**State of South Carolina**

**DEPARTMENT OF EDUCATION**

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*State Superintendent of Education*



Frequently Asked Questions about

Individual Health Care Plans

Based on Requirements of Section 59-63-80 of the South Carolina Code of Laws

October 2024

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Overview 1

[Frequently Asked Questions 3](#_Toc318480668)

[Question 1: What is an IHP? 3](#_Toc623764763)

[Question 2: For what students are IHPs required? 3](#_Toc1736900354)

[Question 3: Who is responsible for writing a student’s IHP? 3](#_Toc1577627363)

[Question 4: What is a Medical order? 4](#_Toc1426362282)

[Question 5: Is there a specific time in the school year during which IHPs must be written? 4](#_Toc1566908179)

[Question 6: Once it has been determined that an IHP is needed for a student, is there a specific time frame within which it must be completed? 4](#_Toc372493606)

[Question 7: What are the required components of an IHP? 5](#_Toc930280123)

[Question 8: Are school districts required to use the sample forms provided by the SCDE? 6](#_Toc1387351905)

[Question 9: Who is required to approve the IHP and what documentation of approval is required for a student’s IHP? 6](#_Toc1126140134)

[Question 10: What actions must be taken if attempts to secure the signature of the student’s health care practitioner and/or the student’s parent/guardian on the IHP are unsuccessful? 9](#_Toc185294623)

[Question 11: With whom can the school nurse share information from a student’s IHP? 9](#_Toc1909284464)

[Question 12: What is the relationship between a Section 504 accommodation plan and an IHP? 9](#_Toc1165980545)

[Appendix A 11](#_Toc1245155138)

[Appendix B 12](#_Toc1833751199)

[Sample IHP Tracking Sheet 12](#_Toc1301380718)

[Appendix C 13](#_Toc1991770498)

[Sample IHP: Contains items required for Medicaid Billing 13](#_Toc2093507965)

[Important Considerations for Completing the Sample IHP 13](#_Toc1049012990)

[Sample IHP Work Sheet> 13](#_Toc253708996)

[Sample IHP includes Medicaid Billing Items School Year: 14](#_Toc1443712812)

[Important Considerations for Completing the Sample IHP 16](#_Toc1428428278)

[Sample IHP Work Sheet 18](#_Toc1119868170)

[Appendix D 19](#_Toc361953062)

[Sample Emergency Action Plan 19](#_Toc314789382)

[Important Considerations for Completing the Sample Emergency Action Plan 19](#_Toc240973119)

[Sample Emergency Action Plan 20](#_Toc307507795)

[Important Considerations for Completing the Sample Emergency Action Plan 21](#_Toc1646787056)

[Appendix E 22](#_Toc1754189003)

[Sample IHP Letter to the Health Care Practitioner 22](#_Toc1743056659)

[Appendix F 25](#_Toc1907923394)

[Sample School Health Services Parent/Guardian IHP Declination Statement 25](#_Toc1577592677)

[Appendix G 27](#_Toc639025967)

[Flowchart: Overview of the IHP Approval Process 27](#_Toc1976560173)

[Flowchart: Overview of the IHP Approval Process 28](#_Toc1481299856)

[Appendix H- Resources for Districts and Schools that Bill Medicaid for Nursing Services 29](#_Toc1439723642)

# Overview

Many students attending school have health conditions for which special health care services are needed during the school day and at school-sponsored functions. Students with special health care needs require an individual assessment and plan of care to ensure that their unique needs are identified and addressed. Better management and control of health conditions are the keys to success for these students, both now in their school endeavors and in the future so that they can have optimal attendance and participation in academic activities. As students with health conditions grow and mature, the responsibility for making health decisions shifts from parents and caretakers to the students themselves. Care for students with health conditions should thus include teaching and encouraging the practice of self-care skills to the extent possible.

Many health care procedures and services can be successfully provided to students during the school day and can thus allow those students with health conditions to remain at school, where they can further their education in the least restrictive environment. School nurses are often able to work with parents/guardians, health care practitioners, school administrators—and, of course, the students themselves, as appropriate—to develop individual health care plans (IHPs) for meeting special health care needs.

The National Association of School Nurses, in their 2020 Position Statement ***Use of Individualized Healthcare Plans to Support School Health Services*** state that “the IHP is a necessary tool for delineating the nursing plan of care to foster academic success and support optimal attendance. The IHP is created by the school nurse for the school nurse.  The IHP fosters communication among nursing staff to promote continuity of care.”  IHPs outline actions that will be taken to ensure each student’s health needs are met consistently during the school day and at school-sponsored functions. In the event a school nurse is absent or unavailable and a per-diem nurse or nurse from another area is responsible for care, the IHP will help facilitate a smooth transition and promote continuity of care.

On May 26, 2005, Chapter 63 of Title 59 of the South Carolina Code of Laws was amended to include Section 59-63-80, “Development of policies governing IHPs or students with special health care needs; definitions; written statements.” The following mandates were set forth:

1. Each school district shall adopt a policy requiring that students with special health care needs have Individual Health Care Plans (IHPs). This policy must address the administration of medication needed for the student’s specific health care needs, address training requirements specific to the student’s health care needs for school personnel with direct student contact when appropriate as determined by the school nurse and provide information to additional school personnel on recognizing signs and symptoms associated with specific medical conditions. Additionally the plan must provide for the authorization of a student to self-monitor and self-administer medication as prescribed by the student’s health care practitioner unless there is sufficient evidence that unsupervised self-monitoring or self- medicating would seriously jeopardize the safety of the student or others. The policy must include but is not limited to:

1) a requirement that the student’s parent or guardian provide to the school:

(a) written authorization from the parent or legal guardian for the administration of medications needed for the student’s specific health care needs to include whether school personnel or volunteers are permitted to administer, and if appropriate, authorization for the student to self-monitor and self-administer medication; and

(b)a written statement from the student’s health care practitioner who prescribed the medication verifying that the student has a medical condition and medicine is required to treat the condition. If the student has permission to self-monitor and self-administer medication, the health care practitioner’s statement must verify that the student has been instructed and demonstrates competency in self-monitoring or self-administration of medications or both.

