Wisconsin School Nursing Handbook Chapter 8

Education Services for Children and Youth with Special Health Care Needs

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CHAPTER 8

Education Services for Children and Youth with Special Health Care Needs

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Introduction

Children may have any number of special health care needs that require attention during the school day. Appropriate assessment and coordinated health care services in the educational setting are essential to allow children and youth with special health care needs to access services and benefit from their education. The health care needs of children with chronic health conditions can be complex involving both daily management and preparing for potential emergencies.

Several federal laws may need to be considered while providing appropriate accommodations for students with chronic conditions, including, but not limited to Section 504 of the Rehabilitation Act of 1973 (Section 504), Americans with Disabilities Act (ADA), and Individuals with Disabilities Education Act (IDEA). Not all students with special health care needs will require "special education" services. Many students will be served in regular programs under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act Amendments Act of 2008.

Program development and services for children and youth with special health care needs is student-centered. Inclusion of the student as appropriate, and family, in planning and providing services is imperative. School health services are a collaboration between school personnel, families, and community healthcare providers. Such services are provided in a manner consistent with federal, state, and local education, health, and legal requirements.

Children and youth with special health care needs (CYSHCN) are defined as children and youth who have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount beyond that generally required by children (Health Resources and Administration Bureau of Maternal and Child Health 2023). Wisconsin law also provides a legal definition of children with special health care needs (Wis. Stat. sec. 253.02[1] [a]). It is important to recognize that the umbrella of "special health care needs" encompasses physical, developmental, behavioral, emotional conditions, and health-related educational needs.

In Wisconsin it is estimated 263,558, or 20.7 percent of children aged 0-17 have special health care needs (Data and Resource Center for Child and Adolescent Health 2022). The guidelines in this chapter are sensitive to the financial and human resource demands placed on school districts. It is important to note that most children with special health care needs can be served with existing school resources. To assist school districts in serving such children, this chapter focuses on:

- Identification of CYSHCN
- Legal Considerations
  - Federal Laws
  - State Laws and Administrative Rules
- The IEP Process
  - Membership of IEP team
  - Timeline for the IEP
  - Areas of Impairment
  - Dispute Resolution Options
- Program Development
  - Collaboration
  - Policies and Procedures
  - Modifying Programs
- Developing and Implementing Student Health Plans
  - Differentiating Individualized Healthcare Plans, Student Health Plans, and Emergency Action Plans
  - Student Health Plans and the Special Education Process
- Emergency Planning
- Homebound Instruction
  - Special Education
  - Regular Education
- Equipment and Supplies
- Attendance
- Definitions

The Department of Public Instruction (DPI) provides additional information regarding specialized service provision with the document *1:1 Nursing Services for Students with Special Health Care Needs*.

Identification of CYSHCN

Identifying children with special health care needs often occurs years before a child enters the public-school setting. In accordance with Wis. Stat. sec. 115.777(1)(a), a physician, nurse, psychologist, social worker, or administrator of a social agency who reasonably believes that a child brought to them for services has a disability is required to make a referral to the local educational agency.

In such cases, a plethora of assessment and health care related information may have already been obtained by the child's private and public health care practitioners and can be made available to the public school system. It is critical that health care information is held confidential by all school personnel. This health information may assist staff members in determining whether a child should be referred for:

- assessment for a disability required under IDEA;
- special accommodations required under Section 504; or
- specialized health service support for which they are not eligible under IDEA or Section 504 (for example, nursing care for an acute situation such as a fractured bone).

An organized planning and decision-making process is necessary for a child's smooth transition into the education setting. To ensure this, the team must be thoroughly familiar with the evaluation and placement process required by state and federal laws.

With some children, however, special health care needs will become more apparent when the child enters a preschool or public school setting. Although health assessments can assist with identification of children's special health care needs, the State of Wisconsin does not require any medical or dental assessment prior to school entrance. All districts have student entrance requirements and procedures, including the completion of enrollment forms. Such forms should request health information, which is the most common source of information from parents to schools regarding a student's health care conditions and needs. The school nurse is uniquely qualified to review the health assessment to determine the health modifications, services, and interventions needed for a student to protect their health and safety and benefit from their education.

When parents inform the school of health concerns that might interfere with the educational process, the principal or other administrator—working with the school nurse—should proactively review that information and decide if a referral is necessary to discuss special education services, Section 504 accommodations, or regular health services. School nurses and other healthcare providers in the

schools need to be observant for students with possible unrecognized health care needs and make appropriate referrals to medical and other community healthcare providers for evaluation and treatment. If there is reasonable suspicion the child has a disability that will impact learning, or there is lack of academic success despite a multi-system level of support for a current student, school personnel have a responsibility to refer the child for special education evaluation.

If follow-up for a special health care need is identified and indicated, a multidisciplinary team approach is generally viewed as the most effective model for assessing, planning, implementing, and evaluating the delivery of care. The team should include the people directly involved in the child's education and care, such as school and community healthcare professionals, parents or guardians, teachers, paraprofessionals, the child, and appropriate school administrators.

As a member of the multidisciplinary team, the role of the school nurse, as suggested by the Wisconsin Nurse Practice Act and the School Nursing Scope and Standards (NASN 2022) is to:

- assess the health and developmental needs of the child and respond to parental and staff concerns;
- access available pertinent medical data;
- attend school team meetings, presenting findings, recommendations, and strategies that respond to students' health care and education needs;
- educate staff as to the nature and relevance of the health condition;
- determine with the school team how to meet students' needs;
- develop and implement a nursing care plan, student health plan and/or emergency action plan for students, as needed;
- perform nursing and delegated medical interventions;
- as appropriate and necessary, delegate, train, monitor, and supervise nonprofessional school health personnel performing delegated nursing interventions; and
- monitor and evaluate the ongoing status both of the student and the health services plan.

