

# INDIVIDUALIZED HEALTHCARE PLAN PROCESS

*Does every student need an IHP and how do I create one?*

## IDENTIFYING

How are students with health care needs identified in your school?

[STUDENT HEALTH INFORMATION SAMPLE INTAKE FORM](#)



## NOTIFYING THE SCHOOL NURSE

How and when does the school notify the nurse of these students?

[CHILDREN WITH SPECIAL HEALTH CARE NEEDS](#)



## ASSESSING STUDENT'S HEALTH CONDITION

[SCHOOL NURSE ASSESSMENT TOOL](#)



## CREATING THE INDIVIDUALIZED HEALTHCARE PLAN

Will a standardized IHP adequately describe the student's needs?  
Do you need more information about the student's condition?  
Do you have health care provider orders for medical interventions?



## AUTHORIZING THE INDIVIDUALIZED HEALTHCARE PLAN

Who needs to sign the finalized Individualized Healthcare Plan?

RN    Parent/guardian    Health Care Provider    Others



## IMPLEMENTING THE HEALTHCARE PLAN

What do I do next, now that I have a written plan?

Distribution of Health Care Plan    Staff/Student Training    Delegation of Nursing Tasks



## EVALUATING AND OUTCOMES

Is this plan working? Do I have measurable outcomes?



## **DEVELOPING AND USING INDIVIDUALIZED HEALTH CARE PLANS (IHP)**

The individualized healthcare plan (IHP) communicates nursing care needs to regular and special education educators, administrators, teachers, health assistants and parents. The IHP is written by the professional school nurse (RN) for students with a health condition that require the performance of a specific treatment, such as non-routine medication treatment, health treatment, emergency action or invasive health procedure. The Health Care Plan helps to ensure that all necessary information, needs, and plans are considered to maximize the student's participation and performance in school.

The students do not need to be classified as special education or having a 504 plan in order to benefit from an individualized healthcare plan. Not all students in special education or those with a 504 plan necessarily need an IHP.

## **IDENTIFYING STUDENTS NEEDING INDIVIDUALIZED HEALTHCARE PLAN (IHP)**

The school nurse needs to find out if a student in the school has a significant health problem that will need an IHP. Health Information may be obtained from various sources. The following are examples that your district may already be using or you may want to consider.

- Emergency forms – The district emergency form should include: name of health care provider with contact information, release for emergency care, statement of current health needs, current medications and health insurance information. This form should be completed by the parent or guardian on an annual basis and with any changes during the school year.
- Health Inventory – It is recommended that the school obtain a more complete health inventory for each student on an annual basis. This information should be collected and kept in a confidential manner. This information will help determine what health accommodations may be necessary in the school setting.
- Teacher/Parent/Student/Health Care Provider referrals – At the beginning of each year communicate with staff, family and community providers the model of school health services in the school and the referral process to the school nurse.
- Medication forms
- IEP/504/Student Study Team – Identify the discipline that collects the health information for the initial special education assessment and triennials. Educate the special education team members on the referral process to the school nurse regarding children with identified health needs.
- Child Find – Identify the discipline that collects the health information for the initial assessment and triennials. Educate the special education team members on the referral process to the school nurse regarding children with identified health needs.
- Transition or re-entry – If a child is hospitalized or absent for an extended period of time, the emergency information and current health needs should be updated.

## **NOTIFYING THE SCHOOL NURSE**

Key school personnel that may be involved at point of school entry for a student (e.g. registration, SPED, child find) should be educated regarding when to contact the school nurse for students with significant health concerns. Entry may be delayed for students requiring specialized procedures or emergency care until an IHP has been developed with the parent/guardian and health care provider.

## **ASSESSING STUDENT'S HEALTH CONDITION**

The first step should be an assessment of health needs that may indicate the need to develop an Individualized Health Care Plan. The following is a brief checklist to determine if an IHP is needed.