2. The South Carolina Department of Education (SCDE) must develop guidelines for required components of a written student IHP that must be developed with input from and with the approval of (a) the health care practitioner who prescribed the medication for the student; (b) the student’s parent or legal guardian; (c) the student, if appropriate; and (d) the school nurse or other designated school staff member. If a student qualifies for an accommodation plan under Section 504 of the Rehabilitation Act of 1973 (Section 504), that process must meet the requirements for the state required IHP. The parent/guardian and the student, if appropriate, are required to authorize the school to share the student’s IHP with school staff who have a legitimate need for the information. (S.C. Code Ann. § 59-63-80(D))

3. All medication authorized to be carried by the student must be maintained in a container appropriately labeled by the pharmacist who filled the prescription. (S.C. Code Ann. § 59-63- 80(E))

4. A student’s permission to self-monitor or self-administer medication may be revoked if the student endangers him- or herself or others through the misuse of the monitoring device or

medication. The permission for self-monitoring or self-administration of medication is effective for the school year in which it is granted and must be renewed each school year upon the parent’s/guardian’s fulfilling the requirements of the law. (S.C. Code Ann. § 59-63- 80(F)–(G))

5. A parent/guardian must sign a statement acknowledging that the school district and its employees and agents are not liable for an injury arising from a student’s self-monitoring or self-administration of medication or from an injury arising from administration of medication authorized by an IHP and that the parent/guardian will indemnify and hold harmless the district and its employees and agents against a claim arising from a student’s self-monitoring or self-administration of medication or from a claim arising from administration of medication authorized by an IHP. (S.C. Code Ann. § 59-63-80(H))

6. The SCDE must develop a notice that school districts must send at the beginning of the school year to all parents/guardians informing them of available services and rights pursuant to Section 504 of the Rehabilitation Act of 1973, the Individuals with Disabilities Education Act, and medical homebound regulations. (S.C. Code Ann. § 59-63-90)

The intent of this document is to provide school districts with answers to some of the questions that have frequently arisen regarding the establishment of IHPs for students. This document will also fulfill the SCDE’s charge to provide guidelines for the required components of the written student IHP. If you have questions regarding the contents of this document related to IHPs, please contact the School Nurse Consultant in the Office of Health and Nutrition at the SC Department of Education.

# Frequently Asked Questions

## Question 1: What is an IHP?

Section 59-63-80(A)(3) of the South Carolina Code stipulates that an “individual health care plan’ (IHP) is . . . a plan of care designed specifically for an individual student to provide for meeting the health monitoring and care of the student during the school day or at school- sponsored functions.” School-sponsored functions include those conducted during regular school hours on school grounds, before- and after-school activities conducted by the school-on-school property, transit to or from school or school-sponsored activities when the vehicles are owned or leased by the school district, and any school-sponsored activity in which the student is a participant officially representing the school. Examples of school-sponsored activities are field trips, interscholastic sporting events, and fine arts events in which the student is a participant. While the IHP is a nursing plan of care created by the RN (Registered Nurse) for nurses, it may contain other components, depending on the type of health condition, which are designed to help facilitate the care and safety of students when they are in their academic and extracurricular settings. These components are referred to as Emergency Action Plans (EAP), sometimes called Emergency Care Plans (ECP), which is defined as a plan for handling emergency situations that may occur as a result of the student’s medical diagnosis during the school day or at school-sponsored functions. EAPs may contain information on safe evacuation, or this may be in a separate document called an Emergency Evacuation Plan (EEP). These plans are also created by the nurse but are written for the non-medical person and do not use nursing language.

## Question 2: For what students are IHPs required?

IHPs are required for students with special health care needs (Section 59-63-80(B)). Students with special health care needs are students with health conditions requiring treatments, medical procedures, medications, and/or monitoring that must be performed by school personnel and meet one or more of the criteria below.

1. are complicated and/or lengthy,
2. require several contacts with the nurse or health assistant during the school day,
3. are needed to prevent death or disability on an emergent basis,
4. are needed for students who have medically fragile health conditions, and/or
5. are prescribed for treatment, medical procedures, medications and/or monitoring administered at school more than fourteen consecutive days.

Students who have been granted permission to self-medicate and/or self-monitor in accordance with the school district’s policy are also considered to have special health care needs. An IHP must be established in order for a student to be allowed to self-medicate and/or self-monitor.

Appendix A provides a flowchart that outlines a decision-making process for determining which students require an IHP.

## Question 3: Who is responsible for writing a student’s IHP?

The RN must develop and coordinate the IHP. The development of an IHP follows the nursing process of, 1) assessment of the student’s health condition, 2) identification of potential or existing problems that need to be addressed at school, in the form of nursing diagnoses, 3) the development of goals and interventions that may be utilized to prevent or address the problems, and 4) the desired outcomes which can be evaluated at minimum annually or more frequently as needed. The nursing diagnoses, interventions and outcomes can be revised as needed based on the student’s health needs and situation. The IHP is a fluid and individualized document. According to South Carolina’s Nurse Practice Act, these steps in the process required to develop an IHP fall within the scope of practice of an RN (S.C. Code Ann. § 40-33-20(48) (2011). A licensed practical nurse (LPN) may assist the RN in the collection of data for establishing the IHP; however, the RN must be responsible for analyzing the data gathered and for creating the IHP for the student (S.C. Code Ann. § 40-33-20(47) (2011)).

The South Carolina Board of Nursing (SCBN) provides further clarification of the roles of the RN, the LPN, and the use of unlicensed assistive personnel (UAP). The SCBN’s Advisory Opinions, Position Statements, and Joint Board Opinions are published online.

