided at no cost to the student's parents.

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).

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 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 you coverage or charging you extra for coverage based on your or your 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.

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 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 child's education records. These rights transfer to the student when he/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.

<http://www.ed.gov/offices/OM/fpc/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; and
- 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 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 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 HIPAA.

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

Who must comply with HIPAA?

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

- Health plans
- Health care clearinghouses
- Health care providers who conduct certain financial and administrative transactions electronically. These electronic transactions are those for which standards have been adopted by the Secretary under 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.

<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 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).

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

Would education programs ever be subject to HIPAA?

You may need to contact DHHS to inquire about the applicability of HIPAA to records on non-students. However, students’ medical records and education records under FERPA are not subject to HIPAA and should not be disclosed to DHHS under 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 HIPAA. Educational institutions that do not receive federal funds that maintain any student medical records may also be subject to 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/>

- 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>

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

APPENDIX C

MONTANA LAWS AND RULES

Administrative Rules of Montana 8.32.1700-1713
Delegation
Current Administrative Rules are available from the
Secretary of State (406) 444-2055
Web site: www.sos.mt.gov

Introduction

The Board of Nursing was established by the Montana Legislature to protect the health, safety, and welfare of Montana citizens. The Legislature made statutes (laws) to establish the Board, and gave the Board rule-making authority to further define the specifics of its practice. While the statutes may only be changed by the Legislature, the rules change several times a year. When in doubt, contact the Board office for the most current rules. The Board office is located in Helena at 301 South Park Avenue, 4th floor, (406) 841-2340. The Board's laws and rules are also available on its Web site at www.discoveringmontana.com/dli/nur.

37-8-101. Purpose. In order to safeguard life and health, a person practicing or offering to practice:

(1) professional nursing in this state for compensation or personal gain is required to submit evidence that the person is qualified to practice and is licensed as provided in this chapter;

(2) practical nursing in this state for compensation or personal gain is required to submit evidence that the person is qualified to practice and is licensed as provided in this chapter; and

(3) as a medication aide in this state is required to submit evidence that the person is qualified to practice and is licensed as provided in this chapter.

History: En. Sec. 1, Ch. 243, L. 1953; amd. Sec. 1, Ch. 291, L. 1967; R.C.M. 1947, 66-1221(part); amd. Sec. 1, Ch. 448, L. 2003.

37-8-102. Definitions. Unless the context requires otherwise, in this chapter, the following definitions apply:

(1) "Advanced practice registered nurse" means a registered professional nurse who has completed educational requirements related to the nurse's specific practice role, in addition to basic nursing education, as specified by the board pursuant to [37-8-202\(5\)\(a\)](#).

(2) "Board" means the board of nursing provided for in [2-15-1734](#).

(3) "Department" means the department of labor and industry provided for in Title 2, chapter 15, part 17.

(4) "Medication aide" means a person who uses standardized procedures in the administration of drugs, as defined in [37-7-101](#), in an assisted living facility that are prescribed by a physician, an advanced practice registered nurse with prescriptive authority, a dentist, an osteopath, or a podiatrist authorized by state law to prescribe drugs.

(5) "Nursing education program" means any board-approved school that prepares graduates for initial licensure under this chapter. Nursing education programs for:

(a) professional nursing may be a department, school, division, or other administrative unit in a junior college, college, or university;

(b) practical nursing may be a department, school, division, or other administrative unit in a vocational-technical institution or junior college.

(6) "Practice of nursing" embraces the practice of practical nursing and the practice of professional nursing.

(7) (a) “Practice of practical nursing” means the performance of services requiring basic knowledge of the biological, physical, behavioral, psychological, and sociological sciences and of nursing procedures. Practical nursing practice uses standardized procedures in the observation and care of the ill, injured, and infirm, in the maintenance of health, in action to safeguard life and health, and in the administration of medications and treatments prescribed by a physician, advanced practice registered nurse, dentist, osteopath, or podiatrist authorized by state law to prescribe medications and treatments. These services are performed under the supervision of a registered nurse or a physician, dentist, osteopath, or podiatrist authorized by state law to prescribe medications and treatments.

(b) These services may include a charge-nurse capacity in a long-term care facility that provides skilled nursing care or intermediate nursing care, as defined in 50-5-101, under the general supervision of a registered nurse.

(8) “Practice of professional nursing” means the performance of services requiring substantial specialized knowledge of the biological, physical, behavioral, psychological, and sociological sciences and of nursing theory as a basis for the nursing process. The nursing process is the assessment, nursing analysis, planning, nursing intervention, and evaluation in the promotion and maintenance of health, the prevention, casefinding, and management of illness, injury, or infirmity, and the restoration of optimum function. The term also includes administration, teaching, counseling, supervision, delegation, and evaluation of nursing practice and the administration of medications and treatments prescribed by physicians, advanced practice registered nurses, dentists, osteopaths, or podiatrists authorized by state law to prescribe medications and treatments. Each registered nurse is directly accountable and responsible to the consumer for the quality of nursing care rendered. As used in this subsection (8):

(a) “nursing analysis” is the identification of those client problems for which nursing care is indicated and may include referral to medical or community resources;

(b) “nursing intervention” is the implementation of a plan of nursing care necessary to accomplish defined goals.

History: En. Sec. 2, Ch. 243, L. 1953; amd. Sec. 2, Ch. 291, L. 1967; amd. Sec. 114, Ch. 350, L. 1974; amd. Sec. 1, Ch. 180, L. 1975; R.C.M. 1947, 66-1222; amd. Sec. 4, Ch. 248, L. 1981; amd. Sec. 3, Ch. 274, L. 1981; amd. Sec. 1, Ch. 504, L. 1989; amd. Sec. 1, Ch. 584, L. 1993; amd. Sec. 25, Ch. 308, L. 1995; amd. Sec. 1, Ch. 136, L. 1997; amd. Sec. 117, Ch. 483, L. 2001; amd. Sec. 12, Ch. 54, L. 2003; amd. Sec. 1, Ch. 317, L. 2003; amd. Sec. 2, Ch. 448, L. 2003.

(Compilers’ Comments)

2003 Amendments-Composite Section: Chapter 317 in definition of practice of nursing at end substituted “the practice of practical nursing and the practice of professional nursing” for “two classes of nursing service and activity, as follows”; in definition of practice of practical nursing in (a) and in definition of practice of professional nursing near beginning after “the performance” deleted “for compensation”; and made minor changes in style. Amendment effective April 14, 2003.

