

# Healthy Steps on the Path to Success

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Illinois State Board of Education  
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School Nursing, Health Issues



# Today's Objectives

Participants will be able to -

- Describe the most recent changes in school health law in Illinois and related to rule per the Illinois State board of Education (ISBE) and the Illinois Department of Public Health (IDPH)
- Discuss ways in which these changes may align with federal and state ESSA implementation
- Explore how utilizing services of a variety of school health professionals within a structured model may save dollars and increase effectiveness in school health service delivery
- Consider strategies toward achieving the ISBE goal:  
***“Every school offers a safe and healthy learning environment for all students.”***



# Vision, Mission, and Goals of the Illinois State Board of Education

## Vision:

Whole, healthy children nested in whole, healthy systems



## Goal:

Every school offers a safe and healthy learning environment for all students



# Every Student Succeeds Act State Plan

Whole School  
Whole Community  
Whole Child



Image accessed from

<http://www.cdc.gov/healthyyouth/images/wsc-model-lg.png>



Illinois State  
Board of Education

# First Step: Review Federal Laws, Rules, and Regulations



# The Whole Community: Federal ‘Nesting’ for Success

- Section 504 Disabilities Act
  - 504 plans, Individual Healthcare Plan
- Individuals with Disabilities Education Act (IDEA)
- Free, Appropriate Public Education (FAPE)
- Least Restrictive Environment
- Full, individual assessment by qualified personnel
- Every Student Succeeds Act (ESSA)
  - Specialized instructional service personnel
  - Chronic disease management and education by RNs



# The Whole Community: Student and Staff Privacy

- ▶ Family Educational Rights and Privacy Act (FERPA)
  - students
  - ▶ Exceptions for serious and imminent threats to health and safety
  - ▶ Required release related to vaccine compliance
- ▶ Health Insurance Portability and Privacy Act (HIPAA) - staff
  - ▶ Definition of HIPAA covered entity
  - ▶ Release of information related to outbreaks of communicable disease



# Eliminate Disease - Preserve FERPA



- ▶ Mandate for reportable diseases
  - ▶ Downloadable posters produced by Illinois Department of Public Health (IDPH)
  - ▶ No names, initials, or other identification may be released outside of school without written parental release, with few exceptions
  - ▶ Reporting timeline determined by Public Health - “immediately” and “within three days” exempt from FERPA requirement for written parental permission based on public health emergency clause (by agreement between ISBE and IDPH)



# IDEA's Other Health Impairment (OHI): The “Health” Qualifier

- ▶ “By their very nature, other health impairments involve medical care and medical concerns.”  
<http://www.parentcenterhub.org/repository/ohi/#medical>
- ▶ The list of acute or chronic health conditions in the definition of “other health impairment” is not exhaustive, but rather provides examples of problems that students have that could make them eligible for special education and related services under that category. (71 Fed. Reg. at 46550)
- ▶ Avoid using OHI as a catch-all for students who do not fit or qualify for services
- ▶ ISBE expects involvement of Registered Nurse (RN)
  - ▶ In the initial health evaluation and re-evaluations
  - ▶ In developing the present levels of functional performance
  - ▶ In the treatment plan
  - ▶ In the educational plan
- ▶ Consider also evaluating and reporting on health strengths



# Transition Plans

- ▶ Federal law requires transition plans by age 16, but states can provide at younger age. Illinois requires that transition plans be in effect on or before a student turns 14 ½ years of age.
- ▶ Goals and services in the area of independent living skills are required (in addition to post-secondary goals and services in areas of training, education, and employment).\*
- ▶ For students with IEPs and health needs, consider a nurse-written transition service and health goal written for the student, encouraging independence.
  - ▶ Examples: define his or her condition using medically accurate terms; list/spell or speak names of daily medications; practice health-related self-care, such as personal hygiene, medical treatments, refill of prescriptions (demonstrated and evaluated by RN)



# Transition Plans

- ▶ Federal law requires transition plans by age 16 years
  - ▶ states may choose to provide at younger age
  - ▶ Illinois requires that transition plans be in effect on or before a student turns 14 ½ years of age
  - ▶ Goals and services for independent living skills
    - ▶ required
    - ▶ post-secondary goals and services
    - ▶ training, education and employment
- ▶ **Resource:** *Got Transition*, Center for Health Care Transition Improvement, a cooperative agreement between the U.S. Maternal and Child Health Bureau and the National Alliance to Advance Adolescent Health
- ▶ Students with IEPs and health needs
  - ▶ consider a nurse-written transition service and health goal
  - ▶ encouraging independence in health management
  - ▶ Examples: define his or her condition using medically accurate terms; list/spell or speak names of daily medications; practice health-related self-care, such as personal hygiene, medical treatments, refill of prescriptions (demonstrated and evaluated by RN)



# Next Step: Review State Laws, Rules, and Regulations



# The Whole Community: State 'Nesting' for Success

- Special education rules
- Protection against unlicensed health care providers
- Privacy rights, protection of records: ISSRA
- Medicaid reimbursement to schools (student access to care)
- Health records required for entry
  - Immunization and examination requirements
  - Minor's rights to consent to health care
  - Mental health
  - Sexual health
  - Access to family planning
  - Drug use/abuse
  - Emancipated minor, unaccompanied minor





This file includes fillable form fields.  
You can print the completed form and save it to your device or Acrobat.com.

out of the school district to verify whether or not the student is "in good standing" and, whether or not their medical records are up-to-date and complete as defined in Section 2-3.13a. "In good standing" means that the student is not being disciplined by an administrative suspension or expulsion, and is entitled to attend classes, as of the date of this form. No public school district is required to accept a student unless they can produce this form from the student's previous Illinois public school district. **This form is not to be sent to the Illinois State Board of Education. It is to be sent directly to the student's new school they will be attending.**

NAME OF STUDENT (Last, First, Middle)

BIRTHDATE (Month, Day, Year)

GENDER

☐ Male☐ Female

GRADE

ADDRESS OF STUDENT (Street, City, State, Zip Code)

NAME OF PARENT OR GUARDIAN

PARENT/GUARDIAN TELEPHONE (Include Area Code)

Home

Work

ADDRESS OF PARENT OR GUARDIAN (Street, City, State, Zip Code)

DISTRICT NAME AND NUMBER TRANSFERRING TO

NEW DISTRICT ADDRESS (Street, City, State, Zip Code)

NAME OF SCHOOL STUDENT WILL BE TRANSFERRING TO

NAME OF PRINCIPAL AT NEW SCHOOL

Please check (✓) the appropriate box.

