Resource Guide

Developing School Policies and Training Programs for Children with

Special Health Care Needs

2007

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INTRODUCTION AND OVERVIEW

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This document is designed to serve as a resource guide to educators, parents, and health care providers in developing school district policies and training programs that will ensure quality service delivery for children with special health care needs.

In this document, the terminology “student with special health care needs” is used to be inclusive of all students with special health care needs regardless of their educational placement. This guide is used in addressing the needs of students within the general school population, not limited to students in special education services.

Two issues must be stressed:

- Not all students with special health care needs will require special education services. Many students will be served under the requirements of Section 504 of the Rehabilitation Act of 1973 or will participate in the regular program with a written health care plan.
- These guidelines are sensitive to the demands placed on school districts. The majority of students with special health care needs can be served using existing school resources. It is important that local school districts consider and carefully plan for the needs of all students in order to safeguard health and to develop a viable plan, whereby reducing liability.

Students with special healthcare needs are those who require individualized health care intervention to enable participation in the educational process. Included within this population are students who may:

- Require administration of medication and/or special procedures during the school day,
- Use a particular health care device that compensates for the loss of a vital body function,
- Have a chronic medical condition that is currently stable but may require routine or emergency health care procedures; and
- Require the provision of substantial, special, or frequent health care to avert death or further disability.

Educational and health care professionals use a variety of terms to describe students with chronic or special health conditions. Such students may be referred to as “chronically ill,” “other health impaired,” “medically fragile,” or technology dependent. Each of these terms share overlapping features.

“Chronically ill” is the term used to describe a student whose condition is long-term and results in decreased strength, vitality and alertness. Chronic conditions often seen in students include asthma, diabetes, rheumatoid arthritis, cancer, and epilepsy. Students who have a chronic illness often present a fluctuating state of health care needs. The condition may adversely affect the student’s educational performance and require supervision to maintain, regulate, or intervene, as appropriate.

“Medically fragile” describes a condition in which the absence of immediate, health related, special skilled care threatens the life or health of the student. A medical protocol is required to ensure a person’s safety. There is no foreseeable end to this condition (Brodsky & Wilson, 1989).

“Technology dependent” describes a condition in which a student requires a medical device, such as mechanical ventilation, tracheostomy, oxygen, or respirator, to compensate for the loss of a vital body function.

The definition of special health care needs includes students with a wide continuum of needs, from mild to severe. Some students may only require medication during the school day, while other students may require more extensive health care services. It is important for school personnel to have a process in place where an Individualized Health Care Plan (IHP) is developed for every student with special health care needs.

FEDERAL AND STATE LEGISLATION

Federal and State Legislation

Various federal and state mandates serve as the basis for the obligation to provide full educational opportunities to students with special health care needs and to define the services that must be provided.

Federal Legislation

Federal legislation and court cases have impacted services to students with special health care needs. Federal legislation includes *Section 504 of the Rehabilitation Act of 1973; Public Law 108-466*, the *Individuals with Disabilities Education Act (IDEA)*, *2004;* and the *Americans with Disabilities Act (ADA).*

Section 504 of the Rehabilitation Act of 1973 prohibits discrimination against any individual because of his or her disability and, additionally, requires programs, including public schools, to make reasonable accommodations for individuals with disabilities. The Act requires the accessibility of all public buildings, including schools; therefore, students with special health care needs have the right to attend "regular" school whenever possible. A student cannot be denied entry into school solely because of his/her specialized, physical health care needs.

All students qualified for special education and related services under the *Individuals with Disabilities Education Act (IDEA)* are also included within the protections of Section 504. In addition to IDEA students, Section 504 protects any student of school age who has:

(1) a physical or mental impairment which substantially limits one or more major life activities such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working;
(2) a record of such an impairment; or
(3) been regarded as having such an impairment.

Section 504 would apply, for example, to the student who requires insulin injection to control diabetes or medications to avert severe allergic reactions, who uses a wheelchair in his or her daily routine, or who has a communicable disease. Section 504 requires that a district provide school health services to qualified students.

Section 504 requires that a school district make "reasonable accommodations" for a student with disabilities to permit that student an equal opportunity to participate in educational and related activities. Sometimes, the "reasonable accommodations" required may include providing the student with school health services.

The Americans with Disabilities Act (ADA) of 1990, 42 U.S.C. Ch. 126, Sec.12101 (b) (1) provides a clear and comprehensive national mandate for the elimination of discrimination

against individuals with disabilities. Sec. 12102 states that the term "disability," with respect to an individual, means: a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment.

Furthermore, Sec.12132 of the ADA provides that "no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity." Public schools are subject to this mandate.

The *Individuals with Disabilities Education Improvement Act of 2004* provides for the inclusion of students with chronic illnesses, students who have complex health care needs, and students who are technology dependent through a variety of classifications, including "other health impairment." An additional eligibility criterion that must be applied before a student is determined eligible for special education and related services within the scope of the IDEA is that the student's disability must adversely affect his/her educational performance resulting in a corresponding need for special education and related services. The educational impact criterion requires that the student's disability be one that, without specially designed instruction, would hinder the student's ability to benefit from the education program. Thus, a student whose special health care needs pose no hindrance to reasonable educational benefit may not be eligible for special education services under IDEA, but may be covered under Section 504.

For eligible students under the IDEA, the proper forum in which to make the decision regarding appropriate education is through an Individualized Education Program (IEP) meeting. For a student protected under Section 504, a team of persons knowledgeable about the student's situation and accommodating alternatives meets to determine what is appropriate for the student. Although an IEP is not required under Section 504, a written record should be maintained of the alternatives considered and the reasons for the option(s) finally selected. For a student with special health care needs, completion of the student's Individualized Health Care Plan (IHP) would address this concern.

The regulations adopted to implement the IDEA define "school health services" as "services performed by a nurse or other qualified person" and "medical services" as "services performed by a physician." These regulations attempt to distinguish between a "school health service" and a "medical service" on the basis of who is qualified to perform the services. Schools are required to provide "school health services" as a related service, when appropriate, to students who are eligible under IDEA. However, schools are required to provide for medical services as a related service only when the services are necessary for diagnosis and evaluation of the student's medically related disabling condition.

State Legislation

Arkansas Act 1146 of 1995 created a task force to address issues related to the education of public school students who are medically fragile, chronically ill, and/or technology dependent. The Act specifically mandated that the Arkansas Department of Education, Special Education, convene a task force composed of public school personnel, including school and program

administrators, school health service providers, regular and special education classroom teachers, and health care providers, including physicians and nursing personnel. Among other things, the Act directed the task force to develop a written resource guide for local school district development of policy and procedures addressing risk management and liability issues relative to these students. Local school districts are required to develop such policies and procedures and regular and special education teachers shall be involved in the development of these policies and procedures.

In developing this resource guide, the task force also had to consider the provisions of the following state laws, which are referenced in the bibliography: Arkansas Dietetics Act, Arkansas Medical Practices Act, Arkansas Nurse Practice Act, and Arkansas Pharmacists and Pharmacies Act.

Confidentiality must always be observed. Confidentiality is a **legal and ethical** issue. Information about a student is shared on a "need to know" basis only. There are two laws that school district employees need to be familiar with and observe:

1. **American Health Insurance Portability and Accountability Act of 1996 (HIPAA)** *is a set of rules to be followed by doctors, hospitals and other health care providers. HIPAA took effect on April 14, 2006. HIPAA helps ensure that all medical records, medical billing, and patient accounts meet certain consistent standards with regard to documentation, handling and privacy.*

2. **The Family Educational Rights and Privacy Act (FERPA)** *governs the privacy of all student educational records. Other than direct exchange of educational records between educational entities involved in the education of a student, FERPA generally prohibits educational agencies or institutions from disclosing personally identifiable information in a student's educational records without a prior written consent signed and dated by a parent/guardian. This includes the information listed in a student's IEP, which may be required for audit purposes.*

While coordinating with private medical facilities/professionals, HIPAA compliance may be requested/required, but FERPA continues to be the primary privacy guidelines observed in public schools.

Do NOT discuss information about ANY student with ANYONE, unless they are directly involved with the student.

The Assistive Technology Act of 1998, Public Law 105-394, increases the availability of, funding for, access to, and provision of, assistive technology devices and assistive technology services to students.

Act 1565 of 1999 amends ACA 6-18-1005 to provide for individualized health care plans for students with special health care needs.

Act 1816 of 2003, ACA 20-37-101 – 20-37-105, establishes the Legislative Health Adequacy Committee whose duties include study and evaluation of the health care needs of school-aged children in Arkansas to obtain an adequate education.

The Civil Rights of Institutionalized Persons Act – 42 U.S.C.S 1997 et sedq. O.L. 104-150

The Civil Rights of Institutionalized Persons Act (CRIPA) authorizes the US Attorney General to investigate conditions of confinement at state and local government institutions such as prisons, jails, pretrial detention centers, juvenile correctional facilities, publicly operated nursing homes, and institutions for people with psychiatric or developmental disabilities. Its purpose is to allow the Attorney General to uncover and correct widespread deficiencies that seriously jeopardize the health and safety of residents of institutions. The Attorney General does not have authority under CRIPA to investigate isolated incidents or to represent individual institutionalized persons.

The Attorney General may initiate civil law suits where there is reasonable cause to believe that conditions are "egregious or flagrant," that they are subjecting residents to "grievous harm," and that they are part of a "pattern or practice" of resistance to residents full enjoyment of constitutional or Federal rights, including Title II of the ADA and Section 504 of the Rehabilitation Act.

Child Maltreatment Law

12-12-503. Definitions.

(6) **"Child maltreatment"** means abuse, sexual abuse, neglect, sexual exploitation, or abandonment.

