The School Nurse’s Role in the Federal Laws that Protect and Support the Educational Rights of Students

MICHIGAN SCHOOL NURSE GUIDELINES AND RESOURCES

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Foreword

These guidelines contain current best practice recommendations for the health service topic addressed. The guidelines have been reviewed by the School Nurse Practice Subcommittee of the Michigan Statewide School Nurse Task Force as a means to provide consistent and safe care to students. Specific laws and regulations that direct school nursing practice or other health services are identified in the guidelines. There is no guarantee that the use of guidance in this document will lead to any particular result or outcome. The information in this document was researched in June, 2016.

Purpose

This document will provide guidelines and resources for the school nurse’s role in the federal laws that protect and support the educational rights of students.

Overview


IDEA authorizes federal funding to states for early intervention services for infants and toddlers with disabilities and developmental delays (part C), special education and related services for pre-school aged and school-aged children with disabilities (part B) and relates principals for providing such services (USDOE, 2016a; Lipkin et al., 2015). States and school districts must identify, locate and evaluate all children with disabilities without regard to the severity of their disability (Lipkin et al., 2015). The IDEA definition of “disability” dictates which students are eligible for an individualized education program (IEP) and is based on the need for special education (Zirkel, 2009). The IEP must include nursing and other health services only if they are required for the child to benefit from special education (Zirkel et al, 2015). If a child is in need of special education, speech-language therapy or occupational therapy, guidance for obtaining services falls within IDEA (Lipkin et al., 2015). IDEA specifies an eligible child as having an intellectual disability, hearing impairment, speech or language impairment, visual impairment including blindness, emotional disturbance, orthopedic impairment, autism, traumatic brain injury, multiple disabilities, other health impairment, or specific learning disability (Galemore & Sheetz, 2015; Lipkin et al., 2015).
The American with Disabilities Act (ADA) of 1990 (as amended by the ADA Amendments Act in 2008) and section 504 of the Rehabilitation Act of 1973 address civil rights broadly, prohibiting discrimination against any individual with a disability and does not provide any federal funds to assist with implementation (Lipkin et al. 2015; Zirkel, 2009). The ADA prohibits discrimination against individuals with a disability of all ages and in all areas, including employment, public services and public accommodations, such as schools (USDOE, 2006). The ADA covers all areas of public life and not just those receiving federal funding (USDOE, 2006; Lipkin et al., 2015). In 2008, the definition of major life activities was broadened in the Americans with Disabilities Amendment Act of 2008 (ADAA) to include a list of general life activities such as reading, concentrating, thinking, sleeping, eating, and operations of major bodily functions (Sampson & Galemore, 2012).

Section 504 of the Rehabilitation Act of 1973 does not provide funding for special education or related services, but it does permit the federal government to take funding away from programs that do not comply with the law (National Center for Learning Disabilities, 2014a). The law applies to public schools, parochial schools, private schools, and post-secondary educational institutions that receive any form of federal assistance (USDOE Office of Civil Rights, 2015; Zirkel, 2009). The Section 504 definition of disability is composed of the presence of “record of” or “regarded as” the following three essential elements: a) physical or mental impairment that b) substantially limits c) a major life activity (USDOE Office of Civil Rights, 2015). The Section 504 definition of disability which is identical to that in ADA is broader because eligibility extends beyond learning to other major life activities, such as walking, eating and breathing (USDOE Office of Civil Rights, 2015; Zirkel, 2009). The USDOE Office of Civil Rights (2015) clarified that school districts do not develop Section 504 plans for a student that has a record of disability or is regarded as disabled. There is no impairment that confers automatic eligibility under Section 504 (USDOE Office of Civil Rights, 2015). For example, a child with diabetes who needs school nursing assistance for the administration of medication may be eligible for school accommodations under Section 504 (Lipkin et al., 2015). A child with a life-threatening allergy may have a 504 plan with modifications so that he or she can participate safely on a field trip (Galemore & Sheetz, 2015).