☐

I hereby attest that the above student is "in good standing" and that all medical records for the above student are up-to-date and complete as of the date of this form.

☐

The above student's medical records are **not** up-to-date and complete as documented in the student's permanent medical records.

☐

I hereby attest that the above student is **not** "in good standing" due to a current suspension and/or expulsion from \_\_\_\_\_ until \_\_\_\_\_; but

# State Law - Students



- ▶ **State legislation on student health:**
  - ▶ Health entry requirements
  - ▶ Exclusion for noncompliance (October 15 or earlier)
  - ▶ Protection for students who are homeless
  - ▶ Foster children (Department of Children and Family Services placement)
  - ▶ Medication laws (self-carry/self-administer, epinephrine, diabetes care, asthma rescue inhalers)
  - ▶ Safeguards on who in schools can give medication

# Child Health Examination

- ▶ Lead:
  - ▶ screening (non-invasive): kindergarten entry, ages six and under
  - ▶ Lead testing (blood draw): kindergarten entry, ages 6 and under if screening is positive for potential exposure
  - ▶ Levels of lead exposure near children's homes has a direct, causal effect on the likelihood they'll be suspended from school, according to the review of data on 120,000 students, cited in a report from Rochester, New York
- ▶ Social-emotional screening
  - ▶ Rules to be developed and implemented by IDPH
  - ▶ New form will not be available before fall 2018, at earliest
  - ▶ Schools should not be undertaking their own screening based on this law without state rules or guidance



# Student Vaccinations

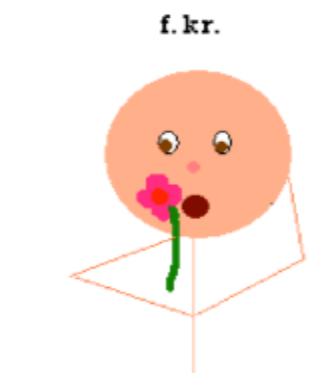


The only exemptions are -

- ▶ Homeless status (documented, and temporary while school works to remove the barriers)
- ▶ Medical Schedule
- ▶ Medical Contraindications
- ▶ Physician Statement of Immunity
  - ▶ Obtain written parental consent
  - ▶ Send to IDPH for review by medical director
- ▶ Religious Objections (P.A. 99.0249)
  - ▶ Reviewed by local school entity
  - ▶ Signed by health care provider who attests to parent counseling on benefits of vaccination to student and community
  - ▶ State form required at grade levels in conjunction with required physical examinations:
    - ▶ Kindergarten, first entry to Illinois school, sixth grade, ninth grade
- ▶ No exceptions for student with IEP or 504 for disability

# Student Vaccinations

- ▶ Compliance / enforcement measures
  - ▶ IWAS report - due by November 15, based on district compliance date (October 15 or earlier, not both)
  - ▶ By December 1 of each year, schools must make publicly available the immunization data they are required to submit to the ISBE (P.A. 097-0910)
  - ▶ ISBE and Regional Offices of Education perform monitoring visits
  - ▶ ISBE data and statistics website includes compliance, noncompliance, and “not reporting,” schools
- ▶ School Code: Local school authorities shall monitor immunization schedules to assure their completion



**ILLINOIS CERTIFICATE OF RELIGIOUS EXEMPTION  
TO REQUIRED IMMUNIZATIONS AND/OR EXAMINATIONS FORM**

**PARENT OR LEGAL GUARDIAN - COMPLETE THIS SECTION**

*Note: This form is required for all students entering kindergarten, sixth or ninth grades when parent(s) or legal guardian(s) is requesting a religious exemption on or after October 16, 2015. This form also must be submitted to request religious exemption for any student enrolling to enter any public, charter, private or parochial preschool, kindergarten, elementary or secondary school on or after October 16, 2015.*

***This form may NOT be used for personal or philosophical reasons. Illinois law does not allow for such exemptions.***

Student Name (last, first, middle)	Student Date of Birth: Month   Day   Year	School Name:	Grade: _____
Parent/Guardian Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	City: _____	
Address:	Telephone Number(s):	Exemption requested for (mark all that apply): <input type="checkbox"/> Hepatitis B <input type="checkbox"/> DTaP <input type="checkbox"/> Polio <input type="checkbox"/> Hib <input type="checkbox"/> Pneumococcal <input type="checkbox"/> MMR <input type="checkbox"/> Varicella <input type="checkbox"/> Td/Tdap <input type="checkbox"/> Meningococcal <input type="checkbox"/> Health Exam <input type="checkbox"/> Eye Exam <input type="checkbox"/> Dental Exam <input type="checkbox"/> Vision/Hearing Tests <input type="checkbox"/> Other (indicate below)	

To receive an exemption to vaccination/examination, a parent or legal guardian must provide a statement detailing the religious beliefs that prevent the child from receiving each required school vaccinations/examination being requested. In the space provided below, state each vaccination or examination exemption requested and state the religious grounds for each request. If additional space is needed, attach additional page(s).

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**Religious Exemption Notice:**

No student is required to have an immunization/examination that is contrary to the religious beliefs of his/her parent or legal guardian. However, not following vaccination recommendations may endanger the health or life of the unvaccinated student, others with whom they come in contact, and individuals in the community. In a disease outbreak, or after exposure to any of the diseases for which immunization is required, schools may exclude children who are not vaccinated in order to protect all students.

I have read the Religious Exemption Notice (above) and have provided requested information for each vaccination/examination being requested for religious exemption.

Signature of parent or legal guardian (required)

Date

**HEALTH CARE PROVIDER\* - COMPLETE THIS SECTION**

**Provision of information:** I have provided the parent or legal guardian of the student named above, with information regarding 1) the required examinations, 2) the benefits of immunization, and 3) the health risks to the student and to the community from the communicable diseases for which immunization is required in Illinois. I understand that my signature only reflects that this information was provided; I am not affirming the parent or legal guardian's religious beliefs regarding any examination, immunization or immunizing agent.