## Question 4: What is a medical order?

A medical order is a written order by an authorized licensed prescriber for a medication, treatment, or procedure; may also be referred to as a treatment order, medication permission form, or prescription.

## Question 5: Is there a specific time in the school year during which IHPs must be written?

IHPs for students diagnosed with health conditions that require an IHP during the school year should be developed within a reasonable time following diagnosis. While it would be ideal to have a student’s IHP ready for implementation on the first day that he or she will attend school, this is not feasible in most schools. See Question 6 related to prioritization of IHPs.

The time that it takes to develop an IHP and secure the appropriate signatures of approval is dependent upon several variables: school nurse staffing, parent/guardian response time, and staffing within the student’s health care practitioner’s office. During the IHP development process, the student must be provided with health services that are consistent with nursing practice standards and the medical orders provided by his or her health care practitioner. If the student’s access to school and/or educational services is prevented or delayed until the development of the IHP, the school district should consider the possible need for compensatory services.

If there is a discrepancy between the medical orders and nursing practice standards, clarification and resolution must be sought by the RN who is responsible for the student’s care. With the appropriate consent forms signed by the student’s parent/guardian, the RN’s communication with the health care practitioner’s office may occur via phone, fax, email, or regular mail.

## Question 6: Once it has been determined that an IHP is needed for a student, is there a specific time frame within which it must be completed?

The RN who is responsible for developing the school’s IHPs should prioritize the plans on the basis of the complexity of the care that is needed for the individual students. The RN may develop and implement a tracking system to monitor the progress of each student’s plan toward completion. (A confidential tracking log may be used for this purpose. A sample log is included as Appendix B.)

To prioritize IHP development, the National Association of School Nurses suggests the following as a guide; “Priority for IHP development must be given to those students who require significant health services at school, have a medical diagnosis that may result in a health crisis, and/or students with health conditions addressed in a Section 504 Accommodation Plan or an Individualized Educational Program.

## Question 7: What are the required components of an IHP?

The SCDE, under Section 59-63-80(D), must develop guidelines for the required components of a written IHP. In consultation with the South Carolina Department of Public Health (SCDPH, the SCDE utilized the following four sources in determining the particular components that every IHP is required to contain: School Nursing: A Comprehensive Text, 2nd edition, edited by Janice Selekman and published by F. A. Davis Company in 2013; the position statement “Use of Individualized Healthcare Plans to Support School Health Services,” issued by the National Association of School Nurses in January 2020; Individualized Healthcare Plans for the School Nurse, 2nd edition, edited by Susan I. S. Will et al. and published by Sunrise River Press in 2017; and School Health: Policy and Practice, 7th edition, written by the American Academy of Pediatrics’ Committee on School Health and published by the Academy in 2016.

The school or district per Section 59-63-80 (H) should incorporate the following statements into the medication authorization forms they utilize for providers and parents/guardians to complete. Parents/guardians should sign their acknowledgement of the following:

1. The school district and its employees and agents are not liable for an injury arising from a student’s self- monitoring or self-administration of medication;
2. The parent/guardian shall indemnify and hold harmless the district and its employees and agents against a claim arising from a student’s self-monitoring or self-administration of medication;

The following statements must be included by July 2025

1. The school district and its employees and agents are not liable for an injury arising from administration of medication authorized by an IHP
2. The parent/guardian shall indemnify and hold harmless the district and its employees and agents against a claim arising from administration of medication authorized by an IHP

The IHP must be developed using the nursing process and the following items must appear in every IHP developed in the state’s public school system:

1. student’s name and date of birth;
2. medical diagnosis/es,
3. summary of the student’s health assessment data; this can be a narrative or in bullets
4. identification of the student’s health problems using accepted nursing language/nursing diagnoses: e.g. NANDA;
5. outcomes (goals) related to the identified health problems using accepted nursing language: e.g. NOC;
6. interventions (actions) to be taken during the school day or at school-sponsored functions to address the health problems/nursing diagnoses using accepted nursing language: e.g. NIC:
7. If appropriate, interventions may include the school nurse developing and documenting completion of training for school personnel with direct student contact related to the student’s specific health care needs. School nurses may also provide general training to additional school personnel on recognizing signs and symptoms associated with specific medical conditions
8. the medical order/s which contain the start date, end date, and frequency of a medication, treatment or required monitoring become a component of the IHP and may serve to document these elements in the plan. Transcription to other areas of the IHP is not recommended as this can result in errors;
9. if needed, the nurse can develop an intervention to communicate with the school administrators who govern transportation, before and after school activities, and field trips to raise awareness of the students' special needs for safety and/or appropriate health services;
10. if they choose, parents/guardians of students diagnosed with Epilepsy or Seizure Disorder may provide a Seizure Action Plan (SAP) defined as a written emergency action plan as a supplement to the IHP. The SAP must acknowledge the health care needs of the student, prepare both parties to meet those needs and apply over the course of a school year. The SAP must be signed by the student's health care provider;
11. if applicable, the Emergency Action Plan (EAP) for handling emergency situations that may occur as a result of a student’s medical diagnosis at school or at school-sponsored functions; and
12. documentation of approval of the IHP by the required individuals (see question 9, below).
13. for students who do not ordinarily have an IHP for Self-Medicate and/or Self-Monitor due to medications being taken only at home, but who will be attending field trips and who are requesting to self-medicate/self-monitor, an EAP and/or the Field Trip Permission form may be accepted as an IHP if parent, school nurse and student determine that the student can provide their own medication management per school policy and when documented on the field trip permission form;

Note: Many schools and districts in South Carolina bill Medicaid and this may require additional components be added to the IHP. Refer to the SCDE Office of Medicaid Services webpages for more information.

See Appendix C for a sample IHP form with points to consider when completing the form. See Appendix D for a sample EAP form with points to consider when completing the form.