(2)(A) **"Abuse"** means any of the following acts or omissions by a parent, guardian, custodian, foster parent, or any person who is entrusted with the juvenile's care by a parent, guardian, custodian, or foster parent, including, but not limited to, an agent or employee of a public or private residential home, child care facility, public or private school, or any person legally responsible for the juvenile's welfare:

(i)Extreme and repeated cruelty to a juvenile; or
(ii)Physical, psychological, or sexual abuse of any juvenile which includes, but is not limited to, intentionally, knowingly, or negligently and without justifiable cause:

a. Engaging in conduct creating a substantial possibility of death, permanent or temporary disfigurement, illness, impairment of any bodily organ, or an observable and substantial impairment in the intellectual or psychological capacity of the juvenile to function within his normal range of performance and behavior with due regard to his culture;
b. Any non-accidental physical injury or mental injury; or
c. Any injury that is at variance with the history given.

(14) **“Sexual abuse”** means:

(A) By a person ten (10) years of age or older to a person younger than eighteen (18) years of age:

(i) Sexual intercourse, deviate sexual activity, or sexual contact by forcible compulsion; or

(ii) Attempted sexual intercourse, deviate sexual activity or sexual contact;

(B) That occurs between a person eighteen (18) years of age or older and a person not his spouse who is younger than sixteen (16) years of age:

(i) Sexual intercourse, deviate sexual activity, or sexual contact or solicitation; or

(ii) Attempted sexual intercourse, deviate sexual activity, or sexual contact; or

(C) Between a person younger than eighteen (18) years of age and a sibling or caretaker:

(i) Sexual intercourse, deviate sexual activity, or sexual contact or solicitation; or

(ii) Attempted sexual intercourse, deviate sexual activity, or sexual contact.

(10) **“Neglect”** means those acts or omissions of a parent, guardian, custodian, foster parent, or any person who is entrusted with the juvenile’s care by a parent, custodian, guardian, or foster parent, including, but not limited to, an agent or employee of a public or private residential home, child care facility, public or private school, or any person legally responsible under state law for the juvenile’s welfare, which constitute:

(A) Failure or refusal to prevent the abuse of the juvenile when such person knows or has reasonable cause to know the juvenile is or has been abused;

(B) Failure or refusal to provide the necessary food, clothing, shelter, and education required by law, or medical treatment necessary for the juvenile’s well-being, except when the failure is caused primarily by the financial inability of the person legally responsible and no services for relief have been offered or rejected;

(C) Failure to take reasonable action to protect the juvenile from abandonment, abuse, sexual abuse, sexual exploitation, neglect, or parental unfitness where the existence of such condition was known or should have been known;

(D) Failure or irremediable inability to provide for the essential and necessary physical, mental, or emotional needs of the juvenile;

(E) Failure to provide for the juvenile's care and maintenance, proper or necessary support, or medical, surgical, or other necessary care;

(F) Failure, although able, to assume responsibility for the care and custody of the juvenile or participate in a plan to assume such responsibility; or

(G) Failure to appropriately supervise the juvenile, which results in the juvenile's being left alone at an inappropriate age or in inappropriate circumstances which put the juvenile in danger.

(15) **"Sexual exploitation"** means allowing, permitting, or encouraging participation or depiction of the juvenile in prostitution, obscene photographing, filming, or obscenely depicting a juvenile for any use or purpose.

(1) "**Abandonment**" means:

(A) Failure of the parent to provide reasonable support and to maintain regular contact with the juvenile through statement or contact when the failure is accompanied by an intention on the part of the parent to permit the condition to continue for an indefinite period in the future;

(B) Failure to support or maintain regular contact with the juvenile without just cause; or

(C) An articulated intent to forego parental responsibility.

12-12-507. Reports of suspected abuse or neglect.

(b) When any physician, surgeon, coroner, dentist, osteopath, resident intern, licensed nurse, medical personnel who may be engaged in admission, examination, care, or treatment of persons, teacher, school official, school counselor, social worker, family service worker, day care center worker, or any other child or foster care worker, mental health professional, peace officer, law enforcement official, prosecuting attorney, or judge has reasonable cause to suspect that a child has been subjected to child maltreatment, or that a child has died as a result of child maltreatment, or who observes a child being subjected to conditions or circumstances which would reasonably result in child maltreatment, he shall immediately notify the child abuse hotline

PROVISION OF SERVICES

PROVISION OF SERVICES

When developing services for students with special health care needs, it quickly becomes obvious that the resources of single agencies are insufficient to meet these needs. Services to students need to come from a variety of settings, including public and private health care practitioners and social service agencies within Arkansas.

Roles and Responsibilities

In order to provide the necessary services, schools must clarify the roles, responsibilities, and liabilities of the health care team, including various professionals and paraprofessionals, as they work together to meet the health care needs of children. A health care team may include many different professionals, licensed according to the laws of the state of Arkansas. Licensure delineates the services that each professional may provide.

The professionals that may be involved are primary health care providers: physicians, registered nurses (RN), licensed practical nurses (LPN), occupational therapists, physical therapists, speech-language-pathologists, psychologists, administrators, and teachers. In addition, paraprofessionals may provide some services after receiving training. The type of training will vary depending upon the student's needs.

As a part of the assessment process, the primary health care provider should outline the specific details of procedures that a student requires. Once the health care service provider is identified, the school must use appropriate staff to meet the student's health care needs and the recommended individual(s) must comply with licensure requirements in Arkansas.

The private duty health care provider is to report to the school nurse (RN). The plan of care/action is to be reviewed. The private duty health care provider is responsible for following the facilities policies and procedures regarding health care. The private duty health care provider is accountable to deliver care within their scope of practice parameters and the *Nurse Practice*.

One of the most pressing issues facing school systems today is the appropriate use of staff in providing health care services. The American Nurses' Association Division on Nursing Practice, American School Health Association, the National Association of School Nurses and the National Council of State Boards of Nursing have voiced their concerns about the provision of school health services.

> All children and adolescents deserve safe and effective management of their health care needs. The safety and welfare of the individual student and the broader school community, not expediency, delivery of care model, or cost, must be the central focus of all decisions regarding delegation of nursing tasks and functions (National Council of State Boards of Nursing [NCSBN], 1997). The National Association of School Nurses supports appropriate delegation of nursing services in the school setting based on the nursing definition of delegation, requirements of

> state nurse practice acts, state regulations, guidelines provided by professional nursing organizations and the nursing assessment of the unique needs of the individual student. In many cases, the sound decision may be to not delegate. The practice pervasive functions of assessment, planning, evaluation, and nursing judgment cannot be delegated (NCSBN, 1997, 2005).

Only the registered nurse (RN) can determine what medically necessary nursing care can be safely delegated to health paraprofessionals and under what circumstances. School health paraprofessionals/education assistants may be assigned to a particular school building and are accountable to the principal for personnel and school building functions; however, they must have licensed registered nursing supervision when they are assigned delegated nursing tasks. Registered school nurses, though supervised administratively by a superintendent or principal, are responsible for health services and nursing care administered through the health services program. The *Arkansas State Board of Nursing Rules and Regulations* Chapter Five on Delegation requires that a professional nurse (RN) supervise the training and competency validation of health paraprofessionals regarding nursing tasks.

The role of the RN in the school setting is to address the health needs of children and to coordinate with staff, families, healthcare providers, and community agencies to provide a comprehensive school health program that facilitates the appropriate educational opportunity for students. School nurses are stepping to the forefront of pediatric healthcare, health promotion, and education by developing and adopting standardized language and tools that measure the quality and outcomes of school nursing services (Stock, Larter, Kieckehefer, Thronson & Maire, 2002).

In 1975, legislation was passed that mandated all children, including those with special health care needs, be educated with their peers. Since then, children with increasingly complex health care needs have been attending schools throughout the United States (Gelfman & Schwab, 2001). A partnership among health care providers, students, their families and the school district is essential in providing a smooth transition from home or hospital to school. It is necessary for the transition to be coordinated by the health care team.

Registered nurses in the school setting function in the roles of community liaison, health and illness information interpreter to school personnel, direct and indirect care provider, student advocate, and educator to students, families, and school personnel. The RN is often the only person in the school setting with medical knowledge about the implications of a student's health status, knowledge of existing health care resources in the community, and understanding of how to access needed health services. The RN also has knowledge about the school environment and its potential barriers and facilitators to delivering health services and the provision for optimal educational opportunities (NASN, 2002).

The standard for management of health care for students with special health care needs is provided by the steps of the nursing process: Assessment, Planning, Implementation and Evaluation. Documentation of these steps for individual students who have health-related issues result in the development of an Individualized Health Care Plan (IHP) for each identified

student. IHPs fulfill both administrative and clinical purposes leading to sound planning, coordination, continuity, and evaluation of care (Silkworth, Arnold, et al 2005).

The IHP must include the following:

- Needs of a student
- Actual and potential problems
- Interventions
- Parameters for evaluation
- Emergency care plan
- Changes in health care status

Assessment

The RN collects health information including but not limited to:

- Onset of disease/condition
- Treatments (past, current, anticipated)
- Other illness/allergies
- List of health care providers and contact information
- Emergency information
- Health care procedures and equipment
- Adaptations for bus transportation and other non-classroom activities

Planning

- Develop realistic and measurable goals
- Write goals in behavioral terms so they may be transferred to the IEP if needed
- Prioritize goals
- Select nursing interventions

Intervention

- Describe nurse activities to implement the goals
- Describe the student/family's participation in order to maximize the student's health status
- Identify person(s) responsible for the interventions(s)

Evaluation

- Document the effectiveness of the nursing interventions
- Note progress toward the established goals (Clinical Guidelines for School Nurses, 2002)

"It is the position of the National Association of School Nurses that students whose health needs affect their daily functioning have an IHP. It is also the position of NASN that the professional school nurse should be responsible for the writing of the IHP in collaboration with the student, family, and healthcare providers and for seeing that the IHP is implemented, with periodic evaluation for evidence of desired student outcomes" (NASN, 2003, p.2).