Signature of health care provider*	Health Care Provider Name:
Date: (Must be within 1 year prior to school entry)	Address:
	Telephone #:

\*Health care provider responsible for performing child's health examination includes physicians licensed to practice medicine in all of its branches, advanced practice nurses, or physician assistants.

# Religious Exemption Form

# List of Non-immunized Child Care Facility Attendees or Students

Child and Student Health Examination and Immunization  
Code Part 665/Section 665.290

Every child care facility and attendance center shall maintain an accurate list of all children and students who have not presented proof of immunity against any or all of the required immunizations as noted in Section 665.240 or Section 665.280.



# Allergy Awareness, Prevention, and Treatment

- ▶ Food Allergy Guidelines
- ▶ Food Allergy Prevention Plan
- ▶ Environmental awareness of other allergens: latex, insects, medications
- ▶ Self-carry, self-administration of epinephrine auto injectors
- ▶ Availability of stock epinephrine for those not yet diagnosed with allergies

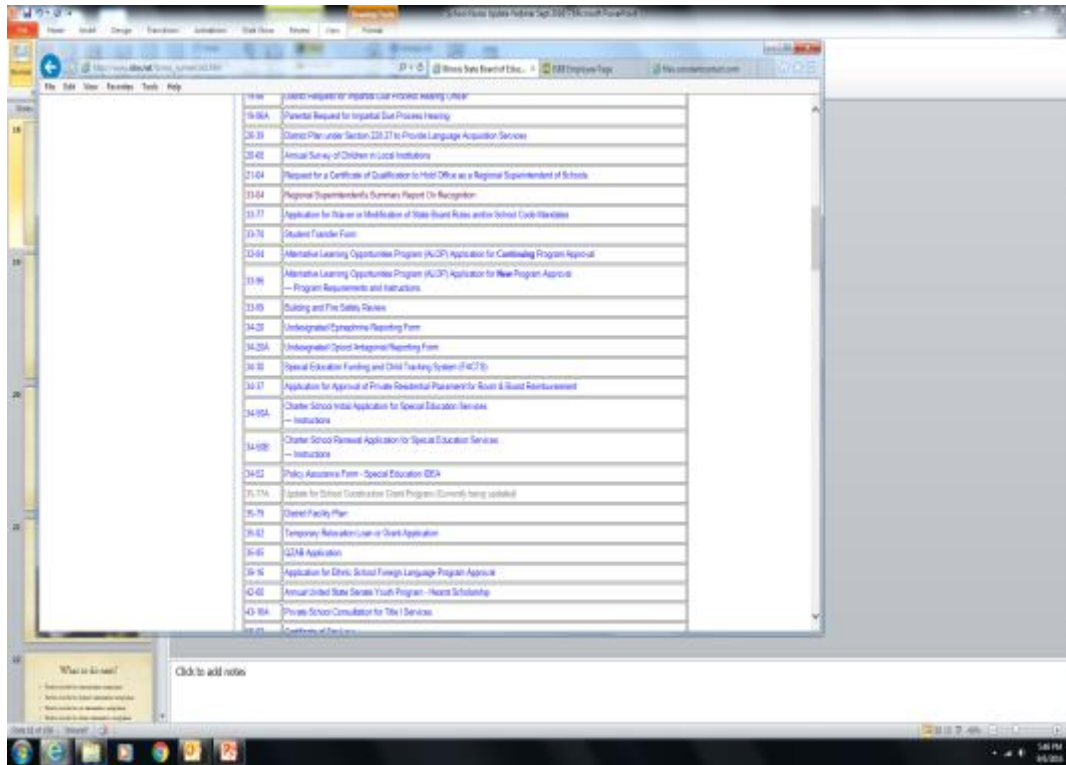
# Undesignated Epinephrine Act

- ▶ Authorizes, *does not require*, schools to stock undesignated epinephrine
- ▶ Allows administration of undesignated epinephrine to any person not previously known to have severe allergy and/or not previously given a prescription for epinephrine
- ▶ Requires a report to ISBE within three days of the administration of undesignated epinephrine to one not previously known or not with a previous medical order
- ▶ Rules define training required for non-nurse school staff
- ▶ Guidance is at: <http://www.isbe.net/spec-ed/pdfs/guidance-15-02-self-admin-epi.pdf>
- ▶ Revisions to previous law:
  - ▶ Allows administration of undesignated epinephrine trained non-nurses (in addition to nurses)
  - ▶ Expands the locations where undesignated epinephrine may be kept and used (restaurants, child care centers, etc.)
  - ▶ Adds that private (contracted) school bus transportation companies are allowed to adopt policy and drug
  - ▶ Requires districts to notify ISBE upon adoption or revision of policy

# Opioid Antagonist: “Narcan” or “Naloxone” Law

- ▶ P.A. 99-480
- ▶ Authorizes (but does not require) the administration of opioid antagonist by school nurses or trained personnel to "any person (who) the school nurse or trained personnel in good faith believes is having an opioid overdose"
- ▶ ISBE Rule 1.540 revised with epinephrine rule and adopted January 6, 2016
- ▶ Similar to law and rules on undesignated epinephrine
- ▶ Report required to ISBE upon use
- ▶ Antidote for opiates, both legal and illegal forms

# ISBE Forms for Reporting Administration of Undesignated Epinephrine and Opioid Antagonist



Form at

<http://www.isbe.net/spec-ed/pdfs/34-20-undesignated-epinephrine-rptg.pdf>.

Summary of reports 2014-15 school year on ISBE website.