## Question 8: Are school districts required to use the sample forms provided by the SCDE?

No, school districts are not required to use the sample forms provided by the SCDE; however, IHPs must include at a minimum the information in the items specified in question 7, above.

## Question 9: Who is required to approve the IHP and what documentation of approval is required for a student’s IHP?

Section 59-63-80(D)(1) states that a written IHP must be developed with input from and with the approval of the health care practitioner who prescribed the medication/treatment for the student, the student’s parent/guardian, the student (if appropriate), and the school nurse or other designated school staff member. The IHP for a student who is an emancipated minor does not require the approval of the student’s parent. South Carolina law does not specify the methodology for documenting approval of a student’s IHP.

Three common scenarios have been developed to provide schools with procedure guidance that facilitate review and approval of IHPs. The following statements apply to all three of these common scenarios:

1. The term medical orders refer to the document that a health care practitioner and a parent/guardian can submit to the school detailing the treatments, medications, and special needs of an individual student (for example, diabetes management plan, asthma management plan) while he or she is at school. The medical orders must

1. be signed by the health care practitioner along with the identifying title and the student’s parent/guardian;
2. specify the condition, the medication, treatment and/or procedure; and
3. specify the frequency and duration of the medical treatment, procedure, or medication and
4. be valid for a school year – to include summer school- unless noted to be different per provider
5. the medical order/s become a component of the IHP when present

2. IHPs and related documents for students who are emancipated minors require the approval of the student instead of the student’s parent/guardian.

**Scenario A**. The parent/guardian presents the medical orders signed by both the parent/ guardian and the health care practitioner.

1. Upon receipt of the medical orders, the RN must determine whether all elements of the medical orders can be implemented as written and whether the student needs an IHP. (If all elements of the medical orders cannot be implemented as written, see scenario B.)

2. If all elements for the medical orders can be implemented as written but the student does not meet the requirements for an IHP, the RN can put into practice the required interventions without writing an IHP. However, if the parent/guardian requests an IHP, the RN must assess the student’s health status and facilitate, if appropriate, the development of an IHP that is in the best interest of the student.

3. If all elements for the medical orders can be implemented as written and the student meets the requirements for an IHP, the RN must work with appropriate school staff, the student, and the student’s parent/guardian to establish an IHP for meeting the student’s nursing care needs.

4. The medical orders may be attached to the IHP as an integral component of the IHP. References to the health care practitioner’s medical orders may be made in the IHP. It is not recommended to transcribe the details of the medical order to other parts of the IHP; using a reference can prevent transcription errors.

5. The student (if appropriate), the RN who developed the IHP, and other designated school staff (an LPN assigned to the student’s school, a principal, or a special education teacher, for example, if appropriate) must sign the IHP. Although the plan of care is for nurses it can be helpful to have others sign off on areas that are relevant to them such as EAPs (Emergency Action Plan). Care should be used to protect the privacy of the student’s record to those who have a need to see it (refer to question 11 about sharing information).

6. If the medical orders will be followed by the school as written and the IHP is consistent with these documents, the signature of the health care practitioner and the student’s parent/guardian on the IHP will not be required.

7. If the student’s parent/guardian has no objections and if the IHP is consistent with the medical orders, then the school should give the parent/guardian a copy. The parent/guardian can share with the Health Care Provider (HCP) if they choose.

Recap of signatures required for scenario A:

(1) On the medical orders, the signatures of the following are required:

 student’s parent/guardian

 health care practitioner

Note: In scenario A, the medical orders are implemented as written, thus the health care practitioner’s signature and the student’s parent/guardian’s signature on the medical orders serves as approval for the IHP.

(2) On the IHP, the signatures of the following are required:

* student (if appropriate)
* RN who developed the IHP

ð other designated school staff as appropriate, an LPN assigned to the student’s school, a principal, or a special education teacher, for example, (Caution should be used for policies which require other staff to approve IHPs (refer to question 11).

**Scenario B**. The parent/guardian presents medical orders, but the RN has determined that some elements of the treatment plan or medical orders cannot be safely accommodated by the school or are in conflict with existing laws, regulations, standards for nursing practice, or school policies.

1. Discussion—either in person or in written communications—must be held to work out a solution that is in the best interest of the student. Such discussion must involve the student (if appropriate), his or her parent/guardian, his or her health care practitioner, and the appropriate school personnel.

2. While discussions are taking place, the RN must use nursing judgment based on the current standards of care to implement specific interventions that will be necessary for ensuring a safe learning environment for the student.

3. Documentation of the discussion must be entered into the student’s health record. (If revised medical orders are received and all elements of the revised medical orders can be implemented as written, see scenario A.)

**Scenario C**. A student requires an IHP, but the health care practitioner and the parent/guardian have not submitted medical orders or consensus over submitted orders has not been established.

1. The RN must contact the student’s parent/guardian to discuss the benefits of developing an IHP for the student. NOTE: If parent desires an IHP but the student does not require a medication or treatment order see three below.

2. If the student’s parent/guardian declines the IHP, the RN must

1. document the discussion with the parent/guardian in the student’s health record,
2. ask the parent/guardian to sign a declination statement indicating that at this time he or she does not wish an IHP to be developed (see appendix F for a sample form), and
3. provide health services that are based on best-practice standards.

3. If the student’s parent/guardian agrees to have an IHP developed, the RN must

1. coordinate the gathering of any additional information needed for developing the IHP, (If revised medical orders are received and all elements of the revised medical orders can be implemented as written, see scenario A).
2. provide health services that are based on best-practice standards during the time that the IHP is being developed,
3. write the IHP,
4. send the IHP to the parent/guardian for approval, and
5. provider may sign the IHP or provide documentation to confirm no medications or monitoring required

Recap of signatures required for scenario C: on the IHP, the signatures of

* student’s health care practitioner (assumes no medical orders or would revert to Scenario A)
* student’s parent/guardian
* student (if appropriate)

ð RN who developed the IHP

ð other designated school staff as appropriate, an LPN assigned to the student’s school, a principal, or a special education teacher, for example, (Caution should be used for policies which require other staff to approve IHPs (refer to question 11).