If there is a reason to believe that a child has a disability, school staff including the school nurse shall refer the child for an evaluation to determine eligibility for special education (Wis. Stat. sec. 115.777[1][a]). If the child is eligible for services, either under IDEA or Section 504, it may be important to reference and/or incorporate the related services of School Nursing or School Health Services into

the IEP or Section 504 accommodation plan. The district should consider, plan, and arrange for the following in a timely manner:

- the type of personnel qualified to provide necessary care and services;
- appropriate training, supervision, and/or consultation for staff;
- safe and appropriate transportation;
- supplies and equipment necessary for the school to provide health services to the child; and
- a safe learning environment.

School nurses can find more information regarding the special education process at https://dpi.wi.gov/sped/a-z.

Legal Considerations

Federal Laws

The federal statutes influencing the provision of care to CYSHCN include:

- Individuals with Disabilities Education Act, 20 U.S.C. ch. 33 (last reauthorized 2004)
- Section 504 of the Rehabilitation Act of 1973
- Early Intervention Program for Infants and Toddlers with Disabilities (Individuals with Disabilities Education Act, Part C, as amended, 20 U.S.C. ch. 33 subch. III and 34 CFR part 303)
- Americans with Disabilities Act Amendments Act of 2008

Individuals with Disabilities Education Act
In 2004, the Individuals with Disabilities Education Act (IDEA) governing the education of children with disabilities was reauthorized and the accompanying regulations were issued in 2006. U.S. Department of Education regulations describe the responsibility of schools to provide a "free appropriate public education" (FAPE) to children with disabilities. FAPE means special education and related services that are provided at public expense, under public supervision and direction, in conformity with an individualized education program (IEP) (34 CFR § 300.17). FAPE must be available to all students with disabilities ages 3 through 21 enrolled in a public school district, including students with disabilities who have been suspended or expelled from school.

On March 22, 2017, the United States Supreme Court, in the case of *Endrew F. v. Douglas County School District*, 580 U.S. 386 (2017), issued a unanimous ruling on what it means to provide a free appropriate public education (FAPE) to a student with a disability through an individualized education program (IEP) tailored to the student's unique needs. In June 2018, the DPI issued an information bulletin addressing FAPE under this ruling.

IDEA also contains requirements for the evaluation of a student suspected of having a disability and for the development of an IEP. See Identification section above.

Section 504 of the Rehabilitation Act of 1973
Section 504 of the Rehabilitation Act of 1973 is administered by the U. S. Department of Education, Office for Civil Rights. The purpose of section 504 is to eliminate discrimination on the basis of disability or handicap in any program or activity receiving federal financial assistance (34 CFR Part 104.1). School districts, cooperative educational services agencies, children with disabilities education

boards, and DPI receive federal funding and thus are required to meet the requirements of the act.

Section 504 defines a handicapped person as “any person who (i) has a physical or mental impairment which substantially limits one or more of the major life activities, (ii) has a record of such an impairment, or (iii) is regarded as having such an impairment” (34 CFR 104.3[j][1]). The regulation defines physical or mental impairment as “(A) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive, digestive, genito-urinary; hemic and lymphatic; skin; and endocrine; or (B) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities” (34 CFR 104.3[j][2][i]).

In order to avoid inadvertent exclusion of a particular condition, the definition does not specify diseases or conditions; however, examples given in federal interpretations of the regulation include orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, attention deficit disorder, drug addiction, and alcoholism. The impairment must substantially limit a major life activity, including caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, concentrating, thinking, learning, and working (U. S. Department of Education 2016, 4).

Children in public schools who qualify as “handicapped persons” under Section 504 must have access, without discrimination, to public school programs and activities. In addition, Section 504 requires public schools to provide a free appropriate public education to each qualified handicapped person who resides in the school’s jurisdiction. Section 504 defines “appropriate education” as the provision of regular or special education and related aids and services that are designed to meet individual educational needs of handicapped persons as adequately as the needs of non-handicapped persons are met and that meet the procedural requirements of Section 504 (34 CFR 104.33[b]).

Section 504 also requires schools to:

- conduct an evaluation before identifying and serving a student as a Section 504 student;
- reevaluate a student before any significant changes in placement;
- educate handicapped persons with persons who are not handicapped to the maximum extent appropriate to the needs of the handicapped person; and
- establish and implement procedural safeguards.

Compliance with the procedures and requirements in IDEA is one way of meeting the requirements under Section 504. School districts are required to identify a Section 504 coordinator to respond to Section 504 referrals. For additional information, contact the Office of Civil Rights.

Early Intervention Program for Infants and Toddlers with Disabilities

The Early Intervention Program for Infants and Toddlers with Disabilities is a federal program which is Part C of the Individuals with Disabilities Education Act. This national program assists states in establishing a statewide system of comprehensive, coordinated, multidisciplinary, interagency services for children under the age of three with developmental delays and their families. States may elect to provide services to infants and toddlers who are at risk of having significant development delays if appropriate early intervention services are not provided.

The Department of Health Services (DHS) is the lead agency that oversees the Birth to 3 Program in Wisconsin. The Birth to 3 Program requirements are outlined in rules promulgated by DHS (Wis. Admin. Code ch. DHS 90). In Wisconsin, each county is responsible for establishment of a comprehensive child find system to ensure that all children who may be eligible for the Birth to 3 Program are identified and referred for screening or for evaluation to determine eligibility.

The Wisconsin Birth to 3 Program is committed to providing services in a way that makes sense for each family. This "family centered" program recognizes the importance of parents, family, and friends in a young child's life. The early intervention team will provide ideas and techniques to help a family enhance their child's development and learning potential.

