

## Chapter 2: The Role of the Professional School Nurse

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### THE UNIQUE ROLE OF THE SCHOOL NURSE

School nursing, a specialized practice of public health nursing, protects and promotes student health, facilitates normal development, and advances academic success. School nurses, grounded in ethical and evidence-based practice, are the leaders that bridge health care and education, provide care coordination, advocate for quality student-centered care, and collaborate to design systems that allow individuals and communities to develop their full potentials. *Approved by the NASN Board of Directors June 2016*

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

*The American Academy of Pediatrics recognizes the important role school nurses play in promoting the optimal biopsychosocial health and well-being of school-aged children in the school setting. By understanding the benefits, roles, and responsibilities of school nurses working as a team with the school physician, as well as their contributions to school-aged children, pediatricians can collaborate with, support, and promote school nurses in their own communities, thus improving the health, wellness, and safety of children and adolescents.*

*Over the past century, the role of the school nurse has expanded to include critical components, such as surveillance, chronic disease management, emergency preparedness, behavioral health assessment, ongoing health education, extensive case management, and much more. Although the position has taken on a more comprehensive approach, the core focus of keeping students healthy and in school remains unchanged. School attendance is essential for academic success.*

*School nurses provide both individual and population health through their daily access to large numbers of students, making them well positioned to address and coordinate the health care needs of children and adolescents. The impact of social determinants of health are felt in the school setting and well known to school nurses. School nursing is a specialized practice of professional nursing that advances the well-being, academic success, and lifelong achievement and health of students. To that end, school nurses understand and educate about normal development; promote health and safety, including a healthy environment; intervene with actual and potential health problems; provide case-management services; and actively collaborate with physicians who work in schools, such as licensed health care advisors and team physicians, families, community service providers, and health care providers, to build student and family capacity for adaptation, self-management, self-advocacy, and learning*

*As more children with special health care needs attend school, the school nurse plays a vital role in disease management, often working closely with children and their parents to reinforce the medical home's recommendations and provide treatment(s) during the school day. Feedback mechanisms regarding student response to the treatment plan in school are critical to timely health care management in areas such as attention-deficit/hyperactivity disorder, diabetes, life-threatening allergies, asthma, and seizures as well as for the growing population of children with behavioral health concerns. School nurses play an important role in interpreting licensed health care provider recommendations within the educational environment and, for example, may participate in the development of action plans for epilepsy management and safe transportation of a child with special health care needs*

*School nurses are also participants in public health arenas, such as immunization, obesity prevention, substance abuse assessment, tobacco control, and asthma education. Their daily presence in the school setting further augments and potentiates the pediatrician's professional interventions with individual children and adolescents. Retrieved 5/1/2017 from <http://pediatrics.aappublications.org/content/137/6/e20160852>*

*AAP's policy statement on the role of the school nurse notes the core services school nurses should provide: 1) assessment of health complaints and medication administration, 2) a system for managing emergencies, 3) mandated screening programs, verification of immunizations, and reporting of infectious diseases, and 4) identification and management of students' chronic health care needs that affect educational achievement.<sup>27,28</sup> The NASN's position statement on the role of the school nurse states that the school nurse should provide health care for all children within the school setting through assessment, intervention, and follow-up. The school nurse also should address the health care needs of students to support their achievement in the learning process. Retrieved 5/1/2017 from [https://www.cdc.gov/healthyyouth/shpps/2012/pdf/shpps-results\\_2012.pdf](https://www.cdc.gov/healthyyouth/shpps/2012/pdf/shpps-results_2012.pdf)*

### **What do School Nurses do?**

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

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

### **What are the activities of a School Health Services Program?**

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

- Provide health screening and immunization monitoring.
- Control the spread of communicable disease.
- Provide individualized health care planning and direct care for children with special needs.
- Promote utilization of primary care and other community resources to promote health of children and families.

- Assure a healthy and safe school environment.
- Provide health education and health promotion activities.
- Provide a system for responding to crisis medical situations.
- Evaluate the health program periodically and identify new priorities and needs.

