

MANAGING CHRONIC HEALTH CONDITIONS IN SCHOOLS

MODEL SCHOOL WELLNESS POLICY SUPPLEMENT

Disclaimer:

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Background:

More than one quarter of children and adolescents have a chronic health condition such as asthma, severe allergies, seizure disorders, diabetes, or poor oral health.¹ The Centers for Disease Control and Prevention (CDC) estimates 20% of children in the United States have mental health disorders²; often a comorbidity of a chronic health condition. Evidence demonstrates the important link between health and academic success.³ Therefore, it is essential students receive support in managing their chronic health conditions so they can be present and engaged at school. For students to successfully manage their chronic health conditions, there must be school nurse-led care coordination, defined as “the oversight and alignment of multiple evidence-based components and interventions that support health and well-being of students with chronic health conditions.”⁴ The school nurse is poised to coordinate care using a holistic student-centered approach which requires collaboration among students, school staff, parents/caregivers, community-based providers, and others both inside and outside the school (e.g., psychologists, social workers, other medical professionals, out-of-school time staff). This approach is aligned with the National Association of School Nurses' (NASN) *Framework for 21st Century School Nursing Practice*^{TM5} (the *Framework*) and the *Whole School, Whole Community, Whole Child*⁶ (WSCC) model.

School staff also enter into the school setting with chronic health and mental health conditions. Six in 10 adults in the United States have a chronic health condition⁷ and nearly one in five U.S. adults live with a mental illness.⁸ The school nurse also plays a role in addressing the health and well-being of school staff, parents/caregivers, and the broader school community. Fostering employee good health, such as by expanding the WSCC component Employee Wellness, protects school staff and helps support student outcomes of health and academic success.⁹

Purpose:

Local education agencies (LEA) participating in the National School Lunch Program and/or School Breakfast Program are required to develop a Local School Wellness Policy (LWP). The responsibility for developing, implementing, and evaluating an LWP is placed at the local (district) level to ensure the unique needs of each school under the LEA's jurisdiction can be addressed. The U.S. Department of Agriculture (USDA) USDA Final Rule of 2016 (Final Rule) requires that LWPs include 10 components focused on nutrition and physical activity in schools.

The CDC and the Association for Supervision and Curriculum Development (ASCD) developed the WSCC model in collaboration with key leaders from the fields of health, public health, education, and school health to strengthen a unified and collaborative approach designed to improve learning and health in our nation's schools. The WSCC model is student-centered and emphasizes the role of the community in supporting the school, the connections between health and academic achievement, and the importance of evidence-based school health policies and practices.⁶ While the USDA does not require that all components of the WSCC model be included in the LWP, best practice would indicate that the LWP and the District Wellness Council (DWC) should facilitate coordination of all physical and mental health initiatives across the district.

The Alliance for a Healthier Generation's Model LWP includes language to assist districts in complying with the 10 components required by the Final Rule; as well as additional recommended language to go beyond the Final Rule and incorporate all aspects of the WSCC model.¹⁰

This document provides additional supplemental language that can be included in LWPs to address the management of chronic health conditions in schools. The supplemental language addresses seven components of the WSCC model (health services, social and emotional climate, counseling, psychological and social services, physical environment, employment wellness, family engagement, and community involvement) as they relate to students with chronic health conditions. This language was developed through the alignment of the NASN *Framework* and the WSCC model. Refer to the Alliance for a Healthier Generation's model LWP to see how this recommended supplemental language builds on the general policy language that is committed to the optimal physical and academic development of every student.

For students to succeed academically, they must be supported in managing their chronic health condition at school and school-sponsored events (i.e., school-sponsored extended school year programs and before- and after-school programs that are part of the school system). Including this supplemental language in LWPs will demonstrate that school districts are committed to the development and implementation of necessary school policies and procedures to support students with chronic health conditions. School nurses should be integrally involved in the development and implementation of such policies and procedures and can guide other school staff, as well as students and their parents/caregivers, toward effective management of students' chronic health conditions.