Professional school nurses utilize IHPs to communicate nursing care needs to administrators, staff, students, and parents. The IHP will promote consistency of care and communication with other team members, thus creating a safer process for delegation of nursing care, supporting the continuity of care.

Refer to MATRIX FROM SCHOOL NURSE GUIDELINES link on page Appendix L

STEPS IN DESIGNING AN INDIVIDUAL HEALTHCARE PLAN

Designing and Implementing Individualized Healthcare Plan

When a student has been identified as having special health care needs, the school will arrange a meeting with an administrative designee, the parents/guardian, the student (if appropriate), and the registered nurse in the school setting.

The parent/guardian, student (when appropriate), and the health care team will meet to discuss safe and appropriate classroom placement as well as services and personnel necessary for the student to attend school in the least restrictive environment. This meeting should be held for all students assisted by medical technology, regardless of a need for special education. If the student is to receive special education services, the IHP should be incorporated into the Individualized Education Plan (IEP).

Once appropriate placement and services have been designated for the student, all staff with direct interaction with the student need to be provided with necessary student information. The RN should organize a meeting (or series of meetings) to educate the appropriate school staff about the student's condition and specialized medical needs. The meeting(s) should address any concerns and questions of the school personnel, such as liability and roles and responsibilities of staff members. In addition, a general overview of the student's health care plan should be presented. School staff with direct interaction with the student should attend. It may also be appropriate for the parent and student to participate in these meetings. When meetings occur, Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA) guidelines shall be followed.

Training

Training of staff and caregivers is key to assuring the appropriateness of the education setting to accommodate the student as safely as possible. Training should occur on several different levels, from general information to school staff to student-specific techniques for direct caregivers. This process does not end with the student's entrance into school; regular and continuous review and update of skills, with documentation, should occur.

Written Informed Consent

When a parent/guardian of a student gives written, informed consent for personal health information to be shared with others, it is permissible to share the specified information with the individuals or agencies indicated, for the purpose(s) delineated in the permission. Written consents should be clear, sufficiently detailed, concise, and time-limited. They must fully

understand what information will be shared by and with whom it will be shared, and the expected outcomes and potential ramifications. When consent to share information is provided for one purpose, the information may not be used for another purpose.

Internal Communication in Schools

Written consent of a student is not required in order for personnel working in the same school to share necessary student information for the purpose of treating or providing services to the student. It is expected that staff members of a school district will—and they should—share with other district personnel confidential student information, including health information, *when necessary* in order to *benefit the student*; that is, to provide the students with appropriate educational services. FERPA addresses this need by allowing internal communications regarding confidential student information when such sharing is for "legitimate educational purposes." Legitimate educational purposes may include communication between school nurse and any school employee directly working with a student with special health care needs. It is NOT necessary for personnel to know the medical etiology in order to provide a safe environment for the student, nor is it appropriate to post the student's name on a "Health Alert List" that is circulated among all teachers/personnel in a building. Not all personnel provide services to the student and therefore, not all personnel need to know the information.

From both clinical and liability perspectives, it is more effective to provide all teachers/personnel with in-service programs to prepare them for handling potential emergencies than it is to circulate a list of all students' medical diagnoses. Such in-service programs should address how to recognize and provide first-aid interventions for urgent and emergency health situations that can be reasonably anticipated to occur in school. A classroom teacher needs to understand the *functional health problem* of the student, how to recognize the problem, and what to do if it happens. Written guidelines for simple first-aid procedures that teachers can keep with them, both in the classroom and on the playground, are particularly useful. These strategies demonstrate a school's efforts to protect the health and safety of its students, but do not require the disclosure of individual students' confidential health information.

School administrators need sufficient information about the health and safety needs of students to plan appropriate programs, ensure a safe environment, and provide adequate staff training programs. They also need access to emergency care plans for students in their building (Schwab & Gelfman, 2001).

Staff training

The school RN should provide training in student-specific procedures for the essential and back-up caregivers who will be responsible for providing direct care for the student during the school day. Based on the student's medical and other care needs, the caregivers may require more formal medical training. This training may be obtained from a local medical center, home care provider, or other health care professional with clinical expertise in pediatric care. A technical skills checklist for each procedure can be used as a foundation for competency-based training in appropriate techniques and problem management. Specific procedures should be outlined step by step. The professional providing the training is responsible for documenting acquisition of skills.

The parent should be consulted about training, but the RN is ultimately responsible for delegating and training providers of care.
Review of training should occur whenever there has been a change in the student's status or when an emergency has occurred. Training and review processes should be documented by the RN. Staff training should be updated at least yearly and with any change in the student's condition or placement in the school.

Follow-up and training

Once the initial phase of training and planning is completed, regular evaluation of the health care plan and caregiver's skill is necessary, The IHP should be reviewed yearly. Based on the student's condition, the reassessment of the health care plan may need to be done more frequently.

Home/hospital arrangements

Occasionally, it may not be in a student's best interest to be in school. A student assisted by medical technology may have serious or unstable medical conditions. In such a case, decisions regarding school attendance should be made by a team consisting of the student's parent/guardian, primary health care provider, medical specialists, the school RN and the education coordinator.

If it is recommended that the student not attend school, every effort should be made to continue the student's education services in an alternate setting (home or hospital) at the level the student can tolerate. Contact with other students should be encouraged as allowed through visitation, telephone calls, etc. The student's status must be regularly reassessed and school attendance reconsidered, if appropriate.

MEDICATION ADMINISTRATION

MEDICATION ADMINISTRATION

The school board of each school district will implement all legal requirements for administration of medication required during school hours. Refer to the Arkansas State Board of Nursing, School Nurse Roles and Responsibilities, Practice Guidelines, May 2000. (Appendix M.)

The practice of School nursing in Arkansas is guided by the Nurse Practice Act of the State of Arkansas (Title 17, Subtitle 3, Chapter 87, Subchapters 1-7). In addition, in May 2000, the Arkansas State Board of Nursing (ASBN) published the School Nurse Roles & Responsibilities, Practice Guidelines.

Only Registered Nurses (RN) can administer medications, intravenous therapy or blood products. Licensed Practical Nurses (LPN) are allowed to administer medications but only under the supervision of a Registered Nurse. Supervision means when the RN is not directly on campus, he/she must be accessible, preferably by telephone.

Individuals who practice nursing and are not licensed by the Arkansas State Board of Nursing are subject to prosecution of a misdemeanor. The court could order the unlicensed person to pay a fine up to $500.00 and spend thirty (30) days in jail. In addition, the ASBN could hold an administrative hearing and fine the unlicensed person $1,000.00 per day that they practice nursing without a license.

Nurses should become very familiar with the criteria for delegation of nursing tasks to persons who do not hold a nursing license with the ASBN. This delegation is described in the *Rules Chapter 5*. Nurses who delegate nursing tasks are responsible and accountable for ensuring that the delegation was appropriate.

Administrators are not allowed to delegate nursing care. <u>Only Registered Nurses</u> can delegate nursing care. Medication administration falls under the definition of nursing care.

Under certain conditions healthcare paraprofessionals may administer medications, as noted in the School Nurse Roles and Responsibilities, Practice Guidelines. At present, the term "Healthcare Paraprofessional" means unlicensed school district personnel, trained (with documentation) and SUPERVISED by the RN employed in a district. "Supervision" means that the RN must be available, at least by telephone. Documentation of Healthcare Paraprofessional training for medication administration is critical to liability issues for a school district. School district administrators do NOT have the legal authority to delegate nursing care OR to require an RN to delegate nursing care. It is important to note that if a supervising RN chooses to delegate medication administration to a healthcare paraprofessional, he/she will be responsible and accountable for any consequences should a medication error occur.

Pursuant to Acts 1983, No. 436 (Insect Sting Emergency Treatment Act) additional training and documentation IS required of those individuals who may need to administer subcutaneous epinephrine.

Guidelines for Implementation of Medication Administration

1. A provider order is required for all prescription medications. A label on a prescription bottle may serve as the prescription, if acceptable to the school district.
2. Written parental permission is on file for all over-the-counter medications that are to be taken by the student. Permission slips may be time-limited, such as for the school year, a semester, one month, or one week, depending on the district policy.
3. All medications must be in the original container.
4. The container must specify special storage instructions, if appropriate (insulin needs to be refrigerated.)
5. Prescription medications are to be labeled with the student's legal name (on record with the district), date Rx was filled, ordering provider name, name of medication, dose, route, and frequency.
6. All medications will be given according to labeling directions on the container. Deviations from label directions will require a written provider order.
7. Methods by which nurse will receive medication. For example, students may bring medication in with written authorization from parent/guardian or parent is required to deliver medication to the school nurse.
8. Storage and security of medications.
9. Access to medications in the absence of the school nurse.
10. Accountability methods for controlled substances.
11. Documentation methods for the receipt of medication and the administration of medication.
12. Procedure for administering and documenting medications during field trips and extra-curricular activities.

In addition, the following may need to be specified:

- A requirement that the initial dose of a new medication must be given by the parent/guardian outside of the facility setting. A specific length of time may be required between the initial dose being given and the student's re-admittance to school.
- Reports to parents/guardians regarding medication administration.
- Parents/guardians are encouraged to administer medication at home whenever possible.

The Medication Form and Record (Appendix D) as well as a Medication Occurrence Report (Appendix E) are available for use by school districts.

STANDARD PRECAUTIONS

STANDARD PRECAUTIONS

Standard Precautions apply to 1) blood; 2) all body fluids, secretions, and excretions except sweat, regardless of whether or not they contain visible blood; 3) non-intact skin; and 4) mucous membranes. Body fluids, as mentioned above, include cerebrospinal fluid, synovial fluid, vaginal secretions, semen, pericardial fluid, pleural fluid, peritoneal fluid, amniotic fluid, any body fluid that is visibly contaminated with blood, and all body fluids in situations in which it is difficult or impossible to differentiate between body fluids. Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals.