Chapter 448 inserted definition of medication aide; and made minor changes in style. Amendment effective October 1, 2003.

Name Change: Pursuant to sec. 12, Ch. 54, L. 2003, a name change section, the code commissioner in definition of medication aide substituted “assisted living facility” for “personal-care facility.”

37-8-103. Exemptions — limitations on authority conferred. (1) This chapter may not be construed as prohibiting:

- (a) gratuitous nursing by friends or members of the family;
- (b) incidental care of the sick by domestic servants or persons primarily employed as housekeepers;
- (c) nursing assistance in the case of an emergency;
- (d) the practice of nursing by students enrolled in approved nursing education programs;
- (e) the practice of nursing in this state by any legally qualified nurse of another state whose engagement requires the nurse to accompany and care for a patient temporarily residing in this state during the period of one engagement not to exceed 6 months in length, provided that person does not represent to the public that the person is a nurse licensed to practice in this state;
- (f) the practice of any legally qualified nurse of another state who is employed by the United States government or any bureau, division, or agency of the United States while in the discharge of that nurse's official duties;
- (g) nursing or care of the sick, with or without compensation, when done in connection with the practice of the religious tenets of any well-established religion or denomination by adherents of the religion or denomination;
- (h) nursing or care of a minor who is in the care of a licensed foster parent, to the same extent that the care may be provided by a parent or guardian;
- (i) the execution of a death sentence pursuant to [46-19-103](#);
- (j) nursing tasks delegated by licensed nurses to unlicensed persons according to rules adopted by the board; and
- (k) the provision of nutrition, inclusive of supplements and medications prescribed by a physician, an advanced practice registered nurse, or a physician assistant-certified, to be administered to an individual through a gastrostomy or jejunostomy tube by a parent, guardian, foster parent, surrogate parent, other family member, or individual, regardless of compensation, who is authorized and trained by the individual receiving the nutrition, inclusive of supplements and prescribed medications, or who is authorized and trained by a parent, guardian, foster parent, surrogate parent, or other adult family member. The exemption in this subsection (1)(k) does not apply to provision of nutrition, inclusive of supplements and prescribed medications, in a licensed facility that provides skilled nursing care as provided in Title 50, chapter 5.

(2) This chapter may not be construed:

- (a) as conferring any authority to practice medicine, surgery, or any combination of medicine or surgery;
- (b) to confer any authority to practice any of the healing arts prescribed by law to be practiced in the state of Montana; or
- (c) to permit any person to undertake the treatment of disease by any of the methods employed in the healing arts unless the licensee has been qualified under the applicable law or laws licensing the practice of those professions or healing arts in the state of Montana.

(3) (a) This chapter may not be construed to apply to a personal assistant performing health maintenance activities and acting at the direction of a person with a disability.

(b) The following definitions apply to this subsection:

(i) “Health care professional” means an individual licensed pursuant to Title 37 as a physician assistant-certified, advanced practice registered nurse, registered nurse, or occupational therapist or a medical social worker working as a member of a case management team for the purposes of the home- and community-based services program of the department of public health and human services.

(ii) “Health maintenance activities” includes urinary systems management, bowel treatments, administration of medications, and wound care if the activities in the opinion of the physician or other health care professional for the person with a disability could be performed by the person if the person were physically capable and if the procedure may be safely performed in the home.

(iii) “Physician” means an individual licensed pursuant to Title 37, chapter 3.

History: En. Sec. 22, Ch. 243, L. 1953; amd. Sec. 7, Ch. 291, L. 1967; amd. Sec. 4, Ch. 101, L. 1977; R.C.M. 1947, 66-1242; amd. Sec. 1, Ch. 148, L. 1979; amd. Sec. 5, Ch. 248, L. 1981; amd. Sec. 2, Ch. 411, L. 1983; amd. Sec. 2, Ch. 584, L. 1993; amd. Sec. 2, Ch. 525, L. 1995; amd. Sec. 1, Ch. 454, L. 2001.

Cross-References

Exemptions from physician’s licensing requirements, 37-3-103.

Part Cross-References

Right to know, Art. II, sec. 9, Mont. Const.

Seal defined, 1-4-201.

Manner of making seal, 1-4-202.

Meeting defined, 2-3-202.

Adoption and publication of rules, Title 2, ch. 4, part 3.

Contested case procedure, Title 2, ch. 4, part 6.

Public records, Title 2, ch.6.

Allocation of boards for administrative purposes, 2-15-121.

Quasi-judicial boards, 2-15-124.

Duties of Attorney General, 2-15-501.

Board established, 2-15-1734.

Open meetings, Title 3, ch. 3, part 2.

Preservation of records, Title 22, ch. 3, part 2.

Sub-Chapter 17

Delegation and Assignment

8.32.1701 PURPOSE (1) Every nurse is accountable as an individual for practicing according to the statutes and rules for nursing in Montana. Each nurse is responsible and accountable—for delegation in compliance with this subchapter.

(2) A licensed nurse may delegate specific nursing tasks to unlicensed persons in accordance with these rules. Delegating of nursing tasks to unlicensed persons will be task-specific, patient-specific, and unlicensed person delegatee-specific. (History: Sec. 37-8-202, MCA; NEW, Sec. 37-8-202, MCA; IMR, 1994 MAR p. 1424, Eff. 5/27/94.)

8.32.1702 NURSING TASKS THAT MAY BE DELEGATED

(1) Nursing tasks that may be delegated are as follows:

(a) administration of medications as provided in this subchapter. (History: Sec. 37-8-202, MCA; IMR, Sec. 37-8-202, MCA; NEW, 1994 MAR p. 1424, Eff. 5/27/94; NEW, 2000 MAR p. 458, Eff. 2/11/00; NEW, 2001 MAR p. 2152, Eff. 10/26/01.)

8.32.1703 DEFINITIONS The following words and terms as used in this chapter have the following meanings:

(1) “Activities of daily living” means the daily routine non-skilled activities performed for grooming, toileting, and ambulation such as bathing, dressing, grooming, routine hair and skin care, meal preparation, oral feeding, exercising, transfer/ambulation, and assistance with self-administered medications.

