

Laws that Define and Guide School Nurse Practice

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- I am not a lawyer.
- This information is gathered from reliable sources as cited.
- School or District specific situational questions are best addressed by your school district's legal counsel.
- You won't remember every detail. Use this as a reference in the future.
- I am not a lawyer.



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Confidentiality – Laws and Regulations

- HIPPA
 - Sound familiar?
 - Violation subject to fines, loss of licensure & criminal sentence.



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FERPA – The Family Educational Rights and Privacy Act

- applies to all schools that receive federal funds.
- gives parents certain rights with respect to their children's education records.
- Schools must notify parents and eligible students annually of their rights under FERPA.



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FERPA - gives parents certain rights with respect to their children's education records

- the right to inspect and review the student's education records maintained by the school.
- This includes health records.
- It does not include any notes that are not part of the permanent record.
- Schools may charge a fee for copies.



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Parents or eligible students have the right to *request* that a school correct records which they believe to be inaccurate or misleading.

- If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing.
- After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record to indicate their view or disagreement of the issue.



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Schools must have written permission from the parent or eligible student in order to release any information from a student's education record.

- However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):



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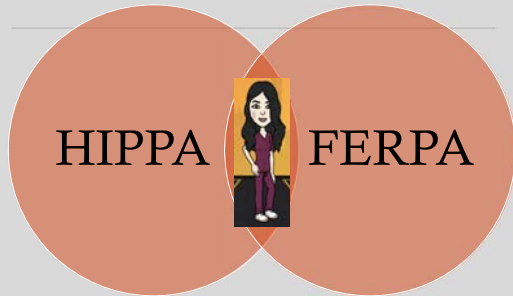
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- School officials with legitimate educational interest;
- Other schools to which a student is transferring;
- Specified officials for audit or evaluation purposes;
- Appropriate parties in connection with financial aid to a student;
- Organizations conducting certain studies for or on behalf of the school;
- Accrediting organizations;
- To comply with a judicial order or lawfully issued subpoena;
- Appropriate officials in cases of health and safety emergencies; and
- State and local authorities, within a juvenile justice system, pursuant to specific State law.



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- How does HIPPA apply to School Nursing?
- Regarding the care of students:
 - Within your school/district
 - - N/A
- DOES apply to:
 - Billing for insurances, Medicaid, coding.
 - Communication with PCP, specialists, etc. when collecting documentation.
 - Communication with other parents regarding health issues.



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- How does HIPPA apply to School Nursing?
- Regarding the care of staff or visitors:
 - First Aid
 - Wellness checks
 - Work place safety – communicating with HR, supervisors as needed.



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Do School Administrators understand the difference between HIPPA & FERPA?

Are they aware of everyday situations that apply to both HIPPA & FERPA?

What can you do about this?

- Educate them.
 - Calmly & Professionally



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Notice of Privacy Practices

- Should be distributed to parents annually
- Find out how & when your district does this.
 - It often contains health verbiage
 - Can be posted on website or in parent access program.



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Consent to release and/or obtain health records and other info.

- Should be signed annually for students with chronic health issues. List all providers.
- May need forms specific to each provider
- Can be used to develop IHP's, ECP's, obtain medication orders, communicate with providers when needed.
- Immunization records are exempt from this in KS.



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Records Management:

- Electronic Health Records (EHR)
 - Secure server
 - Firewall protected
 - Password protected & tracked
 - Screen saver/privacy shield
 - "Back up" performed at regular intervals
 - Procedures for changing passwords following an inadvertent breach of security.



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➤ Paper files

- Locks on office doors and filing cabinets containing health data:
 - *health office * counselors
 - *administrative offices * athletic offices
- Kept covered at all times (meetings, on desk)
- Transport in closed file
 - Hand deliver from school to school within district.
 - Example – when moving MS to HS.
- Interoffice mail = NOT secure



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Records Management:

Email

- Can copy & paste into software making it part of the health record.
- Secure?

Fax

- Secure room
- Cover sheet with disclaimer. Every. Time.