The most important step in preventing exposure to and transmission of any infectious agent is anticipating routine and emergent situations that would place a person in potential contact with infectious materials. Diligent and proper hand washing is the most effective procedure to protect staff and other students from the transmission of infectious diseases. The use of personal protective equipment (i.e. gloves, masks, protective eyewear, cover gowns) when in contact with blood or other potentially infectious material provides an additional measure of protection. Appropriate disposal of waste products and needles and proper cleanup and decontamination of spills and equipment are absolutely necessary steps in the control of infectious diseases. To enhance protection of both the caregiver and the student, the health care provider must anticipate the tasks to be done, the risk involved, and the personal protective equipment needed.

Hand washing is the most important procedure for preventing infectious disease transmission.

Proper ***hand washing*** is crucial in preventing the spread of infection. Proper hand washing requires:

- The use of soap and water
    - Use a plain (non-antimicrobial) soap for routine hand washing
    - Use an antimicrobial agent or a waterless antiseptic agent for specific circumstances (i.e. control of outbreaks or hyperendemic infections)
- A vigorous rubbing together of all surfaces of lathered hands for at least 10 seconds
- A thorough rinsing under a stream of water
- Drying of hands
- Turning off the faucet with a dry paper towel
- Disposal of the paper towel

Staff should always wash their hands under the following circumstances:

- Before and after contact with students
- After touching or cleaning inanimate objects contaminated with secretions, blood, or other potentially infectious material **even if gloves were worn**

- After contamination of the hands by secretions, blood, or other potentially infectious material **even if gloves were worn**
- After removal of gloves or other personal protective equipment
- Before taking breaks and at the end of the workday

The use of ***personal protective equipment*** is intended to reduce the risk of contact with blood and other potentially infectious materials for the caregiver and to control the spread of infectious agents from student to student. It is essential that appropriate personal protective equipment be used in a consistent manner to reduce the risk of exposure. The following items are considered personal protective equipment:

- Disposable gloves
- Protective eyewear
- Masks
- A combination of eyewear and mask
- Laboratory coats
- Cover gowns

Put on clean ***gloves*** just before touching mucous membranes and non-intact skin. Change gloves between tasks and procedures on the same student after contact with material that may contain a high concentration of microorganisms. Remove gloves promptly after use, before touching non-contaminated items and other surfaces, and before going to another student, and wash hands immediately to avoid transfer of microorganisms to other patients or environments. If gloves are torn or defective, they should be discarded. Gloves should be discarded after each use and not reused. Hands should be washed whenever gloves are removed.

Gloves should be worn during the following times:

- When having contact with blood, other potentially infectious material, mucous membranes, and non-intact skin
- When changing diapers or assisting the student with cleansing after toileting or catheterization
- When changing dressings/bandages or sanitary napkins/tampons
- When providing mouth, nose, or tracheostomy care
- When the caregiver has broken skin on the hands or around the fingernails
- When cleaning up spills of secretions, blood, or other potentially infectious material
- When touching or cleaning items contaminated with secretions, blood, or other potentially infectious material.

Wear a ***mask*** and ***eye protection*** or a ***face shield*** to protect mucous membranes of the eyes, nose, and mouth during procedures and activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions (i.e. suctioning, tracheostomy care).

Wear a ***gown*** (a clean, non-sterile gown is adequate) to protect skin and to prevent soiling of clothing during procedures and activities that are likely to generate splashes or sprays of blood,

body fluids, secretions, or excretions. Select a gown that is appropriate for the activity and amount of fluid likely to be encountered. Remove a soiled gown as promptly as possible and wash hands to avoid transfer of microorganisms to other patients or environments.

Handle used student ***equipment*** soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other students and environments. Ensure that reusable equipment is not used for the care of another student until it has been cleaned and reprocessed appropriately.

Spills of blood and other potentially infectious material should be cleaned up immediately. Gloves should be worn during cleaning. If splashing may occur, then protective eyewear in combination with a mask and cover gown should be worn. When the spill involves broken glass or sharp objects, the sharp pieces should be removed using a device, such as a dustbin and brush. Do not use your hands!

Note: Be sure to wear gloves during cleaning!

To clean spills:

- Use a 1:10 chlorine bleach solution or Cidex
- Remove the majority of the spill with disposable paper towels. Take care not to splash the blood or body secretions into your mouth or eyes. If splashing might occur, a mask and goggles must be worn.
- Place soiled towels in plastic bag and dispose in plastic lined wastebasket.
- Spray the chlorine bleach solution on to the spill area. Let it sit ten minutes, wipe it with a disposable towel, and then rinse with water and dry. If chlorine bleach solution cannot be used on the surface where the spill occurred, a 2% glutaraldehyde solution can be used.
  When dealing with a large spill, apply disinfectant directly to the spill. Wait ten minutes and remove with an absorbent disposable towel. Decontaminate with disinfectant.
- Wash hands with soap and water after removing gloves.

Handle, transport, and process used ***linen*** soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures and contamination of clothing, AND that avoids transfer of microorganisms to other students and environments.

Take care to prevent injuries when using ***needles and other sharp instruments or devices***; when handling sharp instruments after procedures; when cleaning used instruments; and when disposing of used needles. Never recap used needles, or otherwise manipulate them using both hands, or use any other technique that involves directing the point of a needle toward any part of the body; rather, use either a one-handed “scoop” technique or a mechanical device designed for holding the needle sheath. Do not remove used needles from disposable syringes by hand, and do not bend, break, or otherwise manipulate used needles by hand. Place used disposable syringes and needles and other sharp items in appropriate puncture-resistant containers, which

are located as close as practical to the area in which the items were used, and place reusable syringes and needles in a puncture-resistant container for appropriate disposal.

Use ***mouthpieces, resuscitation bags, or other ventilation devices*** as an alternative to mouth-to-mouth resuscitation methods in areas where the need for resuscitation is predictable.

Note: For additional information refer to Center for Disease Control (CDC) website, http://www.cdc.gov.

TRAINING OF PERSONNEL

TRAINING OF PERSONNEL

School district policy must address the issue of using only qualified, trained personnel to provide health care procedures and services. Policies should indicate that personnel performing health care services must be appropriately trained, credentialed and/or licensed prior to administering health care services. Training also respects and includes knowledge of diverse cultural beliefs and practices.

Training in health care procedures and services includes general training, student-specific training, and training for student involvement in self-care. When training is approached in this manner, the results are:

1. Safe and effective care for the student
2. Competence and confidence on the part of the care providers at school
3 Family confidence in the provision of services

General Training

General Training is designed for people who have contact with a student with a special health care need but who are not responsible for providing the necessary health care. It creates:

1. A positive attitude among teachers, administrators, and classmates toward including students with a range of diverse needs in the school community.
2. An opportunity for school staff to discuss concerns.
3. An opportunity for school staff, family, and administrators to discuss the social, emotional, and educational impact of attending school with a peer who has a disability or a chronic illness.
4. An opportunity to provide an overview of the student's health care needs and emergency plan.

The key components to include in a ***general training*** would include:

1. The health care plan - The team should review the health care plan to determine appropriate information to include in a general training. This should include a brief description of the health condition and appropriate health care needs the student may have. This does NOT mean that the health care plan should be distributed to each teacher! This information should be treated as confidential medical information.

2. The emergency plan - A brief explanation of the student's emergency plan should be presented during general training. Please refer to the Appendix for a sample emergency plan document. It is important to include:

a. A review of the emergency plan and standard precautions
b. Assurances that a procedure is in place
c. Known location of copies of the plan
d. Recognition of emergency situations and appropriate responses
e. A clear designation of people who will perform emergency services and how to reach them

3. An "awareness" training component - Topics covered as part of such programs include, but are not limited to, noticing and understanding similarities and differences in people; learning about types of disabilities and health care conditions; feeling included and experiencing barriers; and showing cooperation, curiosity, and respect. Students assisted by medical technology and their families may want to share specific information with school personnel, classmates, and community providers. Awareness training often includes questions and answers about a student's condition and equipment. Parameters surrounding what kinds of questions the family may not want to discuss should be discussed prior to the training. The student/family always has the right to not answer a question and should know that.

Student-Specific Training

Student-specific training is always necessary, even if school personnel have provided similar care to other students. People who are directly responsible for providing health care services to the student need comprehensive training to meet the individual needs of a student.

The key components to include in a ***student-specific*** **training** would include:

1. An overview of the training - The following is a brief list of topics to discuss in a student-specific training;

   a. Description of the health issues and required procedures
   b. Standard precautions
   c. Psychosocial implications, including privacy, confidentiality, and dignity; maximum involvement of student in self-care, and attitudes and preferences of the student and family
   d. Pertinent information from the IHP
   e. Communication network within school and among school, home, and health care provider

2. Discussion of health care / medical procedures - The following are topics on health care / medical procedures to discuss:

   f. Basic anatomy and body mechanics
   g. Name and purpose of procedure
   h. Time(s) to be performed and length of time involved
   i. Teaching methods, such as trainer demonstration of the procedure; trainee

demonstration of the procedure on something other than the student (i.e. mannequin); trainee observation of the parent or trainer performing the procedure on the student; and documentation using skills checklists.

j. Site where student's care will take place
k. Hygienic practices, including standard precautions
l. Equipment and supplies required
m. Lifting and positioning of the student
n. Level of student involvement in self-care
o. Precautions
p. Signs and symptoms requiring attention
q. Documentation of the procedure
r. Scheduled supervision and follow up

3. The emergency plan - It is important to review the following steps and responsibilities in an emergency plan:

   s. Signs of possible problems
   t. Recognition of and response to problems and emergency situations
   u. Individual responsibilities in an emergency situation
   v. Location of the emergency plan
   w. List of people to contact in case of an emergency
   x. Mock emergency plan drill

Student Training

The ability of students to provide their own health care can provide them greater freedom in school and in the community. It will promote the goal of independent living in their adult years. Students can improve their self-care skills by improving their tolerance, direction, and/or independent completion of health care.