Americans with Disabilities Act Amendments Act of 2008

The Americans with Disabilities Act (ADA) of 1990 prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, state and local government services, public accommodations, commercial facilities, and transportation. The ADA extends many of the rights and duties defined by Section 504 to public accommodations such as restaurants, hotels, theaters, stores, doctor's offices, museums, and childcare programs. On September 25, 2008, the President signed the Americans with Disabilities Act Amendments Act of 2008. The Act emphasizes that the definition of disability should be construed in favor of broad coverage of individuals to the maximum extent permitted by the terms of the ADA and generally shall not require extensive analysis.

State Laws and Administrative Rules

The Wisconsin statutes and administrative rules influencing the provision of care to CYSCHN include:

- Definition (Maternal and Child Health), Wis. Stat. sec. 253.02(1)(a)
- Children with Disabilities (Public Instruction), Wis. Stat. ch. 115 subch. V and Wis. Admin. Code. ch. PI 11
- Coordinated Services (Social Services), Wis. Stat. sec. 46.56
- Wisconsin Nurse Practice Act, Wis. Stat. ch. 441
- Community Mental Health, Developmental Disabilities, Alcoholism and Drug Abuse Services, Wis. Stat. sec. 51.42
- Community Developmental Disabilities Services, Wis. Admin. Code sec. DHS 61.30,
- Standards of Practice for Registered Nurses and Licensed Practical Nurses, Wis. Admin. Code ch. N 6

In Wisconsin law, a child with special health care needs is defined as one who has health problems that require interventions beyond routine and basic care, including children with, or at risk for, disabilities, chronic illnesses and conditions, health-related educational problems and health-related behavioral problems (Wis. Stat. sec. 253.02[1][a]). The Wisconsin Department of Health Services (DHS) is the agency tasked with maintaining a maternal and child health program that includes health services to children with special health care needs (Wisc. Stat. sec 252.02[2][f]).

The population of Wisconsin CYSCHN is diverse. This diversity includes such factors as specific diagnosis; chronicity of the illness (including infectious illnesses); physical impairments; acquired disability due to accidents or disease; psychological conditions; ethnic background; and gender or sexual identification and expression.

The State of Wisconsin regulates the provision of services to children with special health care needs primarily through four statutes.

- Wis. Stat. ch. 115 subchapter V, *Children with Disabilities* which requires local education agencies to provide free appropriate public education to children with disabilities who, by reason of their disability, need special education and related services.
- *Coordinated Services for Children and Families* statute establishes a standard system which can be used to develop integrated systems of care; authorizes the key public educational and human service agencies to participate in collaborative systems; and provides direction for technical assistance and statewide coordination (Wis. Stat. sec. 46.56).

- *Community Mental Health, Developmental Disabilities, Alcoholism and Drug Abuse Services* enables and encourages counties to develop a comprehensive range of services to offer continuity of care; provide services to prevent or ameliorate mental disabilities; and provide for the integration of the administration of those services (Wis. Stat. sec. 51.42).
- The *Wisconsin Nurse Practice Act* defines the scope of nursing practice, types of titles and licenses, and education program standards. This regulation of nursing is to ensure safe practice to protect the public (Wis. Stat. ch. 441).

Wisconsin has five administrative rules that address services for children with disabilities:

- *Community Mental Health and Developmental Disabilities* rules (Wis. Admin. Code sec. DHS 61) establish service standards for community mental health and developmental disabilities.
- The Department of Public Instruction's administrative rules at PI 11 (Wis. Admin. Code sec. PI 11), address the transfer of students with disabilities between school districts, physical and occupational services as a related service, criteria for determination of eligibility, and areas of impairment.
- *Standards of Practice for Registered Nurses and Licensed Practical Nurses* specify the minimum practice standards and clarify the scope of practice for registered nurses and licensed practical nurses in Wisconsin (Wis. Admin. Code sec. N 6).
- *Rules of Conduc*t describes grounds for disciplinary action against a registered nurse or licensed practical nurse (Wis. Admin. Code sec. N 7).

Registered nurses, physical therapists, occupational therapists, speech and language therapists, audiologists, and licensed practical nurses have specific areas of health care practice for which they are responsible, defined by licensing laws and regulations. Professional practice requires that each of these licensed care providers accept responsibility for the care they legally and competently provide.

In accordance with these laws and regulations, the school nurse can identify and delegate certain specialized care procedures that can be provided in the school setting to teachers, teacher aides, school health paraprofessionals, school secretaries, and volunteers. It is particularly important that school districts follow all regulations because school personnel who are not healthcare professionals yet provide specialized care, must be delegated this responsibility and be under the general or direct supervision of an appropriately licensed healthcare professional. See Use of Delegation in the School Setting (2019) for more information.

The IEP Process

Membership of IEP team

Membership of an IEP team includes:

- the parents/guardians of the student;
- not less than one regular education teacher of the student (if the student is, or may be, participating in the regular education environment);
- not less than one special education teacher (or special education provider) of the student;
- a representative of the public agency who:
  - is qualified to provide or supervise the provision of specially designed instruction; to meet the unique needs of students with disabilities;
  - is knowledgeable about the general education curriculum; and
  - is knowledgeable about the availability of resources of the school.
- someone to explain instructional implications of evaluation results (this person may be the same person as someone already listed);
- other participants who have knowledge or special expertise regarding the student who have been invited to participate by the parent/guardian or the school; and
- whenever appropriate, the student with a disability (34 CFR 300.321).

School nurses may be categorized as participants on an IEP team and are assigned at the request of the school district administrator or parent/guardian. The school nurse is the team member qualified to evaluate the health needs of the student, many of which may not be apparent without a thorough health assessment (NASN 2023). At times, school personnel can perform multiple roles or functions for the IEP Team process.