Form 34-20 Epinephrine

Form 34-20a Opioid Antagonist



# Medicinal Marijuana

- ▶ Public Act 098-0775 and 098-0122
  - ▶ Amends Compassionate Use of Medical Cannabis Act
  - ▶ Allows use for under age 18
  - ▶ Rules are under IDPH jurisdiction
  - ▶ Law prohibits its presence on school grounds or on school transportation
- ▶ AAP (American Academy of Pediatrics) statement on use in children - contraindicated
- ▶ Remains Schedule I, Controlled Substances Act, FDA (Food and Drug Administration) - “no medicinal value”
- ▶ ISBE guidance:  
[http://isbe.net/school\\_health.htm?col23=open#CollapsiblePanel23](http://isbe.net/school_health.htm?col23=open#CollapsiblePanel23)



# State Law - Health Care Providers

- ▶ M.D., D.O., D.C.: Licensed by Medical Practice Act
- ▶ “Mid-level” Practitioners
  - ▶ Advanced Practice Nurse, Physician Assistant
- ▶ Illinois State Nurse Practice Acts
  - ▶ Differ from state to state
  - ▶ Define scope of practice for Registered Nurse (RN), Licensed Practical Nurse (LPN), Advanced Practice RN (APRN)
  - ▶ Differences in scope of practice
  - ▶ Check licenses: [www.idfpr.com](http://www.idfpr.com)
  - ▶ Revision in Illinois NPA effective January 1, 2018 (pending gubernatorial review)
    - ▶ Delegation by RN would be permitted under some circumstances, never required

# Health Education -Includes Students in Special Education

- ▶ State laws require these selected topics:
  - ▶ Sexual assault awareness - age appropriate, developmentally appropriate, culturally appropriate
  - ▶ Daily physical education - student with adapted sports activity outside of school can petition for waiver from daily PE
  - ▶ Teen dating violence policy
  - ▶ Sex education: if taught, follow law on content
  - ▶ CPR: can waive participation in this class; consider cognition as well as physical skills

# Illinois Health Education Requirements

- ▶ Critical Health Problems and Comprehensive Health Education Act (P.A. 99-078)  
[http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1015& ChapterID=17](http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1015&ChapterID=17)
- ▶ Rule requirement: kindergarten through grade 12; incorporated into curriculum K-5; 16 weeks at middle school, 16 weeks at high school
  - May be scheduled during required daily PE time (students with adapted sports activity outside of school can petition for waiver from daily PE, but not from health education)
- ▶ ESSA: Health education is a “core” subject for well-rounded education (similarly, consider developmentally-appropriate instruction)

# Required Health Education Topics

- ▶ Prevention and control of disease, including in grades 6-12, prevention, transmission and spread of AIDS
- ▶ Age-appropriate sexual abuse and assault awareness and prevention, pre-k through grade 12
- ▶ Medical and legal aspects of alcohol, drug use and abuse, tobacco use
- ▶ Evidence-based and medically accurate information regarding sexual abstinence
- ▶ Abandoned Newborn Infant Protection Act
- ▶ Cardiopulmonary resuscitation / automated external defibrillator (CPR/AED) training (P.A. 98-0632) in [secondary] high school: negotiable in IEP; consider cognition as well as physical skills
- ▶ And more...

# Optional Health Education Topics

- Notwithstanding the above educational areas, the following topics may also be included as a basis for curricula in all elementary and secondary schools in Illinois: basic first aid (including, but not limited to, CPR and the Heimlich maneuver), heart disease, diabetes, stroke, the prevention of child abuse, neglect, and suicide, and teen dating violence in grades 7 through 12.
- Parents may opt children out of CPR/AED and “family life” or sexual health education
- Comprehensive sexual health education, if taught, must meet requirements of P.A. 98-0441 (Sex Education) for grades 6 through 12: include instruction in both abstinence and contraception, and utilize materials that are evidence-based and medically accurate.

# Comprehensive Sexual Health Education

- ▶ Public Act 98-0441, effective January 1, 2014, requires schools that teach sex education in any grades from 6 -12 to include instruction in both abstinence and contraception, and to teach with materials that are evidence-based and medically accurate.
- ▶ CDC Award to ISBE to carry out exemplary sexual health education and improve policy and practice statewide.
- ▶ Contact Dr. Reginald Patterson, Ed.D. of ISBE for more information and resources

# Physical Fitness Assessment in Schools

- ▶ Current state law: all students in K -12 public schools to be offered daily, high-quality physical education in order to promote academic achievement and realize the lifetime benefits of fitness
- ▶ Public Act 98-0859 (Physical Fitness Assessment in Schools) requires fitness testing of students grades 3 through 12
- ▶ Indicators to be reported to ISBE on aerobic capacity, muscular strength, endurance and flexibility of students in grades 5, 7, and 10 only, with results including demographic information (grade, gender)
- ▶ To the greatest extent possible, use the Fitnessgram® for as many students that are capable
- ▶ Different set of testing protocols available for students with disabilities
- ▶ Development of protocols to protect students' confidentiality and individual identifiers
- ▶ Fitness testing rules available at ISBE:  
<http://www.isbe.net/EPE/pdf/fitness-asmt-faq.pdf>



# State Law - Staff



- Employment physical
- TB testing of new school staff in all facilities with preschool-age children
- Vaccines for all employees of *licensed* child care facilities caring for children ages 6 and under and recommended for all:
  - MMR vaccine (two doses, or proof of immunity to measles, mumps and rubella)
  - Tdap (tetanus, diphtheria, and pertussis) vaccine (one dose)

# Required Health Training for School District Personnel

P.A. 98-0471, P.A. 99-0030, P.A. 99-0443, P.A. 99-0616 require staff training on -

- ▶ Asthma
- ▶ Signs of mental illness and suicidal behavior (grades 7 through 12 staff - frequency not specified)
- ▶ Domestic violence, sexual violence and needs of pregnant/parenting youth (every two years)
- ▶ Anaphylactic reactions and management (at least every two years)
- ▶ Psychotropic medications
- ▶ Model district suicide prevention policy
- ▶ Instruction on prevalent student chronic health conditions
- ▶ Americans with Disabilities Act
- ▶ Federal and state OSHA laws (blood-borne pathogen)

Registered nurse may be utilized for staff training; “canned” training does not always meet the full requirements of law or rule

District emergency procedure to be followed in cases of injury to or sudden illness of students and/or staff (23 IAC 1.530)

# Asthma Law

- P.A. 99-0843 requires each district and school (including charter and nonpublic) to request Asthma Action Plan from parent
- Requires ISBE to develop a model asthma emergency response protocol
- Requires each district and school to adopt a similar protocol by January 1, 2017
- Requires school staff to be trained at least every two years on asthma

# Americans with Disabilities Act - Instruction for School Staff

School Code: (105 ILCS 5/3-11)

Beginning with the 2016-17 school year, the teachers' institutes shall include, at least once every two years, instruction on the federal Americans with Disabilities Act as it pertains to the school environment.