(2) “Assign” means giving to another person a task within the person’s area of service and activity.

(3) “Community based residential setting” means a setting in which the client lives in his/her own home or apartment, home of a relative, a foster home, a group home, or a retirement home .

(4) “Delegatee” means the person receiving the delegation.

(5) “Delegation” means the transfer of responsibility for the performance of a task from a licensed individual to a competent unlicensed individual while retaining accountability for the outcome.

(6) “Delegator” means the person making the delegation.

(7) “Judgment” means the intellectual process that a nurse exercises in forming an opinion and reaching a clinical decision based upon an analysis of the evidence or data.

(8) “Supervision” means the 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 and accountability of the nurse.

(9) “Unlicensed person” means any individual who is not a currently licensed nurse or does not have a license to perform skills usually performed by nurses. These individuals function

in a complimentary or assistive role to the licensed nurse in providing direct patient care or carrying out common nursing functions. (History: Sec. 37-8-202, MCA; IMR, Sec. 37-8-202, MCA; NEW, 1994 MAR p. 1424, Eff. 5/27/94.)

8.32.1704 SETTINGS WHERE DELEGATING IS APPROPRIATE

(1) Delegation of nursing tasks by nurses to unlicensed persons is permitted in the following settings only:

(a) schools;

(b) Montana state prison (Conley Road, Deer Lodge campus), women's correctional center;

(c) community based residential settings not subject to the licensure requirements of a health care facility as found in 50-5-101, MCA;

(d) personal care home;

(e) hospice residential facility.

(2) Delegation of nursing tasks by nurses to unlicensed persons is never appropriate in the following settings:

(a) acute care settings such as hospitals, clinics, physician offices, surgery centers, or other facility subject to 50-5-101, MCA, except as provided above.

(b) nursing home, skilled care facility or other long term care facility. (History: Sec. 37-8-202, MCA; IMR, Sec. 37-8-202, MCA; NEW, 1994 MAR p. 1424, Eff. 5/27/94.)

8.32.1705 CRITERIA FOR DELEGATION—DELEGATION OF NURSING TASKS TO UNLICENSED PERSONS SHALL COMPLY WITH THE FOLLOWING CRITERIA

(1) The nursing task to be delegated must be within the area of responsibility and scope of practice of the nurse delegating the act.

(2) The nursing task must be one that a reasonable, prudent nurse would find is within the scope of sound nursing judgment to delegate.

(3) The nursing task must be one that can be properly and safely performed by the unlicensed person involved without jeopardizing the patient's welfare.

(4) The nursing task delegated by the nurse must not require the unlicensed person to exercise nursing judgment or intervention except in an emergency situation.

(5) When delegating a nursing task to an unlicensed individual the nurse shall:

(a) make an initial assessment of the patient's nursing care needs before delegating the task;

(b) either instruct the unlicensed person in the delegated task or verify the unlicensed person's competency to perform the nursing task for that patient;

(c) supervise the performance of the delegated nursing task in accordance with ARM 8.32.1706;

(d) evaluate the performance of the delegated task;

(e) document the unlicensed person's competency in performing the task, teaching, supervision, evaluation, and outcome in the client file.

(6) The nursing task delegated by the nurse must be a specific task for a specific patient to a specific unlicensed, delegatee in the specific setting.

(7) Delegated nursing tasks may not be transferred from one unlicensed delegatee to another, from one patient to another, or from one nursing task to another. The entire pro-

cess in this section must be carried out for each nursing task, patient and delegatee (History: Sec. 37-8-202, MCA; IMR, Sec. 37-8-202, MCA; NEW, 1994 MAR p. 1424, Eff. 5/27/94.).

8.32.1706 SUPERVISION

(1) The degree of required supervision by the nurse of the unlicensed person shall be determined by the nurse after an evaluation of appropriate factors involved including, but not limited to, the following:

- (a) the stability of the condition of the patient;
- (b) training and capability of the unlicensed person to whom the nursing task is delegated;
- (c) the nature of the nursing task being delegated;
- (d) the proximity and availability of the nurse to the unlicensed person when the nursing task will be performed.

(2) The delegating nurse or another qualified nurse shall be readily available either in person or by telecommunication.

(3) Unless otherwise provided in this section or indicated by the situation, the nurse responsible for nursing care of the patient shall make a supervisory visit at least monthly to:

- (a) evaluate the patient's health status;
- (b) evaluate the performance of the delegated nursing task;
- (c) determine whether goals are being met;
- (d) determine the appropriateness of continuing delegation of the task. (History: Sec. 37-8-202, MCA; IMR, Sec. 37-8-202, MCA; NEW, 1994 MAR p. 1424, Eff. 5/27/94.)

8.32.1707 NURSING FUNCTIONS

(1) The following nursing functions require nursing knowledge, judgment, and skill and may not be delegated:

- (a) the initial nursing assessment or intervention;
- (b) development of the nursing diagnosis;
- (c) the establishment of the nursing care goal;
- (d) development of the nursing care plan;
- (e) evaluation of the patient's progress, or lack of progress toward goal achievement;
- (f) any nursing intervention that requires nursing knowledge, judgment, and skill.

(History: Sec. 37-8-202, MCA; IMR, Sec. 37-8-202, MCA; NEW, 1994 MAR p. 1424, Eff. 5/27/94.)

8.32.1708 NURSING TASKS RELATED TO ADMINISTRATION OF MEDICATIONS THAT MAY BE DELEGATED

(1) Administration of medication is a nursing function. As such, the nurse retains full responsibility for medication administration.

(2) The nurse may delegate administration of medication tasks in accordance with this section.

(3) The following activities related to medication administration may not be delegated except as provided in subsection below;

- (a) calculation of any medication dose;
- (b) administration of medications by injection route;

(c) administration of medications used for intermittent positive pressure breathing or other methods involving medication inhalation treatments;

(d) administration of medications by way of a tube inserted in a cavity of the body.

(4) administration of medication may only be delegated by the nurse as provided in ARM 8.32.1705 and 8.32.1707 and when limited to:

(a) pharmacy or authorized prescribed prepared medication via inhalant dispenser;

(b) oral medication taken from a prefilled labeled medication holder, labeled unit dose container, or original marked and labeled container from the pharmacy for the patient;

(c) oral medication from (3) (a) above that needs to be measured for liquid medication or a tablet broken for administration provided the nurse has calculated the dose;

(d) suppository medication taken from a prefilled labeled medication holder, labeled unit dose container, or original marked and labeled container from the pharmacy for the patient.