Steps in the IEP Team Process:

Referring the student for special education.

Evaluating the student.

- Does the student have an impairment?

- Does the student require specially designed instruction in special education as a result of that impairment?
  - Deciding what services are needed and writing the IEP.
  - Deciding where the student will receive services and sending the parents the placement notice.
  - Implementing the IEP.
  - Reviewing the IEP and placement at least once each year.
  - Reevaluating the student's need for special education must occur at least every three years, unless the school and parents/guardians decide it is not necessary.

Although each of these steps appears to be a specific decision or process, all the processes are connected. The IEP team may only need one meeting or several meetings may be needed to work through the IEP process.

Timeline for the IEP

IDEA dictates a timeline for the individual education program. Within 15 business days of when a school district receives a referral, the school must either send the parents/guardians a request for consent for evaluation or a notice that no further testing is necessary (Wis. Stat. sec. 115.777[3][e]). The school has 60 calendar days after getting the parent's/guardian's consent to do an evaluation and decide if the child is eligible for special education (Wis. Stat. sec. 115.78[3][a]). After the IEP team determines that the student is eligible for special education services, an IEP must be developed and the placement identified within 30 calendar days (Wis. Stat. sec. 115.78[3][c]). See the DPI's Timely Special Ed Evaluation: Special Education Webpage for more information.

Areas of Impairment

Wisconsin Administrative Code sec. PI 11.36 describes the 12 areas of impairment that may make a student eligible to be found to be a child with a disability who needs special education and related services. These areas include:

- Autism.
- Intellectual disability (ID).
- Emotional behavioral disability (EBD).
- Deaf and hard of hearing (DHH).
- Deafblind (DB)
- Orthopedic impairment (OI).

- Other health impairment (OHI).
- Significant developmental delay (SDD).
- Specific learning disability (SLD).
- Speech or language impairment (SL).
- Traumatic brain injury (TBI).
- Blind and visually impaired (VI).

The evaluation process determines if the student has an impairment and is in need of specially designed instruction. School nurses can find the criteria needed to qualify for each of the specific impairments at the Wisconsin DPI special education disabilities categories website.

The DPI provides up-to-date information regarding implementation of the IDEA at its website. This document, School Nurse Documentation in Career and College Ready IEPs (2023) assists school nurses and school administrators in understanding where and how to document a student's health needs in special education evaluations and when writing IEPs. The role and contributions of school nurses in special education evaluations is discussed in four sections. Section one summarizes where school nurses document how a student's health impacts their learning and education under IDEA. The second section includes recommendations for specific health related information school nurses may document. The third section describes the role of Health Plans. Finally, section four provides insights into documenting on the Other Health Impaired (OHI) criteria sheet, which is one of the most common, but not only, criteria sheet used by school nurses.

Dispute Resolution Options

Since decisions made in the IEP process are made through team consensus, conflicts and disagreements may arise. At times, debates regarding a student's educational and health care needs can bring forth issues that can enhance a student's educational program. However, there are times when problem solving can be strained and outside resources may be helpful. There are several alternatives that may be beneficial in resolving the dispute depending on where the team is in the process:

- Independent Educational Evaluation (IEE) an independent education evaluation conducted by a qualified professional outside the local school district. A parent-initiated IEE may be either at the expense of the child's parents or at public expense (at no cost to the parents). A due process

hearing officer may order an IEE. An IEE ordered by a due process hearing officer must be at public expense.

- Facilitated IEP is an option for early conflict resolution using a trained, neutral professional to help the IEP team with the process of deciding what will be included in the IEP. A facilitated IEP is a voluntary process which may occur if the parents and school district agree to the services of the outside trained professional.
- Mediation is facilitated negotiation by a trained, neutral-party mediator to assist parents and school districts in resolving their disputes.
- The IDEA complaint is an option that may be filed by any individual or organization that believes the school district has violated special education law. The complaint must be in writing and signed and include certain information. It is then sent to the school district and the DPI. The DPI will investigate the allegation and if a violation has occurred, will work with the school district on corrective action and technical assistance to remedy the violation.
- Due process hearings are requested by the parent/guardian/adult student or the school district whenever there is a dispute between the parent/guardian and the school district over the district's proposal or refusal to initiate or change the identification, evaluation, proposed IEP, or portion thereof, the implementation of the IEP, educational placement, or the provision of a free appropriate public education.

See DPI's Special Education Procedures webpage for more information.

Program Development

The medical system and the educational system represent two aspects of a rehabilitation/treatment continuum for a student with a severe injury or chronic condition. A child's successful transition between them is more likely when healthcare and school professionals are aware of what each system has to offer and the rules by which each operate. Historically, parents/guardians have been responsible for creating the bridge between these systems. It is understandable that parents/guardians experience significant emotional distress following their child's injury or diagnosed condition and may not have the resources to negotiate the two systems. Parents/guardians often may not have an adequate understanding of the educational process and available school programs and may not be prepared to coordinate all the activities involved. Because of this, both the healthcare and school personnel need to facilitate communications and develop a mutual commitment of responsibility to the child's success. The school nurse is the school healthcare professional most qualified to bridge the medical system and educational system.

A team approach is most effective for planning. The challenge of providing services for CYSHCN requires school personnel to first assess student needs and local resources. This guides and assists district staff in the delivery of comprehensive, coordinated, student-centered services. To provide quality care, the school district needs to create a climate that is responsive to the needs of children and families, supportive of staff, and efficiently organized. Often collaborative relationships with other agencies are required to ensure that both the educational and health care needs of children are met.

