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# Adams Wells Special Services Cooperative

## SPECIAL HEALTH CARE PLAN POLICY AND PROCEDURES

### **Policy:**

If a health condition impacts a student's education, it may be necessary to develop a special health care plan. A special health care plan is a case conference decision and becomes part of the student's IEP.

If the decision is made to include a special health care plan in the IEP, the teacher will contact the nurse to determine if he/she would like to participate in the case conference to develop the plan.

Just as the IEP is reviewed annually, the special health care plan is reviewed annually as well.

Some health procedures done at school may require special training by the school nurse or other health care professionals. If special training occurs, the training must be documented on the form provided.

Some health procedures may require authorization by a physician. The school nurse will determine which procedures will require doctor authorization.

If the Health Care Plan needs to be followed by staff providing special transportation, it is critical that the special health care form accompany the transportation form when it is sent to the office.

If the Health Care Plan needs to be followed by staff providing special transportation, the school nurse will determine if any specialized training needs to occur prior to the initiation of special transportation.

### **Seizure Disorders:**

Students with seizure disorders will have a Seizure Action Plan attachment. Copies of the Seizure Action Plan attachment will be shared with the Teacher of Record (TOR), Teacher of Service (TOS), principal, school nurse and AWSSC student file. The school nurse and other appropriate medical personnel will be invited to attend students' annual case reviews.

If the Seizure Action Plan needs to be followed by staff providing special transportation, it is critical that the Seizure Action Plan accompany the transportation form.

If the Seizure Action Plan needs to be followed by staff providing special transportation, the school nurse will determine if any specialized training needs to occur prior to the initiation of special transportation.

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1. The Special Health Care Plan and the Seizure Action Plan are located in this section of the handbook. Once the Special Health Care Plan and/or the Seizure Action Plan is completed it should be attached to the IEP, and uploaded into the Documents section of IIEP.
2. The TOR will provide copies of the completed plan(s) to:
  - a. Building principal
  - b. AWSSC student file
  - c. TOS
  - d. Building nurse
  - e. Transportation director, if the plan(s) needs to be carried out by transportation personnel
3. The TOR will coordinate appropriate training with the school nurse or other medical staff for personnel assisting students with special health care needs and document in writing the date, persons who attended, and the type of training.
4. The TOR will provide copies of documented training to:
  - a. Building principal
  - b. AWSSC student file
  - c. TOS
  - d. School nurse

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## SPECIAL HEALTH CARE PLAN

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_

Father: \_\_\_\_\_ Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

Mother: \_\_\_\_\_ Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

School: \_\_\_\_\_

Teacher of Record: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher of Service: \_\_\_\_\_

Physician(s): \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

### MEDICATION

	Name of Medication	Dosage	Schedule
1.			
2.			
3.			
4.			
5.			
6.			

### Treatment(s)

TYPE	TIME/FREQUENCY	SPECIAL INSTRUCTIONS

### PERTINENT MEDICAL HISTORY AND DIAGNOSIS (INCLUDING ALLERGIES, HOSPITALIZATIONS AND SURGERIES)

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Student Name

**COMMUNICATIVE ABILITIES/COMMUNICATION DEVICES**

**VISION/HEARING/MEDICAL EQUIPMENT**

**EMERGENCY EVACUATION PLAN**

**HEALTH ACTION/EMERGENCY HEALTH PLAN**

**ADDITIONAL COMMENTS OR CARE INFORMATION (Include toileting, feeding, nutrition, etc.)**

# Seizure Action Plan

This student is being treated for a seizure disorder. The information below should assist you if a seizure occurs during school hours.

Student's Name	Date of Birth	
Parent/Guardian	Phone	Cell
Other Emergency Contact	Phone	Cell
Treating Physician	Phone	

Significant Medical History

## Seizure Information

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs:

Students's response after a seizure:

## Basic First Aid Care & Comfort

Please describe basic first aid procedures:

Does student need to leave the classroom after a seizure? ☐ Yes ☐ No

If YES, describe process for returning student to classroom:

## Basic Seizure First Aid

- Stay calm & track time
- Keep child safe
- Do not restrain
- Do not put anything in mouth
- Stay with child until fully conscious
- Record seizure in log

### For tonic-clonic seizure:

- Protect head
- Keep airway open/watch breathing
- Turn child on side

## Emergency Response

A "seizure emergency" for this student is defined as:

Seizure Emergency Protocol (Check all that apply and clarify below)

- ☐ Contact school nurse at \_\_\_\_\_
- ☐ Call 911 for transport to \_\_\_\_\_
- ☐ Notify parent or emergency contact
- ☐ Administer emergency medications as indicated below
- ☐ Notify doctor
- ☐ Other \_\_\_\_\_