(History: Sec. 37-8-202, MCA; IMR, Sec. 37-8-202, MCA; NEW, 1994 MAR p. 1424, Eff. 5/27/94.)

8.32.1709 GENERAL NURSING TASKS THAT MAY NOT BE DELEGATED

(1) By way of example, but not in limitation, the following are nursing tasks that are not within the scope of nursing judgment to delegate to an unlicensed person:

(a) sterile procedures involving a wound or an anatomical site which could potentially become infected;

(b) non-sterile procedures such as dressing or cleansing penetrating wound or deep burns;

(c) invasive procedures such as inserting tubes in a body cavity;

(d) instilling or inserting substances into an indwelling tube except administration of a gastrostomy tube feeding in settings other than a licensed facility that provides skilled nursing care as provided in Title 50, chapter 5, MCA;

(e) care of broken skin other than minor abrasions or cuts generally classified as requiring only first aid treatment;

(f) removing tubes or other foreign materials. (History: Sec. 37-8-202, MCA; 1MR, Sec. 37-8-202, MCA; NEW, 1994 MAR p. 1424, Eff. 5/27/94; NEW, 2000 MAR p. 458, Eff. 2/11/00; NEW, 2001 MAR p. 2152, Eff. 10/26/01.)

8.32.1710 PATIENT HEALTH TEACHING AND HEALTH COUNSELING

(1) It is the responsibility of the nurse to promote patient education and to involve the patient and significant others in implementation of appropriate health goals.

(2) Unlicensed individuals may provide information to the patient; however, ultimate responsibility for patient health teaching and health counseling resides with the professional nurse as it relates to nursing and nursing services. (History: Sec. 37-8-202, MCA; IMR, Sec. 37-8-202, MCA; NEW, 1994 MAR p. 1424, Eff. 5/27/94.)

8.32.1711 LIABILITY

(1) The delegating nurse is responsible for delegating appropriately and to a competent delegatee. The delegating nurse will be liable for the act of delegating and for the supervision provided. (History: Sec. 37-8-202, MCA; IMR, Sec. 37-8-202, MCA; NEW, 1994 MAR p. 1424, Eff. 5/27/94.)

8.32.1712 TASKS WHICH MAY BE ROUTINELY ASSIGNED TO AN UNLICENSED PERSON IN ANY SETTING WHEN A NURSE-PATIENT RELATIONSHIP EXISTS

(1) The following are tasks that are not within the exclusive scope of a licensed nurse's practice and may be within the scope of sound nursing practice to be assigned to an unlicensed person. Assignment is defined at ARM 8.32.1703, and is determined by the licensed nurse if in her/his nursing judgment the health and welfare of the patient would be protected and the task could safely be assigned to an unlicensed person. Changes in the patient's condition may require that tasks assigned may need to be changed when they can no longer be safely performed by an unlicensed person.

(a) non-invasive and non-sterile treatments unless otherwise prohibited in this section,

(b) the collecting, reporting, and documentation of data including, but not limited to:

(i) vital signs, height, weight, intake and output;

(ii) changes from baseline data established by the nurse;

(iii) environmental situations;

(iv) patient or family comments relating to the patient's care;

(v) behaviors related to the plan of care.

(c) ambulation, positioning, and turning,

(d) personal hygiene and elimination,

(e) oral feeding, cutting up food, or placing of meal trays,

(f) socialization activities,

(g) activities of daily living,

(h) assisting with self-administration of medications where the following acts are used:

(i) verbal suggestions, prompting, reminding, gesturing, or providing a written guide for self-administering medications;

(ii) handing a prefilled, labeled medication holder, labeled unit dose container, syringe, or original marked, labeled container from the pharmacy to the patient;

(iii) opening the lid of the above container for the patient;

(iv) guiding the hand of the patient to self-administer the medication;

(v) holding and assisting the patient in drinking fluid to assist in the swallowing of oral medications;

(vi) assisting with removal of a medication from a container for residents with a physical disability which prevents independence in the act. (History: Sec. 37-8-202, MCA; IMR, Sec. 37-8-202, MCA; NEW, 1994 MAR p. 1424, Eff. 5/27/94.)

8.32.1713 NURSING TASKS RELATED TO GASTROSTOMY FEEDING THAT MAY BE DELEGATED

(1) Feeding via a gastrostomy tube is a nursing function. As such, the nurse retains full responsibility for such feeding administration.

(2) Administration of gastrostomy tube feeding may only be delegated by the nurse as provided in ARM 8.32.1705 and 8.32.1707.

(3) The following activities related to gastrostomy tube feeding may not be delegated:

(a) calculation of any nutritional formulas; or

(b) administration of medications by way of the gastrostomy tube. (History: Sec. 37-8-202, MCA; IMR, Sec. 37-8-202, MCA; NEW, 2000 MAR p. 458, Eff. 2/11/00.)

APPENDIX D

ADMINISTRATION OF MEDICATION POLICY AND DO NOT RESUSCITATE (DNR) POLICY

- Montana State-Level School Health Policies
- National Association of School Nurses Position Statement on Medication in the School Setting
- School District Example: Administration of Medication
- School District Example: “Do Not Resuscitate” Orders (DNR) and Other Forms of Emergency Care

Montana State-Level School Health Policies

Curriculum and Instruction

Health Education

In Montana, elementary, middle/junior high, and high school students are required to take health education courses per standards for school accreditation outlined in Administrative Rule 10.54.2501 (2000). Administrative Rule 10.55.905 (2000) requires high school students to complete one unit of health education, with one-half unit each year, for two years.

With Administrative Rule 10.54.7010-7073 (1999), the Montana Board of Public Education adopted standards for health education for grade levels (by end of grade 4, 8 and 12). The state does not require schools to follow a specific curriculum; however, suggested frameworks, the Health Enhancement Curriculum Guides K-6 (2000) and the Health Enhancement Curriculum Guides 7-12 (2000), are available to schools. Students are not required to pass a statewide exam covering health education topics at any point in grades K-12.