Program development involves implementing and evaluating programs for specialized health care. Existing school district committees or groups can be used to fulfill concepts presented in this chapter. Ideally, each district should establish a school health advisory committee, which has the task of assessing and documenting specialized health care needs presented by students, as well as the district's resources for providing specialized health care services. The committee can then develop the program components of policies, resources, funding, procedures or protocols, and personnel requirements. Representatives from the school district and the community should comprise the council, including:

- school healthcare professionals, especially school nurse(s),
- parents of children with special health care needs,
- district administrator(s),
- student services representative(s),

- teachers,
- health care agency/community organization representative(s), and
- nonprofessionals currently providing special health care services.

Collaboration

When developing services for children with special health care needs, it may become apparent that the resources of the school district are insufficient to meet these special needs. Therefore, the school team should address each student's needs carefully. In considering such issues as assessment, funding, and service delivery, the school team may determine that assistance is needed from a variety of sources, including:

- public and private healthcare providers,
- social service agencies, and
- philanthropic organizations.

Technology has enabled children with complex health care needs to live at home. Integrating them into a school system is not only a legal right but supports students' social and emotional development. Attending school in person, when appropriate, provides the richest educational experience and supports academic success. Occasionally, a skilled private duty nurse must accompany the child to school, creating a new set of roles and responsibilities for the student and the family, the private duty nurse, the school nurse, and other school staff. While the school is generally not required to provide a private duty nurse, the school is involved in determining the level of nursing services required for the student to safely attend school.

It is recommended that where there are nurses from different agencies, e.g., school district nurses and home health care agencies providing care in the school setting, there should be contracts or memorandums of understanding developed between the school district and agencies which address the specific responsibilities of each nurse. The school nurse generally retains accountability for special education documentation and transportation and evacuation planning. Agency nurses would generally assume responsibility for the health care they provide, or for which they supervise the health care provided by agency hired licensed practical nurses. See 1:1 Nursing Services for Students with Special Health Care Needs for more information.

Policies and Procedures

School districts need to have policies and procedures in place to ensure CYSHCN receive an appropriate education in a safe environment. A safe environment implies that children will receive the health care services necessary to maintain

their health, so that they can benefit from their educational program. The maintenance of health is more than the absence of a deteriorating health condition; it implies the promotion of physical and emotional well-being, in addition to the support of growth and development. The responsibility and accountability for decision making related to the services provided by the school should be clearly defined in the district's policies for children with special health care needs. Lines of decision making, responsibility, and communication must be clearly identified within the organizational structure.

The current health status and health needs of children with identified or potential special health care needs, whether they are related to physical or mental health should be assessed. The school nurse is one of a few professional healthcare providers in the school setting qualified to complete this assessment. Determining the health status and health needs of children with known health impairments that are psychological in nature may require collaborative assessment by the nurse, school social worker, school psychologist, or other mental health professionals.

When circumstances make it appropriate, the school administrator, school nurse, school medical advisor, classroom teacher, and other pupil personnel specialists may be consulted. Who is consulted or informed will depend on the age, grade level, health condition, developmental needs, and confidentiality requirements of the student; the personnel available; lines of administrative and clinical decision making; and the type of service provided. School districts often hire or contract with other specialists such as occupational therapists, physical therapists, speech and language therapists, and school audiologists. School nurses are reminded to practice within their nursing scope of practice and defer to others when appropriate.

Whenever a child needs health care services or monitoring by school personnel other than the school nurse, a planning meeting is important. The planning meeting should include the family, the school nurse, school administrator, school personnel who will be responsible for monitoring the child's needs or providing specific services, transportation personnel, and community healthcare providers, as appropriate.

Generally, the administration or supervision of special health care procedures or treatments in school requires a practitioner's order and parent authorization. Both the detailed order or prescription and the parent's/guardian's permission must be received in writing before the procedure or treatment can be administered in school.

Health care services in school must be provided in a manner consistent with national, state, and local standards for health care services and professional practice. Specialized health care procedures must be adapted to the needs of the

individual student and should be performed by qualified personnel. When licensed professionals delegate selected procedures to other personnel, the licensed professional remains responsible for supervision of those individuals carrying out the procedures and for the quality of care provided (Wis. Admin. Code sec. N 6.03). Districts should make the necessary education, time, and resources available to the personnel who are providing and delegating school health services for CYSHCN.

To the degree possible, the delivery of health care to a student should minimize disruption to the educational processes of other students. Education, school health, and transportation personnel may require continuing education, clinical consultation, and/or student-specific training to ensure they are equipped to effectively deliver services that will help minimize educational disruptions. In addition, districts must develop infection-control policies and procedures in accordance with current public health standards and regulations of the Occupational Safety and Health Administration to ensure a safe educational environment for students and staff members.

The district must do everything in its power to ensure that the student's and family's right to confidentiality and privacy are protected. Records relating to the health of a student that contain such information as diagnoses, opinions, and judgments made by a healthcare provider, except for records containing only the basic health information included in the definition of pupil physical health records, are treated as "patient health care records." These records must be treated consistent with Wis. Stat. sec. 118.125(2m) and Wis. Stat. sec 146.82(1). School personnel are responsible for maintaining such confidentiality, except when it is necessary to share information about the health status of a child for the protection of the child, or because of a serious threat to other children, or to school personnel. When confidentiality is an issue, consultation with the parent/guardian, school medical advisor, school nurse/nursing supervisor, and the primary-care physician is advisable. Policies and procedures regarding school health records must be maintained consistent with:

- state and federal education laws;
- state and federal confidentiality laws;
- state and federal health laws; and
- standards of practice for nursing and medicine.

Districts may need to develop, review, update, and revise policies and procedures related to the education of CYSHCN. These policies and procedures may relate, but are not limited, to:

- the organizational structure (decision making);
- personnel;
- the evaluation and placement process;
- instructional programs;
- essential resources;
- staff development and training;
- records and confidentiality;
- infection control;
- equipment maintenance;
- transportation;
- child identification;
- notice on Section 504;
- funding for services;
- appeal for staffing or provision of service disagreements;
- homebound services;
- “as necessary” or “standing” orders from physicians; and
- responding to “Do Not Resuscitate” orders (see Handbook Chapter 9).

