School Health Services and Health Education -- Applications for Special Education

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Special Education Directors’ Conference
Aug. 7, 2014
Learning Objectives

• The learner will be able to:
  – Discuss state and federal laws impacting school health services and health education
  – Explain implementation of the law that revises sex education utilizing ISBE resources
  – Provide examples of situations that may exempt students from physical education, health education, or health examinations/vaccines
  – Describe the requirements in ISBE rule regarding the completion of medical review / health evaluation of students, pre and post placement
  – Review state law and ISBE guidelines on medications for students, with attention to the latest and/or riskiest medications
From the Court House/State House to the School House
Stock Epinephrine for Life Threatening Allergies

• In some studies, 20% of the students for whom epinephrine was given were previously unknown to have life threatening allergic reactions
• Food / Drug / Insect
• Public Act 98-0795 (HB 5892) law on epinephrine in schools
• Rules to be implemented
CPR/AED Education

• Public Act 98-0632 amends the *Critical Health Problems and Comprehensive Health Education Act*

• *Beginning this school year*
  - training on how to properly administer cardiopulmonary resuscitation (CPR) and how to use an automated external defibrillator (AED) be included in curricula for all secondary schools within the state.
  - Rules to be implemented
Sexual Health Education
Public Act 98-0441

• Public Act 98-0441, also known as HB 2675, requires schools, if they provide sex education to students, to include medically accurate, evidence-based instruction on both abstinence and contraception.

• This instruction must be provided in any of the classes in comprehensive sex education taught in grades 6 through 12.

• Schools must make and implement these changes in the sexual education curriculum, beginning January 1, 2014.
School Code Exemptions Available to Students with IEP

• Sex Ed: same as for students in general education; parental request to not participate
• Vaccinations: same as for students in general education; medical waiver, religious waiver
• Physical education: general education students, 11th, 12th grade sports; medical excuse; religious objection; with IEP and adapted athletics
• CPR: parental request to not participate; some with physical disabilities may not be able to perform some of the activities
• Eye/ dental exams, vision and hearing screenings: same as for general education (religious objection)
Nurses in Illinois Schools


Any school nurse first employed on or after July 1, 1976, whose duties require teaching or the exercise of instructional judgment or educational evaluation of pupils, must be certificated under Section 21-25 of this Act.

School districts may employ non-certificated registered professional nurses to perform professional nursing services.

Special education reimbursement for RN/LPN not certified
Use of LPN or CNA

- Article 55 of Nurse Practice Act = Licensed Practical Nurse (LPN)
- LPN: Must work under supervision of MD or delegation of RN (per Nurse Practice Act and Medical Practice Act)
- RN/School Nurse activities do not require additional medical supervision (Nurse Practice Act)
- RN may also supervise other RNs, RNs or LPNs serving as 1:1 nurse, Certified Nursing Assistant (CNA) or school staff handling some health services (vision/hearing screening, first aid, immunization registry)
- CNA can not use school work for renewal of certificate
- Implications in use of private duty nurse (LEA hired or agency hired)
Assuring Safe Health Care Practices by Qualified Professionals
Nurse Job Description: ISBE Rule

• Any job description prepared pursuant to subsection (e) of this Section will be accepted by the State Board of Education as complying with Section 10-22.23 of the School Code if it contains at least:

• 1) the duty to provide registered professional nursing practice as defined in Section 50-10 of the Nurse Practice Act; and

• 2) at least one or more additional duties as the school board shall select from subsection (g) of this Section.

* Handout
The duty to provide professional nursing services as defined in "The Illinois Nursing Act" shall not be included among the functions assigned to any school district personnel not covered by the job description required for school nurses.
Health Evaluation Responsibilities in Special Education

• IDEA: When considering a student's eligibility for special education services, federal regulations implementing the Individuals with Disabilities Education Act (IDEA) require that the student be assessed in all areas related to the suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, communicative status and motor abilities.

• ISBE rules and school code: Definition of this “medical review”
Rule 226.160 incorporates IDEA

• In accordance with 34 CFR 300.304(c) (4), any student who is being evaluated or re-evaluated for special education services shall be assessed in all areas related to the suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, communicative status and motor abilities.