HIV, STD, and Pregnancy Prevention Education

The Montana Board of Public Education's Position Statement on HIV/AIDS (1999) says that, "All Montana school districts are strongly encouraged to develop appropriate communicable disease policies that specifically include HIV and AIDS, and which address age-appropriate education, rights and accommodations of students and staff who are infected, and safety procedures." The Montana Office of Public Instruction and the Montana School Boards Association have jointly published "Communicable Diseases: Model Policies and Procedures for HIV Education, Infected Students and Staff, and Work Site Safety" (2003) that contains specific policy language for local school districts to consider.

HIV prevention, though not STD or pregnancy prevention, is addressed in Administrative Rules 10.54.7011, 7012, and 7013 through the benchmarks for the health enhancement content standards for students at the end of grades 4, 8, and 12. The state does not require schools to follow a specific curriculum for such instruction, but suggested frameworks, the Health Enhancement Curriculum Guides K-6 (2000) and the Health Enhancement Curriculum Guides 7-12 (2000), are available to schools.

The state does not require parents to grant permission for participation in sex education, nor does it allow parents to request that a student be exempt. Montana does not provide state funds for school-related HIV, STD, or teen pregnancy prevention activities.

Asthma Awareness Education

The state does not require students to receive instruction on asthma education.

Tobacco Use Prevention Education

The state does not specifically require students to receive instruction on tobacco use prevention education.

Staff

Pre-service Requirements for Health Educators

The minimum requirement for prospective health teachers in elementary and middle grades prior to licensure is a bachelor's degree, with no additional coursework in health.

For prospective health teachers in high school, a candidate is required to minor in health, in addition to a bachelor's degree. The specific details of licensure are outlined in Administrative Rule 10.57 (2002). State Code 20-25-603 (1971) requires that all education degree students "must have successfully completed a course in health education to include drug and alcohol education and abuse prior to being awarded his [sic] degree."

Professional Development Requirements for Educators on Health Topics

Montana does not require health education teachers to participate in on-going professional development covering health education topics, nor does the state require all teachers to participate periodically in professional development covering health education topics.

Pre-service Requirements for School Nurses

State Code 37-8-405 (1983) requires the completion of an approved school of nursing program, the possession of a high school diploma, and the passing of the NCLEX-RN examination for licensure as a registered nurse.

Student Services

Administration of Medications

Montana does not have a policy regarding the administration of medications. State Code 20-3-324 (1997) does, however, give a licensed medical provider or a registered nurse the responsibility to inspect the sanitary conditions of a school or the general health conditions of each pupil, and make health records available to any parent or guardian upon request.

HIV, STD, and Pregnancy Testing and Counseling

Montana does not require schools or districts to provide voluntary HIV, STD, or pregnancy testing to students. Further, the state does not require or prohibit schools or districts from providing voluntary HIV, STD, or pregnancy counseling to students. State law also does not prohibit teachers or counselors from discussing any topics with students.

Identifying Students with Asthma

Montana does not require schools or districts to identify students with asthma.

Hepatitis B (HBV) Immunization

Montana does not require students to be immunized for Hepatitis B (HBV).

Accommodations

Staff with HIV

Montana has no mandatory state law or administrative rule that addresses staff with HIV. However, the Montana Office of Public Instruction and the Montana School Boards Association have jointly published “Communicable Diseases: Model Policies and Procedures for HIV Education, Infected Students and Staff, and Work Site Safety” (2003) that contains policy language for local school districts to consider.

Students with HIV

Montana has no mandatory state law or administrative rule that addresses attendance for students with HIV. However, the Montana Office of Public Instruction and the Montana School Boards Association have jointly published “Communicable Diseases: Model Policies and Procedures for HIV Education, Infected Students and Staff, and Work Site Safety” (2003) that contains policy language for local school districts to consider.

Pregnant or Parenting Students

Montana has no state law or administrative rule that addresses attendance for pregnant or parenting students, nor does the state require districts to offer alternative programs for such students.

Individual Health Plans for Students

State Code 20-7-402 (1991) requires student study teams to identify disabilities and include them in an individualized education program. Administrative Rule 10.16.3018 (2000) and State Code 20-7-401 (1995) also define “other health impairments” under the Indi-

viduals with Disabilities Education Act to include a student with a chronic or acute health problem and requires a medical diagnosis of the health problem.

Environment

Reduction of Asthma Triggers

State Code 80-8-404 (1993) requires the department of agriculture to develop a model school integrated pest management safety program that includes information on pests, environmental concerns, and recommendations for protecting school students from exposure to pesticides and the potential acute and chronic health effects. Further, State Code 80-8-107 (1997) requires school building operators to post notices of pesticide application at each access to the room.

State Code 50-1-206 (1977) mandates the department of health to adopt regulations setting requirements for school sites concerning the health and physical well-being of pupils, teachers, and others visiting the school.

Montana does not have any other specific policies addressing the reduction of asthma triggers, such as air quality and construction or renovation of school facilities.

Tobacco Use

State Codes 20-5-411 (1995) and 20-1-220 (1997) prohibit the use of tobacco products in a public school building or property during school hours.

Coordination/Implementation

Coordinating or Advisory Councils

The state does not mandate the formation of a school health coordinating or advisory council. However, Montana has a Joint Committee for Healthy Kids (a joint SEA/SHA committee).

School Health Program Coordinators

Montana does not require schools or districts to designate a school health program coordinator.

Confidentiality of School Health Records

Appendix D of the Montana School Accreditation Standards & Procedures Manual states that a student's cumulative record includes the student's health records, and that such

records must be handled in compliance with FERPA. Appendix D also requires each school district or educational agency to adopt an education records policy that meets the standards of FERPA.

Limitations on Student Surveys

Montana does not have a policy limiting the number of student surveys, although Montana officials report that there is a working agreement among the State Education Agency (SEA), the State Health Agency (SHA), and schools that the SEA and SHA will not conduct more than one statewide student survey per academic year.



Handling and Administration of Medication



Each school district should have policies governing the handling and administration of medication that is in accordance with all other applicable state and federal laws and rules regarding medications. These policies regarding medication should require a signed licensed medical provider's order and written parental consent.

Licensed medical provider's orders should include the student's name, date, the medication, dosage and possible side effects. Any order for an "as needed" (PRN) prescription must be accompanied by very specific instructions from the licensed medical provider.