Modifying School Programs

As with other students, those with special health care needs should also meet all general health and immunization requirements mandated by the district or state. When appropriate, the regular education program should be modified to meet the student’s needs. Examples of modifications that may need to be considered include:

- transportation;
- building accessibility;
- medications and other special health care services;
- stamina (the need for rest periods);
- positioning and transfers;

- self-care skills;
- assistive equipment, technology, or supplies;
- privacy;
- specially prepared curriculum materials;
- modified or adapted physical education, art, music, or other classes and activities;
- mobility and need for assistance, including building evacuation;
- field trips and extracurricular activities;
- meals and snacks; and
- hospital and/or home instruction.

Developing and Implementing Student Health Plans

When a student requires specialized health care in school, the school nurse, in conjunction with the parent/caregiver, the student's health care provider(s), and the student (when appropriate), develops a student health plan (SHP) that addresses how the health condition affects the health and safety of the student. This health plan may also include an Emergency Action Plan (EAP). Both SHPs and EAPs are written to be followed and implemented by school staff. These student plans are based on a comprehensive nursing assessment. Documentation of this comprehensive assessment results in a nursing care plan or Individualized Healthcare Plan (IHP). Development of IHPs is a nursing responsibility, based on standards of care regulated by state nurse practice acts (NASN 2020).

Differentiating Individualized Healthcare Plans, Student Health Plans, and Emergency Action Plans

Under school nurse standards of practice, including the Wisconsin Nurse Practice Act, the registered nurse develops an individualized healthcare plan for children with special health care needs who require nursing services during the school day. The IHP combines all of the student's healthcare needs into one document for managing the health needs of the student in the school setting. School nurses create an IHP for select students with healthcare needs that, if not addressed, may negatively affect, or have the potential to affect, attendance and/or academic performance (NASN 2020). NASN suggests priority for IHP development should be given to CYSHCN who require significant health services at school, have a medical diagnosis that may result in a health crisis, and/or students with health conditions addressed in a Section 504 Accommodation Plan or an Individualized Educational Program.

An IHP is for use by nurses only, as the IHP contains nursing interventions delineating the nursing plan of care, not interventions by school staff (Sampson and Will 2017, 1). The IHP is based on the nursing process. This organizing framework includes assessment, nursing diagnosis, plans, interventions, and student outcomes. The IHP can be used to formulate IEP goals; to create an emergency action plan; or to make recommendations about staffing needs and the potential delegation, training, and supervision of all nonprofessional school health personnel involved in the student's care. The purpose of an IHP is to effectively manage a student's health issues, ensuring that the student is able to maximize learning opportunities.

A student health plan, or SHP is written to address health conditions that affect the health and safety of the student and are written to be followed and

implemented by school staff. SHPs may address both chronic and acute health needs. A SHP may address health care needs that affect or have the potential to affect attendance
and academic performance.

An emergency action plan, or EAP, is generally a shortened health plan written for school staff to follow in an urgent or emergency situation. The EAP is a step by step set of procedures for school staff to follow. It is written in language that school staff can understand and follow, because a school nurse might not be present at the time of an emergency (Sampson and Will 2017, 6). It is often written in a “see this - do this format.”

Health plans are not required to have parent approval, though it is considered best practice to work collaboratively with parents and family health professionals in developing these plans for school staff to follow. Having parents review, and if possible, approve of the health plan used by staff, assures that the family is aware what actions will be taken in an urgent or emergency health situation.

IHPs as nursing care plans may or may not be shared with parents or caregivers, and do not require approval by other healthcare providers. Registered nurses practice nursing independently as licensed healthcare professionals. School nurses may choose to discuss with the student and parent or caregivers their nursing assessment, nursing diagnosis, plans for nursing intervention, and goals for the student to improve or maintain the student’s health.

Student Health Plans and the Special Education Process

IHPs are frequently associated with the special education process; however, this is not their only purpose. Any child with a relatively complex health condition or a need for modification of the school environment due to a health condition could have an IHP. School nurses may use the IHP as a first step in determining the severity and nature of the health disability and how it affects the student’s involvement and progress in the general education curriculum. When participating in the special education IEP process, school nurses can utilize the IHP to describe the relationship between a student’s health needs and educational goals. See School Nurse Documentation in Career and College Ready IEPs for more information on documenting health care needs in Special Education.

It is considered best practice by the school nurse profession to not include a student’s Health Plans (SHP, EAP, or IHPs) as an official (attached) part of the IEP document. Student health plans may have to change frequently. If anything in the health plan changes, the IEP team would need to re-convene to make that change or complete a special form documenting that change. Instead, it recommended to reference the health plans, but keep them as separate documents. This allows for timely revisions to the health plans in response to changing healthcare needs of

the student. See School Nurse Documentation in Career and College Ready IEPs for suggestions on how to document the existence of student health plans in IEPs.

Emergency Planning

For CYSHCN, physical environments become a great deal more difficult to deal with during and after an emergency. The ability to get to accessible exits and personal items may be reduced. Communication may be impeded at a time when clear and rapid communication is crucial to safety and survival. “Children’s body size, physical and emotional development, immune system, and decisional capacity elevate their risk of illness or injury, and CYSHCN are more vulnerable to adverse impacts from disruptions in access to electrical power, running water, medications, specialized equipment, and other supplies. As a result, CYSHCN are at increased risk to develop adverse health effects and face higher mortality risks during emergencies” (Department of Health and Human Services 2023, 3).

