

Procedures for Entrance into an Educational Setting for Students with Healthcare Needs

The entry of a child assisted by medical technology into the school setting presents a challenge to the family, students, and school staff. A medically safe and educationally sound program, accomplished through a collaborative effort, should create an environment that fosters academic success and social integration. This section outlines the steps and roles of personnel needed to facilitate a smooth entry process. It is important to note that the student's educational level and type of services needed cannot be predetermined prior to the eligibility determination process.

Early Notification

Time is needed to properly plan, prepare and train school staff to meet the needs of a prospective student with special health care needs. It is preferable that the educational setting be notified as early as possible prior to a student's school entrance in order to allow for thorough planning and preparation. School health professionals, such as the school nurse and district Medical Advisor (if any), should also be involved in the planning process from the beginning, as their input is essential in planning for placement. In a 1999 decision, the Office of Civil Rights (OCR) ruled that a school may delay admission of a student with special health care needs for up to 10 school days if needed for proper planning and/or to hire and train school staff (Gelfman, 2001). Sources of referral to the education system may include parents, case managers, the primary physician, and other home care providers. Staff from any public or private developmental day or preschool education program in which the child may currently be enrolled should also initiate a timely referral to allow for a smooth transition.

Responsibilities

School Responsibility

The Director of the Office of Exceptional Children, Student Support Services Director, or other administrator, in collaboration with the school nurse, oversees the school admission process to ensure that the needs of the child in the school setting are met. The determination of student needs must be based on appropriate health and education assessments. Confidentiality and privacy must be respected and preserved as directed by policy and regulations.

Role of Child and Family

Due to the parents' or guardians' unique understanding of the child's needs and abilities, they should have an integral role in the planning process. They are a key source of information and resources. The child should participate when deemed appropriate. The child and family role will include:

- Advocating on behalf of the child;
- Providing consent for access to health care providers and student-specific health information;
- Preparing for and participating in planning and training meetings;

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- Collaborating in the development of health care and emergency plans;
- Notifying the school nurse and/or coordinator of school health services of changes in the student's condition or health care requirements; and
- Serving as a source of child-specific information.

Role of the School Nurse (Registered Nurse)

The school nurse serves as a liaison between families, community health providers, and educators to assure that the special health care needs of the student are addressed in the school. In most cases, the school nurse assigned to the school where the student is enrolled is the appropriate person for this role. The nurse is responsible for:

- Assisting in securing consent from parents and contacting medical providers in compliance with FERPA and HIPPA;
- Completing a nursing assessment of the child per [16 NCAC 6D .0402](#) and making recommendations to the appropriate education team;
- Obtaining and reviewing pertinent medical and psychosocial information;
- Developing a nursing Plan of Care (POC)/Individual Health Care Plan (IHP) for the student in collaboration with the family, student, and physician;
- Ensuring that a child-specific emergency response plan is in place, if needed. This should be developed in collaboration with the school administration, community emergency personnel and the family;
- Attending the education planning meeting, reviewing the POC/IHP plan, and making recommendations for placement, staffing and training based on the student's health care needs;
- Coordinating the student's in-school health care as specified in the POC/IHP;
- Planning for care in education environments other than the school building such as transportation and field trips;
- Training, assuring competence, assigning tasks and supervision of LPN/UAP.
- Providing information for other personnel and students in the education setting about the special medical needs of the student, when appropriate;
- Maintaining required documentation; and
- Regularly reviewing and updating the POC/IHP based on the student's condition.

Participation in Education Planning

After the school has been notified about a prospective student with specialized healthcare needs, the student's evaluation process begins. Once the school nurse completes the student's assessment, the school nurse makes a recommendation to the education team on the health services and level of care (related services) necessary to meet the student's health needs at school.

The parents, student, school nurse, members of the education evaluation team, and the education and administrative staff will meet to discuss safe and appropriate classroom placement, and services and personnel necessary for the child to attend school in the least restrictive environment. This meeting should be held for every student with special healthcare needs regardless of the child's need for special education. If the student is to receive special education services, identified

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school health/nursing services should be incorporated into the Individualized Education Program (IEP).

If the student's medical provider has made a related service recommendation that differs, the findings of the team should be shared with the provider and agreement established.

Training

Once appropriate placement and services have been designated for the prospective student, the school nurse should organize training. Training of staff and caregivers is key to assuring the ability of the education setting to accommodate the student as safely as possible. This process does not end with the child's entrance into school. Regular review and updating of skills should occur as well as ongoing evaluation of student's response to care. (See Section C, Chapter 7, Delegation.)

Training should be done in conjunction with the family and other professionals such as the physician, home care provider, or specialists from the child's medical center. Personnel who should attend training sessions include teachers, teacher assistants, back-up caregivers, principal, bus driver, and other staff who will be in contact with the student. Staff training sessions should be directed to the role of the individual staff person(s) since not all staff roles include direct care. Topics may include:

- An overview of the child's condition and specialized health care needs;
- A review of the student's health care plan as it applies to the staff role;
- A basic overview of pertinent anatomy and physiology;
- The different staff member roles and responsibilities in the daily and emergency care of the student in school;
- Transportation issues and personnel;
- Emergency plan and procedures; and
- Staff concerns and questions.

Additional training in child-specific skills may be obtained from a local medical center, home care provider, or other health care professional with clinical expertise in pediatric care, when needed. The school nurse coordinates such additional training consistent with NC Board of Nursing guidelines on delegation (NCBON, 2021). (See Section C, Chapter 7, Delegation). Resources for training checklists include [NC BON Modules for Nurse Aide II Tasks](#) and *Supporting Students with Special Health Care Needs* (Porter, et al., 2014). Checklists can be used as a foundation for competency-based training in appropriate techniques and problem management. The school nurse providing the training is responsible for documenting the acquisition of skills on checklists or as district policy directs. Monitoring and oversight of training should occur as the student's condition and competence of the caregiver dictate, but no less often than monthly. A change in the student's status or an emergency occurrence should also trigger attendance to oversight. Regular evaluation of the POC/IHP is expected.

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References

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