The key components in ***student*** training include:

1. Increase tolerance for care - Students achieve independence in and tolerance of self care at varying levels depending on cognitive, physical, emotional, social, and cultural factors. Appropriate goals should be developed to increase their tolerance of care.

2. Direct the care provider - Many students with physical disabilities learn to direct the care provider and assist during aspects of the procedure.

3. Achieve independence - Other students will be able to learn to perform procedures independently. The degree of supervision needed may vary depending on the complexity of the care and the developmental level of the student. Depending on the preference of the student and family, procedures can be performed to facilitate inclusion with peer.

There must be steps in place to assist in implementation, monitoring, and evaluation of these services. **These steps would include**:

1. Providing direct care as appropriate, or supervise student's health care provider(s).

2. Update assessment of the student's health status annually

3. Update and evaluate student's IHP

4. Document, review, and update skills training

TRANSPORTATION

TRANSPORTATION

The purpose of this section is to recommend standard policies, procedures, and guidelines for persons entrusted with the responsibility of managing transportation for students with special health care needs. The recommendations are based on federal laws including Section 504 of the Rehabilitation Act of 1973, the Individuals with Disabilities Education Improvement Act, and the Americans with Disabilities Education Act.

Section 504, Rehabilitation Act of 1973, states in part:

No otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participating in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. In general terms, Section 504 requires that all students with disabilities (regardless of age) are eligible for a free, appropriate public education.

The Office of Civil Rights (OCR) in the U.S. Department of Education (ED) is responsible for enforcing Section 504 of the Rehabilitation Act of 1973 in programs and activities that receive assistance from ED. OCR is also responsible for the enforcement of Title II of the Americans with Disabilities Act (ADA) of 1990, which is applicable to state and local governments.

It also requires the facilities, services, and activities provided to people with disabilities are comparable to those provided to nondisabled, and that students with disabilities must have an equal opportunity for participation in any nonacademic and extracurricular services and activities provided by a school district. It is also possible for a school district to be required to provide specialized transportation services to a student with disabilities who is not in special education. Under the Individuals with Disabilities Education Improvement Act (IDEA) and its implementing regulations, a free and appropriate public education is required for all students deemed disabled who are in need of special education and related services and meet specific age limits (3-21 years).

Of note for transporters, the "Nonacademic Services" of IDEA requires the public agency to "provide nonacademic and extracurricular services and activities in such manner as is necessary to afford children with disabilities an equal opportunity for participation in those services and activities." One of those nonacademic services to be provided is transportation, thus facilitating the integration of children with disabilities, including those with special health care needs, with their nondisabled peers.

As part of the mandate of a free appropriate public education, related services are required when determined necessary to assist a child with a disability to benefit from special education.

Transportation is a related service under IDEA and is defined to include:

- travel to and from school and between schools;
- travel in and around school buildings; and
- specialized equipment (such as special or adaptive buses, lifts, and ramps), if required to provide special transportation for a child with a disability.

Identification of Students with Special Health Care Needs

Under Section 504 of the Rehabilitation Act and IDEA, a process for identifying students with disabilities, including those with special health care needs, is outlined. Teachers, parents, administrators, and other professional personnel are generally the ones who recognize that a child is experiencing difficulty learning and make recommendations for additional assistance in terms of accommodations, evaluations, and alternate strategies. Transportation staff may also be a valuable source for identifying students who may need assistance. If a transportation staff person suspects a child of having a disability and as requiring further transportation assistance, an appropriate school administrator should be contacted.

Evaluation

As part of the identification process under federal and state regulations, a multidisciplinary evaluation team is formed. In some cases, it is a good idea to include a representative from the transportation department to assist in the assessment process and to be consulted during the Individualized Education Program (IEP) or other educational program planning meeting. As the evaluation team gathers information regarding a child with a suspected disability, the need for transportation services is determined, the type of specialized transportation service is identified, and the need for specialized care, including universal precautions required due to a contagious or communicable disease while transporting the student, becomes evident.

A representative from the transportation department is a valuable resource during the evaluation and the educational program development process. The transportation staff person could be expected to serve two major functions as a member of that multidisciplinary team:

1. Gather information regarding the student's expected needs so as to properly plan for timely, efficient and safe transportation.

2. Educate the team (including the parent) regarding the type of vehicle which the student will ride; duration of the transport; conditions, including the temperature on the vehicle and during loading and unloading (how often the lift door will be opened during cold or hot weather); type of device/occupant securement system; emergency communication system; extent of the driver's skill and training; and whether or not an attendant will be assigned.

When considering transportation for students with special health care needs, the following questions should be addressed:

1. Can the student be safely transported without undue risk to the student or others?

2. Does the student have medical, health, physical, and/or behavioral concerns which would expose the student to unreasonable risk given the anticipated transportation environment?

3. Some children with disabilities take medication during the day. Is there medicine that has to be transported? Is there written school policy addressing procedures for transporting medicine?

4. Can assistive or adaptive equipment used to accommodate the student during the transportation process be safely secured and transported, and are there adequate instructions for its use? (For example, every effort should be made to avoid transporting a student on a gurney or stretcher type mobility device, or one that reclines more than 45 degrees.)

5. Do education and transportation staff have the expertise and skills to make expert decisions regarding transportation issues? The program planning meeting should include participants who are qualified to assist in determining transportation needs, particularly when significant medical or behavioral concerns are identified. When appropriate, an individual health care plan for the student should be developed which specifies the type and frequency of care required or expected, the skill level of the person expected to give the care, a recommendation for when general observation of the student by the driver would be adequate, and if a staff person independent of the vehicle driver is needed for the care or intervention with the student.

6. Is there discussion regarding the effect of necessary transportation services (i.e., length of ride and/or time spent on the bus) on the student's ability to benefit from the planned education program?

7. Are questions regarding appropriate and safe use of assistive or adaptive equipment, including mobile seating devices and ventilator or oxygen equipment, referred to such persons as physical therapists, occupational therapists, rehabilitation engineers, or equipment vendors for advice?

8. Can the student utilize regular transportation?

9. If the student can not utilize regular transportation, can it be safely utilized if supplementary staff, equipment, and/or services are provided?

10. If regular transportation even with accommodations can not be used, what type of specialized transportation is required?

11. Is an attendant or other qualified personnel needed and available? Have the transportation personnel been informed about the needs of the students and trained in proper procedures prior to delivering transportation of the student(s)?

12. Is a responsible adult available for pick-up and delivery of students?

In addition to the above questions, it is often necessary to review various alternative transportation options to meet a student's needs. Some alternatives frequently considered, and which must be allowable when determined appropriate, are:

- parent or relative providing transportation
- public or private transportation
- availability of a continuum of transportation services to students with disabilities

Medical/Health Issues

As a result of regulations which make educational opportunities available to more students who have severe medical/health conditions, the transportation staff is finding it necessary to provide both routine and emergency health care to students during the transportation process. Additionally, transportation staff may be exposed to infectious or communicable diseases which could be debilitating, or in extreme circumstances, fatal. Training regarding medical/health issues can reasonably be divided into two categories: precautionary handling, and care and intervention.

1. **Precautionary Handling**
   All transportation staff, including drivers, attendants, mechanics, and service personnel (such as washing and cleaning staff) should be trained in "universal precautions" relative to the handling of and exposure to children with contagious and communicable diseases, including available immunizations. Suggested topics could include:

   - characteristics of contagious and communicable diseases
   - disease management techniques
   - use of protective equipment and devices

2. **Care, Intervention, and Management**
   Medically fragile, technology dependent, and highly disruptive students require specific care and intervention. Proficiency in basic first aid and cardiopulmonary resuscitation provide adequate training to care for most health concerns during transportation. For those students who need additional care, management, or intervention, or present specific health risks, a health care plan shall be developed during the assessment/evaluation process which would specify and provide transportation staff with the following:

   - a brief description of the student's current medical, health, or behavioral status, as well as an emergency care card with information on addresses, emergency phone numbers, etc.
   - a description of the medical/health care or intervention necessary during transportation, including the frequency required
   - a description of who should provide the health care or intervention
   - the type and extent of training and skills necessary for the driver and/or attendant

- the inspection, operation, use and care of the student's special adaptive/assistive equipment, including items such as oxygen containment systems, suctioning equipment, apnea monitors, ventilation equipment, etc.
- a description of emergency procedures to be implemented during a medical/health crisis, including communication with medical staff
- a description of the procedures to be followed in changing the health care plan when conditions indicate a change is warranted.

Policy Development

In special education there are any number of laws, rules, and regulations which dictate the service that must be provided, but few of them offer directions or suggestions as to **how** the service is to be provided. The local school board must guarantee the uniform and safe delivery of transportation services by a staff composed of persons with different personalities, temperaments, and decision-making capabilities. In order to provide consistent directions to the transportation staff, the local school board should develop and adopt a written transportation policy. This policy may address the following subject areas:

1. control over student medicine transported between home and school in a school vehicle
2. student suspension
3. physical intervention and management
4. authority to use special harnesses, vests, and belts
5. early closing of school due to inclement weather or other emergencies
6. authority to operate special equipment (driver, attendant, parent, students, school staff, others)
7. when no adult is home to receive student
8. when to exclude special equipment which has a different design or configuration than that last used (tears or breaks in the fabric or metal)
9. when students are referred for transportation without sufficient information being available
10. transportation of staff to protect their safety
11. student pick up/drop off location (one location specified, or unlimited alternative locations)
12. control and management of confidential information
13. when and how to involve community emergency medical/law enforcement personnel
14. when to use wheelchairs and mobility aids, such as student seating on school buses (when the manufacturer does not endorse its use in such a fashion)
15. driver and attendant responsibilities regarding DNR orders

Policy Approval

All policies shall be in writing and formally approved by the appropriate Board of Education. Timelines regarding periodic review and revisions of policies shall be established within the policy.