Individuals responsible for evacuation and emergency operation plans, notification protocols, shelter identification, emergency medical care, and other emergency response and recovery programs should:

- have sound working knowledge of the accessibility and nondiscrimination requirements applicable under Federal disability rights laws;
- know the special needs demographics of the students attending classes on site;
- involve students with different types of disabilities and staff in identifying the communication and transportation needs, accommodations, support systems, equipment, services, and supplies that they will need during an emergency;
- consider emergency accommodations for those with temporary disabilities;
- identify existing resources within the school and local community that meet the special needs of these students;
- develop new community partners and resources, as needed;
- identify medical needs and make an appropriate plan;
- determine transportation needs, special vans, and buses for students;
- identify any necessary tools such as personal response plans, evacuation equipment or visual aids;

- include local responders and establish a relationship with individual students with disabilities and their teachers; and
- inform parents about the efforts to keep their child safe at school (Minnesota Regional Low Incidence Project Region 10, 6-7).

Mitigation is the action districts and schools take to identify barriers CYSHCN may face during an emergency and eliminate or reduce their adverse effects. At the beginning of each year, teachers should provide school administrators and school nurses the name(s) of students (and staff) that will require special assistance in the event of an emergency. The type of assistance needed is also required. School nurses can assist schools in collecting this information.

Communication enables an effective response from all individuals. Communication access plays a vital role for people who are deaf or blind, or who have speech, vision, or hearing limitations. School districts should include alternative communication and notification strategies in their school safety plans.

Further impacts of emergencies on CYSHCN include:

- students may not comprehend the nature of the emergency and could become disoriented or confused about the proper way to react;
- limited mobility may impair egress and access to locations;
- disaster debris may obstruct evacuation;
- students with respiratory impairments may have difficulty breathing when walking distances or descending stairs. Smoke, dust, fumes, chemicals and other odors often exacerbate such limitations;
- many illnesses can be aggravated by stress. In the event of a disaster that requires students to be at school for an extended period of time, medication may need to be administered to students with a healthcare plan;
- students may have difficulty reading complicated directions for evacuation or response plans;
- students may not be able to hear emergency warnings;
- students may not be able to communicate;
- those students with visual impairments may have to depend on others to lead them to safety during a disaster and may be reluctant to leave familiar surroundings; and
- some students may need to be physically transported (Minnesota Regional Low Incidence Project Region 10, 12-13).

Homebound Instruction

Homebound instruction is the process of a school district providing an education at home for a student who is unable to come to school. School nurses and districts will find themselves regularly dealing with two types of students needing homebound instruction: special education students with disabilities and regular education students without disabilities. Students who qualify for accommodations should convene the Section 504 evaluation team to determine if the student is in need of the homebound instruction accommodation to receive their free appropriate public education.

Special Education

Students who require special education through the Individuals with Disabilities Education Act impact a school district's obligation to provide home bound instruction. If the student currently has an IEP, the parent should request an IEP team meeting to consider the request for homebound instruction. The IEP team would need to establish that the home is the least restrictive environment in which for the student can receive an education.

If the student is being considered for an initial IEP but does not currently qualify as a child with a disability, the changing health concern that is prompting the desire for homebound instruction may also impact the student's eligibility for special education. In this situation, the IEP team would conduct an eligibility determination and may consider homebound instruction in determining initial placement. The school has 60 calendar days after getting the parent's/guardian's consent to do an evaluation to decide if the child is eligible for special education. After the IEP team determines that the student is eligible for special education services, an IEP must be developed, and the placement identified within 30 calendar days.

Federal law 34 CFR 300.39(a)(1)(i) provides for special education and related services for students with disabilities in the home, hospital, sanitarium, or convalescent facility.

Regular Education

There is no law requiring school districts to provide homebound instruction for students who do not have a disability. Occasionally, nondisabled children develop special health care needs (for example, temporary health conditions, exacerbation of a chronic illness, or pregnancy) that require homebound instruction.

Parents/guardians may request that school boards provide the student with a program or modifications including, but not limited to:

- modifications within the student's current academic program.

- a schoolwork training or work study program.
- enrollment in any alternative public school or program located in the school district in which the student resides.
- enrollment in a nonsectarian private school located in the school district in which the student resides.
- homebound study, correspondence courses, or other courses of study approved by the school board in which the student resides.
- enrollment in any public education program located outside the school district in which the student resides, which may be pursuant to a contractual agreement between the school districts (Wis. Stat. sec. 118.15 [1][d]).

When a parent's/guardian's written request is made, the school district is required to consider the request but is not mandated to follow the parent's request. The school district must render a decision regarding the parent's request within 90 days of receipt of the request (Wis. Stat. sec. 118.15(1)(dm). Although medical providers may have an opinion regarding the student's ability to attend school, the school district has the statutory authority to determine the most appropriate educational program for a student. Decisions to provide homebound instruction to regular education students must be made on a student-by-student basis, as the health of some students may not allow for such instruction, while the health of others would allow them to benefit from such instruction. Similarly, decisions regarding the amount of time which will be devoted to a student's homebound instruction program should be made based on the student's physical, emotional, and educational needs.

While direct daily instruction is highly recommended for every student, technology makes it possible to enhance that instruction with a variety of support equipment, including:

- telephone conference calls;
- audio recordings;
- correspondence courses;
- video recordings;
- webcasts;
- internet technology; and
- interactive virtual learning (such as via Zoom® or Google Meet®).

As is the case with homebound instruction for disabled students, the provision of regular education homebound instruction to a nondisabled student must be guided by a written plan, which should be included in the student's education records.

DPI provides a question and answer document regarding homebound instruction for special and regular education students.