Recommended Policy Language:

I. School Nurse-Led Care Coordination (WSCC Component—Health Services)

The district/system will establish a team-based model for school nurse-led care coordination for students with or at risk for chronic health conditions to include:

- developing a process for ongoing identification of students who are at risk for health concerns, including those with chronic health conditions
- addressing the “whole child” to include behavioral health, family issues, and social supports
- connecting chronic health condition management policies and procedures to other school and community priorities (e.g., chronic absenteeism, community health, and school improvement plans)
- developing a process to obtain and update accurate health information for all students

- identifying a common schoolwide and districtwide aggregate data set for tracking relevant data points (e.g., number of students with chronic health conditions, types of chronic health conditions, number and type of health screenings, number of health office visits, student disposition after a school nurse visit, number of individualized healthcare plans (IHP) developed, percentage of health goals reached, incidence of chronic absenteeism, presence of school health services policies)
- requiring that the school nurse and/or other appropriate staff member be a member of relevant district leadership and educational planning teams (e.g., DWC, School Health Advisory Committee, School Attendance Review Board) to represent overall student health, as well as students with chronic health conditions, in wellness and school improvement planning
- requiring that the school nurse be a member of multidisciplinary educational planning teams (e.g., 504 planning teams, individualized education plan [IEP] planning teams) when creating education plan for students needing accommodations

II. Health Services Aligned With Local, State, and Federal Law (WSSC Component—*Health Services*)

The district/system will develop and implement school health services policies and procedures that adhere to local, state, and federal law to address:

- consistent use of evidence-based school health services
- medication storage and administration
- nursing delegation for nursing care tasks (e.g., medication administration, treatments) in accordance with the profession’s guidance, state nurse practice acts, other applicable federal and state laws, and district policies
- school-level accommodations to allow for full participation at school and all school-sponsored events such as:
 - nonpunitive grading, testing, make-up, and related to attendance issues
 - home-instruction
 - self-carry and self-administration of medications
 - classroom chronic health condition testing and treatments
 - bathroom use
 - nutrition and physical activity
- indoor recess on high pollution days
- treatment and emergency care during:
 - the regular school day and at school-sponsored events
 - transportation to and from school and school-sponsored events
 - lockdowns, evacuations, communicable disease outbreaks, and other disasters
- exchange of student health information, including:
- consent for information sharing across sectors
 - procedures for maintaining the privacy of student health information protected by Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA)
 - documentation guidelines for:
 - ◇ comprehensive nursing assessment
 - ◇ student’s IHP and progress in meeting health and academic goals
 - ◇ student healthcare treatments and medication administration
 - ◇ ongoing supervision of delegated tasks to unlicensed personnel
 - ◇ educational meeting (e.g., 504, IEP) notes
 - ◇ school staff trainings
 - ◇ incident reports and related corrective actions
 - technology resources that facilitate collection, management and sharing of information

- transition planning for students—between schools, beyond school, between a healthcare setting and school
- professional development/training on health topics and evidence-based best practices designed for school staff and school health services team members

III. Access to a School Nurse (WSCC Components—*Health Services, Social & Emotional Climate, Health Education, Family Engagement*)

The district/system will require that students have access to a school nurse all day and every day^{11,12} to ensure equity and access to evidence-based healthcare services. The school nurse has the expertise to provide ongoing care coordination including the following activities:

- an initial and recurring comprehensive nursing assessment (i.e., student subjective and objective data, individual factors, social needs, Adverse Childhood Experiences, healthcare provider orders, school environment considerations, community social determinants of health)
- synthesis of the assessment data to identify the health focus and related measurable student-centered goals and outcomes
- referrals to connect with community providers and resources as needed (e.g., community healthcare providers, social services, medical home, healthcare insurance) for schools and parents/guardians to help reach student health and academic goals and outcomes
- translation of healthcare provider orders for implementation in the school
- development of a student-centered IHP and emergency care plan (ECP) to meet the identified goals and outcomes
- oversight for the implementation of student IHPs and incorporation of health information into other education plans (e.g., 504 plan, IEP accommodation plan), as appropriate
- translation of health information needed by school personnel to support management and emergency mitigation for the student's chronic health conditions to include:
 - health education/training about chronic health conditions in general and/or student-specific information for school staff with parent/caregiver permission
 - education to focus on meeting IHP goals and evolving student self-management of the chronic health condition
- delegation (by the school nurse) of health tasks outlined in the student IHPs that are deemed appropriate by the nurse or other licensed/trained school healthcare provider and are allowed by state law
- provision of age-appropriate health education to the parent/caregiver, student, and school personnel to support reaching IHP goals and improving self-management
- population-focused care including but not limited to health promotion, health screening and surveillance, health education, and disease prevention
- ongoing evaluation of student-centered health and related academic outcomes

IV. School, Family, Community Engagement (WSCC Components—*Community Involvement, Family Engagement*)

The district/system will establish a school-level process of consistent engagement and communication that includes:

- making students and parents/caregivers central to the process.
- connecting students, school staff (e.g., teachers, out-of-school time staff, psychologists, counselors, social workers), parents/caregivers, community-based healthcare providers (e.g., student's medical home, local public health department), and others who interact directly with the student to coordinate chronic health condition management activities from health promotion through treatment.
- using the position and expertise of the school nurse as a bridge between health and education stakeholders to harmonize care activities across the continuum of the student's home, school and community