The Every Student Succeeds Act (ESSA) was signed by President Obama on December 10, 2015 (USDOE, n.d.). ESSA reauthorizes the 50-year-old Elementary and Secondary Education Act (ESEA), the nation’s national education law and longstanding commitment to equal opportunity for all students (USDOE, n.d.). The law now uses the term, ‘Specialized Instructional Support Personnel (SISP),’ defines SISP, and includes SISP more deliberately and strategically in the law (National Association of School Nurses [NASN], 2016a). SISPs refers to school nurses, school counselors, school social workers, school psychologists, speech language pathologists, and others involved in providing assessment, diagnosis, counseling, educational, therapeutic, and other necessary services as part of a comprehensive program to help student success (NASN, 2016a). NASN (2016b) indicated that ESSA directly refers to the school nurse’s role in chronic disease management in Title IV (A). Title I requires State and Local Report cards to delineate measures of school quality, climate, and safety, including rates of in-school suspensions, out-of-school suspensions, expulsions, school-related arrests, referrals to law enforcement, chronic absenteeism (including both excused and unexcused absences), incidences of violence, including bullying and harassment (NASN, 2016b).
Prevalence of Developmental Disability in U.S. Children

The Centers for Disease Control and Prevention [CDC] (2015) reported on a study that determined the prevalence of developmental disability in U.S. children and found:

- The prevalence of any developmental disability in 1997–2008 was 13.87%;
- Prevalence of learning disabilities was 7.66%;
- Prevalence of attention deficit hyperactivity disorder (ADHD) was 6.69%;
- Prevalence of other developmental delay was 3.65%; and,
- Prevalence of autism was 0.47%.

Federal Laws that Protect and Support the Educational Rights of Students

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<thead>
<tr>
<th><strong>Americans with Disabilities Act of 1990 (ADA)</strong></th>
<th>Disability discrimination prohibited.</th>
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<tr>
<td><strong>Section 504, Rehabilitation Act of 1973</strong></td>
<td>Protects the rights of children with special health-care needs (CSHCN) by providing related services, including health services, to those not eligible for special education.</td>
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<tr>
<td><strong>Every Student Succeeds Act (ESSA)</strong></td>
<td>This Act reauthorizes the 50-year-old Elementary and Secondary Education Act (ESEA), the nation’s national education law and longstanding commitment to equal opportunity for all students. ESSA replaces No Child Left Behind.</td>
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<td><a href="http://www2.ed.gov/policy/gen/guid/fpco/pdf/ferparegs.pdf">http://www2.ed.gov/policy/gen/guid/fpco/pdf/ferparegs.pdf</a></td>
<td>Note: “In most cases, the HIPAA Privacy Rule does not apply to an elementary or secondary school because the school either: (1) is not a HIPAA covered entity or (2) is a HIPAA covered entity but maintains health information only on students in records that are by definition “education records” under FERPA and, therefore, is not subject to the HIPAA Privacy Rule” (U.S. Department of Health and Human Services, 2008).</td>
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Family Educational Rights and Privacy Act (FERPA) allows for the disclosure of personally identifiable information in connection with a health or safety emergency to public health authorities without individual or parent authorization if knowledge of the information is necessary to protect the health or safety of the student or other individuals under § 99.31(a) (10) and § 99.36 of the FERPA regulations.

**School Nurse’s Role**

The NASN Position Statement “Section 504 and Individuals with Disabilities Education Improvement Act – The Role of the School Nurse” states the school nurse is an essential member of the team participating in the identification and evaluation of students who may be eligible for services through the implementation of Section 504 of the Rehabilitation Act and the Individuals with Disabilities Education Improvement Act (IDEIA)(NASN, 2013). A second NASN (2015) position statement, “Individualized Healthcare Plans: The Role of the School Nurse,” specifies the role of the school nurses as a collaborator with the student, family, and healthcare providers to meet nursing regulatory requirements and professional standards by developing an Individualized Healthcare Plan (IHP) for students whose healthcare needs affect or have the potential to affect attendance and optimal academic performance.