## Question 10: What actions must be taken if attempts to secure the signature of the student’s health care practitioner and/or the student’s parent/guardian on the IHP are unsuccessful?

There may be instances in which, despite the best efforts of school employees, the health care practitioner and/or the student’s parent/guardian do not respond to requests for approving the IHP. At least three attempts should be made to determine whether the health care practitioner and/or the parent/guardian has received the requests for approval and whether there are questions about the IHP. One of the three attempts should be made via regular or certified mail. All attempts and outcomes should be documented in the student’s individual health record.

It may happen that the IHP has been developed and although the RN has been unable to secure the signature of the student’s parent/guardian and/or the student’s health care practitioner, there is no evidence that the parent/guardian or health care practitioner disagree with it. In such a situation, the RN—using nursing judgment based on the current standards of care—must implement those elements of the IHP that are necessary to ensure a safe learning environment for the student. If the student’s parent/guardian and/or the health care practitioner do disagree with portions of the IHP that are critical to ensuring the safety of the student, the RN must use the appropriate chain of communication to seek advice from the school district’s legal counsel.

## Question 11: With whom can the school nurse share information from a student’s IHP?

School districts should adopt a policy of confidentiality regarding the sharing of a student’s health information. To help ensure that a student’s health needs are met consistently, information from the student’s IHP must be appropriately shared with school staff—for example, principals, teachers, bus drivers, and teaching assistants. Section 59-63-80(D)(3) specifically addresses this issue: “The parent or guardian and the student, if appropriate, shall authorize the school to share the student’s individual health care plan with school staff who have a legitimate need for knowledge of the information.”

## Question 12: What is the relationship between a Section 504 accommodation plan and an IHP?

Section 59-63-80(D)(2) of the South Carolina Code stipulates, “If a student qualifies for a Federal 504 medical accommodations plan, that process must meet the requirements for the state-required individual health plan.” In limited circumstances a 504 and IHP Plan can be a combined document. In most circumstances, the assessment section of the IHP can refer to the 504 plan and you may attach a copy if desired. The 504 plan may also reference that the student has an IHP plan, but due to confidential information which may be in the IHP and may not need to be shared with the recipients of the 504 plan, a reference to the presence of a plan is sufficient. In addition, the student’s health care practitioner, the student’s parent/guardian, the student (if appropriate), and the school nurse or other designated school staff member must be involved in the development and the approval of the plan.

To be eligible under Section 504 for an accommodations plan, a student must have a disability that substantially limits a major life activity. A Section 504 accommodations plan outlines specific actions that will be taken or adjustments that will be made for the student with a disability to receive a free appropriate public education in the least restrictive environment. A 504 accommodations plan must be developed by a team that should include the student’s parent/guardian, the student (if able), and others who know about the student’s disability such as a teacher, a guidance counselor, a school nurse, and other school staff.

An IHP outlines specific actions that will be taken or adjustments that will be made for a student with a special health care need to attend school. If a child has a special health care need as defined in question two, an RN develops a plan for addressing the student’s health needs with input from and the approval of the student’s health care practitioner, the student’s parent/guardian, the student (if appropriate), and/or other designated school staff.

If a student meets the requirements for an IHP, the local educational agency must consider evaluating the student for Section 504 eligibility. If the student qualifies under Section 504, the local educational agency must develop a plan in accordance with implementing regulations under Section 504—34 CFR 104.34, 34 CFR 104.35, and 34 CFR 104.36—and provide the student with the procedural safeguards guaranteed by Section 504.

Note that some students who do not qualify for an IHP may qualify for a Section 504 accommodations plan and vice versa.

# Appendix A

**Flowchart: Does This Student Need an IHP?**



Does the child have a health condition that requires medications, treatments, medical procedures, and/or monitoring that must be performed by school personnel?

Based on the criteria outlined by the South Carolina Department of Education, an IHP is not required. However, if a parent/guardian or a school employee (or an emancipated minor

him or herself) believes that an IHP is necessary, then the RN

must assess the student’s health status and facilitate, if appropriate, the development of an IHP that is in the best interest of the student.

Did you check any of the boxes above?

NO

Check one or more of the criteria below-

* Prescribed treatments, procedures, monitoring, or medications that are complicated and/or lengthy,
* Medication administration, treatment, procedures or monitoring at school >14 consecutive days.
* Several contacts with the nurse or health assistant are required during the school day.
* Treatments, medications, procedures, or monitoring is needed to prevent death or disability on an emergent basis.
* Student has a medically fragile health condition.

NO

NO

YES

Has the student been granted permission to self- medicate and/or self-monitor?

YES



The student does need an IHP?

YES

# Appendix B

## Sample IHP Tracking Sheet

This sheet is for tracking purposes only. Official documentation regarding correspondence with parents/guardians and health care practitioners must be included in each student’s individual health record. **\***The IHP and related documents for a student who is an emancipated minor require the approval of the student him- or herself instead of the parent/guardian.