- securing the link between the school nurse and local and/or state health departments to maximize resource utilization and eliminate duplication of services

V. Positive School Environment (WSCC Components—*Physical Environment, Social & Emotional Climate*)

The district/system will develop, implement, and maintain a positive and safe school environment to include:

- supporting the physical health of all students and school staff by providing a safe physical environment that protects the health and safety of students and school staff
- supporting the emotional health of all students and school staff

VI. Adequate Resource Allocation (WSCC emphasis on health equity)

The district/system will ensure the availability of adequate resources (e.g., school/district budget, Medicaid billing, collaboration with local children’s hospitals, community nonprofit organizations, local businesses, local healthcare organizations) and technology (e.g., electronic student health records, telehealth) to:

- implement care coordination at school and school-sponsored events;
- provide professional development; and
- provide training for continuous quality improvement (CQI).

VII. Continuous Quality Improvement (WSCC emphasis on alignment, integration, and collaboration)

The district/system will develop, implement, and maintain a process for CQI to include:

- identifying an assessment tool to be used by the schools to annually assess progress toward improving student and school staff chronic health condition management, such as:
 - *CDC’s School Health Index*¹³
 - *Healthier Generation’s Healthy Schools Assessment*¹⁴
 - *WellSAT WSCC*¹⁵
- collecting, analyzing, and reporting district- and school-level assessment results to the DWC, highlighting school health policy and practice gaps and areas for improvement
- incorporating other data currently collected by the district using surveys, observation, and key informant interviews to augment the school site evaluation (e.g., reports on attendance, health office visits, disciplinary measures, physical education fitness test results, food service data)
- generating an annual progress report/action plan that aligns with the School Improvement Plan
- creating an annual plan, with consultation from the DWC, that fosters implementation of the components of the WSCC model to fully implement the LWP and accompanying supplemental policy language that addresses management of chronic health conditions
- conducting an audit every three years of the implementation and evaluation of the LWP, including the supplemental managing chronic health conditions language, focusing on implementation, effectiveness, and impact on progress made in attaining the goals of the policy
- reporting to the board at least every three years the results of the CQI process and posting the triennial progress report on the district website

Implementation Tips:

- Develop and maintain a districtwide plan for implementation of this supplemental language to the LWP.
- Ensure that a school nurse sits on the DWC.
- Connect school health services, particularly chronic health condition management policies and procedures, to other school and community priorities (e.g., chronic absenteeism, community health, communicable disease and infection control, school improvement plans).
- Routinely collect, analyze, and report district- and school-level data for the outcomes of school nurse-led care coordination programming for students with chronic health conditions to strengthen school health policies and practices using the *CDC’s School Health Index*,¹³ *Healthier Generation’s Healthy Schools Assessment*,¹⁴ and/or *WellSAT WSCC*.¹⁵

Glossary:

Care Coordination (for the school community)—School nurse-led oversight and alignment of multiple evidence-based components and interventions that support the health and well-being of students with chronic health conditions.⁴

Continuous Quality Improvement (CQI)—The circular Plan-Do-Check/Study-Act or Deming cycle used to illustrate the continuous process. It is the nursing process in action (assessment, identification of the issue, developing a plan, implementing and evaluating if the goals/outcomes are achieved).⁹

District Wellness Council (DWC)—A DWC is sometimes referred to as the School Health Advisory Council (SHAC). It comprises district, school, and community members who meet at least four times per year to establish district goals and to oversee school health and safety policies and programs. These programs include development, implementation, evaluation, and updates of the LWP.

Emergency Care Plan (ECP)—An ECP is a nursing care plan specific to a student that flows from the IHP. It is based on healthcare provider orders and a thorough nursing assessment and is written by the school nurse to train school staff on averting or providing response to a medical emergency.¹⁶

Evidence-Based—Evidence-based interventions that have been rigorously studied and have been shown to improve student outcomes.