Copier

- If you distribute copies, make sure they are shredded at the end of the year.

Scanner

- Hard drive



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Who can access the records?

- Parent Right to review and *request* amendments.
- Staff who are directly responsible for student
 - Includes administrators
 - Make a list of staff access, every year (see example)
- ECP are available to any staff who *might* be responsible
 - Examples: substitutes, lunch duty, recess duty, etc.
 - Power School "flag", other data programs have similar options



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How Long to Store Records?

- All health records are stored and kept for 5 years beyond the targeted date of graduation, and after that date are destroyed.
- Destroy = Professionally shred.
- Must notify parents of intent to destroy. Often included in other documents.
- Students who transfer or drop out – keep records for five years of the date of graduation had they remained in the district.
- Spoiler alert – they often return.



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Disclosure of Records

- To whom?
 - Outside of school district? HIPPA
 - Within school district? FERPA
- Only pertinent records
- Keep a log for outside agency disclosure
- Public health crisis
- Child in Need of Care
- Information included in Mandated report
- DCF or Foster care agency assigned to a student.



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Who has primary responsibility for security of all Health Records??

You do.

Collaborate with administration and IT for:

- files
- emails
- fax
- scan
- copies



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60% of Information Theft is from lost or stolen technology:

- Laptops
- Flash drives
- Tablets/iPad
- Smart phone – should have IT lock.



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What to do if you suspect a breach of confidentiality?

Policy—Each educational organization should create a data breach response policy, approved by the organization's leadership.

- **Identify your school district's policy**

Resources:

- Privacy Technical Assistance Center (PTAC)
 - www.ed.gov/ptac
- Family Policy Compliance Office (FPCO)



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Documentation.

Documentation.

Documentation.

Evidence based care requires evidence = data.

- Students who are well ~ screenings, data
- Students with chronic conditions ~ effective plans & treatment
- Students who do not get routine care elsewhere.



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Consent forms:

- To Treat
- Emergency consent to treat & transport
- Medication consent
 - If you have stock OTC meds
 - For scheduled and/or delegated meds – should include verbiage that parent agrees to update & inform **nurse** of any changes.
 - Billing consent. If your district bills for care.
 - Screening notification/participation.
 - Often written in parent handbook with statement to inform nurse in writing if you do not want your child to participate.



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Nursing Documentation:

“a systematic approach to nursing which comprises a series of steps... referred to as:

- Assessment
- Planning
- Implementing
- Evaluating

“If it’s not documented, it wasn’t done.”



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What to document?

Record keeping is an integral part of nursing.

- A tool of professional practice
 - should help the care process.
- It is not separate from the nursing process
- NOT an optional extra to be fitted in if the circumstances allow.



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Records should be:

- Factual, consistent and accurate
- Written as soon as possible after an event has occurred, providing current information.
- Written clearly in such a manner that the text cannot be erased (if hand-written)
- Accurately dated, times and signed with the signature or initials clearly written
- Not to include jargon, meaningless phrases, irrelevant speculation or offensive subjective statements
- Readable on photocopies



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Documentation:

- High standards of clinical care and continuity of care
- A full account of your assessment and the care you have planned and provided
- Relevant information about the condition of the patient, at any given time and the measures you have taken to respond to their needs
- Evidence that you have understood and honored your “duty of care”



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Documentation:

- That you have taken all reasonable steps to care for the patient and any action or omission on your part have not compromised their safety
- Better communication and dissemination of information between members of the health care team
- The ability to detect problems at an early stage
- Should be accessible in students file for reference and audit



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Documentation:

➤ Delegation-

- Same expectations apply to documentation!

UAP documentation should be:

- Written clearly in such a manner that the text cannot be erased (if hand-written)
- Accurately dated, times and signed with the signature or initials clearly written

Licensed Nurse documentation of delegation expectations and delivery should be clearly written.

Delegated tasks are ultimately the nurses responsibility and must be reflected in the documentation.



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Documentation:

Insider tips:

- Times are important – provides clues when students are MIA.
- Communication w/ parents
- Instruction to student or staff.
- Document education efforts.