School bus transportation requires that transportation administrative staff, drivers and monitors be thoroughly informed about the specific needs of each individual student with a disability. It is essential for personnel transporting students with disabilities to (1) be knowledgeable about the mandates that guarantee the right to the related service transportation, (2) understand the characteristics of the students with disabilities served, (3) be aware of special considerations that influence services and (4) develop driver and monitor training programs that assist with decision-making on a day-to-day basis. (Bluth, 2000)

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REFERENCES

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RESOURCES

RESOURCES

National Health Information Center (NHIC)

- www.health.gov/nhic
- ODPHP and NHIC produce a number of referral publications and policy documents, including many in support of the Healthy People 2010 initiatives.
- The Health Information Resource Database includes 1,400 organizations and government offices that provide health information upon request. Entries include contact information, short abstracts, and information about publications and services the organizations provide.

National Clearinghouse for Professions in Special Education

- www.specialedcareers.org
- The National Clearinghouse for Professions in Special Education (NCPSE) is committed to enhancing the nation's capacity to recruit, prepare, and retain well qualified diverse educators and related service personnel for children with disabilities.

Council for Exceptional Children

- www.cec.sped.org
- The Council for Exceptional Children (CEC) is the largest international professional organization dedicated to improving educational outcomes for individuals with exceptionalities, students with disabilities, and/or the gifted. CEC advocates for appropriate governmental policies, sets professional standards, provides continual professional development, advocates for newly and historically underserved individuals with exceptionalities, and helps professionals obtain conditions and resources necessary for effective professional practice.

DHHS: Health Resources and services

- www.ask.hrsa.gov
- Key program areas
    - HIV/AIDS Services; Ryan White CARE Act
    - Primary Health Care
    - Maternal and Student Health
    - Health Professions
    - Rural Health Policy

- Organ and Tissue Donation
- Publications available in 10 (ten) languages

National Information Center on Deafness

- www.nidcd.nih.gov/
    - National Institute on Deafness and other Communication Disorders
    - One of the National Institutes of Health
- http://clerccenter.gallaudet.edu/infotogo/
    - National Deaf Education center

National Rehabilitation Information Center

- www.naric.com
- It is the mission of NIDRR to generate, disseminate and promote new knowledge to improve the options available to disabled persons. The ultimate goal is to allow these individuals to perform their regular activities in the community and to bolster society's ability to provide full opportunities and appropriate supports for its disabled citizens. Toward this end, NIDRR conducts comprehensive and coordinated programs of research and related activities to maximize the full inclusion, social integration, employment and independent living of individuals of all ages with disabilities. NIDRR's focus includes research in areas such as employment; health and function; technology for access and function; independent living and community integration; and other associated disability research areas.

HEATH Resource Center/Clearinghouse on Postsecondary Education for Individuals with Disabilities/GWU

- http://www.heath.gwu.edu
  National clearinghouse on postsecondary education for individuals with disabilities. Serves as an information exchange resource for educational support services, policies, procedures, adaptations, and opportunities at American campuses, vocational-technical schools, and other postsecondary training entities

Information Center on Disabilities and Gifted Education

- http://ericec.org/digests/prodfly.html
- The digests are from the ERIC Clearinghouse on Disabilities and Gifted Education (ERIC EC), one of 16 federally funded ERIC Clearinghouses.

ORGANIZATIONS

American Council on Rural Special Education

- www.acres-sped.org
- The American Council on Rural Special Education (ACRES) is an organization comprised of special educators, general educators, related service providers, administrators, teacher trainers, researchers, and parents who are committed to the enhancement of services to students and individuals living in rural America.
- The members of ACRES strive to provide leadership and support that will enhance services for individuals with exceptional needs, their families, and the professionals who work with them, and for the rural communities in which they live.

American Foundation for the Blind

- www.afb.org
- The American Foundation for the Blind (AFB) is a national nonprofit that expands possibilities for people with vision loss.
- 1-800-AFB-LINE (232-5463)
  afbinfo@afb.net
  AFB Headquarters
  11 Penn Plaza, Suite 300
  New York, NY 10001
  (212) 502-7600

American Occupational Therapy Association (AOTA)

- www.aota.org
- The American Occupational Therapy Association advances the quality, availability, use, and support of occupational therapy through standard-setting, advocacy, education, and research on behalf of its members and the public.
- 4720 Montgomery Lane
  PO Box 31220
  Bethesda, MD 20824-1220
- Phone: 301-652-2682
- TDD: 1-800-377-8555
- Fax: 301-652-7711

American Physical Therapy Association (APTA)

- www.apta.org
- The mission of the American Physical Therapy Association (APTA), the principal membership organization representing and promoting the profession of physical therapy,

is to further the profession's role in the prevention, diagnosis, and treatment of movement dysfunctions and the enhancement of the physical health and functional abilities of members of the public.

- 1111 North Fairfax Street
  Alexandria, VA 22314-1488
  703/684-APTA (2782) or 800/999-APTA (2782)
  TDD: 703/683-6748
  Fax: 703/684-7343

American Speech-Language-Hearing Association (ASHA)

- www.asha.org
- The mission of the American Speech-Language-Hearing Association is to promote the interests of and provide the highest quality services for professionals in audiology, speech-language pathology, and speech and hearing science, and to advocate for people with communication disabilities.
- 10801 Rockville Pike
  Rockville, Maryland 20852
- Members (800) 498-2071
- Non-members (800) 638-8255
- Fax: (240)333-4705

Association for the Advancement of Rehabilitation Technology (RESNA)

- www.resna.org
- An interdisciplinary association of people with a common interest in technology and disability in improving the potential of people with disabilities to achieve their goals.
- RESNA
- 1700 N. Moore St., Suite 1540
- Arlington, VA 22209-1903
- Phone 703-524-6686
- Fax: 703-524-6630

Association for the Care of Children's Health

- www.acch.org
- The Association for the Care of Children's Health (ACCH) is an international, multidisciplinary membership organization of healthcare providers, parents, educators, researchers, chaplains, facility designers, social service professionals, corporations, institutions, and policy makers. ACCH strives to include parents and professionals in a united effort to affect positive outcomes for children.
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APPENDICES

APPENDIX A

(Print front and back)

This checklist is for information that must be collected to safely care for students with special needs in schools.

Health Care Plan Checklist

Student:________________________________**DOB**:__________**School**:______________________

Parents' contacts: _____________ ____________________ _____________________

Notification/Date Permission/Date Home Visit/Date

Physician contact(s): _____________; ___________________; _________________

Date Date Date

Nursing Evaluation(s):___________; ____________________ ; ______________________

Date Date Date

Other Evaluations (OT, PT, etc.):
(*list type and date)* _________________; ____________________; ___________________

Planning Meetings: ____________________ ____________________ ______________

Date Date Date

Educational Team Meetings:

____________________ ____________________ ______________

Date Date Date

Health Care Plan	**Completed**		**Date**
	Yes	***No***	
Referral Checklist	____	____	____________
Student Information	____	____	____________
Physician Order for Specialized Services	____	____	____________
Medication Plan/Record/Checklist	____	____	____________
Health Care Plan	____	____	____________
Emergency Plan	____	____	____________
Transportation Plan	____	____	____________
Training Plan	____	____	____________
Equipment/Supplies Providers	____	____	____________
Special Dietary Needs	____	____	____________
Consents (HIPAA)	____	____	____________

Revised 3/07

APPENDIX B

The referral form for Special Health Care needs can be used as students are enrolling into school or as they are identified for needing special health care services.

Referral for Special Health Care Needs

Student's Name_______________________________Age______________Birthdate_______________

School______________________________ Teacher_______________________ Grade______________

Person completing form ____Date______________

DOES THE STUDENT:	YES	NO	COMMENTS
Have a medical diagnosis of a chronic health problem (diabetes, TB, seizures, cystic fibrosis, asthma, muscular dystrophy, digestive disorders, respiratory disorders, hemophilia, etc.)?			
Receive medical treatments during or outside the school day (oxygen, gastrostomy care, special diet, tracheostomy care, suctioning, injections, etc.)?			
Receive ongoing medication for conditions (seizure, heart, allergy, asthma, cancer, depression, etc.)?			
Experience frequent absences due to illness?			
Experience frequent hospitalizations?			
Require scheduling adjustments due to a health condition (rest following a seizure, limitation in physical activity, periodic break for endurance, etc.)?			
Require adjustments to classroom or school facilities (temperature control, refrigeration/ medication storage, availability of running water, modification for accessibility, etc.)?			
Require other special health care needs (special precautions in lifting, special trans-portation, emergency plan, special safety equip-ment, special techniques for positioning, feeding, etc.)?			

REVIEWED BY HEALTH CARE COORDINATOR		
Date Received	Signature	Title

Revised 3/07

APPENDIX C

(Print front and back)

This form is for pertinent student information that is needed by health personnel. The information should be updated as needed.

Student Information

Personal

Student Name____ Date of Birth_______________

School____

Age_____________ Grade in School ______________________ Male_______ Female_______

Medical

Diagnosis____

Medications____

Contacts

Mother's
Name____

Mother's
Address____

Mother's Home Phone________________________ Work Phone ______________________________
Emergency Phone __________________________

Father's
Name____

Father's
Address____

Father's Home Phone________________________ Work Phone_______________________________
Emergency________________________________

Guardian's
Name____

Guardian's
Address____

Guardian's Home Phone______________________ Work Phone______________________________
Emergency_________________________________

Primary Care Physician (PCP)____
Phone_________________

PCP
Address____

Physician (other than PCP)____

Physician (other than PCP)
Address____

Hospital Emergency Department____
Phone__________________

Hospital
Address____

Ambulance Service____
Phone__________________

School Nurse____
Phone_________________

Revised 3/07

APPENDIX D

(Print front and back)

A photo is recommended for identification purposes and should be attached to the upper right hand corner of the front page.