The Framework for the 21st Century School Nursing Practice (NASN, 2016c) provides a structure and key principals for the role of the school nurse in protecting and supporting the educational rights of students. Care Coordination, Leadership and Community/Public Health are three of the five overlapping principals in the framework that were used to provide guidance in developing this guideline. For example, school nurses provide care coordination when they facilitate student and family preferences and needs by organizing and sharing information among persons (NASN, 2016c). Care coordination includes case management, collaborative communication, direct care, student care plans and transition planning as practice components of school nursing. The NASN position statements and the 21st Century Framework for School Nursing Practice provide guidance and a framework for the role of the school nurse when supporting students with disabilities and special health care needs in the school setting.

**Recommendations for Practice**

**Surveillance**

School nurses assist with identifying children who may need special education or health-related services (Gibbons, Lehr, & Selekman, 2013; Zirkel, 2009). Some steps school nurses can take to help students and families access school support services include:

- Participate in child find (Galemore & Sheetz, 2015).
- Determine which students in the building are currently being serviced with an IEP (Galemore & Sheetz, 2015).
Periodically review students found technically eligible but not needing a Section 504 Plan initially. Students found technically eligible are afforded key protections such as the right not to be discriminated against on the basis of disability, the right to a manifestation determination review prior to a significant change in placement and protection from excessive short-term removals (Sampson & Galemore, 2012).

Review the health needs of students new to the school and begin with students that have the most serious conditions, such as type 1 diabetes, asthma, seizure disorder, etc. (Galemore & Sheetz, 2015; Zirkel, Granthom & Lovato, 2012).

Determine which students in the building have previously had an IHP and in collaboration with parents, update the existing IHP or discontinue when no longer needed (Galemore & Sheetz, 2015). For students with a health care plan, examine the student’s attendance and/or health office visits in the screening process (Zirkel, Granthom & Lovato (2012).

Be knowledgeable about the American Academy of Pediatrics [AAP] (Marks, 2014) recommendations for screening.

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<tr>
<th>Maternal depression/anxiety</th>
<th>First year of life</th>
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<td>Developmental-behavioral delay</td>
<td>9, 18, 24-30 and 48 months</td>
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<td>Mental health/social-emotional problems</td>
<td>5 years and every visit thereafter</td>
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Social Determinants of Health

Certain groups of children are disproportionately represented in the population of children with disabilities. Minority children and non-English speaking students are more likely to be receiving instruction in a restrictive environment. (Dang, 2010). The CDC (2015) reported on a study that determined the prevalence of developmental disability in the United State from 1997-2008 and found:

- Males had twice the prevalence of any developmental disability than females and more specifically had higher prevalence of ADHD, autism, learning disabilities, stuttering/stammering and other developmental disabilities;
- Hispanic children had lower prevalence of several disorders compared to non-Hispanic white and non-Hispanic black children, including ADHD and learning disabilities;
- Non-Hispanic black children had higher prevalence of stuttering/stammering than non-Hispanic white children;
- Children insured by Medicaid had a nearly two-fold higher prevalence of any developmental disability compared to those with private insurance; and,
- Children from families with income below the federal poverty level had a higher prevalence of developmental disabilities.

School nurses need to understand cultural beliefs and differences to facilitate communication among culturally diverse parents/caregivers of children with disabilities. Services, support, and other assistance needs to be provided in a culturally competent manner (Dang, 2010). Luong, Yoder & Canham (2009) advocated for information to be printed in different languages specific to the demographics of the community. The CDC (2016) provides free materials about learning developmental milestones that are offered in different languages. The materials can be retrieved from [http://www.cdc.gov/ncbddd/actearly/freematerials.html](http://www.cdc.gov/ncbddd/actearly/freematerials.html).
Leadership

School nurses are often the only health care providers in the school setting and therefore need to engage in teamwork, direct the coordination of care, and have a clear vision for health care (Maughn, Bobo, Butler, Schantz & Schoessler, 2016). Below are leadership strategies to protect and support the educational rights of students.