Forms for the administration of medication are included in the appendix.

It is recommended that school district medication policies require:

- **Current, signed parent or guardian consent**
- **Current, signed licensed medical provider's order**
- **Properly labeled pharmaceutical container**
- **Initial dose to be administered at home, licensed medical provider's office or hospital**
- **renewal of parent/guardian consent and licensed medical providers order at the start of each school year**
- **Plan for any required training (including merely informing)**
- **Clear statement of supply responsibility**
- **Strategy for dealing with problems caused by failure to receive medical supplies that parents/guardians are responsible for providing**
- **Emergency plan consistent with school's general emergency plan**

Medication should be stored under proper temperature and maintained in a locked storage.

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 students 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; and
- 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 healthcare 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 healthcare 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 receiving, 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 public during the administration of medications in the school setting.

References/Resources

American Academy of Pediatrics (1997). *Policy Statement. Guidelines for the administration of medication in school* (RE9328). *Pediatrics*, 92(3), 499-500. Retrieved on May 13, 2003 from <http://www.aap.org/policy/04524.html>

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- National Association of School Nurses (2001). *Position Statement. Alternative medicine use in the school setting*. Available at <http://www.nasn.org/positions/altermedi.htm>
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Adopted: 1993

Revised: September 1997

Revised: June 2003



School District Example: 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 licensed medical provider, dentist, nurse practitioner, or licensed medical provider’s assistant. Orders shall indicate the student’s name, medication, dose, 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, dose, 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.
 - f. Administered by a principal-designated school employee who shall receive annual training by a nurse in medication protocol and precautions.
2. For parents who request that their elementary students carry their own Epipens, insulin, or asthma inhalers, the licensed medical provider’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 them 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 licensed medical provider’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 telephone numbers of emergency contact persons. A nurse shall review the procedure for administering emergency medications with a school administrator and school personnel, as appropriate.
 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 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; and
 - 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. The school district may withdraw authorization for self-administration of medication at any time, in accordance with school district policy with parental notice.
 2. Violation of the district's medication 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 the school district's administration office.

National Association of School Nurses Position Statement on Do Not Resuscitate Orders (DNR)

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 Procedures Plan developed by the professional school nurse with involvement from the parents, administrators, licensed medical providers, 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 licensed medical provider'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 must receive appropriate training from district health services.

APPENDIX E

TRAINING AND RESOURCE MATERIALS

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

Training and Resource Materials

Video Training Tapes

The videos below are available at the Utah State Office of Education, (801) 538-7695.
Who Are the Students Being Born Today-Impact on the Future, 1992*
Care of Students with Asthma in Student Care and School Settings, 2001*
Care of Students with Diabetes in Student Care and School Settings, 2001*

* Available on loan from the Mountain Plains RRC Collection. Contact Information Services, (435) 752-0238 x19 or request the videos online at <http://www.usu.edu/mprrc>.

*Linking Medicine and Education for the Student 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, telephone (913) 842-9088.

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

School and Adolescent Health Resource Books and Brochures

Adolescent Health: State of the Nation, Division of Adolescent and School Health, National Center for Chronic Disease and Health Promotion, Centers for Disease Control and Prevention, Mail Stop K-33, 4770 Buford Highway, NE, Atlanta, GA 30341-3724

Accommodating Students with Special Dietary Needs in the School Nutrition Program, U.S. Department of Agriculture, Food, and Nutrition Service, <http://www.fns.usda.gov/cnd/guidance/special%20dietary%20needs.pdf>

Food Allergy and Anaphylaxis Network, 10400 Eaton Place, Suite 107, Fairfax, VA 22030-2208, 800-929-4040, www.foodallergy.org

A Guide for Vision Screening in California Public Schools, California State Department of Education, P O Box 271, Sacramento, CA 95802—Price \$5.50

Guidelines for the Delineation of Roles and Responsibilities for the Safe Delivery of Specialized Health Care in the Education Setting, Council for Exceptional Students, 1920 Association Drive, Reston, VA 22091-1589—Price \$5.00 Stock #R632

Guidelines for Meeting the Specialized Health Care Needs of Students, California State Department of Education, P O Box 271, Sacramento, CA 95802—Price \$7.00

Guidelines for Care: Students Assisted by Medical Technology in Educational Settings, Catalogue "C095," National Maternal and Student Clearinghouse, 8201 Greensboro Drive, Suite 600, McLean, VA 22102, Telephone: (703) 821-8955 Ext. 254—No charge for single copies.

Guidelines for School Nursing Documentation: Standards, Issues, and Models, National Association of School Nurses, Inc., Lamplighter Lane, P O Box 1300, Scarborough, ME 04070-1300

The National Pediculosis Association, 50 Kearney Road, Needham, MA 02494, 781-449-NITS, www.headlice.org, E-mail at npa@headlice.org

Health Care for Students with Disabilities, An illustrated Medical Guide for the Classroom, Paul H. Brooks Co., P O Box 10624, Baltimore, MD 21285-0624, ISBN #1-55766-0379-9—Approximately \$25.00

How Can I Tell You, by Mary Tasker. Advice of disclosing HIV diagnosis to infected students, Association of the Care of Student's Health, 7910 Wood Mont Avenue, Bethesda, MD 20814, Telephone: (301) 654-6549—Approximately \$20.00

Legal Issues in School Health Services: A Resource for School Administrators, School Attorneys, and School Nurses. Schwab, N. & Gelfman, M., North Branch, MN: Sunrise River Press. (2001)

Managing the School Age Student with a Chronic Health Condition, Sunrise River Press, 11481 Kost Dam Road, North Branch, MN 55056, Telephone: 1-800-895-4585—Price \$29.95; ISBN #0-937721-29-8

Managing Asthma: A Guide for Schools, The National Asthma Education Program Information Center, 4733 Bethesda Avenue, Suite 530, Bethesda, MD 20814-4820, (301) 592-8573

Montana Diabetes Project, Department of Public Health and Human Services, P O Box 202951, Helena, MT 59620, (406) 444-6677

Montana State Board of Nursing, 301 South Park Avenue, 4th Floor, P O Box 200513, Helena, MT 59620-0513, (406) 841-2340, www.discoveringmontana.com/dli/nur