### ***Are School Nurses “required” in Nebraska?***

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

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

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

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

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

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

### ***What are the qualifications of a Nurse?***

A person using the title “nurse” or “school nurse” must possess a Nebraska license to practice nursing which is currently active and in good standing. Any member of the public can verify licensure information at the following website:

<https://www.nebraska.gov/LISSearch/search.cgi>

In Nebraska, the school nurse may be a Registered Nurse (RN) or Licensed Practical Nurse (LPN). In Nebraska, an RN is permitted to practice independently within the regulated scope of practice. An LPN is not allowed to practice independently. If an LPN, the school nurse must assure a relationship is in place to provide supervision and direction for the LPN by a Registered Nurse, Advance Practice Registered Nurse, or Licensed Health Care Provider. See Scope and Authority of the RN or LPN in Title 172 Professional and Occupational Licensure, Chapter 99 at [http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health and Human Services System/Title-172/Chapter-099.pdf](http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-099.pdf)

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

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

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

For more information: <http://www.dhhs.ne.gov/publichealth/Pages/schoolhealth.aspx>

402-471-1373

5/1/2017

## CERTIFICATION FOR SCHOOL NURSES

There are two types of certification available for school nurses:

### Nebraska State Certification

The Nebraska Department of Education provides *permissive* certification via a School Nurse Special Counseling Services Certificate issued to registered nurses with bachelor's degrees or higher employed by a school system in Nebraska. For further information, please call the Nebraska Department of Education, Certification Division: 1-402-471-0739, or go to the NDE Certification webpage:

[https://dc2.education.ne.gov/tc\\_interactive\\_ss/SpecialServicesNurse.aspx](https://dc2.education.ne.gov/tc_interactive_ss/SpecialServicesNurse.aspx)

### National Professional Certification

The National Association of School Nurses, Inc. (NASN), the specialty organization, also certifies school nurses through the National Board for Certification of School Nurses, Inc. (NBCSN). The website is:

<http://www.nbcsn.org/>

## SAMPLE JOB DESCRIPTION FOR A SCHOOL NURSE

In general, job descriptions are created by school districts for their employees. The scope of expectations for a school nurse is affected by whether the nurse is to be working full-time or part-time, assigned to one or more buildings, and whether responsibilities for staff wellness are included or excluded in the nurse's duties, just to name a few variables. However, the statements below provide some language to describe some of the more frequently-found school nurse duties in Nebraska.

### Anywhere, Nebraska Public Schools Sample School Nurse Job Description

**General Description:** The primary function of the school nurse is to strengthen the educational process through improvement and maintenance of the health status of students. The school nurse participates in school-wide health and safety planning and promotion. The school nurse assumes responsibilities for the implementation and leadership of the school health program.

**Qualifications:** Professional Registered Nurse or Licensed Practical Nurse currently licensed to practice in Nebraska. Bachelor's degree in nursing strongly recommended.

**Experience:** 3-5 years minimum experience in any one or combination of the following: pediatric nursing, emergency care nursing, public health, mental health nursing, school

nursing is recommended.

#### Essential Functions of the School Nurse:

1. Practices professional nursing in accordance with the parameters and requirements of the Nebraska Nurse Practice Act, state and federal laws and requirements, school policies and procedures, and recommended best practices for the nursing care of children at school.
2. Provides direct care to students, staff, and patrons as needed.
3. Provide supervision, direction, monitoring, and competency determination for the school's medication administration program, in accordance with Nebraska's Medication Aide Act and Nebraska Department of Education Rule 59.
4. Provides health instruction for individuals and groups.
5. Collects and analyzes relevant information and data using appropriate assessment techniques and shares screening data with the School Health Program Data Project.
6. Develops, in collaboration with parent/guardian and medical professionals, individualized health care plans for students with special needs.
7. Provides consultation, training, and instructions for school personnel regarding management of chronic health conditions and special health care needs at school.
8. Plans and conducts the annual School Health Screening program.
9. Participates in school safety planning and emergency response planning at school. Provides consultation on planning for medical emergencies at school.
10. Maintains accurate health records, reports, and documentation.
11. Follows federal laws in protecting student privacy and confidentiality (FERPA and HIPAA).
12. Collaborates with school administration and teachers in order to coordinate health services to complement the educational program.
13. Assists in the development of policies and procedures to benefit student health and safety.
14. Identifies health issues and priorities to the school administrator.
15. Supervise the activity of the health office in a professional manner, assuring quality practices, accountability, accuracy, and confidentiality.
16. Completes annual Immunization report to the DHHS Immunization Program