- Collaborate with other school professionals in developing guidelines that will ensure the appropriate identification of students for special education and procedures for monitoring referral and eligibility rates of students from different racial/ethnic and socioeconomic backgrounds (Dang, 2010).
- Advocate for appropriate resources for students with disabilities and provide education to school board members, parents, administrators, and teachers about the importance of early intervention (Dang, 2010).
- Develop nursing protocols to meet student-specific health needs during the school day (Gibbons, et al., 2013).
- Work with school administrators to consider adding a statement on the emergency card such as, “I give permission for the school nurse to discuss necessary information regarding my child’s medical care with the health care provider” if there is not a similar statement (Selekman & Calamaro, 2014).
- Ensure all protected health information that falls under HIPAA must be kept in a secure location, to avoid the possibility of becoming breached (Hopkins & Hughes, 2016).
- Advocate for a component in the school nurse orientation program that specifically addresses nursing care of students with intellectual and developmental disabilities (Singer, 2012).
- Develop nursing protocols to meet student-specific health needs during the school day (Gibbons, et al., 2013).
- Prioritize students with life-threatening conditions, ensuring the school has proper emergency procedures, regular review of individual 504 plans, and proactive steps for student safety (Zirkel, Granthom & Lovato, 2012). Ensure the parent is involved in these processes.
- Stay current with the latest developments of Section 504 and current health problems (Zirkel, Granthom & Lovato, 2012).
- Inform school administrators about safe and appropriate staffing for students with disabilities (Dang, 2010).
- Be knowledgeable about local, state and federal law as well as influence the development of policies surrounding chronic disease management and coordinated school health programs (NASN, 2014).
- Supervise unlicensed assistive personnel to provide specialized health care services in the school setting (Gibbons, et al., 2013).
- Advocate for school nursing services through ESSA (NASN, 2016b). Local Education Agencies can use their Title I dollars to develop school-wide programs for all students, including hiring a school nurse, as well as nutrition programs, physical education programs, and bullying prevention program (NASN, 2016b).

Case management/Care Coordination

School nurses provide the multifaceted coordinated care and oversight for the increasingly complex and persistent health care needs of children in educational settings. At the same time, they are working across multiple health systems, including education, health care, public health, insurance and community agencies to assure student needs are met (McClanahan & Weismuller, 2015). Care coordination incorporates many of the daily tasks school nurses perform to care and includes the
practice components of student-centered care, direct care, chronic disease management, nursing delegation, collaborative communication and student care plans (Maughn et al., 2016).

**Collaborative Communication**

1. Provide family education, support and resources (Dang, 2010; Engelke, Guttu, & Warren, 2009; Gibbons et al., 2013).

   - The Center for Parent Information and Resources (CPIR) provides information and facts for parents at [http://www.parentcenterhub.org/nichcy-resources/](http://www.parentcenterhub.org/nichcy-resources/). Information for parents can also be found at the National Institute for Neurologic Disorders and Stroke ([http://www.ninds.nih.gov/disorders/autism/autism.htm](http://www.ninds.nih.gov/disorders/autism/autism.htm)).
   - The Michigan Department of Health and Human Services [MDHHS] provides information and resources to support families/caregivers and professionals servicing individuals with autism spectrum disorder. More information can be found at: [http://www.michigan.gov/autism](http://www.michigan.gov/autism).
   - Statewide Autism and Resources Training (START) ([https://www.gvsu.edu/autismcenter/](https://www.gvsu.edu/autismcenter/)). This is a program out of Grand Valley State University funded by the Michigan Department of Education [MDE]. START has a basis in Positive Behavior Interventions and Supports (PBIS) and marked 15 years in 2016.
   - Michigan Alliance for Families (MAF) ([http://www.michiganallianceforfamilies.org/](http://www.michiganallianceforfamilies.org/)), is also funded by a MDE (and partial federal) grant which provides information, education and support for parents whose children receive or eligible to receive special education services or early intervention services. The alliance has parent mentors regionally across Michigan that can provide information to families on the special education process and answer questions. They also provide excellent online resources.
   - National Disability Rights Network ([www.ndrn.org](http://www.ndrn.org)) (Lipkin et al., 2015)