## A seizure is generally considered an emergency when:

- Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- Student has repeat seizures without regaining consciousness
- Student is injured or has diabetes
- Student has a first-time seizure
- Student has breathing difficulties
- Student has a seizure in water

## Treatment Protocol During School Hours (include daily and emergency medications)

Emerg. Med.	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Does student have a Vagus Nerve Stimulator? ☐ Yes ☐ No If YES, describe magnet use:

## Special Considerations and Precautions (regarding school activities, sports, trips, etc.)

Describe any special considerations or precautions:

Physician Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian/Signature \_\_\_\_\_

Date \_\_\_\_\_



# Adams Wells Special Services Cooperative

## MEDICATION ADMINISTRATION POLICY AND PROCEDURES

### **Policy:**

The Adams Wells Special Education Cooperative will work together with parents, school personnel, and medical professionals to appropriately administer medication to students as needed. Teachers, in consultation with building administration and nursing staff, will follow the local school district's medication policy and requirements.

Training for staff persons authorized to administer medication shall be done by the school nursing staff or other designated medical professional. Written documentation of training shall be kept on file at the school.

Medication administered must have the written and dated consent of the parent along with the original physician's prescription or pharmacy label. Medication must only be administered for the specific period on the consent form and shall not extend beyond the current school year or program year without new authorization.

Medication must be kept in a secure location and given in accordance with the physician's directions.

Upon request, parents may receive a copy of the public agency's policies and procedures on medication administration. If medication is to be terminated prior to the date on the prescription, the written and dated consent or withdrawal of consent of the parent is required.

### **Procedures:**

1. The TOR will have a copy of and be familiar with the local school district's policy on medication administration.
2. The TOR will coordinate with the school nurse and other appropriate medical personnel regarding any student's specific medication(s) and training needed to begin administration.
3. The TOR will provide the school nurse with a copy of the student's special health care plan from the IEP along with the signature page of the IEP signed by the parents.
4. The TOR / school nurse will contact the parents to initiate receipt of the medication at the school office and plan specific training needed for administration.
5. The TOR, in coordination with school administration, will determine which staff member(s) may administer medication. This information will be given to the school nurse to finalize the planning of appropriate training.

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6. The school nurse will conduct appropriate training for staff members regarding the administration of medication.
7. A written documentation form, including the names and signatures of staff members being trained and a description of the training, will be kept in the nurse's office or other secure location as outlined in the district's medication administration policy.
8. The TOS will invite the school nurse to the student's ACR or to other meetings regarding the student's special health care plan or medication administration.



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## STUDENT EMERGENCY PREPAREDNESS PLAN POLICY AND PROCEDURES

### **Policy:**

The Adams Wells Special Services Cooperative will work together with administration and school personnel to assure that Student Emergency Preparedness Plans include provisions for warning and evacuating students whose disabilities require special warning or evacuation procedures. The special warning and evacuation procedures shall:

- a) address individual needs of students,
- b) be reviewed on an annual and as-needed basis, and
- c) be implemented during fire, storm, intruder, and disaster drills.

Training for staff assisting students will be given by the TOR or other appropriate school or agency personnel. Written documentation of training will be kept in the school office or other location designated by the local school district.

### **Procedures:**

1. The TOR, in coordination with the TOS, will complete a student emergency preparedness plan and document this in the IEP. This will be completed for each student who requires special assistance during evacuation or emergency drills including fire, storm, intruder, and disaster.
2. The TOR, in coordination with the TOS, will make sure that each student's plan also meets any requirements of the local district's emergency preparedness plan.
3. The TOR will provide copies of the completed emergency preparedness plans to:
  - a) building principal
  - b) AWSSC student file
  - c) TOS
  - d) AWSSC program coordinator/assistant director
4. The TOR, with assistance from the TOS, will coordinate appropriate training for staff assisting students and document in writing the date, persons who attended, and the type of training.
5. The TOR, in coordination with the TOS, will provide copies of documented training to:
  - a) building principal
  - b) AWSSC student file
  - c) TOS
  - d) school nurse
  - e) AWSSC program coordinator/assistant director

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\_\_\_\_\_ has/have been trained by \_\_\_\_\_  
to care for \_\_\_\_\_ in the following capacity.

List all treatments and medications:

## MEDICATIONS

## PROCEDURES

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School personnel need to have training reviewed annually. All new school personnel working with child should receive initial training:

Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____

Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____

_____ Supervising Nurse	_____ Date
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## ATTACH MEDICAL PLAN, IF APPROPRIATE

CC: AWSSC Program Coordinator  
AWSSC Student file  
School Nurse  
Teacher of Record  
Teacher of Service  
Principal