A. Regulations

As used in this chapter unless the context requires otherwise:

1) **Children with disabilities** means those school-age children who are entitled to a free appropriate public education as specified by ORS 339.115 and who require special education because they have been evaluated and found eligible as a child with a disability as defined in Oregon Administrative Rules (OAR) 581-015-2130 through 581-015-2180: intellectual disability; hearing impairments, including difficulty in hearing and deafness; speech or language impairment; visual impairment, including blindness and deaf-blindness; emotional disturbance; orthopedic impairment; other health impairment; autism spectrum disorder; traumatic brain injury; or specific learning disabilities.

2) **Decision** means the decision of the hearing officer.

3) **Determination** means the determination by the school district concerning the identification, evaluation or educational placement of a child with disabilities or the provision of a free appropriate public education to the child in a program paid for by the district.

4) **Developmental delay** means:
   a) A disability in accordance with criteria established by rules of the State Board of Education, that can be expected to continue indefinitely and is likely to cause a substantial delay in a child’s development and ability to function in society.
   b) Delay at a level of functioning and in accordance with criteria established in OAR 581-015-2780 (Early Intervention/EI, Birth to age 3) or OAR 581-015-2795 (Early Childhood Special Education/ECSE, ages 3 to 5), in one or more of the following developmental areas: cognitive; physical, including vision and hearing; communication; social or emotional; or adaptive development.

5) **Early childhood special education** (ECSE) means free, appropriate, specially designed instruction to meet the unique needs of a preschool child with a disability – three years of age until the age of eligibility for kindergarten, where instruction is provided in any of the following settings: home, hospitals, institutions, special schools, classrooms, community child care or preschool settings, or a combination of these settings.
6) **Early Intervention services (EI)** means services for preschool children with disabilities from birth until three years of age that are:
   a) Designed to meet the developmental needs of children with disabilities and the needs of the family related to enhancing the child’s development,
   b) Selected in collaboration with the parents; and
   c) Provided:
      i. Under public supervision;
      ii. By personnel qualified in accordance with criteria established by rules of the State Board of Education; and
      iii. In conformity with an individualized family service plan (IFSP).

7) **Individualized education program (IEP)** means a written statement of an educational program for a child with a disability that is developed, reviewed and revised in a meeting in accordance with criteria established by rules of the State Board of Education for each child eligible for special education and related services under this chapter. This process generates an Individualized Education Program, or IEP.

8) **Individualized family service plan (IFSP)** means a written plan of early childhood special education, related services, early intervention services and other services developed in accordance with criteria established by rules of the State Board of Education for each child eligible for services under this chapter.

9) **Instruction** means providing families with information and skills that support the achievement of the goals and outcomes in the child’s individualized family service plan and working with preschool children with disabilities in one or more of the following developmental areas: communication; social or emotional; physical, including vision and hearing; adaptive; or cognitive.

10) **Mediation** means a voluntary process in which an impartial mediator assists and facilitates two or more parties to a controversy in reaching a mutually acceptable resolution of the controversy and includes all contacts between a mediator and any party or agent of a party, until such time as a resolution is agreed to by the parties or the mediation process is terminated.

11) **Order** has the meaning given that term in ORS 183-310 to 183.550.

12) **Other services** means those services that may be provided to preschool children with disabilities and to their families that are not early childhood special education or early intervention services and are not paid for with early childhood special education or early interventions funds.

13) **Parent** means one or more of the following persons: a biological or adoptive parent of the child; a foster parent of the child; a legal guardian, other than a state agency; an individual acting in the place of a biological or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives, or an individual who is legally responsible for the child’s welfare; or a surrogate parent. **OAR 581-015-2000(21)**
14) **Preschool children with disabilities** means all children from:
   a) Birth until three years of age who are eligible for early intervention services because they are experiencing developmental delay or have diagnosed mental or physical conditions that will result in developmental delay; or
   b) Three years of age to eligibility for entry into kindergarten who need early childhood special education services because they are experiencing developmental delay or because they have been evaluated as having one of the conditions listed for school-age children under subsection (1) of this section.

15) **Related services** means transportation and such developmental, corrective and other supportive services as are required to assist a child with disabilities to benefit from special education and includes speech-language and audiology services; psychological services; physical and occupation therapy; recreation, including therapeutic recreation; early identification and assessment of disabilities in children; counseling services, including rehabilitation counseling; orientation and mobility services; and medical services for diagnostic or evaluation purposes. **Related services** also include school health services, social work services in schools and parent counseling and training.

16) **School district** means a public education agency (school district, ESD, or state agency) that is responsible by statute, rule or contract for providing education to children with disabilities and includes the Department of Education for the purpose of carrying out the procedures required by ORS 343.165 to 343.175.

