



PLANS, PLANS, PLANS!

**Who Needs What?**

Coordinated School Health 2019

MASN



# OBJECTIVES:

At the end of this presentation, participants will self-report an increase in knowledge related to IHPs, EAPs, IEPs, and care plans in the school setting.

- Describe basic procedure for development of plans
- List resources available to assist in writing plans
- Develop an appropriate plans for students



# MEDICAL OR HEALTH PROBLEM?

Schools are responsible for providing services related to “health problems”.

Medical problems are diagnosed and treated by physician with medications, equipment, etc. are the family’s responsibility.



# WHY DO WE HAVE ALL THESE PLANS?

## Communication

- Sub nurses
- Health aids or assistants
- Staff

## Documentation

- Not just your care, your process

Integral to care coordination & quality improvement

It's good for kids





## Care Coordination

- Case Management
- Chronic Disease Management
- Collaborative Communication
- Direct Care
- Education
- Interdisciplinary Teams
- Motivational Interviewing/ Counseling
- Nursing Delegation
- Student Care Plans
- Student-centered Care
- Student Self-empowerment
- Transition Planning



NASN Framework for 21<sup>st</sup> century school nursing practice: National Association of School Nurses. *NASN School Nurse*, 31(1), 45-53. Doi: 10.1177/1942602X15618644  
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## Quality Improvement

- Continuous Quality Improvement
- Documentation/Data Collection
- Evaluation
- Meaningful Health/Academic Outcomes
- Performance Appraisal
- Research
- Uniform Data Set

NASN Framework for 21<sup>st</sup> century school nursing practice: National Association of School Nurses. *NASN School Nurse*, 31(1), 45-53. Doi:10.1177/1942602X15618644  
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# WHAT KINDS OF PLANS?





# GREEN EGGS AND PLANS



Do you like all these plans?

I do not like them, NOT a fan!

I assess

We all meet

I sometimes even sense defeat

Then we use Nursing Process to complete

Would you, could you like these forms?

I do not like the forms I see

Not 504, Not IEP

Now you want an IHP? Next, you'll want an EAP!

Complete these forms before we meet?

I cannot complete the forms before we meet

No lunch again, I'm feeling weak

Please, do you hear me when I speak?

Could you please listen while all speak out?

Would you please write out the words they spout?

I could not hear, I would not write

This does not need to be a fight!

Sign here, date there, mark this, evaluate that

Beware- they brought an advocate(s)

You do not like them, so you say

Try again, try again and you may!

Say.....!

I almost like all these plans!

I want what's best for the students

I will practice day and night

Until they say, "You've got it Right!"

# EMERGENCY ACTION PLANS



Plan for the school staff in acute situations

Must be written and accessible

Parent responsible for supplying any equipment, medication, information needed

Must be updated annually

Developed by the school nurse to direct care

Manual for School Health, p.86  
Appendix D4

# ASTHMA/ALLERGY/SEIZURE ACTION PLAN

Similar to Emergency Action Plans, but specific to condition of asthma, anaphylaxis or seizure

Often generated or signed by physician

Must be written and accessible

Parent responsible for supplying equipment, medication, information, etc.

Based on student-specific information

Must be updated annually



# Asthma Action Plan

# Asthma Action Plan

Name	Date
Doctor	Medical Record #
Doctor's Office Phone #: Day	Night/Weekend
Emergency Contact	
Doctor's Signature	



The Colors of a traffic light will help you use your asthma medicines.

**Green means Go Zone!**  
Use preventive medicine.

**Yellow Means Caution Zone!**  
Add quick-relief medicine.

**Red means Danger Zone!**  
Get help from a doctor.

Personal Best Peak Flow \_\_\_\_\_

## GO

You have **all** of these:

- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work and play

Peak flow from \_\_\_\_\_ to \_\_\_\_\_

## CAUTION

You have **any** of these:

- First signs of a cold
- Exposure to known trigger
- Cough
  - Mild wheeze
- Tight chest
  - Coughing at night

Peak flow from \_\_\_\_\_ to \_\_\_\_\_

## DANGER

Your asthma is getting worse fast

- Medicine is not helping
- Breathing is hard and fast
- Nose opens wide
- Ribs show
- Can't talk well

Peak flow reading below \_\_\_\_\_

## Use these daily preventive anti-inflammatory medicines:

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

For asthma with exercise, take:

--	--

## Continue with green zone medicine and add:

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

CALL YOUR PRIMARY CARE PROVIDER.