2. Understand that successive reauthorizations of IDEA have strengthened the role of the parents in developing their child’s IEP (Elbaum, B., 2012).

3. Assist the parent(s)/guardian(s) and teachers to identify and remove health-related barriers to learning (Gibbons et al. 2013).

4. Provide in-service training for teachers and staff regarding the individual health needs of the child (Gibbons et al., 2013).

5. Work with parents to educate, facilitate, and expedite necessary communication between schools and the medical home (AAP Council on School Health, 2016). Examples of reports that can be shared from the medical home provider to the school team include developmental screening results, hearing and vision screening or assessments, hospitalizations or other medical summaries, chronic medication treatments and treatment changes, emergency preparedness plans, palliative care, and subspecialist consultations and referrals (Lipkin, et al., 2015). Collaborate with pediatricians to establish an agreed-upon method of communication with the use of standardized forms, securing permission to exchange information development of individualized health care plans (AAP Council on School Health, 2016).

6. Develop close communication and referral systems with the medical home (AAP Council on School Health, 2016).

7. School nurses caring for children with special health care needs require detailed medical information in order to provide case management and health services. The information can be used to develop an Individualized Health Care Plan. Lyons (2012) provided a sample template for an assessment form.
8. Understand that the HIPAA Privacy Rule allows covered health care providers to disclose Protected Health Information about students to school nurses, physicians, or other health care providers for treatment purposes, without the authorization of the student or student’s parent. For example, a student’s primary care provider may discuss the student’s medication and other health care needs with a school nurse who will administer the medication while the student is at school (Selekman & Calamardo, 2014). More information about the HIPAA Privacy Rule and exchanging information with the health care provider can be found at: http://www.hhs.gov/hipaa/for-professionals/faq/513/does-hipaa-apply-to-an-elementary-school/index.html.

9. Attend annual IEP meetings to advocate for the health needs of students. For some students, the school nurse will be listed as a direct service and/or related service on the IEP (Galemore & Sheetz, 2015). When an IHP is available, attach to the IEP to provide the needed rationale for the health service. Make recommendations to the team about health-related accommodations or services that may be required (Gibbons et al., 2013).

10. Advanced parent notification of an evaluation and a decision-making process conducted by a team of knowledgeable individuals is required (Sampson & Galemore, 2012). Ensure there is parental consent, necessary medical information, and that parents have been provided with the Section 504 procedural safeguards notice when an evaluation is necessary (Zirkel, Granthom & Lovato, 2012).

Direct Care

While children may require specialized technological health care procedures and/or health support during the school day, they do not necessarily require special education services (Hopkins & Hughes, 2016). Examples of direct service from school nurses that may inhibit children from engaging in typical activities of daily living, including attending school, include medication administration, nebulizer treatments, administration of a gastrostomy tube feedings, colostomy care and tracheostomy suctioning (Hopkins & Hughes, 2016). School nurses need to assess the identified child’s functional and physical health status, in collaboration with the child, parent(s)/guardian(s), and healthcare providers (Gibbons et al., 2013). School nurses may also be supervising unlicensed assistive personnel to provide specialized healthcare services in the school setting (Gibbons et al., 2013).