17) **Service coordination** means the activities carried out by a service coordinator to assist and enable a preschool child with disabilities and the child’s family to receive the rights, procedural safeguards and services that are authorized under the state’s early intervention and early childhood special education programs and to coordinate access to other services designated on the individualized family service plan.

18) (a) **Special education** means specially designed instruction that is provided at no cost to parents to meet the unique needs of a child with a disability, including instruction conducted in the classroom, in the home, in hospitals and institutions, in a special school or another settings and adaptive physical education.
   (b) **Special education** may also include speech language services, transition services or other related services designated by rule if it consists of specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability.
OAR 851-047-0030 Delegation of Special Tasks of Client Nursing Care

(1) The Registered Nurse may delegate tasks of nursing care, including the administration of subcutaneous injectable medications.
   (a) Under no circumstance may the Registered Nurse delegate the nursing process in its entirety to an unlicensed person.
   (b) The responsibility, accountability and authority for teaching and delegation of tasks of nursing care to unlicensed persons shall remain with the Registered Nurse.
   (c) The Registered Nurse may delegate a task of nursing care only to the number of unlicensed persons who will remain competent in performing the task and can be safely supervised by the Registered Nurse.
   (d) The decision whether or not to delegate a task of nursing care, to transfer delegation and/or to rescind delegation is the sole responsibility of the Registered Nurse based on professional judgment.
   (e) The Registered Nurse has the right to refuse to delegate tasks of nursing care to unlicensed person if the Registered Nurse believes it would be unsafe to delegate or is unable to provide adequate supervision.

(2) The Registered Nurse may delegate a task of nursing care to unlicensed persons, specific to one client, under the following conditions:
   (a) The client's condition is stable and predictable.
   (b) The client's situation or living environment is such that delegation of a task of nursing care could be safely done.
   (c) The selected caregiver(s) have been taught the task of nursing care and are capable of and willing to safely perform the task of nursing care.

(3) The Registered Nurse shall use the following process to delegate a task of nursing care:
   (a) Perform a nursing assessment of the client's condition;
   (b) Determine that the client's condition is stable and predictable prior to deciding to delegate;
   (c) Consider the nature of the task, its complexity, the risks involved and the skills necessary to safely perform the task;
   (d) Determine whether or not an unlicensed person can perform the task safely without the direct supervision of a Registered Nurse;
   (e) Determine how often the client's condition needs to be reassessed to determine the appropriateness of continued delegation of the task to the unlicensed persons; and
   (f) Evaluate the skills, ability and willingness of the unlicensed persons.
(g) Provide initial direction by teaching the task of nursing care, including:
(A) The proper procedure/technique;
(B) Why the task of nursing care is necessary;
(C) The risks associated with;
(D) Anticipated side effects;
(E) The appropriate response to untoward or side effects;
(F) Observation of the client's response; and
(G) Documentation of the task of nursing care.

(h) Observe the unlicensed persons performing the task to ensure that they perform the task safely and accurately.

(i) Leave procedural guidance for performance of the task for the unlicensed persons to use as a reference. These written instructions shall be appropriate to the level of care, based on the previous training of the unlicensed persons and shall include:
(A) A specific outline of how the task of nursing care is to be performed, step by step;
(B) Signs and symptoms to be observed; and
(C) Guidelines for what to do if signs and symptoms occur.

(j) Instruct the unlicensed persons that the task being taught and delegated is specific to this client only and is not transferable to other clients or taught to other care providers.