Equipment and Supplies

It is difficult to offer guidelines regarding the provision of equipment and supplies. Generally, if the equipment is only needed at school, then the school will likely need to provide the equipment. If the equipment is needed at home and school and the student has an IEP, the IEP team determines who will supply the medical equipment needed for the student to receive a free appropriate public education. If the equipment is needed at home and school and the student does not have an IEP, the interdisciplinary team determines who will supply the medical equipment and this information is included in the student's health plan or 504 plan.

The United States Department of Agriculture's regulations (7 CFR Part 15b) require substitutions or modifications in school meals for children whose disabilities restrict their diets. A child with a disability must be provided substitutions in foods when that need is supported by a statement signed by a state authorized medical authority. The state authorized medical authority statement must identify:

- an explanation of how the child's physical or mental impairment restricts the child's diet;
- the food(s) to be avoided; and
- the food(s) that must be substituted.

Per USDA memo SP 32-2015, a state recognized medical authority is a state licensed health care professional who is authorized to write medical prescriptions under state law. This could include a physician, dentist, optometrist, podiatrist, physician assistant, nurse practitioner, or certified advanced practice nurse prescriber. If the documentation to support a dietary accommodation has not been signed by one of these practitioners, the school is not required to accommodate the request (unless information about the dietary accommodation is included within the IEP or 504 plan).

Children with food allergies or intolerances do not always have a disability as defined under either Section 504 of the Rehabilitation Act or Part B of IDEA, and the school food service may, but is not required to, make food substitutions for them. However, when in the medical practitioner's assessment, food allergies may result in severe, life-threatening (anaphylactic) reactions, the child's condition would meet the definition of "disability," and the substitutions prescribed by the licensed practitioner must be made. A template for the medical statement of disability and special dietary needs is posted to the DPI website that schools may choose to use, Children with Disabilities and Special Dietary Restrictions.

Attendance

School districts are encouraged to utilize the care coordination skills of their school nurse when dealing with attendance issues of CYSHCN. Children with disabilities are more likely to be chronically absent than children without disabilities. Similarly, CYSHCN tend to have more school absences than children without special health care needs (Allison and Attisha 2019, 3).

School boards establish written attendance policies specifying the reason for which students may be permitted to be absent from school (Wis. Stat. sec. 118.16 [4][a]). A school attendance officer shall determine which students are absent from school and whether those absences are excused (Wis. Stat. sec. 118.16[2]). Students can be excused from school at the request of a parent/guardian if the student is not in proper physical or mental condition to attend. A school attendance officer may request that a parent or guardian provide a written statement by a licensed physician, naturopathic doctor, dentist, chiropractor, optometrist, psychologist, physician assistant, nurse practitioner, or certified advanced practice nurse prescriber, or Christian Science practitioner as sufficient proof of the student mental or physical wellbeing (Wis. Stat. sec. 118.15[3][a]). The written statement shall state the time period for which it is valid, not to exceed 30 days. Schools are allowed, but not required to accept multiple such medical excuses.

A parent or guardian may provide a written excuse before an absence for a student for up to 10 days in a school year (Wis. Stat. sec. 118.15[3][c]). The school board shall require a child excused under this paragraph to complete any course work missed during the absence.

Definitions

In the area of special education, very specific language exists. The following definitions are also important terms for school nurses to know as part of the IEP process.

- **Individualized education program (IEP)** means a written statement for a child with a disability that is developed, reviewed, and revised in a meeting in accordance with special education laws 34 CFR 300.32 through 300.324.
- **Individualized education program team** is a group of individuals that is responsible for developing, reviewing, or revising an IEP for a child with a disability. See 34 CFR 300.23. In accordance with 34 CFR 300.321, the composition of an IEP team must include: parent(s), regular education teacher, special education teacher, local educational agency representative, individual that can interpret education implication of evaluation results, other individuals with knowledge or special expertise regarding the child with parent permission, and when appropriate, the child. One IEP member may service multiple roles on the IEP.
- Special education is specially designed instruction, regardless of where the instruction is provided, that is provided at no cost to parents/guardians to meet the unique needs of a child with a disability, including instruction in physical education. Special education may include instruction in the classroom, in the home, in hospitals and institutions, and in other settings. See 34 CFR 300.39 and Wis. Stat. sec. 115.76(15).
- **Free appropriate public education (FAPE)** means special education and related services that are provided at public expense and under public supervision and direction, meet the standards of DPI, include an appropriate preschool, elementary, or secondary education, and provided in conformity with an IEP. See 34 CFR 300.17 and Wis. Stat. sec. 115.76(7).
- **Least restrictive environment** is the term used to define the proper setting for providing services to a child with a disability. The law requires that, to the maximum extent appropriate, districts educate students with disabilities alongside students without disabilities. This is an important principle for IEP teams to consider when developing IEPs. Special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only if the nature and severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. See 34 CFR 300.114. In

nonacademic and extracurricular activities—such as meals, recess, clubs, athletics, transportation, and student employment opportunities—each child with a disability has the right to participate with children who do not have disabilities to the maximum extent appropriate to the needs of the child. See 34 CFR 300.117.

- **Local educational agency (LEA) representative** is a person who is part of the IEP team and has knowledge and authority to commit the school district's resources so the student can receive the services in the IEP. Every IEP must have an LEA representative. See Wis. Stat. sec. 115.78(1m)(d).
- A list of acronyms used in Individual Educational Programs is available.

Conclusion

School nurses' understanding of various health conditions and how they impact the health, safety, and educational performance of students cannot be underestimated. School nurses bridge the healthcare and educational systems. This dual expertise of school nurses is evident in the assessment and planning of coordinated school health care services for CYSHCN. The school nurse is an advocate for the student and the family in providing appropriate and needed school health services. School nurses can develop health care plans or provide input into educational plans to provide for a safe and healthy school environment.

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