# Care of Students with Diabetes Act

- ▶ In any school enrolling a student with diabetes, school staff is to be trained on general signs and symptoms and emergency care of a student with diabetes
- ▶ Authorizes a DCA (delegated care aide) to provide care that is usually in the domain of a nurse
- ▶ Training for the specific student is to be individualized, according to the student's DMMP (Diabetes Medical Management Plan), with parent and student
- ▶ Initial instruction by CDE (Certified Diabetes Educator) or MD (physician)
- ▶ School nurse oversight is inferred
- ▶ Staff must really volunteer, not be required to accept assignment as DCA
- ▶ Requires a 504 plan

# Required Student Health Education Topics

- ▶ Prevention and control of disease including, in grades 6-12, prevention, transmission, and spread of AIDS
- ▶ Age-appropriate sexual abuse and assault awareness and prevention, pre-k through grade 12
- ▶ Medical and legal aspects of alcohol, drug use and abuse, tobacco use
- ▶ Evidence-based and medically accurate information regarding sexual abstinence
- ▶ Abandoned Newborn Infant Protection Act
- ▶ Cardiopulmonary resuscitation /automated external defibrillator (CPR/AED) training (P.A. 98-0632) in high school: negotiable in IEP; consider cognition as well as physical skills
- ▶ And more...at Illinois Critical Health Problems and Comprehensive Health Education Act

# Erin's Law (P.A. 97-1147)

- ▶ Erin, one who was victimized by child sexual abuse, is an advocate for early learning related to child sexual abuse awareness by children
- ▶ Law amends School Code and the Critical Health Problems and Comprehensive Health Education Act (105 ILCS 110/3)
- ▶ All public schools must implement an age-appropriate child sexual abuse prevention and awareness program with students in grades pre-kindergarten through grade 12.
- ▶ Limited research available on the effects of specific curricula
- ▶ ISBE has chosen not to promote any specific prevention curriculum, but refers to non-profit associations that recommend core components

# Ann Marie's Law: Youth Suicide Awareness and Prevention

- ▶ Public Act 099-0443: Schools beginning 2015-16 must review/revise existing suicide prevention and awareness policy, or create one
- ▶ A youth suicide awareness and prevention policy is required pursuant to 105 ILCS 5/2-3.163, amended by Public Act 99-443.
- ▶ ISBE created a task force from a variety of stakeholders to develop a model policy that schools may use and provide resources and recommendations.
- ▶ **Model Suicide Prevention Policy Available to All Districts in Illinois**
  - ▶ ISBE and the Illinois Association of School Boards (IASB) collaborated on a model policy available to all school districts in Illinois. To request a copy, please email IASB at [lbremer@iasb.com](mailto:lbremer@iasb.com) with the subject line: Suicide Awareness & Prevention Policy Request.
- ▶ For more information, please visit [www.iasb.com/law/sdprevention.cfm](http://www.iasb.com/law/sdprevention.cfm).



# CPR/AED Training for High School Students

Training of high school students:

- ▶ Public Act 98-0632 became effective July 1, 2014
- ▶ Beginning with the 2014-2015 school year, training on CPR and AEDs shall be included in the curricula for all secondary schools
- ▶ CPR / AED for staff is referenced in laws for athletic facilities (rules per IDPH)
  - Parents may opt children out of CPR/AED and “family life” or sexual health education

# New Laws in School Health

- ▶ Asthma Action Plan
  - ▶ Protocol
  - ▶ Training
  - ▶ Plans requested from parents
  - ▶ Maintained by school nurse (if available)
- ▶ Concussion reporting requirement by ATC (certified athletic trainer) to association
- ▶ Report to ISBE upon adoption or change of undesignated epinephrine policy
- ▶ Staff training on Americans with Disabilities Act
- ▶ Related rules (when available):
  - ▶ <http://www.isbe.net/rules/default.htm>



# Evaluation for Special Education - Health

- ▶ IDEA requirement to rule out medical issues (among others) prior to determining student to have a learning disability
- ▶ Components of Medical Review (IAC 226.160) :
  - ▶ Parts 1-4: assessment and data collection
  - ▶ Part 5: recommendations, goals, evaluation  
<http://www.isbe.net/rules/archive/pdfs/226ark.pdf>
- ▶ 23 IAC Section 1.610: All professional employees...shall be properly licensed as required
- ▶ Personnel qualified to perform Medical Review
  - ▶ Parts 1-4: RN with PEL, with designation; RN with at least bachelor's degree; APRN; MD
  - ▶ Part 5: RN with PEL endorsement or IEP designated RN
- ▶ No other personnel qualified or *permitted* to assume responsibility for this evaluation or take parts in components

# Current rule (July 1, 2016)

- ▶ A school district or special education cooperative that does not have a person qualified to perform all five components of a Medical Review and needs one, must engage in an effort to recruit and hire a registered nurse who holds the PEL endorsement in school nursing.
- ▶ “Active engagement” can be demonstrated by a position posting that is publicized in a way that would demonstrate effort to recruit a qualified candidate.
- ▶ The posting for a position that requires the PEL endorsement must meet the requirements of the School Code (105 ILCS 5/21B-25), which stipulates that the “holder of such an endorsement is entitled to all of the rights and privileges granted holders of any other Professional Educator License, including teacher benefits, compensation, and working conditions.”

# Required Documents

Six required documents a district/cooperative submits to ISBE for review and approval:

1. The position posting as advertised
2. The results of such recruitment
3. Letter from the public school district or special education cooperative administrator indicating that the RN's duties will include providing educational evaluation and instructional judgment for students being evaluated or reevaluated for special education services
4. Cover letter from the RN, including degree(s) (at least a bachelor's degree in nursing, education, or related field)
5. Copy of current RN licensure
6. Proof of current employment (pay stub) or notice of hire (contract, board minutes) by the district or special education cooperative, or agency contracted.