(k) Document the following:
(A) The nursing assessment and condition of the client;
(B) Rationale for deciding that this task of nursing care can be safely delegated to unlicensed persons;
(C) The skills, ability and willingness of the unlicensed persons;
(D) That the task of nursing care was taught to the unlicensed persons and that they are competent to safely perform the task of nursing care;
(E) The written instructions left for the unlicensed persons, including risks, side effects, the appropriate response and that the unlicensed persons are knowledgeable of the risk factors/side effects and know to whom they are to report the same;
(F) Evidence that the unlicensed person(s) were instructed that the task is client specific and not transferable to other clients or providers;
(G) How frequently the client should be reassessed by the registered nurse regarding continued delegation of the task to the unlicensed persons, including rationale for the frequency based on the client's needs;
(H) How frequently the unlicensed persons should be supervised and reevaluated, including rationale for the frequency based on the competency of the caregiver(s); and
(I) That the Registered Nurse takes responsibility for delegating the task to the unlicensed persons, and ensures that supervision will occur for as long as the Registered Nurse is supervising the performance of the delegated task.
(4) The Registered Nurse shall provide periodic inspection, supervision and re-
evaluation of a delegated task of nursing care by using the following process 
and under the following conditions:
(a) Assess the condition of the client and determine that it remains stable and 
predictable; and
(b) Observe the competence of the caregiver(s) and determine that they 
remain capable and willing to safely perform the delegated task of nursing 
care.
(c) Assessment and observation may be on-site or by use of technology that 
enables the Registered Nurse to visualize both the client and the 
caregiver.
(d) Evaluate whether or not to continue delegation of the task of nursing care 
based on the Registered Nurse's assessment of the caregiver and the 
condition of the client within at least 60 days from the initial date of 
delegation.
(e) The Registered Nurse may elect to re-evaluate at a more frequent interval 
until satisfied with the skill of the caregiver and condition of the client.
(f) The subsequent intervals for assessing the client and observing the 
competence of the caregiver(s) shall be based on the following factors: 
(A) The task of nursing care being performed;
(B) Whether the Registered Nurse has taught the same task to the 
caregiver for a previous client;
(C) The length of time the Registered Nurse has worked with each 
caregiver;
(D) The stability of the client's condition and assessment for potential to 
change;
(E) The skill of the caregiver(s) and their individual demonstration of 
competence in performing the task;
(F) The Registered Nurse's experience regarding the ability of the 
caregiver(s) to recognize and report change in client condition; and
(G) The presence of other health care professionals who can provide 
support and backup to the delegated caregiver(s).
(g) The less likely the client's condition will change and/or the greater the skill 
of the caregiver(s), the greater the interval between 
assessment/supervisory visits may be. In any case, the interval between 
assessment/supervisory visits may be no greater than every 180 days.
(5) It is expected that the Registered Nurse who delegates tasks of nursing care to unlicensed persons will also supervise the unlicensed person(s). However, supervision may also be provided by another Registered Nurse who was not the delegator provided the supervising nurse is familiar with the client, the skills of the unlicensed person and the plan of care. The acts of delegation and supervision are of equal importance for ensuring the safety of nursing care for clients. If the delegating and supervising nurses are two different individuals, the following shall occur:
(a) The reasons for separation of delegation and supervision shall be justified from the standpoint of delivering effective client care;
(b) The justification shall be documented in writing;
(c) The supervising nurse agrees, in writing, to perform the supervision; and
(d) The supervising nurse is either present during teaching and delegation or is fully informed of the instruction, approves of the plan for teaching and agrees that the unlicensed person who is taught the task of nursing care is competent to perform the task.

(6) The Registered Nurse may transfer delegation and supervision to another Registered Nurse by using the following process. Transfer of delegation and supervision to another Registered Nurse, if it can be done safely, is preferable to rescinding delegation to ensure that the client continues to receive care:
(a) Review the client's condition, teaching plan, competence of the unlicensed person, the written instructions and the plan for supervision;
(b) Redo any parts of the delegation process which needs to be changed as a result of the transfer;
(c) Document the transfer and acceptance of the delegation/supervision responsibility, the reason for the transfer and the effective date of the transfer, signed by both Registered Nurses; and
(d) Communicate the transfer to the persons who need to know of the transfer.

(7) The Registered Nurse has the authority to rescind delegation. The decision to rescind delegation is the responsibility of the Registered Nurse who originally delegated the task of nursing care. The following are examples of, but not limited to, situations where rescinding delegation is appropriate:
(a) The unlicensed person demonstrates an inability to perform the task of nursing care safely;
(b) The condition of the client has changed to a level where delegation to an unlicensed person is no longer safe;
(c) The Registered Nurse determines that delegation and periodic supervision of the task and the unlicensed person is no longer necessary due to a change in client condition or because the task has been discontinued;
(d) The Registered Nurse is no longer able to provide periodic supervision of the unlicensed person, in which case the registered nurse has the responsibility to pursue obtaining supervision with the appropriate person or agency;
(e) The skill of the unlicensed person, the longevity of the relationship and the client's condition in combination make delegation no longer necessary.
(8) The Registered Nurse may delegate the administration of medications by the intravenous route to unlicensed person(s), specific to one client, provided the following conditions are met:
(a) The delegation is done by a Registered Nurse who is an employee of a licensed home health, home infusion or hospice provider.
(b) The tasks related to administration of medications which may be delegated are limited to flushing the line with routine, pre-measured flushing solutions, adding medications, and changing bags of fluid. Bags of fluid and doses of medications must be pre-measured and must be reviewed by a licensed health care professional whose scope of practice includes these functions.
(c) A Registered Nurse is designated and available on call for consultation, available for on-site intervention 24 hours each day and regularly monitors the intravenous site.
(d) The agency has clear written policies regarding the circumstances for and supervision of the delegated tasks.
(e) Delegation does not include initiating or discontinuing the intravenous line.

(9) A Registered Nurse who is an employee of a licensed home health, home infusion or hospice provider may delegate the administration of a bolus of medication by using a preprogrammed delivery device. This applies to any route of intravenous administration.