## **Scope and Standards of Practice for School Nursing**

### **Standards of School Nursing Practice**

Standard of Practice for School Nursing

Standard 1. Assessment

Standard 2. Diagnosis

Standard 3. Outcomes Identification

Standard 4. Planning

Standard 5. Implementation

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NE DHHS School Health Program

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Standard 5 A. Coordination of Care  
Standard 5 B. Health Teaching and Health Promotion  
Standard 5 C. Consultation  
Standard 5 D. Prescriptive Authority and Treatment  
Standard 6. Evaluation

## Standards of Professional Performance for School Nursing

Standard 7. Ethics  
Standard 8. Education  
Standard 9. Evidence-Based Practice and Research  
Standard 10. Quality of Practice  
Standard 11. Communication  
Standard 12. Leadership  
Standard 13. Collaboration  
Standard 14. Professional Practice Evaluation  
Standard 15. Resource Utilization  
Standard 16. Environmental Health  
Standard 17. Program Management

Retrieved 5/11/2017 from <http://nursesbooks.org/Table-of-Contents/Standards/School-Nursing-Scope-and-Standards-of-Practice.aspx>

## Framework for 21<sup>st</sup> Century School Nursing Practice

The Framework for 21<sup>st</sup> Century School Nursing Practice is student-centered nursing care that occurs within the context of the student's family and school community. It includes Standards of Practice that surround the student, family and school community in the areas of:

- Care Coordination
- Community/Public health
- Leadership
- Quality improvement
- Code of ethics
- Critical thinking
- Evidence-based practice
- NASN Position Statements
- Nurse Practice Act

These are the Standards of School Nursing Practice:

- Clinical Competence
- Clinical Guidelines
- Scope and Standards of Practice

Care Coordination

- Case management
- Chronic disease management
- Collaborative communication
- Direct care
- Education
- Interdisciplinary teams (MDT)



- Motivational interviewing/Counseling
- Nursing Delegation
- Student Care Plans
- Student-centered Care
- Student Self-empowerment
- Transition planning

#### Leadership

- Advocacy
- Change agents
- Education reform
- Funding and reimbursement
- Healthcare reform
- Lifelong learner
- Models of practice
- Technology
- Policy development and implementation
- Professionalism
- Systems-level leadership

#### Quality Improvement

- Continuous quality improvement
- Documentation/data collection
- Evaluation
- Meaningful health/academic outcomes
- Performance appraisal
- Research
- Uniform data set

#### Community/Public Health

- Access to care
- Cultural competency
- Disease prevention
- Environmental health
- Health education
- Health equity
- Healthy People 2020
- Health promotion
- Outreach
- Population-based care
- Risk reduction
- Screenings/referral/follow-up
- Social determinants of health
- Surveillance

For more information on the Framework for 21<sup>st</sup> Century School Nursing Practice, go to <https://www.nasn.org/nasn/nasn-resources/professional-topics/framework>

### **Application of the Nursing Process in School Health**

Characteristic of the practice of professional nursing is application of the nursing process, a systematic, logical, problem-solving framework that begins with assessment, information-gathering, and analysis. The nursing process forms the foundation for the nurse's decision-making and problem-solving. The nursing process is nowhere more necessary or evident than in the practice of school nursing.

The nursing process encompasses a sequence of steps that feeds back into itself for continuous quality improvement and adaptation to the needs of the client, school, or patient. The steps are:

- Assessment,
- Nursing Diagnosis,
- Outcomes identification,
- Planning,
- Implementation, and
- Evaluation.

When applied in a health office encounter, application of the nursing process results in documented assessment, interventions, and outcomes. When applied to the more complex needs of a child with special health care needs, the nurse creates an Individualized Healthcare Plan, or IHP. The nursing process can be applied to issues affecting the school community such as in emergency response planning. This will result in careful comprehensive contributions to written plans that will be used by key personnel.

### **Delegation Decisions in School Nursing Practice**

The Nurse Practice Act defines the practice of nursing as (among other criteria) including the execution of therapeutic regimens prescribed by any person lawfully authorized to prescribe. Title 172 NAC 99 Sections 004.01A through 004.01C clearly describe that only Registered Nurses licensed in accordance with the Nurse Practice Act may delegate interventions which can be performed by non-nurses. Individual tasks labeled as nursing provided in isolation by unlicensed persons functioning independently of the nurse is unlawful and constitutes the practice of nursing without a license. Practicing nursing is a crime punishable up to the level of a felony. School employees who are delegated caregivers for children with medical needs as a function of their employment fall under the scope of the Nurse Practice Act

The regulatory recommendations and the Nurse Practice Act for making delegation decisions looks specifically at distinguishing between non-complex and complex interventions.