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Documentation:

Auditing :

- By auditing records, we can assess the standards of records and identify areas for improvement and staff development
- Your records are subject to audit by your district administration, KSDE, KDHE, Public Health and/or other governing bodies.



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Special Education – Laws and Process

- ADA
- IDEIA
- Section 504



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The Americans with Disabilities Act of 1990 and Revised ADA Regulations Implementing Title II and Title III

- prohibits discrimination and ensures equal opportunity for persons with disabilities in:
 - employment,
 - State and local government services,
 - public accommodations,
 - commercial facilities,
 - and transportation.
- It also mandates the establishment of TDD/telephone relay services.
- The current text of the ADA includes changes made by the ADA Amendments Act of 2008 (P.L. 110-325), which became effective on January 1, 2009.



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ADA Sec. 12102.

Definition of disability

(1) Disability

The term "disability" means, with respect to an individual

- (A) a physical or mental impairment that substantially limits one or more major life activities of such individual;
- (B) a record of such an impairment; or
- (C) being regarded as having such an impairment (as described in paragraph (3)).



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ADA

“Listing of Major Life Activities”

Includes, but not limited to:

- ✓ seeing,
- ✓ hearing,
- ✓ eating,
- ✓ sleeping,
- ✓ walking,
- ✓ standing,
- ✓ lifting,
- ✓ bending,
- ✓ speaking,
- ✓ breathing,
- ✓ learning,
- ✓ reading,
- ✓ concentrating
- ✓ thinking,
- ✓ communicate
- ✓ “and other major body functions”



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The **Individuals with Disabilities Education Improvement Act (IDEIA)**

is a four part (A-D) piece of legislation that ensures students with a disability are provided with a **Free Appropriate Public Education (FAPE)** that is tailored to their individual needs.



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IDEIA - In order to fully meet the definition (and eligibility) as a “child with a disability,” a child’s educational performance must be **adversely affected** due to the disability.

- Autism
- Deaf-blindness
- Deafness
- Developmental delay
- Emotional disturbance
- Hearing impairment
- Intellectual disability
- Multiple disabilities
- Orthopedic impairment
- **Other health impairment**
- Specific learning disability
- Speech or language impairment
- Traumatic brain injury
- Visual impairment, including blindness



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IDEIA

- Part A covers the general provisions of the law,
- Part B covers assistance for education of all children with disabilities,
- Part C covers infants and toddlers with disabilities which includes children from birth to age three
- Part D is the national support programs administered at the federal level.



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- Overall, the goal of IDEIA is to provide children with disabilities the same opportunity for education as those students who do not have a disability.
- The tools and services provided by IDEIA “level the playing field” for students who have disabilities.



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IDEIA is composed of six main elements that illuminate the main points of IDEIA:

1. Individualized Education Program (IEP)
2. Free & Appropriate Public Education (FAPE)
3. Least Restrictive Environment (LRE)
4. Appropriate Evaluation
5. Parent and Teacher Participation
6. Procedural Safeguards



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1. Individualized Education Program (IEP),

- The act requires that public schools create an IEP for each student who is found to be eligible under both the federal and state eligibility/disability standards.
- It specifies:
 - services to be provided and how often *
 - describes the student's present levels of performance and how the student's disabilities affect academic performance,
 - specifies accommodations and modifications to be provided for the student.
- An IEP must be designed to meet the unique educational needs of **that one child** in the Least Restrictive Environment appropriate to the needs of that child.
- When a child qualifies for services, an IEP team is convened to design an education plan.

idea.ed.gov/download/statute.html



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2. Free and Appropriate Public Education (FAPE)

- To provide FAPE, schools must provide students with an "... education that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment, and independent living."

idea.ed.gov/download/statute.html



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3. Least Restrictive Environment

4. Appropriate Evaluation

5. Parent and Teacher Participation



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6. Procedural Safeguards

- IDEIA includes a set of procedural safeguards designed to protect the rights of children with disabilities and their families, and to ensure that children with disabilities receive a FAPE.