Gender: Female

Deceased: No

### Licenses

	License ID	License	Status Code	Status Desc	Entitlement	Application Date	Orig Issued	Issued

### Illinois Approved Program / Endorsements For Selected License

	Status Description	Issued	Major?	Illinois Approved Program?	Approved Program Grade	Endorsement

### Approvals

	Approval	Endorsement	Grade	Application Received	Status	Approval Grant

### Designations

	Endorsement	Grade	Candidate Number
	Non-PEL Registered Nurse - IEP Privileges PK-21		

### Registration

	School Year	Region Code	Region	License Code	License

### Previous Qualifications

	Endorsement	Grade	Status Code	Status	Region Code

### Lapsed Licenses

	License	Status Code	Lapsed Date	Reinstate Date
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# Role of RN on IEP Team

- ▶ Evaluation: Part of a group [IEP team, PPS (Pupil Personnel Services) team, etc.] that conducts a complete and individualized assessment
  - ▶ Review the obvious
  - ▶ Then dig deeply for overlooked health impact of health and other issues, whether or not medically diagnosed
- ▶ Planning:
  - ▶ Address all of a students' needs in the PLAAFP (Present Level of Academic Achievement and Functional Performance)
  - ▶ Assign specific services and minutes
  - ▶ Review qualifications and level of credentials of persons to provide any identified services
  - ▶ Write student goals related to health and academics
  - ▶ Write nursing goals in IHP or nursing care plan
- ▶ Evaluate plan: Monitor outcomes, student goal achievements, nursing goals

# Chronic School Absences

- ▶ Chronic absences addressed by P.A. 99-0432, Illinois Attendance Commission
- ▶ Chronic absenteeism a student success indicator in Illinois state plan for Every Student Succeeds Act (ESSA)
  - ▶ Defined as 10% or more of unexcused and *excused* absences in the prior academic year\*
  - ▶ Health has been cited as the number one reason for absences in early childhood
  - ▶ Data indicates that the most excused absences are for treatable illnesses, particularly oral health and asthma
  - ▶ Data supports the perception that physical health and academic achievement are correlated

\*excludes medically certified home/hospital instruction or death of family member

<https://www.isbe.net/Documents/2016-Attendance-Commission-Annual-Report.pdf#search=attendance%20commission%20report>

<https://www.isbe.net/Documents/ESSAStatePlanforIllinois.pdf>



# School Nurse Role in Reducing Absences

School nurses can have a positive influence on school attendance:

- ▶ Health counseling on when a child is well enough to attend school
- ▶ Observe for signs/symptoms of physical abuse (child is kept home to hide injuries)
- ▶ Observe for signs/symptoms of neglect (call in sick for lack of clean clothing, adequate winter wear)
- ▶ Assist with access to resources for health care (practitioners and funding)
- ▶ Monitor and review absences excused for illness or injury
- ▶ Promote good health through education and resources (flu immunization clinics, hygiene and infection control - handwashing, health fairs)
- ▶ Develop Individual Health Plan for students with chronic health conditions
- ▶ Refer to 504 team or IEP team as relevant
- ▶ Look for signs/symptoms that another family member's health is the real reason for the student health-related excuse
- ▶ Bring dental clinics and immunization clinics to school (mobile medical vans)

# Home and Hospital Instruction

- ▶ Medical certification form on ISBE website
- ▶ Does not require a 504 plan
- ▶ Special education credentials if student has an IEP
- ▶ Legislation pending governor's actions adding APN and PA to those who can medically certify need for home/hospital instruction
- ▶ Q&A on ISBE website:  
[http://www.isbe.net/funding/pdf/home\\_hospital\\_qa.pdf](http://www.isbe.net/funding/pdf/home_hospital_qa.pdf)



# Medication Administration

- ▶ Current Nurse Practice Act specifically prohibits RN delegation of medication to non-nurse
- ▶ Revised NPA sent to Governor in June would permit RN to delegate medication administration and some other nursing activities to non-nurse in community settings (schools, nursing homes)
- ▶ ISBE rule 226.800(k) - “except as may be otherwise authorized under state law”

# Third Step: School District Policies and Practices



# The Whole School

- ▶ Wellness policies
- ▶ Qualified health care personnel
- ▶ Policies and procedures in place for sudden illness or injury
- ▶ Personnel and plans for students with chronic diseases
  - ▶ Addressed in ESSA
  - ▶ Led by school nurses
  - ▶ School code requires school staff to be trained on the chronic diseases of children in their school