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

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

Students who are not medically stable, who are new to the school environment (and consequently response to changing environments and exposures is unknown or unpredictable), and/or students who require complex interventions at school will require particular caution in your staffing decisions. When a child presents at school with medically-necessary cares that must be incorporated into the educational plan, a school nurse or other licensed nurse can be an essential asset in developing the plan of care, or individualized health care plan (IHP), including identifying the responsibilities of unlicensed school personnel.

A registered nurse must be involved in the delegation decision, because these procedures are to be provided at school, not home. Because the procedures will be assigned to a professionally licensed nurse or delegated to an unlicensed assistive person (UAP) as a function of employment by the school, the school is responsible for how the decisions of assignment are made and assuring state law and regulation are followed. Such decisions should be made lawfully for the safety and medical wellbeing of the student, and in accordance with the regulated practice of nursing in the state of Nebraska.

The regulations of 172 NAC 99 specifically do not apply to: a) persons who perform self-care; b) family, foster parents, or friends who provide home care; and c) persons performing health maintenance activities in accordance with Neb. Rev. Stat. 71-1,132.30. These regulations also do not apply to the provision of activities of daily living and personal care by unlicensed persons when such cares do not rise to the level of requiring the application of nursing judgment or skill based upon a systematized body of nursing knowledge.

The full text of 172 NAC 99 can be found at [http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health\\_and\\_Human\\_Services\\_System/Title-172/Chapter-099.pdf](http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-099.pdf)

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

For more information about skills and procedures for students with medical needs, contact the School Health Program in the Division of Public Health at Chapter 2

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<http://dhhs.ne.gov/Pages/School-Health.aspx>

Dept. of Health and Human Services. For information about the scope of nursing and pertinent laws and regulations governing practice, contact the Licensure Unit in the Division on Public Health at DHHS. All contact information is shown below.

DHHS School Health Program    402-471-1373

DHHS Nurse Consultant        402-471-6443

## **Making Decisions about Assigning Skilled Nursing Procedures/ Interventions at School: Recommendations for School Nurses and School Administrators**

### **I. What activities fall under the scope of “skilled nursing procedures?”**

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

B. Special nursing interventions required during the school day should be medically necessary, required in order to maintain the student’s health, safety, and ability to perform at school. Medical necessity requires written authorization from the student’s health care provider. Sometimes, it is valid to obtain and evaluate additional medical history on the student, with written parent/guardian consent, in order to establish the medical necessity of the procedure or intervention.

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

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

### **II. Considerations for School Administrators**

#### **A. Staff delegation and training**

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

#### B. Parent/guardian concerns

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

#### C. Legal/ethical considerations

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

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

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

student.

**IV. What is the decision-making process for determining if a child's procedures can be delegated to an unlicensed assistive personnel (UAP)?**

- A. Obtain parent/guardian request/consent for the cares, including a complete description of what is to be done at school, and when.
- B. Obtain written authorization from a health care professional stating the cares are medically necessary and required for the student's safe and optimal participation in the educational experience.
- C. Obtain additional medical information if needed to understand how the student's educational program and performance will be affected by the condition and by necessary cares, and to obtain adequate medical direction on performance of the cares or procedures at school.
- D. Establish the plan of health care at school. The activities and the procedures necessary to accomplish the plan of health care are nursing interventions. Nursing interventions fall within the regulated scope of practice of nursing.
- E. The delegation decision is made by a registered nurse and includes determining which non-complex nursing intervention(s) may be delegated, selecting which UAP's may provide the delegated interventions, determining the degree of detail and method to be used to communicate the delegation plan, and selecting a method of evaluation and supervision. Only licensed Registered Nurses may delegate nursing interventions to be performed by others.
- F. When unlicensed personnel are delegated the responsibility of performing the non-complex procedures, this is an act of delegation, and is defined as "transference from an RN to an unlicensed person the authority, responsibility, and accountability to provide selected non-complex nursing interventions on behalf of the RN"
- G. Only selected non-complex nursing interventions may be delegated. Non-complex interventions are those which may safely be performed according to exact directions, do not require alteration of the standard procedure, and for which the results and patient/student responses are predictable (either results do not vary, or vary within a predictable safe and appropriate range which can be identified in the plan).
- H. Complex nursing interventions cannot be delegated to UAP's. These require nursing judgment to safely alter standard procedures in accordance with the needs of the student, or require nursing judgment to determine how to proceed from one step to the next; or require the multidimensional application of the nursing process.