Occupational Exposure to Bloodborne Pathogens: Implementing OSHA Standards in School Settings, by Beverly Bradley, Ph.D., R.N., National Association of School Nurses, Inc., Scarborough, MA 04074

School Health Policy and Practice, American Academy of Pediatrics, P O Box 927, 141 Northwest Point Blvd., Elk Grove Village, IL 60009-0927, ISBN # 0-910761-12-6

School Nursing, by Susan J. Wold. Sunrise River Press, 11484 Kost Dam Road, North Branch, MN 55056, Telephone: 1-800-894-4584, ISBN #1-55766-037-9—Price \$10.00

The School Nurse's Source Book of Health Care Plans, by Mary Kay Haas. Sunrise River Press, 11481 Kost Dam Road, North Branch, MN 55056, Telephone: 1-800-895-4585—Price \$39.95, ISBN #0-9624814-1-6

Guidelines for Care, Free Catalogue #C095, Write: National Maternal and Student Clearinghouse, 8201 Greensboro Drive, Suite 600, McLean, VA 22102, Telephone: (703) 821-8955 Ext. 254

Internet Resources

The American Academy of Pediatrics, 141 Northwest Point Boulevard, Elk Grove Village, IL 60007-1098, (847) 434-4000, Fax: (847) 434-8000, <http://www.schoolhealth.org/>

American Brain Tumor Association, 2720 River Road, Suite 146, Des Plaines, IL 60018, (800) 886-2282, Fax: (847) 827-9918, E-mail: info@abta.org, <http://www.abta.org>

American School Health Association (ASHA), 7263 State Route 43, P O Box 708, Kent, Ohio 44240, (330) 678-1601, Fax: (330) 678-4526, <http://www.ashaweb.org/>

Brain Injury Association of America, 105 N. Alfred Street, Alexandria, VA 22314, (703) 236-6000, Fax: (703) 236-6001, <http://www.biausa.org>

Brain Injury Association of Utah, 1800 South West Temple, Suite 206, Salt Lake City, UT 84115, E-mail: biau@sisna.com, <http://www.biau.org>

Epilepsy Foundation of America, 4351 Garden City Drive, Landover, MD 20785, Telephone: (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, 1350 Connecticut Ave., Suite 505, Washington, DC 20036, (202) 466-3396, Fax:(202) 466-3467, <http://www.healthinschools.org>

Food Allergy and Anaphylaxis Network, 10400 Eaton Place, Suite 107, Fairfax, VA 22030-2208, Telephone: (800) 929-4040, www.foodallergy.org

Health Resources and Services Administration, Maternal and Student Health Bureau, Parklawn Building Room 18-05, 5600 Fishers Lane, Rockville, MD 20857, <http://www.mchb.hrsa.gov/programs/default.htm>

Juvenile Diabetes Research Foundation, 432 Park Avenue, New York, NY 10016, Telephone: 1-800-JDF-CURE, www.jdf.org. Educational Materials at low cost or free/will send free packet on inquiry.

National Association of School Nurses (NASN), Western Office, 1416 Park Street, Suite A, Castle Rock, CO 80109, 1-866-627-6767 (1-866-NASN-SNS), <http://www.nasn.org>, E-mail: nasn@nasn.org

National Cancer Institute, (800) 4-Cancer, Fax: (301) 402-5874, <http://cancernet.nci.nih.gov>

National Resource Center for Youth Services, The University of Oklahoma, 202 W. Eighth, Tulsa, OK 74119, www.nrcys.ou.edu/default.htm. Catalog; educational materials for adolescents.

National Scoliosis Foundation, 72 Mount Auburn Street, Watertown, MA 02172, Telephone: (617) 926-0397, www.scoliosis.org. Information and Educational Materials

Journals

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, George Washington University Medical Center, 1350 Connecticut Avenue, NW, #505, Washington, DC 20036, <http://www.healthinschools.org/ejournal>



APPENDIX F

SAMPLE FORMS

This section contains sample forms to address the unique issues when serving students with health care needs. All forms can be modified and do not need to be used for each student. The forms used will be the decision of the health care planning team, based upon the student's unique needs.

Form Summary

Each student with 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 placed in a special education program, all other required special education paperwork must be completed.**

1. INFORMATION GATHERING FORM—Completed by the school liaison. Information is gathered from parents and health care professionals.
2. LICENSED MEDICAL PROVIDER'S ORDER/AUTHORIZATION FOR SPECIAL HEALTH CARE SERVICES TO BE PERFORMED AT SCHOOL—Gives detailed information from the licensed medical provider regarding specialized health care procedures and administration of medications. Also contains parent's signature.
3. 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.
4. EMERGENCY PROCEDURES AND EMERGENCY PLAN—Pertinent demographics and emergency information on the student. This form should be stapled to the health care and transportation plan.
5. TRANSPORTATION PLAN—Outlines issues and procedures for transporting the student. The bus driver, transportation aide, and substitute should have copies of this plan. The emergency procedures plan and health care plan should be attached.
6. PERSONNEL TRAINING PLAN FOR STUDENTS WITH HEALTH CARE NEEDS—Details training of key personnel and when follow-up is necessary.
7. DECISION GRID FOR REGISTERED PROFESSIONAL NURSES TO DELEGATE
8. ADMINISTRATION OF MEDICATION CHECKLIST—Will assist school districts in documenting the authorized medical care given to students.
9. DAILY LOG: MEDICATION/TREATMENT/PROCEDURE RECORD—Will assist school districts in documenting the authorized medical care given to students.

Information Gathering Form

This form is optional and determined by the individual school district or nurse.

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?			
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 health care needs (such as special precautions in lifting, special transportation, emergency plan, special safety equipment, special techniques for positioning, feeding)?			
REVIEWED BY			
Date Received	Signature		Title

Licensed Medical Provider Order/Authorization for 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. Describe Special Equipment Required (If Any)

VI. Describe Physical Limitations (If Any)

Authorization for Health Care Services to be Performed at School, Continued

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 student at school. I understand that qualified designated person(s) will be performing these health care services. I will notify the school immediately if my student'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. Licensed Medical Provider Authorization

As the licensed medical provider for _____ (Student's 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.