| Student’s Name | Parent/Guardian\* Contacted | IHP Sent to Parent/Guardian\* | Signed IHP Received from Parent/Guardian\*, if applicable | IHP Sent to Health Care Practitioner if applicable | IHP Received from Health Care Practitioner | IHP Completed with Signatures and Sent to Parent/Guardian\* |
| --- | --- | --- | --- | --- | --- | --- |

|  | Date:   * IHP desired * IHP not desired | Date:   * Not applicable; student emancipated | Date: | Date: | Date:   * Not applicable; signed treatment plan/medical orders received | Date: |
| --- | --- | --- | --- | --- | --- | --- |
|  | Date:   * IHP desired * IHP not desired | Date:   * Not applicable; student emancipated | Date: | Date: | Date:   * Not applicable; signed treatment plan/medical orders received | Date: |
|  | Date:   * IHP desired * IHP not desired | Date:   * Not applicable; student emancipated | Date: | Date: | Date:   * Not applicable; signed treatment plan/medical orders received | Date: |
|  | Date:   * IHP desired * IHP not desired | Date:   * Not applicable; student emancipated | Date: | Date: | Date:   * Not applicable; signed treatment plan/medical orders received | Date: |
|  | Date:   * IHP desired * IHP not desired | Date:   * Not applicable; student emancipated | Date: | Date: | Date:   * Not applicable; signed treatment plan/medical orders received | Date: |
|  | Date:   * IHP desired * IHP not desired | Date:   * Not applicable; student emancipated | Date: | Date: | Date:   * Not applicable; signed treatment plan/medical orders received | Date: |
|  | Date:   * IHP desired * IHP not desired | Date:   * Not applicable; student emancipated | Date: | Date: | Date:   * Not applicable; signed treatment plan/medical orders received | Date: |

# Appendix C

## Sample IHP: Contains items required for Medicaid Billing

## Important Considerations for Completing the Sample IHP

## Sample IHP Work Sheet>

**School Year:**

Text Box

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student Name** **(*last, first*):** | **DOB**: | **(optional)**  **Gender:** | **Grade:** | **School:** |

Text BoxText BoxText Box

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

**Medicaid ID: Current ICD Code**: **Health Care Provider**:

(Secondary)

Text Box**Primary**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

**Insurance: Medical Diagnosis on File:**

|  |
| --- |
| **Initial Assessment Summary**:  **Allergies**: |
| **Medical History:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ND#** | **Nursing Diagnosis** | **Goals** | **Interventions** | **Person Responsible** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Expected Student Outcome** | **Expected Student Outcome** | **Expected Student Outcome** | **Expected Student Outcome** |
|  |  |  |  |
| **Expected Student Outcome** |
|  |
|  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Plan of Care Date** | **Additional Assessment Information** | **ND# Addressed** | **Medication, Treatment or Procedure** | **Dose** | **Frequency** | **Discontinue** | **Nurse Signature** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

RN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Print Name* *Signature* *Initials* *Date Signed*

*\*If all of the treatment plan or medical orders will be followed by the school as written and the IHP is consistent with the treatment plan or medical orders, the signature of the Health Care Practitioner and the student’s parent/guardian on the IHP will not be required. However, if the IHP is not consistent with medical orders, the IHP Provider Response Form and the Parental Response Form will need to be signed.*

*\*EAP will be developed, if applicable.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***ANNUAL REVIEW*** | | | | |
| ***Approval/Review***  ***Date*** | ***RN Signature*** | ***LPN Signature*** | ***Parent Signature, if needed*** | ***Designated School Staff Signature, if needed.*** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

(Secondary)

**Primary**

**Insurance: Medical Diagnosis on File:**

| **Initial Assessment Summary**: | | | Allergies: | |
| --- | --- | --- | --- | --- |
| **Nursing Diagnosis** | **Goals** | **Interventions** | | **Person Responsible** |

|  | 1. |  |  |
| --- | --- | --- | --- |
|  | 2. |  |  |
|  | 3. |  |  |

| **Expected Student Outcome** | **Expected Student Outcome** | **Expected Student Outcome** | **Expected Student Outcome** |
| --- | --- | --- | --- |

|  |  |  |  |
| --- | --- | --- | --- |

| **Plan of Care Date** | **Additional Assessment Information** | **Goal # Addressed** | **Medication, Treatment or Procedure** | **Dose** | **Frequency** | **Discontinue** | **Nurse Signature** |
| --- | --- | --- | --- | --- | --- | --- | --- |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**IHP Approvals (if applicable)**

|  |  |
| --- | --- |
| This IHP for was prepared by the following nurse: RN’s signature: Date:  RN’s name (*print/type*): RN’s initials:  Additional school staff signature (if applicable):  Review plan:  beginning of next school year  upon parent/health care practitioner/school request  other: | |
| **IHP Approvals (if not already obtained through the medical order)** | |
| **Note: By signing this document, the parent/guardian and/or the student authorize sharing this information with school personnel who have a legitimate need for knowledge of the information.** | |
| **Parent/guardian:**  I agree with this plan of care for my child while he or she is at school or is attending school-sponsored functions. I agree to let the school know of changes in my child’s health condition or treatment and changes to the contact information on page 1 of this individual health care plan.  Sign name:  Print name:  Date: | **Health care practitioner:**  I agree with this plan of care while at school or attending school-sponsored functions.  Sign name:  Print name:  Date: |
| **Student (if appropriate):**  I agree with this plan of care for me while I am at school or school-sponsored functions. Sign name:  Print name: Date: | **Health care practitioner:**  I agree with this plan of care while at school or attending school-sponsored functions.  Sign name:  Print name:  Date: |

**Student’s last name and first initial: RN’s initials: Date: (page of )**

## Important Considerations for Completing the Sample IHP

**Important Considerations for Completing the Sample IHP**

Listed below are explanations that you may find helpful in completing the IHP. The development of the IHP follows the nursing process as demonstrated below. Use of a work sheet may be helpful in organizing this type of information (see the sample on the page following these lists of considerations).

* + **Initial Assessment Summary** Write a brief summary assessment – narrative or bullets/lists- of the student’s health —including, for example, the length of time the student has had the disease/condition/illness, description of symptoms and frequency, the impact of the disease/condition/illness on the student’s ability to function in a school setting, and the student’s needs for assistance and level of independence. If the parent/guardian or caregiver does not know, then document what is known and what was asked.
    - List all of the student’s known allergies (e.g., medication, food, insect bites).