- Every school district gives this a great deal of attention.



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IDEIA guarantees the following rights to parents:

- Access to educational records
- Parent Participation
- Prior Written Notice
- Procedural Safeguards Notice
- Understandable language
- Informed Consent
- "Stay Put" Rights
- Due Process
- Civil Action
- Mediation



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A few important components that tie into IDEIA:

- Confidentiality of Information
- Transition Services
- Discipline
 - Behavioral intervention plan
 - Consequences defined by control, mechanism & intent



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Prohibition on Mandatory Medication

Schools may not require parents to obtain a controlled substance as a condition of:

- attending school
- receiving an evaluation or reevaluation
- receiving special education services



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§300.34 Related services.

(a) *General.* Related services means transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education, and includes...



Related Services:

- speech-language pathology and audiology services
- interpreting services
- psychological services
- Physical* and occupational therapy
- recreation, including therapeutic recreation
- early identification and assessment of disabilities in children
- counseling services, including rehabilitation counseling
- orientation and mobility services
- medical services for diagnostic or evaluation purposes
- **school health services and school nurse services**
- social work services in schools

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Related Services

- This is not an exhaustive list of possible related services. There are others (not named here or in the law) that states and schools routinely make available under the umbrella of related services. The IEP team decides which related services a child needs and specifies them in the child's IEP.
- Wide range of applications for School Health Services.



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Supplementary Aids and Services

- adapted equipment—such as a special seat or a cut-out cup for drinking;
- assistive technology—such as a word processor, special software, or a communication system;
- **training for staff, student, and/or parents;**
- peer tutors;
- a one-on-one aide/para educator;
- adapted materials—such as books on tape, large print, or highlighted notes; and
- **collaboration/consultation** among staff, parents, and/or other professionals.



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Program Modifications or Supports for School Staff

Supports for school staff must also be written into the IEP.

Some of these supports might include:

- attending a conference or training related to the child's needs,
- getting help from another staff member or administrative person,
- having an aide in the classroom, or
- getting special equipment or teaching materials.



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The **Rehabilitation Act of 1973**, is a federal law

- to extend and revise the authorization of grants to States for vocational rehabilitation services,
- with special emphasis on services to those with the most severe disabilities,
- to expand special Federal responsibilities and research and training programs with respect to individuals with disabilities,
- to establish special responsibilities in the Secretary of Health, Education, and Welfare for coordination of all programs with respect to individuals with disabilities within the Department of Health, Education, and Welfare, and for other purposes.



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Rehabilitation Act of 1973

- The Rehabilitation Act prohibits discrimination on the basis of disability in programs conducted by federal agencies, in programs receiving federal financial assistance, in federal employment, and in the employment practices of federal contractors.
- The standards for determining employment discrimination under the Rehabilitation Act are the same as those used in Title I of the Americans with Disabilities Act.

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Section 504 of The Rehabilitation Act of 1973

- The Section 504 regulations require a school district to provide a "free appropriate public education" (FAPE) to each qualified student with a disability who is in the school district's jurisdiction, regardless of the nature or severity of the disability.
- Under Section 504, FAPE consists of the provision of regular or special education and related aids and services designed to meet the student's individual educational needs as adequately as the needs of nondisabled students are met.



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To be protected under Section 504, a student must be determined to:

- (1) have a physical or mental impairment that substantially limits one or more major life activities;
 - or (2) have a record of such an impairment;
 - or (3) be regarded as having such an impairment.
- Section 504 requires that school districts provide a free appropriate public education (FAPE) to qualified students in their jurisdictions who have a physical or mental impairment that substantially limits one or more major life activities.



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Eligibility under 504:

- The district must convene a "knowledgeable team" to the careful, individualized determination of whether the child meets one of the three essential criteria:
 - ✓ A health condition that:
 - *Substantially limits a major life activity*
- The school nurse should be included in the evaluation team!