# Illinois Public School Registered Nurse Workforce, 2014-2015



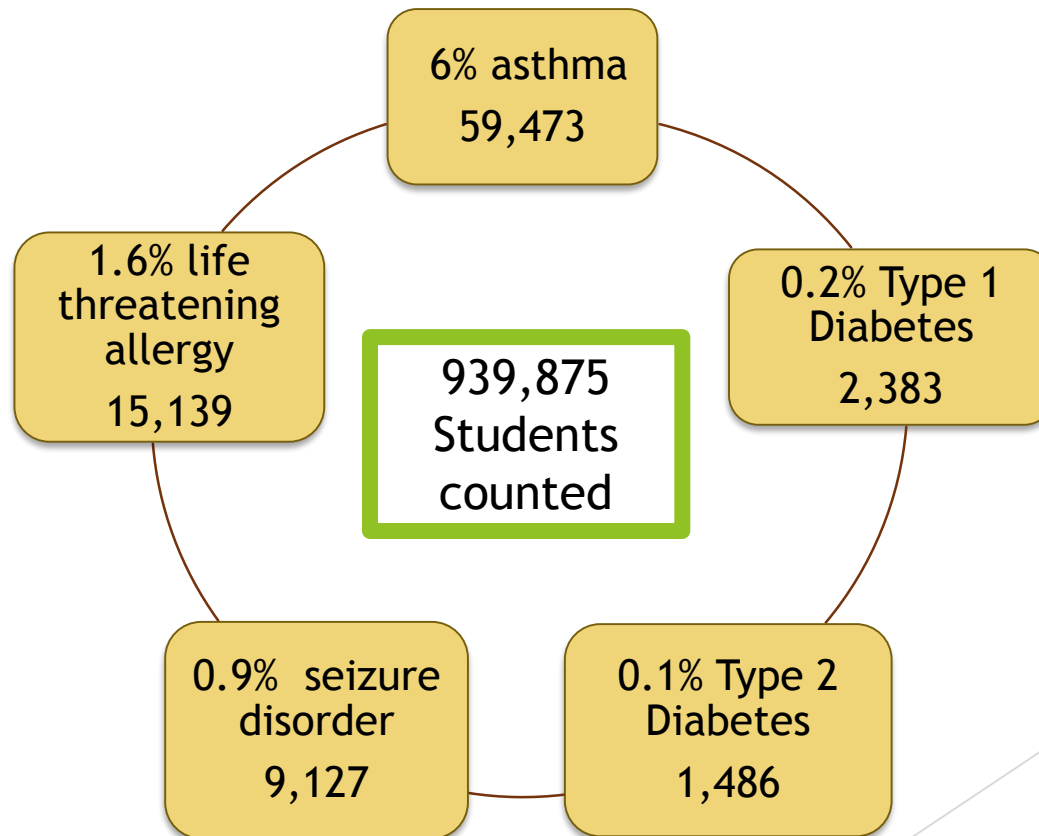
**RNs with PEL\* (certified):  
932**



**RN with non-PEL IEP  
designation: 707**

- Professional Educator License (PEL) with school nurse endorsement (formerly certificates with types)

# Diagnosed Chronic Health Conditions, 2014-2015\*



55  
\*Preliminary data, school nurses reporting

# Local School Wellness Policy

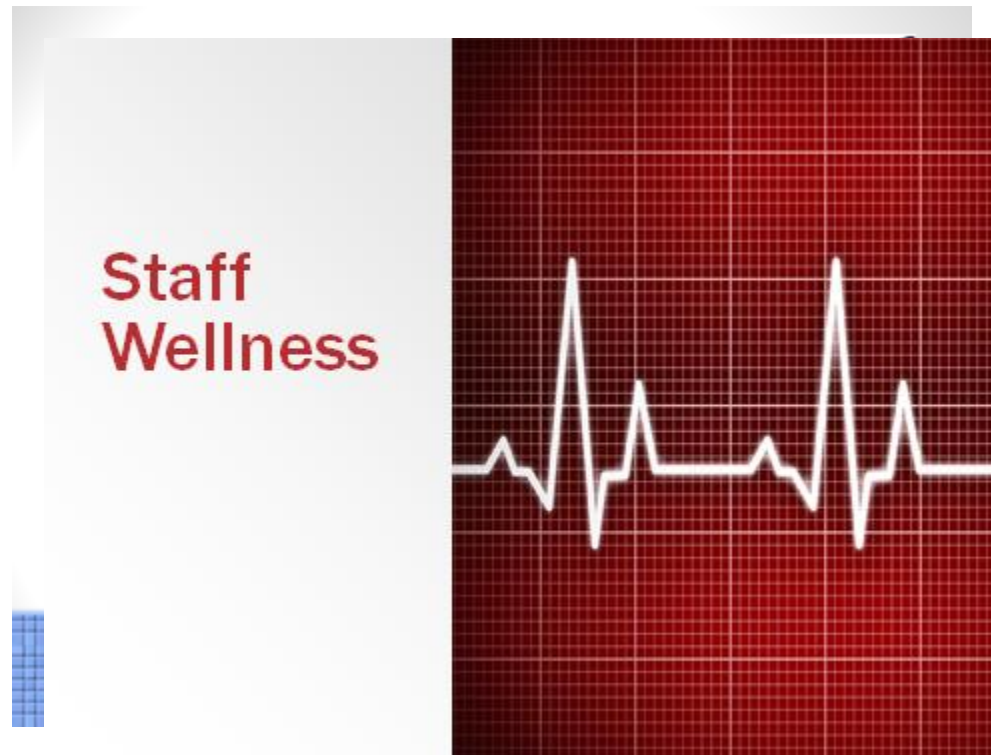
- ▶ USDA in August 2016 expanded the scope of the school wellness policy
- ▶ Components that are to be addressed relate to the problems of childhood obesity: nutrition and physical activity
- ▶ Additional components: promotes health of students
- ▶ Tailored to unique needs of each LEA
- ▶ School nurse assessments of student health issues



# Attendance Policies and Practices

- ▶ Illinois Attendance Commission
- ▶ School nurse review of excuses for illness
- ▶ School nurse follow-up of extended illness for students with chronic health conditions:
  - ▶ Access to health care?
  - ▶ Financial burdens?
- ▶ Homeless youth and families
- ▶ Unaccompanied minors' legal right to attend school and access health care
- ▶ Unwarranted, unsupported, and potentially legally indefensible exclusions related to 'health'
  - ▶ Head lice, bed bugs, hygiene

# Staff Wellness



<http://healthyschoolscampaign.org/blog/improving-school-health-from-all-angles>

# How Can Schools Better Utilize a School Health Services Team?

- ▶ Nurse Practice Act, and other medical/health care acts, refer to non-licensed health care providers assisting in the health care team
- ▶ ISBE 23 IAC 1.760(h): “The duty to provide registered professional nursing practices, as defined in Section 50-10 of the Nurse Practice Act, shall not be included among the functions assigned to any school district personnel not covered by the job description required for school nurses.”
- ▶ ISBE 23 IAC 226.800(k): Clarification of Nurse Practice Act nursing activities as practiced in Illinois schools

# Reimbursement for School Nursing Services: Really? *Really!*



# State Funding: Evidence-based Model

- ▶ Pending gubernatorial action (as of July 13, 2017)
- ▶ Sets four “Tiers” for funding of LEAs
- ▶ Eliminates some line items such as specific special education personnel reimbursement line items
- ▶ IEP still drives the services to be provided, including health services

# ISBE Classifications of Health Services Staff

- ▶ School Nurse (definition in school code) RN with PEL (Professional Educator Licensure) and school nurse endorsement, i.e., CSN (Certified School Nurse)
- ▶ Non-certified Health Aide (NHA) - licensed by the Illinois Department of Financial and Professional Regulation as an RN or LPN, but without ISBE PEL endorsement in school nursing
- ▶ NHA includes the RN with designation for IEP privileges
- ▶ Individual student aide: non-nurse, non-instructional support
- ▶ Paraprofessional educator: a staff member holding paraprofessional educator license
- ▶ Paraprofessional who is not an RN or LPN may not perform nursing activities
- ▶ NHA (RN or LPN) who does not hold paraprofessional license may not perform duties of a paraprofessional (instructional assistance)
- ▶ Consider utilizing NHA with paraprofessional license to increase cost-efficiency