* + **Nursing Diagnoses.** Write problem statements or nursing diagnoses that relate to the student’s health problems or needs as noted from the information gathered during the nursing assessment, which you plan to address in student’s IHP. State the health problem or nursing diagnosis in terms that can be understood by individuals who are not nurses. The North American Nursing Diagnosis Association International (NANDA-I). has developed a listing of actual or potential health problems that you may find helpful. You may order the most recent edition of the list by going to the NANDA-I Web site a[t http://www.nanda.org.](http://www.nanda.org/) Understanding the difference between a nursing diagnosis and the medical diagnosis is explained at https://nightingale.edu/blog/nursing-diagnosis.html#:~:text=Examples%20of%20nursing%20diagnosis%3A%20risk,or%20advanced%20health%20care%20practitioner.
  + **Goals.** List goals that are related to the student’s nursing diagnoses.
  + **Interventions and Responsible Persons.** List the actions that will be taken to ensure that the student’s needs are met during the school day and at school-sponsored functions and the names or identifying titles of the person(s) who will be responsible for the actions. You may find the Nursing Interventions Classification (NIC), developed by the University of Iowa, College of Nursing helpful, an overview and ordering information are available online at: <https://nursing.uiowa.edu/cncce/nursing-interventions-classification-overview>
    - If it is determined a student needs an EAP, it should be listed as an intervention in the IHP. Once completed, the EAP becomes a component of the IHP. See appendix D.
  + **Expected Student Outcomes.** Write a statement that reflects what is expected to be accomplished for or by the student given the interventions (actions) that have been outlined. The outcomes must be related to the health problems/nursing diagnoses and goals. The expected student outcomes must be measurable statements that reflect how you will know that you are meeting the stated goals. Outcomes must be stated in terms that can be understood by individuals who are not nurses. You may find the Nursing Outcomes Classification (NOC), developed by the University of Iowa College of Nursing helpful; an overview and ordering information are available online at: https://nursing.uiowa.edu/cncce/nursing-outcomes-classification-overview

* + Perform a reassessment of the student and a review of their IHP at the beginning of every school year, at a minimum. The IHP can be revised or can remain if the goals and interventions are still appropriate. Document the student’s reassessment, the IHP review and any subsequent changes.
  + Seek the approval of the student (as appropriate), the student’s parent/guardian (if not already obtained through other means), health care practitioner who prescribed the medication (if not already obtained through other means). Caution should be used for policies which require other staff to approve IHPs (refer to question 11).
  + If the IHP must be sent to the parent/guardian for signature, send two copies—one for the parent/guardian to keep and one for him or her to sign and return. Keep the copy signed by the parent in the student’s health file and make a notation on the original document that the copy signed by the parent/guardian is located in the student’s health file. Do not remove the signature page signed by the parent and attach it to any other document because if legal issues arise, the school will be asked to produce, in its original state, the document that the parent returned to the school.
  + A similar process can be used for securing approval from health care practitioners.

## Sample IHP Work Sheet

**Sample IHP Work Sheet**

|  |  |
| --- | --- |
| **Assessment Data** | **Nursing Diagnoses** |
| **Goals** | **Interventions** |
| **Expected Outcomes** | ***Additional notes:*** |

# Appendix D

## Sample Emergency Action Plan

## Important Considerations for Completing the Sample Emergency Action Plan

## Sample Emergency Action Plan

**SAMPLE EMERGENCY ACTION PLAN**

|  |  |
| --- | --- |
| **Student:** | **Date of birth:** |
| **MEDICAL DIAGNOSES:** | **ALLERGIES:** |

|  |  |
| --- | --- |
| **Plan for (*specify condition):*** | |
| **If you see this:** | **Do this:** |
| **Plan for (*specify condition):*** | |
| **If you see this:** | **Do this:** |

**This emergency action plan was prepared by the following nurse:**

RN’s signature:

RN’s name (*print/type*):

Date:

## Important Considerations for Completing the Sample Emergency Action Plan

**Important Considerations for Completing the Sample Emergency Action Plan**

Listed below are explanations that you may find helpful in completing the Emergency Action Plan. The Emergency Action Plan should be as concise as possible

* Write the student’s name and date of birth.
* Specify the student’s medical diagnoses.
* Specify any allergies that the student may have so that the information will be readily available in case emergency transport is necessary; include allergies to medications, foods, insect bites, and so forth.
* On the line following “Plan for” write the name of the emergent condition for which signs and symptoms are being monitored. Examples include hypoglycemia, severe allergic reaction to peanuts, acute asthma episode, and seizures.
* In the “If you see this” column, describe the signs/symptoms the student may exhibit or experience that will indicate that an emergency response is needed.
* In the “Do this” column, provide step-by-step instructions that must be followed if the student is exhibiting or experiencing signs/symptoms that indicate an emergent situation exists. Include instructions for whom to contact in case of an emergency and what must be done if the student’s parent/guardian cannot be reached.

* When an emergency action plan is required, it becomes a part of the student’s IHP\*. Signing the IHP indicates agreement with the Emergency Action Plan.

\*Note: An EAP may be created for a student who does not need an IHP or has a Declination and the presence of an EAP does not mean an IHP is required.

# Appendix E

## Sample IHP Letter to the Health Care Practitioner

Note: Letters would only be needed for those who do not have signed medication, treatment or monitoring orders. They could be used for scenario “C” situations.

**Delete this box and print on your school’s letterhead. Be sure that the letterhead includes your school’s address, fax number, and phone number.**

To: Date:

Re: IHP for [student’s name]:

Section 59-63-80 (Supp. 2005) of the South Carolina Code of Laws requires that schools develop individual health care plans (IHPs) for students who have special health care needs that must be met during the school day or at school- sponsored functions. Section 59-63-80 also requires schools to seek input and approval from the student’s health care provider when developing the IHP.