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School Nurse role in the evaluation process:

- Review all students with IHP to evaluate eligibility
- Obtain parental consent and provide procedural safeguards* under Section 504
- Collect relevant medical information, following privacy protection as indicated (HIPPA/FERPA), for use in evaluation.
- Be a resource to balance legal educational requirements with providing best possible care to the student.

School Nurses play a critical role on these teams!!



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Practical application for the school nurse.

- Every district has a coordinator for IEP and/or 504 plans. Identify that person and become familiar with your districts process & procedure for identifying and evaluating students.
- Identify service providers in your building or district -PT, OT, SLP, Special Ed, Audiology, etc. Collaborate.



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- The Office of Civil Rights (OCR) enforces Section 504 in programs and activities that receive Federal financial assistance from US Department of Education.
- Recipients of this Federal financial assistance include public school districts, institutions of higher education, and other state and local education agencies
- Legal disputes typically involve:
 - Eligibility
 - What is the school's obligation?



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The evaluation process must be carefully followed and documented.

- OCR findings focus on procedure
 - Was proper procedure to identify, evaluate and develop a 504 plan followed?
 - 504 obligation is NOT limited to accommodations, but includes "related services & aids"
 - If a 504 plan was developed, was it implemented?



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ADA & 504

IDEIA

- Students with a disability are provided with a Free Appropriate Public Education (FAPE) that is tailored to their individual needs.
- Regardless of the nature or severity of the disability
- Under Section 504, FAPE consists of the provision of regular *or* special education *and* related aids and services designed to meet the student's individual educational needs as adequately as the needs of nondisabled students are met.
- Specific to *opportunity* to learn.

- To provide children with disabilities the same education as those students who do not have a disability.
- Accomplished through **Special Education**.
- Specific to learning *ability*.



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Red Flags to Consider

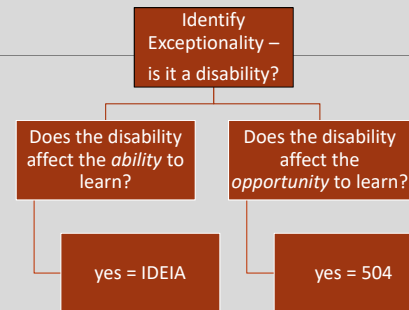
- Frequent or excessive absences as the result of a medical condition
- Threats or attempts to commit suicide
- Visits to the school nurse on a frequent basis due to a health condition
- Missing excessive instructional time due to a health condition
- Medical reports that speak to a severe chronic or episodic health condition
- Inability of the student to self-monitor his/her chronic health condition symptoms
- The need for several staff members to be aware of the student's health condition

Health Conditions Very Likely to Warrant 504 Eligibility Consideration

- Type 1 Diabetes
- Severe allergies (consider all students with history of a severe reaction or with coexisting diagnosis of asthma)
- Asthma (consider all students with a history of past serious episodes where immediate access to medication is of greater importance)
- Seizure disorder (consider all students with emergency medication order and/or history of life-threatening seizure episode)
- Depression (consider all student with known diagnosis and/or with past suicide attempt)
- Bowel/bladder disorders that benefit from bathroom privileges
- Impaired mobility disorders
- Any student with a medical diagnosis that potentially limits life expectancy



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Follow procedural safeguards

- Parent Participation
- Prior Written Notice
- Procedural Safeguards Notice
- Understandable language
- Informed Consent



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Team Evaluation

Nursing implications:

- Get consent to obtain info (HIPPA)
- Collect related medical documentation
- Physician orders for any meds, treatments, restrictions, etc.
- Identify areas of need. Do they require:
 - Related services?
 - Supplemental aids & services?
 - Program modifications?
 - Accommodations?



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IDEIA

IEP

School Nurse should:

- Identify areas of need
- Develop and implement IHP & ECP – if needed
- Attend annual IEP meeting to review IHP/ECP
- Teach/train staff (and student if applicable)
- Address transition needs for health – 14 years & older
- Include parent input, gain cooperation

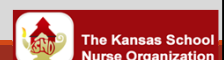


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Section 504

School Nurse should:

- Identify areas of need
- Address accommodations/modifications
 - List specific plan
- Develop and implement IHP & ECP – if needed
- Review with team, student & parents
 - Identify challenges and solutions



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Once the student has been identified as needing an IEP or 504 plan, **it is their right to receive services/accommodations, etc. according to the plan.**

- Legal reviews often ask the question “If a plan was developed, was it followed?”
- Document, document, document....