MEDICATION FORM

NOTE: A separate form must be completed for each medication administered

Student's Name ____________________________________Date of Birth ________Grade __

The school nurse (or designee) has my permission to take a photograph of my student for identity purposes.
Signature of
Parent/Guardian____Date_______________

Hospital to be called: ________________________phone:____________

Doctor to be called: __________________________phone ___________

Name of medication ____________________________________Dosage: _____________

Time to be taken: ________________________ Ordering Physician: ____________________

Reason for medication: ____

In case of emergency call: ____________________________ Phone: ____________________

Cell: _________________ Pager: _______________________Work:____________________

I certify that *at least one dose* of the medication has *previously been given* and NO adverse reactions were experienced. Therefore, I give permission for the school nurse to administer the above medication to my child.

____
Parent or Guardian Date

Note: Medication sent to school **MUST BE** in current original container from pharmacy. The medication will only be administered according to the Doctor's directions on the container.

Date	**Pill Count**	**Brought by**	**Bottle Home**	**Initials/Initials**	**Comments**

Revised 3/07

NAME: ____________________ MEDICATION: ____________________

TEACHER: ____________________ DOSAGE: ____________ TIME: ____________

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
AUG																															
SEP																															
OCT																															
NOV																															
DEC																															
JAN																															
FEB																															
MAR																															
APR																															
MAY																															
JUN																															

CODES	INITIALS	FULL SIGNATURE
A -- Absent from school	____________	______________________________
D -- Medication discontinued	____________	______________________________
NS -- No Show - did not come for med	____________	______________________________
R -- Refused medication		

APPENDIX E

(Print front and back)

The medication error report is to be completed when an error occurs in administrating medication to a student. The form is to be completed by the school nurse and shared with the nurse's supervisor and the building principal.

MEDICATION ERROR REPORT

Student Name_________________________DOB___________School_____________Grade__

Date of Error ___/___/___ Time of Error ________________________________

Location of Error: _____ Health Room ______ Classroom _____Off site _____Other

Staff involved: ___RN ___Health Clerk ___Teacher ___Substitute ___Office Staff __Other

Medical Diagnosis:____

Prescribed Medication Name_______________ Dose:________________ Route:____________

Response Observed: ____

____

Student Condition Prior to Occurrence:____

1. Alert/normal 2. Agitated 3. Unresponsive

4. Lethargic 5. Able to communicate needs? If no, Explain___________

Medication Variance: Medication/Dose/Route____

____

Variance: ______________________________Explain: __________________________________

1. Medication Missing 4. Medication charted but not given 7. Wrong Route

2. Adverse side effects 5. Duplication/Extra Dose given 8. Wrong Dose

3. Med. Given but not charted 6. Time Variance (> 1 hour) 9. Wrong student

Procedural Variance:___________________ Explain:___________________________________

1. Performed on wrong student 4. Staff not available 7. Authorization not signed

2. Improper preparation of student 5. Procedure omitted 8. Security problem

3. Student was NOT on time 6. Supplies/Equipment unavailable/inoperable

Name/Title of person responsible for occurrence:_____________________________________

NOTIFICATION: Parent/Guardian called: Date:___________________Time:___________

Parent/Guardian arrived Date:___________________ Time:___________

Parent/Guardian Response: ____

Physician notified: Date:_________ Time:__________ Spoke with: _______________________

911 called: Time: __________ Arrived on scene:______________________________________

Administrator notified: __________________________Date: ___________Time: ____________

School Nurse notified: __________________________ Date: ___________Time:____________

Report completed by (Name/Title): ____________________________________Date:_______

Reviewed by (Name/Title): ____ Date:_______

REPORT OF MEDICATION ERROR

Name of School ______________________ Date and Time of Error ______________________

Name of Student ______________________ Birth Date ______________________

Name/Position of person administering Med. ______________________ Prescribed medication/ Dosage/ Route/ Time ______________________

Describe error and circumstances leading to error: ______________________

Describe action taken: ______________________

Persons notified of error:

	Name	Date	Time
Principal			
Parent			
Physician			
School Health Coordinator			
Other			

Signature (person completing report) Date Completed

Follow-up information, if applicable (to be completed by School Health Coordinator)

Revised 3/07 Original: School Health Coordinator Copy: Building Principal

APPENDIX F

It is the RN's responsibility to complete an INDIVIDUAL HEALTH CARE PLAN (IHP) according to the nursing process. IHP may be obtained from sources listed in the Resource Section of this manual.

INDIVIDUAL HEALTH CARE PLAN

Act 1565 (1999) amends Annotated Arkansas Code 6-18-1005 to require Individualized Health Care Plans for students with special health care needs in schools. (**This information is CONFIDENTIAL.**)

Student's Name ______________________________ Date of Birth ___________ Grade _________

School __________________________________ Allergies _____________________________

Student's Diagnosis ____

Brief History on medical condition____

PROCEDURES AND INTERVENTIONS(TO BE COMPLETED BY PHYSICIAN OR CLINIC NURSE)

1. Does the student require assistance to attend school? ______ If YES, documentation in items 2-10 should support this requirement.

2. Health care treatments, medications, or procedures (i.e. blood sugars, caths) at school: ____
____

3. Health care treatments, medications, or procedures at home: ____________________________
____

4. Potential side-effects of medication(s) or treatment(s): _________________________________

5. Transportation (bus, parent, etc.): ____

6. Suggested environmental modifications (seating in front of room, avoidance of specific allergens, etc.): ____
____

7. List necessary equipment and supplies and person(s) responsible for providing these items: ____
____

8. Safety Measures: ____

9. Dietary requirements: (Certification of disability form must be completed for school to accommodate.):____

10. Activity Limitations:____

PLEASE ATTACH A COPY OF STUDENT'S MOST RECENT PHYSICAL EXAMINATION

Physician's Signature ________________________________ **Date Signed** ______________

Emergency Plan ( ) Attached ( ) Check if additional information is attached.

Student's Name____

HEALTHCARE PLAN **(TO BE COMPLETED BY SCHOOL NURSE AND SCHOOL TEAM)**			
Health Care Procedures Check ( ): Health Care Procedures should be attached.			
Is backup staff available and trained if primary staff not available ______ Yes _____ No			
Possible Problems to Anticipate and Interventions ____________________ ____________________ ____________________ ____________________ ____________________ ____________________ ____________________ ____________________ ____________________			
Training (Type)	**Date Attended**	**Total Hours**	**Staff Attended**

DOCUMENTATION OF PARTICIPATION

We have participated in the development of the Healthcare Plan and agree with its contents. Parent/guardian agrees to notify the school of the following changes or cancellations occur: the health status, physician (s), the procedure(s).

Signatures **Date**

____ Parent/Guardian

____ Nurse

____ Principal/ Designee

(Revised 3/07)

APPENDIX G

(Print front and back)

Emergency Plan

Name: ________________________________ **Date**: _______________

Student-specific emergencies:

If you see this	Do this

If an emergency occurs:

1. Stay with student
2. Call or designate someone to call the nurse.
3. The school nurse will assess the student and decide whether the emergency plan should be implemented
4. If the school nurse is unavailable, the following staff members are trained to initiate the emergency plan:

Printed name	**Signature**	**Date trained/who trained**
____________________	_________________________	_________________________
____________________	_________________________	_________________________
____________________	_________________________	_________________________
____________________	_________________________	_________________________

Emergency Telephone Procedure

Name: ____ **Date**: __________________

1. **Call 911 and/or designated emergency response team at:** __________________

2. **Call school nurse at**: ____

3. **State who you are:**
   ____

4. **State where you are:**

   School name: ____
   Address: ____
   City: ____

5. **State what is wrong with the student.**

6. **Give specific directions.**

7. **Do not hang up.** Ask for the information to be repeated and provide any other necessary information. Hang up only when all information has been received and is correct.

8. **Notify people.**

   a. School principal or school official in charge of the building at that time:
   _______________________ (telephone number)
   b. School back-up personnel:
   _______________________ (telephone number)

9. **State the following:**

   a. "Emergency plan for ______________________________ is in effect."

   b. "The student is located _____________________________."

10. **Do the following:**
    a. Meet the emergency response team.
    b. Direct emergency response team to the emergency area.
    c. Call parents and other necessary individuals (including physician).

11. **An adult should be designated to accompany student in the ambulance.**

    Hospital the student should be transported to: ___________________________

APPENDIX H

INSERVICE TRAINING PLAN FOR SCHOOL HEALTH SERVICES

Student Name:		School:	
DOB:		Parent(s)	
Personnel Trained:		Instructor	
		Focus of Training:	
		Date of Training:	

Description of Training Provided:

____

____

____

____

Additional Follow-up Training (If Necessary):

Date	Type of Training	Initials of Trainer/Trainee

I certify that I have been trained in the school health services of: ___________________________

Signature	Position	Date
Signature	Position	Date
Signature	Position	Date

I certify that the above personnel have been trained in the school health services of: ___________

Signature	Position	Date

APPENDIX I

If a student has special dietary needs that must be addressed by the school, the CERTIFICATION OF DISABILITY FOR SPECIAL DIETARY NEEDS Form must be completed.

CERTIFICATION OF DISABILITY FOR SPECIAL DIETARY NEEDS

(PLEASE RETURN THE ORIGINAL FORM TO THE FOOD SERVICES DIRECTOR)

Forms will ONLY be accepted if filled out by a licensed physician!

PART 1 (to be completed by school or parent): Today's Date____________________

School____School Phone Number______________

Student's Name____Grade__________Age_________

Parent/Guardian's Name___________________________Daytime phone number_____________________

MUST BE FILLED OUT COMPLETELY BEFORE SUBSTITUTIONS WILL BE MADE:

PART 2 (to be completed by a licensed physician ONLY) Please CHOOSE A or B

A. FOR STUDENTS WITH A DISABILITY

Describe the disability and check the major life activities affected by the disability.