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- ▶ Individual student aide: non-nurse, non-instructional support
- ▶ Paraprofessional educator: a staff member holding paraprofessional educator license
  - ▶ Parapro who is not an RN or LPN may not perform nursing activities
  - ▶ **Consider utilizing NHA with para license to increase cost-efficiency**

# Potential for More Federal/State Reimbursement for Health Services

- ▶ Medicaid
  - ▶ “free care rule” letter and follow-up
  - ▶ National meeting convened by Trust for America’s Health and Healthy Schools Campaign
  - ▶ Centers for Medicare and Medicaid Services (CMS)  
“Medicaid School Based Administrative Claiming Guide.”
  - ▶ NAME - National Alliance for Medicaid in Education



# Changes to State Nurse Practice Act (SB 625)

- ▶ Awaits gubernatorial action (as of July 13, 2017)
- ▶ Expands potential for delegation of nursing care in community settings (schools, nursing homes)
- ▶ Administration and Registered Nurse should review staffing patterns and areas for potential delegation of care
- ▶ Consistent with School Code: “The duty to provide registered professional nursing practices, as defined in Section 50-10 of the Nurse Practice Act, shall not be included among the functions assigned to any school district personnel not covered by the job description required for school nurses.” (ISBE 23 IAC 1.760 Standards for School Support Personnel Services)
- ▶ Consistent with ISBE rule: 23 IAC 226.800(k)

# If SB 625 Is Signed and Becomes Law, Pending IDFPR Rules

- ▶ Not permitted:
  - ▶ Delegation of medication by any individual or entity not authorized by law to do so
  - ▶ Delegation by an RN of the nursing judgment, overall patient assessment, development of the plan of care, and the evaluation of care that was delegated to licensed or unlicensed personnel
  - ▶ An LPN from re-delegating the nursing activity

# If SB 625 Is Signed and Becomes Law, Pending IDFPR Rules



- ▶ Permitted but not required:
  - ▶ Delegation and oversight of tasks and nursing activities based on overall patient assessment
  - ▶ Delegation and oversight of medication administration to other nurse or unlicensed personnel (except not otherwise excluded)
  - ▶ The refusal to delegate, stop, or rescind a previously authorized delegation

# Suggestions for Cost Efficiency

- ▶ Utilize the RN with PEL for functions that require PEL and for which the certification training prepared them:
  - ▶ IEP work (medical/health evaluation, IEP goals/evaluation)
  - ▶ Policy development
  - ▶ Program evaluation
  - ▶ Instruction (staff in-service, student instruction, as permitted)
  - ▶ Supervision of other health service staff
  - ▶ Small districts with few nurses should have services of at least one RN/PEL
- ▶ Utilize RN without PEL for other, individual student nurse functions
  - ▶ Creating Individual Health Plans
  - ▶ 504 plans
  - ▶ Direct nursing care

# Suggestions for Cost Efficiency, (continued)

- ▶ Utilize the LPN for direct care of 1:1 care under delegation and supervision of the RN
- ▶ Utilize the LPN as second office nurse in large schools or campuses, in close proximity to RN
- ▶ Utilize a nurse aide or individual student aide for minor first aid or one-to-one aide for student not needing nursing care that requires license
- ▶ Utilize adult or student volunteers with attention to FERPA and infection control (filing, ordering supplies, checking equipment, mailings, research)

# The “21 Tasks” of the CNA - Includes Personal Care Tasks, Such As:

Meal preparation

Meal set-up

Oral feeding

Oral care

Nail care

Basic hygiene

Bathing

Dressing

Toileting

Changing bed  
linens

Ambulation assistance

Catheter: changing of bags  
and charting amounts

Ostomy care: empty, clean,  
change appliance

Turn and position

Charting activities and  
outcomes

Recreation activities

Obtaining vital signs:  
temperature  
pulse  
blood pressure  
weight

*The only tasks that might be considered “medical” or nursing<sup>70</sup> are obtaining vital signs and nail care of diabetic client.*

# The Whole Child - Healthy and Ready to Learn

Nation, state, district, and schools together building healthy steps to success

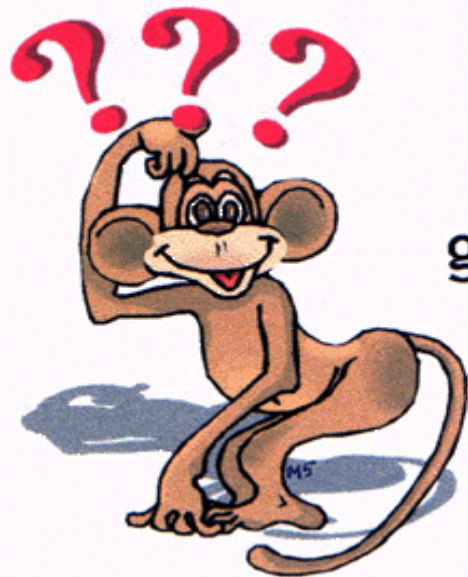


# Today's Objectives

- Participants will be able to describe the most recent changes in school health law in Illinois and related rule (ISBE, IDPH)
- Discuss ways in which these changes may align with federal and state ESSA
- Explore how utilizing services of a variety of school health professionals within a structured model may save dollars and increase effectiveness in school health service delivery
- Consider strategies toward achieving the Illinois State Board of Education (ISBE) goal:

***“Every school offers a safe and healthy learning environment for all students.”***





Questions  
are  
guaranteed in  
life;  
Answers  
aren't.

# Contact Information

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# References and Resources

*In addition to ISBE resources and the School Code, these resources were used in preparation of this session:*

American Academy of Pediatrics, Council on School Health. (2004). *School Health Policy and Practice (6<sup>th</sup> Ed.)* Elk Grove Village., IL: American Academy of Pediatrics.

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