## Take these medicines and call your doctor now.

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

**GET HELP FROM A DOCTOR NOW!** Do not be afraid of causing a fuss. Your doctor will want to see you right away. It's important! If you cannot contact your doctor, go directly to the emergency room. **DO NOT WAIT.**

Make an appointment with your primary care provider within two days of an ER visit or hospitalization.

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma: [ ] Yes (higher risk for a severe reaction) [ ] No

**PLACE  
PICTURE  
HERE**
**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**
**Extremely reactive to the following allergens:** \_\_\_\_\_

**THEREFORE:**

 [ ] If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.

 [ ] If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

**FOR ANY OF THE FOLLOWING:  
SEVERE SYMPTOMS**

**LUNG**

 Short of breath,  
wheezing,  
repetitive cough

**HEART**

 Pale, blue,  
faint, weak  
pulse, dizzy

**THROAT**

 Tight, hoarse,  
trouble  
breathing/  
swallowing

**MOUTH**

 Significant  
swelling of the  
tongue and/or lips

**SKIN**

 Many hives over  
body, widespread  
redness

**GUT**

 Repetitive  
vomiting, severe  
diarrhea

**OTHER**

 Feeling  
something bad is  
about to happen,  
anxiety, confusion

**OR A  
COMBINATION  
of symptoms  
from different  
body areas.**

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
  - Consider giving additional medications following epinephrine:
    - » Antihistamine
    - » Inhaler (bronchodilator) if wheezing
  - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
  - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
  - Alert emergency contacts.
  - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

**MILD SYMPTOMS**

**NOSE**

 Itchy/runny  
nose,  
sneezing

**MOUTH**

Itchy mouth


**SKIN**

 A few hives,  
mild itch

**GUT**

 Mild nausea/  
discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE  
SYSTEM AREA, GIVE EPINEPHRINE.**
**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM  
AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

**MEDICATIONS/DOSES**

Epinephrine Brand or Generic: \_\_\_\_\_

Epinephrine Dose: [ ] 0.15 mg IM [ ] 0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other (e.g., Inhaler-bronchodilator if wheezing): \_\_\_\_\_

# Food Allergy Action Plan



# Seizure Action Plan

Effective Date \_\_\_\_\_

# Seizure Action Plan

This student is being treated for a seizure disorder. The information below should assist you if a seizure occurs during school hours.

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Other Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Treating Physician \_\_\_\_\_ Phone \_\_\_\_\_

Significant Medical History \_\_\_\_\_

### Seizure Information

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs: \_\_\_\_\_ Student's response after a seizure: \_\_\_\_\_

### Basic First Aid: Care & Comfort

Please describe basic first aid procedures: \_\_\_\_\_

Does student need to leave the classroom after a seizure?  Yes  No

If YES, describe process for returning student to classroom: \_\_\_\_\_

### Basic Seizure First Aid

- Stay calm & track time
  - Keep child safe
  - Do not restrain
  - Do not put anything in mouth
  - Stay with child until fully conscious
  - Record seizure in log
- For tonic-clonic seizure:**
- Protect head
  - Keep airway open/watch breathing
  - Turn child on side

### A seizure is generally considered an emergency when:

- Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- Student has repeated seizures without regaining consciousness
- Student is injured or has diabetes
- Student has a first-time seizure
- Student has breathing difficulties
- Student has a seizure in water

### Emergency Response

A "seizure emergency" for this student is defined as:

#### Seizure Emergency Protocol (Check all that apply and clarify below)

- Contact school nurse at \_\_\_\_\_
- Call 911 for transport to \_\_\_\_\_
- Notify parent or emergency contact
- Administer emergency medications as indicated below
- Notify doctor
- Other \_\_\_\_\_

### Treatment Protocol During School Hours (include daily and emergency medications)

Emerg. Med. ✓	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Does student have a Vagus Nerve Stimulator?  Yes  No If YES, describe magnet use: \_\_\_\_\_

### Special Considerations and Precautions (regarding school activities, sports, trips, etc.)

Describe any special considerations or precautions: \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# HEALTHCARE ACTION PLAN

Developed for the student who has a clinical service provided, i.e, catheterization, tube feeding, ventilator care, tracheostomy care, etc.

