

IEP, IHP, and Section 504 Primer for New School Nurses

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Three types of documents and their frequently used acronyms play a vital role in ensuring that students with disabilities have the planning, services, and accommodations necessary to facilitate attendance and success in the school setting. Federal and state laws, as well as state nurse practice acts, govern the process and eligibility of students for these services. School nurses play a vital role in these processes, and new school nurses benefit from a comparison of the terms along with a historical explanation of the acronyms.

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New school nurses regularly need assistance in differentiating between an IEP (Individualized Education Plan), an IHP (Individualized Healthcare Plan), and a 504 plan. One can become easily confused when surrounded by seasoned school professionals freely utilizing education acronyms and terms. Common questions include, “Which students need an IHP, and which students qualify for an IEP?” “How is an IEP different from a Section 504 plan?” “Do all students with an IHP need a 504 plan?” Indeed, numerous federal laws, books, chapters, websites, seminars, lectures, position statements, and personal communications have been devoted to these topics. The purpose of this article is to provide basic,

foundational information and resources of specific help to school nurses.

Individualized Healthcare Plan (IHP)

Registered professional nurses spend many hours in their undergraduate programs learning how to develop nursing care plans. In the education setting, the nursing care plan is referred to as an IHP. NASN has provided a position statement to assist in determining which students need an IHP in the school setting: “students whose healthcare needs affect or have the potential to affect safe and optimal school attendance and academic performance” (NASN, 2013a). *School Nursing: Scope and Standards of Practice* sets the standards for the components of an IHP: ADOPIE—Assessment, nursing Diagnosis, Outcome identification, Planning, Implementation, and Evaluation (ANA & NASN, 2011).

The NASN position statement on IHPs further explains that the development of an IHP is a nursing responsibility (based on state nurse practice acts) and cannot be delegated to unlicensed individuals, that it is to be updated a minimum of once per year, and that it assists in the development of the Emergency Care Plan or Emergency Action Plan as indicated for certain health conditions (NASN, 2013a). An IHP is a document intended for use by the school nurse and is written in nursing language. Bottom line,

the IHP is a legal document showing proof that the school nurse provided a minimum standard of care for a student with a health condition. All readers are encouraged to review NASN’s position statement and its thorough explanation discussing how the IHP provides a framework for meeting clinical and administrative needs (see References).

When beginning our practice as a school nurse, it is helpful to first determine which students have a previously existing IHP. In collaboration with parents, update the existing IHPs or discontinue when no longer indicated. Next, review the health needs of students new to the school. The prevalence of children with chronic conditions has increased significantly the past few years to 26.5% (Van Cleave, Gortmaker, & Perrin, 2010). Thus, this step might seem overwhelming. Begin with students who have the most serious conditions (e.g., history of anaphylaxis, type 1 diabetes, asthma, seizure disorder, etc.) and remember that not every student with a chronic health condition necessitates an IHP (refer to the guidance provided earlier.)

Individualized Education Plan (IEP)

An IEP, just like its name implies, is a unique education plan specifically designed to meet the needs of an individual student with a disability, similar to how an IHP is designed to meet the

health needs of an individual student with a health condition. The more lengthy explanation revolves around which students have an IEP. The United States began enacting laws supporting special education for students with disabilities in the 1960s. Gibbons, Lehr, and Selekman (2013) provided a historical chart stating the year, name, purpose, and significance of over 20 separate laws in their chapter entitled, “Federal Laws Protecting Children and Youth with Disabilities in the Schools” (pp. 259-263). Based on the legislation, the new school nurse is also likely to hear other related phrases and acronyms, such as all children with disabilities receive a *free and appropriate public education* (FAPE) and that the education be provided in the *least restrictive environment* (LRE).

The legislation for students with disabilities needing special education is often referred to as IDEA after the 1990 legislation, in which the title was changed from “Education for All Handicapped Children” to “Individuals with Disabilities Education Act.” It is also important to know that not every child with a disability is eligible for an IEP under IDEA. The legislation limits coverage to 13 kinds of disabilities:

- autism,
- deaf-blindness,
- deafness,
- emotional disturbance,
- hearing impairment,
- intellectual disability,
- multiple disabilities,
- orthopedic impairment,
- other health impairment,
- specific learning disability,
- speech or language impairment,
- traumatic brain injury, and
- visual impairment, including blindness (National Center for Learning Disabilities, n.d.).

Further, having one of the above disabilities does not guarantee that a student will receive an IEP. The student must, as a result of one or more of the above disabilities, need special education (or special services) in order to make progress in school.

How does a new school nurse become more knowledgeable about this process upon being hired? If not already provided, request a list of students currently serviced with an IEP. The listing should also indicate each student’s disability(s) per the list above. IDEA mandates that the student’s IEP be updated annually. The school nurse is an important team member participating in the ongoing evaluation of students eligible for services, serving as the link between the medical and educational communities (NASN, 2013c).