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- IHP – already covered in earlier lectures
- 504 examples
 - CMH headache example plan
 - Diabetes example plan
 - [School Nursing, A Comprehensive Text nasn.org](#)
- When looking at example plans, review and choose the modifications that work for your student and that the team agrees to implement.
- Only add services you can provide and control.



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504 Basic Template

- Describe the nature of the concern.
- Describe the basis for the determination of the disability.
- Describe how the disability affects a major life activity.
- Describe the reasonable accommodations that are necessary



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Dear Parent:

Your child has been seen at Children's Mercy for evaluation and management of migraine. One of our goals in the treatment of migraine is to keep kids as involved as possible in normal activities such as school. Attending school consistently if even for part days helps children develop the skills necessary to manage headaches in the environment that is normal for their age, keeps kids more connected with peers, helps induce the body's natural pain inhibition system by staying on a consistent schedule and having something to focus on other than pain), and reduces the likelihood of more disability in the future. This is why we strongly encourage regular attendance despite pain rather than even temporary full removal from school.

It can be quite difficult, however, for children to attend school consistently when having headaches (and quite difficult for parents to try to enforce this). As such, it can be helpful to set up a specific plan with the school. Since migraine can have a significant impact on a child's ability to think, concentrate, and learn and can impede participation in normal physical and social activities, having a migraine diagnosis qualifies as a "disability" for which school accommodations can be requested under what is called a 504 Plan (a "504 Plan" refers to Section 504 of the Rehabilitation Act of 1973). The intent of a 504 Plan is to help ensure kids with health conditions receive some modifications at school that will help them still function at school similarly to peers without health conditions.

Please take the school letter below to the principal or counselor at your child's school. The letter contains information about your child's diagnosis and provides suggested school 504 Plan accommodations. Let your medical providers know if you have any questions. Additionally, if you have questions or concerns about your child's educational rights and services, you can contact MPACT at (800) 743-7634 (if you're in Missouri) or Families Together at (877) 499-5369 (if you're in Kansas).

Sincerely, Your Children's Mercy providers



Dear school personnel:

This letter is in regard to a student who was recently seen at Children's Mercy Hospital for evaluation and management of migraine headache. Migraine qualifies as a disability under Section 504 of the Rehabilitation Act in that it can significantly impair a student's performance of major life activities including school, physical activities, and cognitive functioning (e.g., thinking, concentrating, and learning)..... our goal is to improve the ability to function in usual activities such as school. As such, we are providing the following information and recommendations to help the student at school.

Information on migraine: Migraine is a neurological disorder caused by an (usually inherited) instability in certain nerve cells within the brain (i.e., a "hypersensitive" brain)..... The goals of treatment are not only to reduce symptoms, however, but to improve a child's ability to function with the headaches.

School Recommendations: In order to help improve functioning with headaches, we try to work with families and schools on reasonable accommodations to facilitate the student's ability to attend school on a consistent basis despite a chronic pain condition.

Below we have checked the recommended school accommodations for this student. In addition to these recommendations, it is important for school personnel not to question/doubt a child's pain through verbal or nonverbal behavior and to respond positively/supportively to the student when he/she is there; the additional stress from doubting the report of pain or questioning days missed can itself exacerbate pain and detract from a student's motivation to attend school in the future.