Student Care Plans

School nurses create, update and implement care plans and work comprehensively to create an environment where students will achieve academic success and maintain optimal health is fundamental (McClanahan & Weismuller, 2015)

Individual Education Plan (IEP)

The “term individualized education program or IEP means a written statement for each child with a disability that is developed, reviewed, and revised in a meeting in accordance with Sec. Sec. 300.320 through 300.324” (USDOE, 2016b) (para 1).

School nurses should assist the team with developing an IEP that provides for the required health needs of the child and enables the student to participate in his or her educational program (Gibbons et al., 2013). The IEP, an individualized program for the child to receive a free appropriate public education (FAPE) provided in the least restrictive environment (LRE) are requirements of IDEA (Lipkin et al., 2015).

- The IEP delineates specific special education and related services (e.g. physical therapy) that the child should receive (Lipkin et al., 2015).
The evaluation must be completed within 60 days of parent consent for the evaluation.

- The parent requests an IEP (Selekman & Calamaro, 2014).
- The IEP needs to be reviewed and updated annually. The student needs to be reevaluated at least every three years.
- A student with an IEP that includes specific nursing services would likely have an IHP (Sampson & Galemore, 2012).
- Evaluate the effectiveness of the health-related components of the IEP with the child, parent(s), and other team members, and make revisions to the plan as needed (Gibbons et al., 2013).

**Individualized Health Plan (IHP) and Emergency Care Plans (ECP)**

The IHP format aligns with the nursing process and the standards of school nursing that includes assessment, nursing diagnosis, student goals, nursing intervention, and expected outcomes (Gibbons et al., 2013). IHPs are documented plans that are developed to assure the safe health care of children with chronic conditions and facilitate the child’s ability to attend school on a regular basis. IHPs address the unique needs of a child with a chronic health care condition. (Hopkins & Hughes, 2016).

- The IHP is a document showing proof that the school nurse provided a minimum standard of care for a student with a health condition (Galemore & Sheetz, 2015).
- Develop individualized healthcare plans (IHP) and emergency care plans (EAP) based on the nursing assessment (Gibbons et al., 2013).
- IHPs cannot be developed by unlicensed individuals and should be updated a minimum of once per year (Galemore & Sheetz, 2015).
- Consider incorporating a “Go Bag” into the IHP that has supplies and equipment needed to care for the child, including instructions and information specific to the child (Hopkins & Hughes, 2016).
- In situations that the child’s life may be at risk, the school nurse develops an emergency care plan (Selekman & Calamaro, 2014).

**504 Plan**

If a child does not qualify for special education but still needs accommodations within the school setting, the child with a chronic condition falls under Section 504 of the Rehabilitation Act of 1973 (Hopkins & Hughes, 2016; Selekman & Calamaro, 2014). It is the parent’s responsibility to request these accommodations. The school nurse assists the team with developing a 504 Accommodation Plan that provides for the required health needs of the child and enables the student to participate in his or her educational program (Gibbons et al., 2013).

- Identify the school district’s 504 coordinator (Galemore & Sheetz, 2015).
- Understand there is no standard 504 plan. The 504 plan generally includes the following:
  - Specific accommodations, supports or services for the child.
  - Names of who will provide each service.
  - Name of person responsible for ensuring the plan is implemented.
  - The rules about who is on the 504 team are less specific than they are for an IEP (National Center for Learning Disabilities, 2015b).
- Portions of an already created IHP and ECP will serve well as starting accommodations for the Section 504 Plan (Sampson & Galemore, 2012).
- “Assignment modifications” are an example of a 504 accommodation for a student with a health condition such as cancer or concussion. A child with a life threatening allergy that may need accommodations for a field trip is another example of a 504 accommodation.
Transition Planning

Transition planning refers to a coordinated set of activities to assist students with chronic health conditions in school, and then move from one school to another, from hospitalization back to school, and from the secondary school system into the next stage of life (Selekman, Bocheneck, & Lukens, 2013). The school nurse can contribute to the development of the health care transition plan based on the student’s health care provider’s medical management plan. Collaboration between the education and health care systems is needed to improve outcomes for all young people with special health care needs and disabilities (Bargeron, Contri, Gibbons, Ruch-Ross, & Sanabria, 2015).