Developed with physician orders, parental requests for care, includes an approved procedure

Outlines who will be doing what, and how

Documents the training and supervision provided to other caregivers

Second Edition

# CHILDREN and YOUTH

Assisted by Medical Technology  
in Educational Settings

**Guidelines for Care**



Stephanie Porter, Marilyn Haynie, Timaree Bierle,  
Terry Heintz Caldwell, and Judith S. Pallrey

Foreword by Kelle Beckett



# INDIVIDUALIZED HEALTHCARE PLAN

Plan written by the nurse “for students with or at risk for physical or mental health needs” (ANA & NASN, 2017, p.90)

Should be developed with input from family and provider

Goals should be student-oriented

Utilizes the nursing process

Provides direction for care through out the school day and at school sponsored events

Should be updated periodically/annually



# INDIVIDUALIZED HEALTH CARE PLAN

Outlines nursing care for students who:

- Need health services on regular basis
- Have health conditions that could lead to medical emergency
- Require specialized care
- Receive health services under an IEP or 504 plan
- Receive care delegated to an UAP

Selekman et al 2019. School Nursing 3<sup>rd</sup> Edition, p.179



# IHP HOW-TO

## Who needs one?

- Condition that may result in a crisis
- Receive significant health services during the school day
- Health conditions addressed in 504 or IEP

## Various Approaches, Formats or Templates

### Assessment

- Multiple sources: Health inventory, parents, providers, teachers/staff, observation
- Physical assessment
- Social, behavioral, environmental and safety



# IHP HOW TO

## Nursing Diagnosis (Problem Statement)

- Problem-focused (*Problem related to ..... as evidenced by....*)
- Risk (*Risk for ..... as evidenced by....*)
- Health Promotion (*Readiness for ..... as evidenced by....*)

## Outcomes

- Evidenced-based, relevant, feasible, measurable
- What ***the student*** will do or accomplish

## Interventions

- Evidenced-based, individualized, developmentally appropriate, feasible
- Direct or indirect student care
- Entire school day including bus transportation, field trips, after-school activities

# HEALTH COMPONENT OF IEP

Student covered under IDEA (Individual with Disabilities Education Act) but also has a significant health condition

Team decision re: inclusion in IEP

If goals and/or services not written into IEP, could offer a copy of IHP for team information regarding nursing intervention

Manual for School Health, p. 91  
Appendix D8, D10 (letter)

# IMPORTANT DIFFERENCES

IEP	504
An education plan	An accommodation plan
Created by an IEP team led by Special Ed Coordinator with strict legal requirements about who is on the team	Created by a team of people who are familiar with the child and understand the evaluation data and accommodation options.
A written document that sets learning goals and describes the services provided.	May or may not be a written document. Includes specific accommodations for the student, who will provide them and who is responsible for implementation
Must be reviewed annually	Vary by state, generally reviewed annually

# 504 ACCOMMODATION PLANS



For students with special healthcare needs that do not fall under special education law

Purpose is to remove barriers to learning – level the field

Nurse often identifies the need and recommends how school can accommodate

Is a team decision and needs to be in writing

Needs to be reviewed at least annually

Manual for School Health, p. 89  
Appendix D6

# PURPOSE OF SECTION 504 PLAN

To protect the rights of individuals with disabilities in programs and activities that receive federal financial assistance.

- The two main principles of Section 504
  - Nondiscrimination
  - Accessibility (not only academics) FAPE (to remove barriers through reasonable accommodations)

To provide consistency between classrooms, grades, buildings and districts.

To document the District's compliance.





# ROLE OF SCHOOL NURSE WITH 504 PLANS

- Member of 504 team
- Often the one who identifies 504 is needed
- Assesses health status (in conjunction with other providers)
- Advocates for removal of health-related barriers to learning
- Nurse recommends accommodations that bridge healthcare and education which may include training & supervising others in the delivery of quality, student-centered care
  - Recognition of signs & symptoms
  - Medication administration
  - Special healthcare procedures



# DEFINITIONS PERTINENT IN SECTION 504

## **Free Appropriate Public Education (FAPE):**

- The provision of regular or special education and related aids and services that are designed to meet individual education needs of disabled students as adequately as the needs of non-disabled students are met and are based on adherence to procedures that satisfies applicable Section 504 requirements, including those pertaining to educational setting, evaluation and placement, and procedural safeguards.



# DEFINITIONS CONTINUED

## Qualified Individual with a Disability:

Any person who has a physical or mental impairment which substantially limits one or more major life activities or has a record of or is regarded as having such an impairment.

Examples of major life activities: concentration/thinking, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, communicating, working.

Also includes major bodily functions: normal cell growth, immune system, brain, respiratory, circulatory, endocrine, digestive, bowel, bladder, neurological and reproductive



**Physical or mental impairment:**

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, hematic 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.



DEFINITIONS  
CONTINUED.....

## NON-ACADEMIC SERVICES AND ACTIVITIES



Students must have an equal opportunity to participate in extracurricular and other non-academic services and activities. Services such as counseling, transportation, athletics, clubs, special interest groups, extracurricular field trips, meals, recess, health services and other activities sponsored by the school must be provided in such a manner as is necessary to afford all students with disabilities an equal opportunity for participation.

