

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

I. Description

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

II. Who should develop the IHP?

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

III. Major Components of the IHP

- A. The IHP is student-specific.
- B. **Diagnosis or condition**, stated in common terminology in order to inform school personnel about the underlying medical condition(s) resulting in needs for care.
- C. **Statement of assessment by the Registered Nurse**, updated periodically as the student matures and needs evolve. Such assessment may commonly include;

statement of age, stage of development, cognitive ability, communication ability, mobility (including special evacuation needs in the event of school emergency).

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

IV. **Documents Related to the IHP**

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

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

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

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

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

- A. For a student with health care needs at school who does not also qualify for special education under IDEA, the IHP may, in fact, serve as the basis or foundation of the 504 plan and may be adopted as such by the 504 team.
- B. The IHP provides a very important opportunity to establish the medical necessity and appropriateness of accommodations requested by the parent/guardian.

- C. Some students may need educational accommodations under Section 504, however, that are beyond the scope of the individualized healthcare plan, and these will need to be addressed in an expanded 504 plan. Examples of educational accommodations beyond the scope of an IHP may include, for example
1. The student who may require accommodations during educational testing (a student with diabetes must be excused from a test if needed for blood sugar testing, food or fluids, or other interventions. The student must not be prevented from leaving the test if such cares are indicated; the student may require specific accommodations in order to resume or retake the test).
 2. The student may require accommodations during classroom activities (again, if the student's participation is interrupted due to medical needs, some parents may request specific accommodations in order to assure the child receives full educational benefit of the activity)
 3. The student may experience excessive absence due to the medical condition.