____

____

_____caring for one's self _____seeing _____breathing

_____performing manual tasks _____hearing _____learning

_____walking _____speaking _____working

_____other (Describe)____

B. FOR STUDENTS WITHOUT A DISABILITY

Identify the medical condition or other special dietary need that restricts the diet.

_____Diabetes Mellitus _____Reduced Calorie _____Increased Calorie

_____Modified Texture _____Food Allergy (describe)__________________________

_____Other (describe)____

PART 3: To be completed by a licensed physician ONLY

Please list the food(s) to be omitted from the student's diet and the food(s) that may be substituted. BE SPECIFIC. **Substitutions will be made only if listed below.** Attach an additional sheet or use the back of this form if necessary.

Foods to be avoided Substitution

____________________________________ _____________________________________

____________________________________ _____________________________________

____

Signature of Physician Office phone number Today's date

PART 4: Completed form to be reviewed and signed by the following:

_______________________________________ _____________________________________

Parent/Guardian Date School Principal Date

_______________________________________ _____________________________________

School Nurse Date Cafeteria Manager Date

APPENDIX J

(Print front and back)

INJURY ASSESSMENT

Circle those items which apply:

I. INJURIES
   a. Multiple and clustered
   b. Multiple and on different body surfaces
   c. Multiple and in various stages of healing
   d. Reflecting outline of an object
   e. Reflecting mode of infliction
   f. Not fitting with student's age
   g. Unlikely to be caused by accident

II. EXPLANATION
   a. Explanation absent
   b. Vague with few details
   c. Changes in explanation
   d. Highly unlikely story

III. DELAY IN SEEKING MEDICAL CARE
   a. Delay for over four (4) hours
   b. Delay for over twenty-four (24) hours

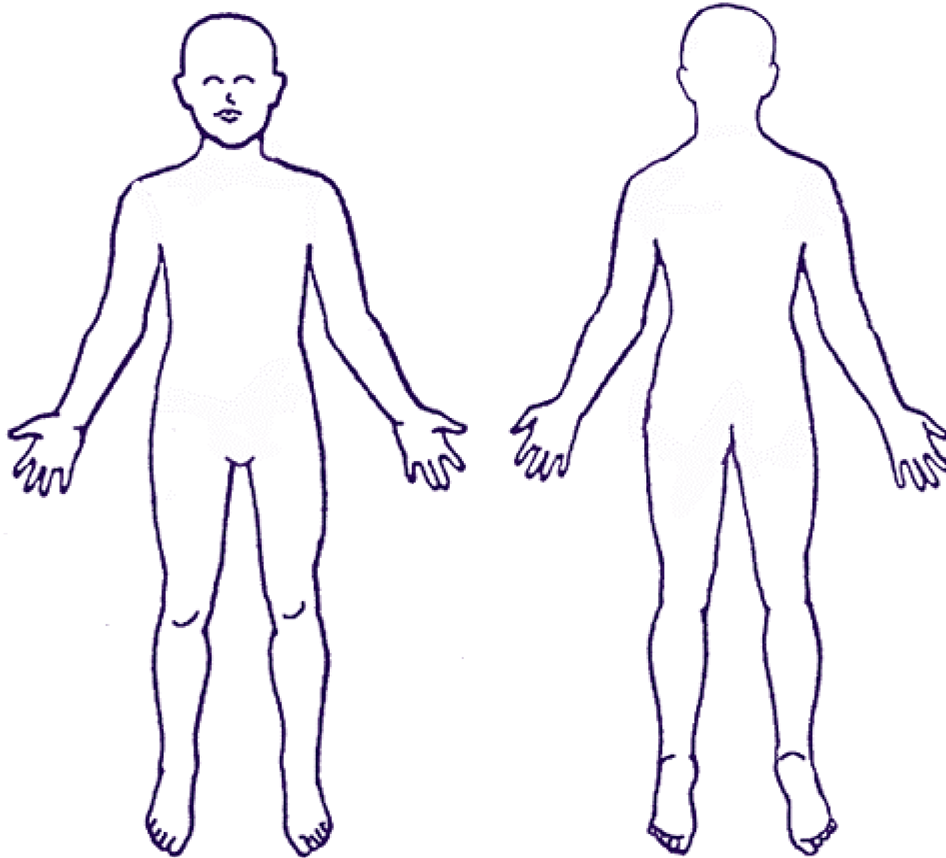
IV. PARENT/GUARDIAN BEHAVIOR
   a. Lack of concern and interest in student, condition, or prognosis
   b. Resistive/irritable when asked for details of the accident
   c. Depressed, preoccupied: Limited eye contact

V. STUDENT BEHAVIOR
   a. Hygiene poor
   b. Nutrition poor
   c. Clothes shabby
   d. Does not expect comfort from parents
   e. Overly submissive to treatment
   f. Excessively hostile
   g. Limitation of loss of function of any joint or extremity
   h. Painful or tender areas anywhere

Hansen, Marie M., "Checklist for the Assessment of Pediatric Injury for Student Abuse" *Journal of Educational Nursing,* January-February, 1976.

Student's Name ________________________________DOB__________ AGE _______SEX _____
Date occurred _______________ Date observed _________ Photographs Taken: YES____ NO_____
Nurse's Name ________________________________Witness___________________________________

PLEASE INDICATE THE AREA AND TYPE OF DAMAGE: (Example: C3) AND NOTE ANY OLD MARKS OBSERVED



A. BONES
1. Simple Fracture
2. Compound Fracture
3. Multiple fracture
4. Dislocation

B. BURNS
1. Cigarette
2. Scalding
3. Chemical
4. Flame
5. Electrical
6. Branding
7. Other:____________

RESULT OF INJURIES:

PERMANENT DAMAGE_______ DEATH___________

C. BRUISES & WOUNDS
1. Welts
2. Faded bruises
3. Obvious bruise
4. Scratches
5. Cuts
6. Open wound
7. Gun wound
8. Inflicted by:
   _____Hand
   _____Foot
   _____Instrument

Type:_____________

D. INTERNAL INJURY
1. Internal bleeding
2. Organ damage
   Organ:____________
3. Intestine damage
4. Muscle damage
5. Other: ______________

E. HEAD INJURY
1. Brain damage
2. Concussion
3. Skull fracture
4. Dental Damage
5. Broken Bone
6. Split Lip
7. Subdural Hematoma
8. Hemorrhage
9. Other: ___________

F. SEXUAL ABUSE
1. Fondling
2. Anal entry
3. Vaginal entry
4. Coitus
5. Oral stimulation
6. Other: _________

G. OTHER INJURIES
1. Dismemberment
2. Exposure
3. Malnutrition
4. Poisoning
5. Sprains
6. Suffocation
7. Black Eye L R

APPENDIX K

Prior to a district billing for Medicaid or Third Party Insurance, one of the attached forms must be completed by parent or guardian. The forms must be done annually.

Parental Consent to Release of Personal Identifiable Information

Student Name: ________________________
Student Identification Number: ________________________
Primary Care Physician Name: _____________________________

Medicaid Information:
Is your student covered by Medicaid Yes No
If yes, please list the corresponding number ________________________
****When the student was enrolled in the Medicaid program, parental consent to bill for services was received from the parent/guardian. ****

Parental Permission Information for the Release Personal Identifiable Information:

Under the Family Education Rights and Privacy Act (FERPA), parental permission is required in order to release student personal identifiable information to agencies not identified in the Act. This permission grants the ________________________ (local education agency) the ability to release these records for the purposes of billing Medicaid. The information that may be released includes: student's name, student's date of birth, student social security number, student evaluation and referral information, IEP goals, and progress notes. The parent has the right to revoke this permission at any time.

Please circle the following that apply:

A) ____ I give permission to the local education agency to access Medicaid to receive reimbursement for healthcare services delivered to my student in the school. The local education agency can release education records each time that they access Medicaid for the purpose(s) of determining eligibility, billing for services, and/or completing audit/review requests.
B) ____ I do not give my permission for the local education agency to access Medicaid for healthcare services delivered to my student in the school.
C) ____ My student is not covered by private insurance.
D) ____ My student is covered by private insurance (please see next page)

______________________________ ______________________________
Parent or Guardian Signature *Local Education Agency Official*

________________ ________________
Date Date

Parental Consent to Release of Personal Identifiable Information Third Party Liability Section

<u>This section should only be completed if section D of the previous pages is checked and if the student is covered by private insurance.</u>

Information Related to Billing Third Party Insurance:
Title 42 Code of Federal Regulations (CFR), Part 433, Subpart D, Third Party Liability requires that all third party sources must be utilized before reimbursement can be made by Medicaid. Part B of the Individuals with Disabilities Education Act (IDEA) prohibits a public agency from requiring parents, where they would incur a financial cost, to use insurance proceeds to pay for services that must be provided to a student with disabilities under the "free appropriate public education" requirements of these statues. IDEA does not create exceptions to Title 42 CFR, Part 433, Subpart D. All Medicaid providers should attempt to exhaust third party liability prior to making claims to Medicaid, including schools districts and education service cooperatives (ESC).

Private Insurance Information:

I. Insurance company: ______________________________

Address: ___________________________________ Phone: ________________

Name of Policy Holder: ______________________________

Policy Holder date of birth: _____________ Social Security Number: _________

Policy Number: _________________ Group Number: _______________

Please circle on below:

Yes No I give permission to the local education agency to bill my private insurance for healthcare services delivered in the school.

_______________________________ _______________________________

Parent or Guardian Signature *Local Education Agency Official*

________________ ________________

Date *Date*

APPENDIX L

http://www.arsbn.org/pdfs/schoolnurseguidelines.pdf