Family Educational Rights and Privacy Act (FERPA)—A federal law that applies to all schools that receive federal funding, FERPA protects the privacy of student's educational records that are maintained by the educational agency. This includes student records maintained by the school nurse.^{17,18,19}

504 Accommodation Plan (504 Plan)—Mandated from Section 504 of the federal civil rights law, the Rehabilitation Act of 1973 outlines accommodations to ensure every student is entitled to a free and appropriate public education (FAPE). The plan supports students in the general education classroom who have disabilities that substantially limit one or more major life activities. An impairment can be a health-related condition, such as diabetes or epilepsy, which requires a school nurse to be part of the 504 planning process.²⁰

Health Insurance Portability and Accountability Act (HIPAA)—National standards for electronic healthcare transactions and code sets with unique health identifiers and security. HIPAA provides protection for individually identifiable personal health information for covered entities (i.e., health plans, healthcare clearinghouses, healthcare providers) who transmit health information in an electronic form.^{18,19,21}

Individualized Education Programs (IEP)—An IEP is mandated by the federal Individuals with Disabilities Education Improvement Act (IDEA) and outlines provisions to address students who have disabilities that impact their ability to learn. When there is a health component to the disability, school nurses need to be part of the IEP team process to develop accommodations and goals relative to nursing services.²⁰

Individualized Healthcare Plan (IHP)—An IHP is a nursing care plan specific to a student, based on a thorough nursing assessment and diagnosis, and includes a plan to meet health outcomes and student/ family goals. It is written by the school nurse and is a professional tool used by the school nurse. An IHP may include healthcare provider orders; address how the school health service will be implemented for the student at school and school-sponsored events; include details about who, what, when, where, and how care is to be performed to meet the identified goals; and can be used to support the health components of other student education plans (e.g., 504 plans).¹⁶

Local Education Agency (LEA)—An LEA is the local/district agency that is responsible for education within their jurisdiction and/or school district.

Local School Wellness Policy (LWP)—An LWP is a written document of official policies that guide an LEA, or school district's efforts, to establish a school environment that promotes students' health, well-being, and ability to learn by supporting healthy eating and physical activity.

Medical Home—Also known as Patient or Family Centered Medical Home, this approach provides comprehensive primary care that facilitates partnerships between patients, clinicians, medical staff, and parents/caregivers. This is a medical practice organized to produce higher quality care and improved cost efficiency. It provides most of the care within the practice, referring to other providers on the healthcare team, both within and outside the practice, as appropriate.²²

National School Lunch Program (NSLP)—The NSLP is a federally assisted meal program operating in public and nonprofit private schools as well as residential childcare institutions. It provides nutritionally balanced, low-cost/free lunches to children each school day.

Nursing Delegation—A school nurse skill that requires the registered professional school nurse to assign performance of a specific nursing task, in a specific situation, for a particular student to an unlicensed professional (also known as an unlicensed assistive personnel, or UAP) identified by the nurse. This requires ongoing supervision and evaluation of the UAP and the student's health outcomes. The task must not require nursing assessment or judgment.²³

School Breakfast Program (SBP)—The SBP is a federally funded meal program that provides free- and reduced-priced breakfast meals to low-income students across the country. School breakfast can be offered in the cafeteria, though many schools offer breakfast in the classroom or through grab-and-go carts to increase participation in the meal programs and to reduce the stigma of receiving school breakfast.

School Improvement Plan (SIP)—A SIP is a strategic plan for ensuring the greatest number of children in a school achieve academic proficiency. A process of identifying deficiencies in order to implement strategies aimed at boosting academic achievement. An SIP provides the opportunity to ensure that academic environment supports the whole child. Though not required by the Every Student Succeeds Act, SIPs are still a component of school improvement in most states. Some states require SIPs for all schools; not only those failing to meeting benchmarks on their state accountability system. LEAs may also develop district improvement plans.

School Nurse—A registered professional nurse engaged in the specialty practice of school nursing. Grounded in ethical and evidence-based practice, they are leaders who bridge healthcare and education, provide care coordination, advocate for quality student-centered care, and collaborate to design systems that allow individual and communities to develop to their full potential. The role of the school nurse may include clinician, advocate, counselor, educator, liaison, care coordinator, collaborator, interprofessional team member, student services case manager, researcher, administrator, and leader. School nurses provide individual and population-based care as generalists or specialists. It is the position of the NASN that a school nurse be present in every school all day and every day.^{9,11}

School Nursing—A specialized practice of nursing that protects and promotes student health, facilitates optimal development, and advances academic success. School nurses, grounded in ethical and evidence-based practice, are the leaders who bridge healthcare and education, provide care coordination, advocate for quality student-centered care, and collaborate to design systems that allow individuals and communities to develop their full potential.^{9,11}

Team-Based Model—School/community professionals from various specialties within (and outside) of healthcare. They are identified based on student and family health and academic needs, with overlapping knowledge, skills, and abilities to address these needs.^{4,5}

Whole School, Whole Community, Whole Child (WSCC) Model—The WSCC model addresses health in schools. The WSCC model is student-centered and emphasizes the role of the community in supporting the school, connections between health and academic achievement, and the importance of evidence-based school policies and practices.⁶

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