- IDEA mandates that transition plans must be developed by age 16 (USDOE, 2016). Michigan follows the federal regulation 300.320(b) “Beginning not later than the first IEP to be in effect when the child turn 16, or younger, if determined appropriate by the IEP Team” (USDOE, 2016).
- Collaborate with the medical home in planning the transition from pediatric to adult care (AAP Council on School Health, 2016).
- A interdisciplinary approach will address the diverse needs and varied issues facing youth with special health care needs (Bargeron et al., 2015).
- Plans should identify, support, or promote access to needed services and resources both within and outside the school setting (NASN, 2014).
- Focus should be placed on providing the needed accommodations (NASN, 2014).
- The HIPAA Privacy Rule allows covered healthcare providers to disclose Protected Health Information (PHI) about students to school nurses for treatment purposes, without the authorization of the student or students’ parent (NASN, 2014).
- Transition plans must be individualized (NASN, 2014).
- School nurses remain accountable for the decision to delegate, training the delegate, and for ongoing supervision of the delegate (NASN, 2014).
- The school nurse needs to be cognizant of the medical management plan, skill level of the student, and appropriate modifications and accommodations of the student (Bargeron et al., 2015). Examples of skill practices school nurses can train students and supervise:
  - Calling for appointments.
  - Requesting prescription refills.
  - Identifying insurance information.
  - Informing health care providers and future employers about necessary accommodations for the student to manage his/her own health care needs.

Red Flags for Protecting and Supporting the Educational Rights of Students

1. Red flags to consider regarding 504 eligibility developed by the Olathe District Schools and described by Sampson & Galemore (2012):
   - Frequent or excessive absences resulting from a medical condition.
• Threats or attempts to commit suicide.
• Visits to the school nurse on a frequent basis due to a health concern.
• Missing excessive instructional time due to a health condition.
• Medical reports that speak to a severe chronic or episodic health condition.
• Inability of a student to self-monitor his or her chronic health condition symptoms.
• The need for several staff members to be aware of the student’s health condition.

2. Students who require health services may not be excluded or denied access to school-sponsored field trips. Erwin, Clark, & Eli Mercer (2014) recommended the following for school nurses planning school-sponsored field trips:
   • Know and understand out-of-state or out-of-country laws governing nursing practice regarding delegation, medication administration, and emergency care.
   • Invite parents to accompany the student on a field trip.
   • Convene a 504 or IEP meeting to discuss challenges and the student’s needs/limitations as specified in the IEP, IHP, EAP or 504 Plan.
   • Determine the frequency of the service needed and level of care provided.
   • Plan for safe delegation, if delegation is allowed in the state care will be provided.
   • Provide for documentation and confidentiality of student health services information.

3. Failure to adequately transition youth with special health care needs takes a toll on their health, such as poorer health status and less appropriate use of health services than their peers (Bargeron et al., 2015).

4. Anderson (2009) conducted a study to document mother’s experiences of the care of their children with special health care needs across health care and educational settings and found that mother’s reported communication with health care providers and schools was difficult and that mothers were overwhelmed with coordinating care for their children.

References


Marks, K.P. (2014). We need to strengthen early detection and intervention system for children. *AAP News, 35*, 30. doi: 10.1542/aapnews.2014358-30 [https://www.peacehealth.org/sites/default/files/Documents/eCascadeDocuments/ThisWeekDocuments/MarksAAP.pdf](https://www.peacehealth.org/sites/default/files/Documents/eCascadeDocuments/ThisWeekDocuments/MarksAAP.pdf)


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