SETTING MODIFICATIONS:

- ☐ Allow **preferential seating** in the classroom to the extent possible (to allow for a location that may be less proximal to potential environmental factors that can exacerbate headaches— e.g., areas of bright sunlight or loud areas)
- ☐ Permit the student to **lie his/her head on the desk for brief periods of time if needed**; this can help him/her remain more relaxed in the classroom and therefore able to pay more attention without the need to leave the class
- ☐ **Permit use of sunglasses, ballcap, and/or earplugs** in class to reduce sensitivity to lights, glare, and classroom noise
- ☐ Allow the student to **get up and stretch as needed**
- ☐ At lunch hour, allow the student to **choose a few friends to have lunch with in a quiet area of the school if desired** (to avoid the noise of the lunch hour).



SCHEDULE MODIFICATIONS:

- ☐ If the student has not been regularly attending school for several weeks due to headaches, we strongly recommend a **paced reentry schedule**.
- ☐ If student attends fairly regularly but are consistently late due to morning headaches, **consider permitting a later school start time**; this can help still maintain consistent school attendance instead of the student missing the entire day when awakening with a headache
- ☐ **Have a plan in place for missed classes** (e.g., adjust expectations for homework completion, allow extra time for assignments that were assigned while he/she was absent, limit assignment of new work to just that necessary for essential learning, arrange for after school help to get caught up, defer tests until the student has had the opportunity to get caught up on material, etc.)



- ☐ **Permit flexibility in the standard attendance policy** by allowing partial day attendances to account as attendance, extending the typical allotted absences given a chronic medical condition that may result in missed school, and not requiring written doctor excuses for all absences.
- ☐ **Permit students to participate in school social activities and extracurricular activities even if they are only consistently attending part days of school** in order to help reduce the risk of ongoing social isolation and depressed mood
- ☐ We recommend **scheduled rest breaks** in a quiet location (not exclusively for when he/she has headaches, but to be used to help prevent accumulating stress from the day).
- ☐ Permit the student to **leave 5 minutes prior to the end of class** to avoid the noisy/ congested hallways.
- ☐ **If more intense headache episodes occur at school** when the student is there, the student should be allowed to **go to a quiet and dark room to rest and relax** and get rehydrated for about 30 minutes before returning class. This should be sufficient to help manage most pain intensifications during the day without the need to have parents pick the child up from school.



- ❑ *Workload Modifications:*
- ❑ *Modify Physical Education Requirements*
- ❑ *Assignment And Test Modifications: Instruction/Method Modifications:*
- ❑ *Assignment Notebooks*
- ❑ *Material Modifications: 2nd Set Of Textbooks For Home*
- ❑ *Other Modifications:*



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Review:

- Collect information
- Evaluate needs
- Meet as a TEAM.
- Develop an appropriate plan
- Follow the plan
- Document your efforts
- Re-evaluate, both on schedule and as needed.

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Questions?



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Sources:

US Department of Health and Human Services www.hhs.gov HIPPA

US Department of Education

- Family Educational Rights and Privacy Act (FERPA)
- <http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>
- The Individuals with Disabilities Education Improvement Act (IDEIA)
- <http://idea.ed.gov>

Record/Documentation:

- Seaman USD #345 Protocols/Procedures & Guidelines Manual for Health Services Staff
- Privacy Technical Assistance Center (PTAC)
- www.ed.gov/ptac

ADA:

- US Department of Justice, Civil Rights Division
- www.ada.gov

Section 504:

- US Department of Education, Office of Civil Rights
- <http://www2.ed.gov/about/offices/list/ocr/504faq.html>
- <http://www.wrightslaw.com/info/sec504.index.htm>



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Sources:

Slide 65 chart regarding 504 considerations:

- KSNO Mentorship Program PPT 2014 update.pptx

Example 504 plans:

- Children's Mercy Hospital
- http://www.childrensmercy.org/Health_Care_Professionals/Nurses/School_Nurses/School_Health_Conference/ - Type 1 Diabetes
- Children's Mercy Hospital Neurology Clinic – Migraine/Headache
- Multiple diagnoses & accommodations from Tucson unified school district:
- http://www.tusd1.org/contents/distinfo/sect504/Documents/Sample_Accommodations.pdf
- *School Nursing, A Comprehensive Text* by Janice Selekman, DNSc RN
June 19, 2012



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Whew! Lots of information.

Thanks for hanging in there!