**Do Health Problems Require:**

**Yes No**

- Special training of school personnel \_\_\_\_\_
- Modification in school environment \_\_\_\_\_
- Added safety measures \_\_\_\_\_
- Measures to relieve pain \_\_\_\_\_
- Self-care assistance \_\_\_\_\_
- Rehabilitation measures \_\_\_\_\_
- Treatments orders for special procedures \_\_\_\_\_
- Special diet \_\_\_\_\_
- Medications or interventions for emergency treatment \_\_\_\_\_

**Assessment Tools and Questionnaires:** Questionnaires or assessment forms are available to help in developing the IHP. These forms can be given to the parent to complete or used by the school nurse during the parent interview. The information obtained will be used to complete the IHP. The school nurse needs to determine where this documentation is stored in collaboration with the school district. Assessment tools for the common chronic health conditions of asthma, allergy, seizures and diabetes are available at [School Nursing and Health - Health Conditions](#)

**CREATING THE INDIVIDUALIZED HEALTHCARE PLAN**

An IHP helps to ensure that all necessary information, needs and plans are considered to maximize the student’s participation and performance in school. The licensed school nurse establishes the type, amount and intensity of nursing care required by a particular student in collaboration with the family, school, and healthcare provider. The IHP also covers other aspects of care such as a student’s knowledge about their condition, self care abilities and any modifications needed to enhance learning and prevent emergencies

Ideally the IHP should describe the nursing process and include measurable outcomes. Frequently the plan is used by non-medical staff members and must be easy to read and follow.

Colorado uses standardized health care plans for the common chronic health conditions of asthma, allergy, seizures and diabetes. The care plan templates are available at [School Nursing and Health - Health Conditions](#)

**IHP Template**– This basic form can be individualized for various health conditions. Content should be written according to needs of IHP user.

**IHP Resources**

The following publications offer a wide range of resources that may be adapted for use.

Illinois EMSC (2010) *Guidelines for the Nurse in the School Setting*. Illinois Department of Public Health & Loyola University Medical Center.

Porter, S., Haynie, M., Bierle, T, Caldwell, Palfrey, JS. Williams, M. (2014) *Supporting Students with Special Needs: Guidelines and Procedures for Schools*. 3rd ed. Baltimore, MD: Brookes Publishing Company 978-1-59857-063-2

Selekman, J. (Ed.). (2012). *School Nursing: A comprehensive text*. Philadelphia: F.A. Davis Company.

Silkworth, C., Arnold, M., Harrigan, J. & Zaiger, D. (2005) *Individualized Healthcare Plans for the School Nurse: Concepts, Framework, Issues and Applications for School Nursing Practice*. North Branch, MN: Sunrise River Press ISBN-10: 0962481467

## **AUTHORIZING THE IHP**

After reviewing the initial Healthcare Plan with parent/guardian, school personnel, student, or health care provider, you may find that changes are necessary. The draft Healthcare Plan may be available in the interim to key school personnel until the plan is finalized.

### **Signatures**

The school nurse should sign and date all Health Care Plans. Parent/guardian signature should be obtained for all plans that include medications, treatments or procedures that need to be performed during the school day. The signature of the Health Care Provider with prescriptive authority is required on all plans with medications, treatment or special procedure orders. Note: if Health Care Provider's signature is documented elsewhere (e.g. medication form, written authorization), additional signature of Health Care Provider on the health care plan is not needed. Other signatures that may need to be included are students and/or administrators. Districts should establish procedures that clarify what signatures are required.

## **IMPLEMENTING THE HEALTH CARE PLAN**

### **Distribution of Health Care Plan**

Health Care Plans contain confidential information and by law may only be shared only with individuals in the school setting who have a specific and legitimate educational interest in the information. Health information in the educational setting is regulated under FERPA (Federal Educational Records Privacy Act). Individuals who may need access to the plan include the classroom teacher, team leader, office staff, bus drivers, specials teachers, support services, special education staff, paraprofessionals, recess aides, cafeteria staff, and administrative staff. Advise the classroom teacher to keep a copy of the plan in a confidential folder for substitute teachers. Other copies should be kept in the student's health folder and in a central location (eg. health room or front office) easily accessed by staff for emergencies. Emailing of plans is discouraged due to security issues. A list of staff who has received the Health Care Plans should be maintained.