Licensed Medical Provider's Signature

Date

TO WHOM IT MAY CONCERN:

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

Signature of Parent or Guardian

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 _____

Licensed medical provider's order/authorization must accompany ONLY if the plan includes any medications to be dispensed or the administration of specialized procedures.

II. MEDICAL OVERVIEW

Health Condition(s) _____

Primary Health Care Provider _____

Medications _____

Possible side effects _____

Necessary health care procedures at school _____

Allergies _____

Other Important Information _____

- Transportation Plan attached.
- Training Plan attached.

Individualized Health Care Plan, Continued

III. BACKGROUND INFORMATION/NURSING ASSESSMENT

Brief Medical History Check if additional information is attached.
 Medical diagnosis attached.

Specific Health Care Needs Check if additional information is attached.

Developmental Abilities (Related to Health Concerns) Check if additional information is attached.

IV. HEALTH CARE ACTION PLAN

Attached licensed medical provider's order and other standards for care.

Procedures and Interventions (student specific)

Procedures	Administered by	Equipment	Maintained by	Auth/trained by

Medications taken during school hours: Check if additional information is attached.

Diet Check if additional information is attached

Individualized Health Care Plan, Continued

Safety Measures _____

Check if transportation plan is attached.

Equipment (list necessary equipment/supplies)	Provided by Parent	Provided by School
1.		
2.		

V. PARENT AUTHORIZATION FOR SPECIAL HEALTH SERVICES

We (I), the undersigned who are the parents/guardians of _____
(Student) (Birth Date)
 request and approve this Individualized Health Care and if needed, Emergency Procedures Plan.
 We (I) will notify the school immediately if the health care status of our (my) child changes.

_____ Signature _____ Date

Parent(s) _____

Student, if appropriate _____

Administrator or Designee _____

Teacher (s) _____

Family Licensed Medical Provider, if appropriate _____

School Nurse _____ Other _____

VI. INDIVIDUALIZED HEALTH CARE PLAN REVIEW

Next review date of Individual Health Care Plan _____

School Nurse Responsible _____

Name: _____

Date: _____

School Nurse: _____

Individualized Health Care Plan

Date	Health Need/ Nursing Diagnosis	Goals	Action/Intervention	Evaluation

Emergency Procedures Plan

Student's
Picture

Student _____ Birth Date _____

Address _____ Telephone _____

Parent _____ Work _____ Home _____

Parent _____ Work _____ Home _____

Other Contact _____ Telephone _____

Summary of medical information (e.g., medications, allergies, precautions, etc.)

Emergency Numbers (if applicable)

Preferred Hospital _____ Telephone _____

Primary Licensed Medical Provider _____ Telephone _____

Home Care Co. _____ Telephone _____

Medical Supplier Responsible for Maintaining Equipment _____

Specialists (if applicable)

_____ Telephone _____

_____ Telephone _____

Make in Triplicate:

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

Emergency Plan 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 9-1-1.
 - 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 plan procedures in place (Ex: 3-4 days' supply of medications, plans for equipment failure or power failure, etc.)

Transportation Plan

Student's Picture

Bus Driver: _____ Bus # _____

Student: _____

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

I. Transportation Staff Training

Describe Training:

Date training completed:

II. Adaptations/Accommodations Required Yes No

<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"/>
--	---	---

Transportation Plan (Continued)

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

III. Positioning or Handling Requirements Yes No

IV. Behavior Considerations Yes No

Describe

V. Student Specific Emergency Procedure

IF YOU SEE THIS	DO THIS

VI. Student Specific Emergency Procedure

Attach a copy of student's Emergency Procedures Plan, as appropriate.

School Personnel Training Plan for a Student with Health Care Needs

Student	DOB	School	Grade	Date
Staff to be trained		Name of training		
Instructor				
Date of training				
Describe training to be provided				
Training Completed				
Staff trained		Training Provided		
Instructor Signature				
Date of training				
Describe training provided				
Recommendation for follow-up review				

Decision Grid for Registered Professional Nurses to Delegate*

Task & Specific Patient Combination	Potential for Harm	Complexity of Task	Problem Solving/ Innovation Needed	Unpredictability of Outcome	Level of Interaction Required w/Client	TOTAL

Instructions: This grid can be used to evaluate activities considered for delegation to non-licensed 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.

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Administration of Medication Checklist

The following checklist is to help school districts determine if they are consistent with state law regarding the administration of medication.

YES	NO	The School
<input type="checkbox"/>	<input type="checkbox"/>	1. Has designated employees who may administer medication.
<input type="checkbox"/>	<input type="checkbox"/>	2. Has a policy for proper identification and safekeeping of medication.
<input type="checkbox"/>	<input type="checkbox"/>	3. Has provided training for designated employees.
<input type="checkbox"/>	<input type="checkbox"/>	4. Has a procedure for the maintenance of records for administration.
<input type="checkbox"/>	<input type="checkbox"/>	5. Has current parent or guardian written and signed permission for medication to be administered at school.
<input type="checkbox"/>	<input type="checkbox"/>	6. Has a copy of the student's health care provider's signed statement describing the method, amount, and time schedule for administration.
<input type="checkbox"/>	<input type="checkbox"/>	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.

Daily Log: Medication/Treatment/Procedure Record

I. Identifying Information

Student	DOB	School	Grade
Teacher		Name of Individual Administering Medication/Treatment	
Licensed Medical Provider		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

Medication/Treatment/Procedure Record (Continued)

III. Daily Log: Medication/Treatment/Procedure

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

I have been trained and understand the appropriate administration of these Medication/ Treatment/Procedures.

Signature:_____ Initials:_____ Date:_____

Signature:_____ Initials:_____ Date:_____

Signature:_____ Initials:_____ Date:_____

Signature:_____ Initials:_____ Date:_____

Signature:_____ Initials:_____ Date:_____

DAILY LOG

Student Name: _____ School: _____

Procedure(s): _____

Parent: _____ Telephone: _____

Date/Time	Procedure Notes	Observations	Name

ACCESS TO MANUAL

This manual can be downloaded from the Montana Office of Public Instruction Web site at

www.opi.mt.gov/health or

www.opi.mt.gov/speced



The OPI attempts to provide accommodations for any known disability that may interfere with a person participating in any service, program or activity of the office. Alternative accessible formats of this information will be provided upon request. For further information, call (406) 444-0829 or TDD (406) 444-0235.