• The results of the medical review shall be used by the IEP team to address any educationally relevant medical findings or other health concerns that may affect the provision of FAPE to students with disabilities.
Personnel Permitted to Perform Special Education Evaluations

- The following (edited) list identifies the credentials required to administer certain types of evaluations.

- Cultural Background Assessment
  - School Service Personnel Certificate endorsed for school psychology, school social work, or school counseling.

- Medical Review
  - Meet the requirements set forth in Section 226.160 of this Part, as applicable.

- Social Developmental Study (Adaptive Behavior, Cultural Background, Family History)
  - School Service Personnel Certificate endorsed for social work, guidance, or school psychology
Current Acceptable Qualifications of Personnel to Conduct Medical Review

- From now until June 30, 2016, the practitioners who are qualified to conduct a medical review that addresses each of the components (1-5) shall be limited to:
  - A) An individual who holds a professional educator license endorsed for school support personnel in school nursing,
  - B) An individual licensed to practice medicine in all of its branches or
  - C) An individual licensed as a registered professional nurse pursuant to Article 60 of Nurse Practice Act (RN) or
  - D) An individual licensed as an advanced practice registered nurse pursuant to Article 65 of the Nurse Practice Act
Qualifications Beginning July 1, 2016

• Beginning July 1, 2016, the practitioners who are qualified to conduct certain components of the medical review, .. Shall be limited to:

• A) An individual who holds a professional educator license endorsed for school support personnel in school nursing, may conduct any of the components listed in subsections (a) (1) through (5) of this Section; or

• B) An individual licensed to practice medicine may conduct any of those components listed in subsections (a) (1) through (4) of this Section; or

• C) An individual licensed as a registered professional nurse and who also holds a bachelor's degree in nursing, education or a related field, who may conduct any of those components listed in subsections (a) (1) through (4) of this Section; or

• D) An individual licensed as an advanced practice nurse, who may conduct any of those components listed in subsections (a) (1) through (4) of this Section.

• OR:
Additional Qualifications Beginning July 1, 2016

- After July 1, 2016, an individual meeting the qualifications set forth in subsection (b) (1) (B), (b) (1) (C) or (b) (1) (D) of this Section who is currently employed by a school district or special education cooperative also may continue to conduct activities described in subsection (a) (5) of this Section, provided that no later than June 30, 2016, he or she:
  - A) successfully completes a training course specific to special education laws and regulations and students with disabilities that is approved by the State Board of Education; or
  - B) passes the content-area test for the school nurse endorsement and subject to the limitations regarding testing attempts
What Happens in 2016?

On or after July 1, 2016, medical review / IEP evaluations / goals must be provided by either ISBE licensed (endorsed) school nurse or otherwise authorized RN on staff by June 30, 2016.

If neither:

Show evidence of being unable to recruit/hire ISBE licensed RN

Hire 4-year degreed RN (or MD) for medical review

Staff must pass ISBE approved training or content exam within one year
Update on the RNs in the Special Education Course

• First cohort April 16 – May 25:
  – Accepted = 90
  – Successfully Completed = 80

• Second cohort June 25 – August 5:
  – Accepted = 92
  – On course to complete = 72

• Third and future cohorts:
  – Enroll 90
  – Continue as long as there is demand

• Option to Test: School Nurse Content Exam
Medical Review

The medical review shall consist of the following components (described fully in Rule 226.160):

1. Subjective information
2. Objective data
3. Nursing services needed for FAPE
4. Educationally relevant medical findings
5. Recommendations / Plan (IEP) including student-focused goals
Part 5 Specifically Reserved for ISBE endorsed or otherwise authorized RN/MD:

5. Recommendations, which shall include an analysis of the information gathered for the purpose of:

• A) determining the medical, school health and/or school nurse services that should be provided during the school day; and

• B) developing a proposed plan that provides for specific accommodations, modifications or interventions to be implemented when educationally relevant medical, school health and/or school nurse findings are made, which shall include annual goals, short-term objectives and ongoing evaluation.
State Law – Medications in All Illinois Schools

• Sec. 10-22.21b. Administering medication. To provide for the administration of medication to students. It shall be the policy of the State of Illinois that the administration of medication to students during regular school hours and during school-related activities should be discouraged unless absolutely necessary for the critical health and well-being of the student.