### **Staff/Student Training**

The school nurse in consultation with the student's parents and health care providers should use information from a thorough health assessment to determine the following:

- Level of care needed
- Equipment needed
- Personnel qualified to provide for the student's health care needs
- Modifications or accommodations

Topics of training should include:

- Confidentiality
- Overview of student's health condition
- Review of health concerns/emergencies and action(s) to be taken as outlined in the health care plan
- Student specific health care procedures may also include delegation to designated personnel who demonstrate competency to the RN. (see delegation section)
- Roles and responsibilities of school personnel including transportation and emergency planning  
Training should be provided and updated on an annual basis and when the student's health condition or equipment changes. Training should be documented.

### **Delegation of Nursing Tasks**

The delegating RN determines whether a nursing task or procedure can be properly and safely performed by unlicensed school personnel. A nursing task or procedure can be delegated by the school registered nurse provided the unlicensed school personnel has demonstrated competency to perform the task through the training process. Refer to the [Guidance on Delegation for Colorado School Nurses & Child Care Consultants](#).

The delegating nurse determines the frequency of evaluation of continuing competency of unlicensed school personnel in accordance with the [Colorado Nurse Practice Act – Delegation Clause](#)

## EVALUATING

*“Standard 6. Evaluation: The school nurse evaluates progress toward attainment of outcomes.”*<sup>1</sup> The school nurse should review and update the IHP annually and when changes occur in the health status of the student. The IHP is not a fixed document but rather a dynamic document that should be evaluated periodically. Evaluation process includes reviewing the desired student goals and outcomes and determining the appropriateness and effectiveness of the Health Care Plan in the school environment. Delegated nursing tasks should include periodic assessment and documentation of student response to IHP and/or treatments.

## OUTCOMES

*“Standard 3 Outcomes Identification: The school nurse identifies expected outcomes for a plan individualized to the healthcare consumer or the situation.”*<sup>2</sup> Outcomes demonstrate the critical services school nurses perform in an observable, measurable manner. Outcomes should define and create situation-specific ways to measure results. They should identify resources and establish time frames and criteria to measure results. Outcomes should use a standardized universal language.

Selekman and Guilday used focus groups with a national group of practicing school nurses to inductively identify indicators that best reflected the desired outcomes by which their practice could be evaluated

1. Students have increased time in the classroom.
2. Students receive first aid, emergency services, and services for their acute health care needs.
3. Students receive needed competent health-related interventions (procedures, medications).
4. Students with chronic conditions have their health care needs met.
5. Overall health of the school is enhanced by wellness promotion and disease prevention measures.
6. Students receive appropriate referrals related to the assessments made.
7. The environment in which students learn is safe.
8. Overall health of the school is enhanced by community outreach to meet student needs.
9. School nursing services are cost-effective.
10. Parents, teachers, administration, and staff express satisfaction with health-related services.

## REFERENCES

- National Association of School Nurses. (2015). Position Statement: Individualized healthcare plans. Retrieved June 15, 2016, from National Association of School Nurses:  
<http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/32/Individualized-Healthcare-Plans-The-Role-of-the-School-Nurse-Revised-January-2015>
- National Association of School Nurses, American Nurses Association. (2011). School Nursing: Scope and Standards. Silver Spring, MD: Nurses Books.
- Schwab, N. C., & Gelfman, M. H. (2001). Legal Issues in School Health Services. North Branch, MN: Sunrise River Press.
- Selekman, J. D., & Guilday, P. (2003). Identification of desired outcomes for school nursing practice. Journal of School Nursing, 344-350.

---

<sup>1</sup> NASN, 2011

<sup>2</sup> NASN, 2011