# “SUBSTANTIALLY LIMITS” WHAT DOES THIS MEAN?

Is the student unable to perform a major life activity that the average person/student in the general population (general education) can perform?

The student should not be compared to his/her own potential.



# WHAT IS AN ACCOMMODATION?

Arrangement that removes barriers to learning opportunities

- Using elevator if mobility impairment
- Using amplification equipment for student with hearing impairment
- Rest periods, extended time and intermittent homebound as needed for student undergoing chemotherapy

504 accommodations don't change curriculum or learning goals

- Modifications do this through the IEP



**IEP:** covered by an education law (IDEA); applies only to students who qualify for "special education services" in a core curriculum area; governed by strict procedures and timelines; parent involvement is mandated; schools receive additional federal funding for students receiving special ed services.

The diagram consists of two overlapping circles. The left circle is yellow and contains text about Individualized Education Programs (IEPs). The right circle is light blue and contains text about 504 Plans. The overlapping area in the center is a light green color and contains text describing the commonalities between the two plans.

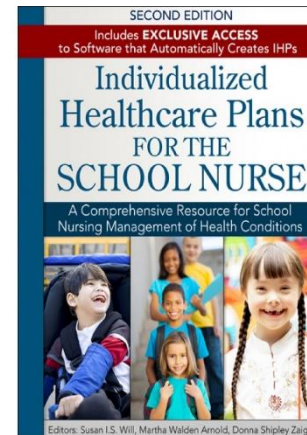
Both plans cover accommodations and modifications to the school environment and classroom materials, adaptive technology, and related services.

**504 Plans:** covered by a civil rights law (Rehabilitation Act); applies to all students with qualifying disabilities; follows an informal process; parent involvement not mandated; schools do not receive additional federal funding for services to qualifying students.



# Additional Resources

*Individualized Healthcare Plans for the School Nurse*  
(Zaiger) new edition with Cloud access for one year



*Computerized Classroom Health Care Plans*



*Texas School Nurse Organization IHP Templates*

<http://www.txsno.org/tsnoresources/ihtmltemplates>

# Additional Resources (cont)

Manual for School Health Programs

Available on-line at

<https://health.mo.gov/living/families/schoolhealth/pdf/ManualForSchoolHealth.pdf>

Example of IEP form may be found at

<https://dese.mo.gov/special-education/compliance/individualized-education-program-iep>

# TIME FOR WORK GROUPS

Each group will be given two scenarios. Use the nursing process to develop your plans.

Plan templates will be provided.



# TIME TO SHARE OUR PLANS

Please appoint a spokesperson for your group to share one scenario and plan with the entire group.



# THANKS!

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# SCENARIOS

1. Daniel is a 4<sup>th</sup> grader with recently diagnosed Type 1 DM. He is unable to detect low blood glucose levels and self-carries his meter and snacks. He will play intramural soccer after school on T-W-Th.
2. Franklin is an 11<sup>th</sup> grader with Type 1 DM. He doesn't like to take his insulin because he thinks his mother can't afford it. He has visited the nurses office several mornings with blood glucose readings as high as 500 mg/dl.
3. Monica is an 8<sup>th</sup> grader with depression. She was recently hospitalized for suicidal ideation. She also has an eating disorder.
4. Megan is a 10<sup>th</sup> grade student with mono in the middle of basketball season.
5. Ethan is a 6<sup>th</sup> grader with Autism and Encopresis. He will begin staying after school on T-W-Th for an after-school club.
6. Luke is a 10<sup>th</sup> grade student with a severe allergy to peanuts. He is scheduled to go to Chicago for an overnight field trip with the band.

# SCENARIOS CONTINUED

7. Samantha is a newly enrolled 2<sup>nd</sup> grade student with Sickle Cell Anemia, Dyslexia, and Asthma. She has an IEP that only addresses her Dyslexia.

8. Barbara is a 7<sup>th</sup> grader with Asthma and a Seizure disorder. She will be staying after school for intramural basketball on T-W-Th.

9. Ahmed is a 5<sup>th</sup> grader from Somalia. He has limited English and is newly diagnosed with Type 1 DM.

10. Alex is a 10<sup>th</sup> grade homeless student. He lives between a shelter and a hotel due to domestic violence at home. He is transgender and has anxiety.

11. Wyatt is a 4<sup>th</sup> grader with cystic fibrosis. His teacher is very nervous about what accommodations should be made in the classroom.

12. Brent is an 11<sup>th</sup> grader with recently diagnosed Inflammatory Bowel Disease. He does not understand how to manage his condition.