• Under no circumstances shall teachers or other non-administrative school employees, except certified school nurses and non-certificated registered professional nurses, be required to administer medication to students.

• This Section shall not prohibit a school district from adopting guidelines for self-administration of medication by students.

• This Section shall not prohibit any school employee from providing emergency assistance to students.

(Source: P.A. 91-719, eff. 6-2-00.)
Guidance on Medications

• Review whether “absolutely necessary” to maintain child during school day
• Not all physician orders need to be adopted – review with legal staff and RN judgment of safety, efficacy, timing at school, FDA approvals
• Do not put medication administration into job duties of non-RN, non administrative staff
• Drugs are drugs – over the counter purchase or not
• Federal and state prohibitions on mandatory medication
• State law on psychototropic meds – training, etc
• Self-administration of medications?
Current Issues in Medications in Schools

• Medicinal marijuana / cannabis
  – PA 98-0775
  – national trends
• Versed
  – Respiratory depression
• Naloxone (reverse heroin overdose)
• Insulin – new routes, self administration
• Emergency Medications in Schools:
  – FDA definitions: rescue inhalers, glucagon, epinephrine
Improving Sexual Health for Illinois Teens

CDC/DASH Project Overview:
Promoting Adolescent Health through School-Based HIV/STD and Teen Pregnancy Prevention through School-Based Surveillance and Education

- **Five-year cooperative agreement** (2013-2018) with Center for Disease Control and Prevention’s Division of Adolescent and School Health (CDC/DASH)

- **National organizations**: Resources for DASH-funded state education agencies
  - Advocates for Youth
  - National Coalition of STD Directors
  - American Psychological Association
Project Overview

• ISBE’s Goals:
  – State-wide resources and intensive work with 15 priority districts on three key topic areas:
    • Exemplary Sexual Health Education (ESHE)
    • Access to Key Sexual Health Services (SHS)
    • Safe and Supportive Environments for Students and Staff (SSE)

• Priority Districts
  – May be in areas with high incidence of HIV/STI or unintended pregnancy among youth, and/or in areas with high levels of disparity among certain populations of youth
What is ESHE?
Exemplary Sexual Health Education

Exemplary Sexual Health Education (ESHE) is a systematic, evidence-informed approach to sexual health education that includes the use of grade-specific, evidence-based interventions.
Rationale for Exemplary Sexual Health Education (ESHE)

Health Education is integral to the primary mission of schools. It provides young people with the knowledge and skills they need to become successful learners and healthy and productive adults.
Sexuality Education in Public Schools

• The U.S. has one of the highest teen pregnancy rates in the industrialized world.
• Each year in the U.S., more than 750,000 women ages 15-19 become pregnant.
• Young people in the US ages 15-25 contract about half of the 19 million sexually transmitted diseases (STDs) annually.
Health Education in Public School
It’s Time to Address Sexual Education

School health initiatives found that programs that included health education had a positive effect on overall academic outcomes, including reading and math scores.
Why ESHE?

Knowledge and skills about health and relationships are crucial life skills that prepare young people to be healthy and achieve their goals throughout their lives.
Preventable Health Risk Behaviors

- Unhealthy eating
- Inadequate physical activity
- Alcohol and other drug use
- Tobacco use
- Sexual behaviors that can result in HIV infection, other sexually transmitted diseases (STDs), and unintended pregnancy
- Behaviors that contribute to unintentional injury and violence
Sexual Health Education Programs Should:

• Be medically accurate and consistent with scientific evidence.
• Be tailored to students’ needs and the contexts and educational practices of communities.
• Use effective classroom instructional methods.
Getting to ESHE

Potential activities that can help school districts implement and institutionalize ESHE:

– Convene school health advisory council and youth advisory council.
– Assess relevant policies in relation to state and other districts.
– Assess current sexual health education practices such as teacher training, teaching strategies, curriculum, etc.
– Select/adapt sexual health education curriculum.
Questions?
Illinois State Board of Education

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