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

- A. Delegation decisions require a Registered Nurse.
- B. Under Nebraska law, only the licensed Registered Nurse is qualified to make the necessary delegation decision and provide the required training and

supervision if the cares are to be delegated to an unlicensed member of the school staff.

- C. Nothing in Nebraska law precludes the school engaging a registered nurse on a volunteer or contractual basis to perform these functions.
- D. An Educational Service Unit may be the source of information and recommendations on accessing services of a Registered Nurse familiar with the school setting.
- E. A local public health department familiar with the school environment may employ a nurse who can provide consultation to the local school for this purpose.
- F. The Department of Health and Human Services, School Health program, employs a Registered Nurse available for consultation on delegation decisions as well as other areas of school health practice.
- G. A Registered Nurse who is familiar with the care for the child such as a clinic or hospital nurse can provide consultation to the local school for this purpose.

### **Quality Improvement in School Nursing**

A number of strategies may present themselves to the school nurse to assess and improve quality of the school health program, including the school-specific school improvement plan.

### **Advocating for School Health Programs**

School leaders (administrators, principals, school board members) face multiple pressures and priorities in the name of educating children. Making the case for time, effort, and resources to be dedicated to school health is the challenge of the school nurse. Consider the following communication tips when framing a case for school health policies and practices.

- Be prepared to speak to your health topic in educational terms. How will your efforts help children succeed academically?
- What data underlie your statement of need, or proposal?
- How do health services complement or reinforce the instructional curriculum?
- Acknowledge that the health services program is one among many strategic demands on the school budget.
- Identify your professional assets to the school in a wider context than the health office: contributing to classroom instruction, parent



- communications, review of health materials, employee health promotion, safety and emergency planning and preparations, liaison to community social and health resources to help children and families.
- Develop professional communications that reflect your knowledge and preparation.
  - Be informed about your school's improvement plans, and try to identify how health services can participate in achieving the stated priorities.
  - Analyze health office data and trend information about children with special health care needs. Bring this forward-looking, data-driven knowledge to your interactions with school leaders.

## **INDIVIDUALIZED HEALTHCARE PLANS (IHPs)**

### **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 who 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/nursing/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. Allow 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 licensed professional 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). Licensed Practical Nurses can make assessments of a student's health needs and develop an IHP with the direction of the RN Supervisor.
- C. Parent/guardian and student 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 nursing procedures and interventions must be legally authorized in writing by a licensed 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 licensed professional 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 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 purpose of written consent/release.
- B. **Medical authorizations** for all nursing interventions as directed by health care providers with prescriptive authority. Written authorization by the prescribing licensed health care professional for prescription medication is recommended. 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. **Procedure 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 licensed health care 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 (not attached) 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, licensed health care 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 health care 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.

## **MORE RESOURCES**

### ***Recommended References for the School Nurse Bookshelf:***

1. American Academy of Pediatrics; Managing Infectious Diseases in child Care and Schools, A Quick Reference Guide, 3<sup>rd</sup> Edition; (2013)
2. Selekman, Janice (ed.) School Nursing: A Comprehensive Text. F.A. Davis: Philadelphia. (2013)
3. Clinical Guidelines for School Nurses; 8<sup>th</sup> Edition; (2013) School Health Alert

### ***Professional Associations***

- National Association of School Nurses [www.nasn.org](http://www.nasn.org)
- Nebraska School Nurse Association  
<https://nebraskaschoolnurses.nursingnetwork.com/>
- Central Nebraska School Nurses Association  
<http://www.centralneschoolnurse.com/>
- American School Health Association [www.ashaweb.org](http://www.ashaweb.org)

### ***On-line Resources for School Nursing***

- MCH Library School Health Resource Brief  
<http://ncemch.org/guides/schoolhealth.php>
- Centers for Disease Control and Prevention <https://www.cdc.gov/>