We value you as a partner in our efforts to keep students healthy and ready to learn. Accompanying this letter is an IHP developed for your patient (our student) referenced above.

* Please review the IHP, complete the IHP health care provider response form on the second sheet of this letter, and return it to us as soon as possible. Pending your response, we will implement the necessary interventions to keep the student safe at school. We understand that review of the IHP may take some time. In the meantime, we would appreciate an acknowledgment that you have received this letter and the IHP. For your convenience we have included the status box below. Please mark the appropriate statement in the status box and send a copy of this sheet to us by fax or by regular mail.

**Note: ￼**The information included with this correspondence is considered privileged and confidential information. If the student referenced above is no longer your patient, please shred the IHP and indicate this in the status box.

If you have questions about the IHP, please don’t hesitate to contact me. Thank you in advance for your assistance.

Sincerely,

Signature of school nurse Name of school nurse (*please print)*

Date

Signature

**STATUS BOX**

**(To be completed by health care provider)**

* I will review the IHP as soon as possible and will send a response to you.
* I have shredded the IHP that accompanied this correspondence. The above-named student is no longer my patient.

**Sample IHP Health Care Provider Response**

Please complete and return this form to the following:

Fax:

Phone:

School nurse’s name and address:

Patient’s/student’s name: Date of birth:

I have received the IHP, dated , and submitted by

for my patient named above. (name of school)

***Initial the appropriate statement below:***

I approve the IHP as submitted for the school year.

I request changes to the IHP. I have attached my requested changes.

In my opinion, this student does not require an IHP for the condition(s) that I am treating/managing for him or her.

**Comments:**

|  |  |
| --- | --- |
| Health care provider’s signature: | Date: |
| Provider’s printed name and address (may use a stamp): | Office phone number: |
| Office fax number: |

# Appendix F

## Sample School Health Services Parent/Guardian IHP Declination Statement

Note: If the parent refuses the IHP which the nurse has determined to be necessary a declination would be obtained. The parent is also acknowledging that the student will not be allowed to self-medicate, or self-monitor without an IHP per statute.

**Sample School Health Services Parent/Guardian IHP Declination Statement**

Please complete and return this form to the following:

|  |  |
| --- | --- |
| School Nurse’s Name and Address: | Phone: |
| Fax: |

Student’s name: Date of birth:

I have received information about the benefits of having the school nurse develop an individual health care plan (IHP) for my child. At this time, I do not wish to have an IHP written for my child.

I understand that:

* An IHP helps to make sure that there are plans in place for meeting my child’s health needs at school.
* Health services will be provided according to the medical orders submitted by my child’s health care practitioner as allowed by the school district’s policies, except that an IHP is required for self-administering medications and using self-monitoring devices at school. If I decline the IHP, my child will not be allowed to self-medicate or use self-monitoring devices.

I will let the school nurse know if I decide that my child needs a written plan.

|  |  |
| --- | --- |
| Parent’s/Guardian’s Signature: | Date: |
| Parent/Guardian Name (*please print)*: | Phone Number: |

# Appendix G

## Flowchart: Overview of the IHP Approval Process

**Flowchart: Overview of the IHP Approval Process**

**During the entire IHP process, health services must be provided to the student that are consistent with nursing practice standards *and* medical orders provided by the student’s health care practitioner. If there is a discrepancy between the medical orders and nursing practice standards, clarification and resolution must be sought. Students who are emancipated minors make decisions on their own behalf. Note: When billing Medicaid, the Medicaid general consent form must be signed.**

Can medical orders be fully implemented?

Develop IHP. (Include a statement on the IHP form that authorizes the school to share the IHP with the student’s HCP.)

Yes

Yes

Have HCP and parent/guardian signed medical orders?

1. Document parent/guardian’s decision; ask parent/guardian to sign statement declining IHP.
2. Provide copy of parent notification developed for Section 59-63-90 of SC Code of Laws.
3. Provide health services that are consistent with practice standards and orders provided by student’s health care practitioner.

No

Signatures received?

Student needs an IHP.

Yes

Secure signatures of appropriate school personnel and student, if applicable.

No

Yes

Work with parent/guardian to secure the required signatures (HCP and parent/guardian).

No

No

Explain IHP process and benefits of IHP to parent/guardian.

Has parent/guardian or HCP provided medical orders?

1. Continue to work with parent/guardian to secure the required signatures: HCP and parent/ guardian. (Note: medical orders must be signed to be considered legal orders.)
2. Develop IHP after all signatures are received.
3. Place the *original* IHP in student’s health record.
4. Provide a copy to the parent/guardian.
5. Share info on need-to-know basis with school staff.
6. Discuss options with parent/guardian, HCP, school staff, and student (if appropriate) to reach a workable plan that is in the best interest of the student.
7. Document a summary of each discussion in the student’s health record.

Yes

Develop IHP based on agreement reached during discussions. (Include a statement on the IHP form that authorizes the school to share the IHP with the student’s HCP.)

No

Does parent/guardian want the IHP developed?

Have medical orders been obtained?

Yes

Work with parent/guardian to secure medical orders.

No

1. Secure signatures of appropriate school personnel, HCP, and parent/guardian.
2. Facilitate the most expedient approval process.

# Appendix H- Resources for Districts and Schools that Bill Medicaid for Nursing Services

# Medicaid may require the IHP template to have additional items required for Medicaid billing such as ICD-10 codes which are not required in a typical IHP, or to list the insurance coverage provider which an IHP also would not require.

1. The SC Department of Education Office of Medicaid Services is the contact for Medicaid billing questions:

# <https://ed.sc.gov/districts-schools/medicaid/>

1. The Local Education Agencies (LEA) Services Provider Manual contains the detailed information related to school-based nursing billing:

<https://provider.scdhhs.gov/internet/pdf/manuals/Local%20Education/Manual.pdf>