Another requirement in the IDEA process is for schools to find new students with disabilities impacting their progress in school (referred to as “child find”). NASN’s position statement, “Section 504 and Individuals with Disabilities Education Improvement Act—The Role of the School Nurse,” provides a listing of multiple roles of the school nurse in this process (NASN, 2013c). Though a health room can be a very busy place, new school nurses are encouraged to participate as a team member in both child find and annual IEP meetings, even if just for a portion of the meeting, to advocate for the health needs of the student. For some students, the school nurse will be listed as a direct service and/or a related service on the IEP, and the nurse is responsible for supplying the needed information describing the types of services provided and how often they are provided (e.g., daily for 20 minutes). When an IHP is available, it might be attached to the IEP to provide the needed rationale for the health services. A further consideration is documentation required for Medicaid reimbursement. If the IEP indicates that the child needs nursing services per the Individualized Healthcare Plan and this child is also covered under Medicaid, these direct care services may be reimbursable under the state’s Medicaid plan (NASN, 2013b).

Section 504 Plan

The remaining acronym to discuss is the *504 plan*. Likely, this is the most difficult of all the acronyms to fully understand, as the disabilities covered by

the legislation are broad and some of the language is vague, as evidenced by the dedicated space and numerous questions and answers provided on the U.S. Department of Education, Office for Civil Rights (2012, 2013) website. Simply stated, Section 504 covers all persons with a disability from discrimination in educational settings based solely on their disability and defines a person with a disability as:

- having a physical or mental impairment which limits one or more major life activity;
- having a record of such an impairment; or
- regarded as having an impairment (National Center for Learning Disabilities, n.d.).

It may be helpful to think of Section 504 legislation as a large umbrella that provides protection to individuals with disabilities. If a student has 1 of the 13 defined disabilities under IDEA and is found to need an IEP, he or she is covered under this *same* umbrella, but his or her *plan* in the education setting is the IEP and accompanying IHP when indicated. If, however, the student has a disability other than 1 of the 13 IDEA defined disabilities or does not need special services to make progress in school, the student with a disability *may be eligible* for a Section 504 plan. The description/listing of *major life activities* was expanded with the Americans with Disabilities Amendment Act of 2008 and includes the following: seeing, hearing, speaking, walking, breathing, performing manual tasks, learning, caring for oneself, working, reading, concentrating, thinking, sleeping, eating, and various major bodily functions including operation of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions (U.S. Department of Education, 2012). The act further emphasized that this is not an exhaustive list.

The National Center for Learning Disabilities (n.d.) provides Section 504 and IDEA comparison charts at the

Table 1. NASN Articles About Section 504 Implementation in Schools

Zirkel, P. A., Grantham, M. R., & Lovato, L. (2012). Section 504 and student health problems: The pivotal position of the school nurse. *Journal of School Nursing, 28*(6), 423-432.

Sampson, C. H., & Galemore, C. A. (2012). What every school nurse needs to know about Section 504 eligibility. *NASN School Nurse, 27*(2), 88-93.

following link: <http://www.nclد.org/disability-advocacy/learn-ld-laws/adaaa-section-504/section-504-idea-comparison-chart>. The purpose of developing a 504 plan for a student with a disability is to provide the accommodations necessary for the student to attend, participate in, and be successful at school. A Section 504 plan speaks to the accommodations needed by the student. It is helpful to think of accommodations as actions to “level the playing field” for the student. For example, **assignment modifications** that might be appropriate for a student with a chronic health condition causing fatigue such as cancer treatment or concussion recovery include allowing a student to:

- “complete fewer or different homework problems than peers,
- write shorter papers,
- answer fewer or different test questions, and/or
- create alternate projects or assignments” (Strom, n.d.).

For the child with a life threatening allergy, a 504 plan may include modifications so that he or she can participate safely on a field trip. The *Journal of School Nursing* and the *NASN School Nurse* recently published articles that assist nurses in understanding the laws and the implementation of Section 504 regulations in schools (see Table 1). These two articles as well as the references cited for this article are recommended reading for all school nurses.

The three types of planning documents described herein are intended to ensure that the student has the planning,

services, and accommodations necessary to facilitate his or her attendance, safety, health care needs, educational achievement, and participation in the entire educational process. For the child with disabilities, chronic illnesses, and behavioral health issues, the school nurse plays an integral role. She or he is often the first person to identify the need for an IHP and assumes responsibility for its development, collaborating with parents and providers. In the case of an IEP, the nurse needs to be *very* proactive, making every effort to learn and interpret her role to the special education staff. It is important to emphasize that meetings on IEPs should be scheduled and dates shared well in advance. The nurse needs to be involved and ideally present when *any child with health needs* is being discussed and an IEP developed. In the case of a 504 plan, the nurse should identify the district’s 504 coordinator and establish a working relationship with this staff member (who, in some districts, is the school nursing leader). Often, it is the school nurse who is the “child find” expert, recognizing that a given child needs accommodations for educational achievement or to ensure participation in all aspects of student activities. ■

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