(10) The Registered Nurse may not delegate medications by the intravenous route other than described in subsections (8) and (9) of this rule.

(11) The Registered Nurse may not delegate the administration of medications by the intramuscular route, except as provided in ORS 433.800 - 433.830, Programs to Treat Allergens and Hypoglycemia.

(12) The Registered Nurse has the right to refuse to delegate administration of medications by the intravenous route if the Registered Nurse believes it would be unsafe to delegate or is unable to provide the level and frequency of supervision required by these rules.

OAR 581-022-1420 Emergency Plans and Safety Programs
The school district shall maintain a comprehensive safety program for all employees and students which shall:
(1) Include plans for responding to emergency situations.
(2) Specify general safety and accident prevention procedures with specific instruction for each type of classroom and laboratory.
(3) Provide instruction in basic emergency procedures for each laboratory, shop and studio, including identification of common physical, chemical, and electrical hazards.
B. Overview

An increasing number of students with special health needs are entering schools throughout the state. The Federal Bureau of Maternal and Child Health definition of children with special health needs is:

Children who have, or are at increased risk for, a chronic physical development, behavioral or emotional condition, and who require health and related services of a type or amount beyond that required by children generally.

The continuum of care for children in the school setting ranges from assistance with activities of daily living (i.e. positioning, toileting) to assistance with specialized health care procedures (i.e. seizure monitoring, clean intermittent catheterization) to technology-dependent care (i.e. tracheostomy care, ventilator support). For those students with the most significant health care needs, a variety of terms have been used, such as “special” or “complex needs”, “technology dependent” and/or “medically fragile”.

C. Background/Rationale

Federal and state mandates require that schools identify, evaluate and provide appropriate health services to students with chronic or special health needs which are necessary for the student to access their education in the least restrictive environment. Historically, students requiring such specialized health
care were in special education classrooms; however, many of these students are now being educated in the general population. Currently, specialized health care is required to allow these students with chronic and special health needs to be afforded a free and appropriate public education.

In recent years, the provision of school nurse services to school districts has changed. School staff is increasingly required to assume responsibility for the student's health care per the Oregon Administrative Rules listed at the beginning of this section. The defining factor is often the level of need for ongoing nursing assessment and health management due to the unstable and potentially life-threatening nature of the student’s health status. Implementation of a comprehensive school health management plan is recommended to assure a safe environment for the student. If the school district does not have access to a registered nurse working in the school setting, school personnel will need to access appropriate resources, such as the Education Service District, in order to obtain the necessary health professional services.

Collaboration among school personnel, the student, the student’s family, the physician and the school nurse is essential. Communication between parents and the school regarding significant health needs is imperative to aid in the identification of those students with special health care needs and to assure a safe and responsive school environment.

D. Guidance
Roles and Responsibilities

*Comprehensive School Health Education*
Health educators will teach a planned sequential K-12 curriculum that addresses the physical, mental, emotional and social dimensions of children with special health needs. They shall promote compassion and acceptance in the school setting.

*School Health Services*
To maximize health and educational outcomes of children and youth with special health needs, the school nurse will provide a system for responding to student specific health care needs, including response to health care crises. The school nurse will oversee mandated screening and immunization systems, in order to identify problems in these areas, and will work towards solutions for the student’s health and health-related educational problems. The school nurse will endeavor to maintain a safe and healthy school environment for the student with special health needs so that the student may access his or her educational program. School health services shall also facilitate access to primary health care and be the link to ensure effective communication with the parents, the school and the medical community (adapted from and supported by the American Academy of Pediatrics).
Physical Education
The physical education program, with guidance from related therapy staff (i.e. physical and occupational therapy) will provide a modified or adapted curriculum to meet the challenges of students with special health needs within the parameters of the school health management plan.

Counseling, Psychology and Social Services
The school counselor, child development specialist, psychologist or the related mental health care providers may be responsible for the initial evaluation and eligibility determination of students with special health care needs. They will model and promote nondiscrimination and an environment free of harassment.

Nutrition Services
Nutrition services personnel need to be informed when a student requires special dietary needs or accommodations.

Family and Community
The family and the community play an integral part in assuring a safe and healthy school environment for the student with special health needs. Parents have a responsibility to inform the school of a student’s significant health needs at the time of initial registration and whenever the student’s health status changes. The school, family and community work as partners to initiate and maintain a safe and healthy learning environment for all students.

Transportation
Transportation services need to be included in the plan of care for children with special health needs.

Procedures
“For students with chronic or special health care needs and their families, the interaction with the educational system is often complex. Because students with chronic and special health care needs have unique health considerations, individualized assessment, planning, intervention and placement decisions are critical in order for them to attend school and participate in educational activities and programs”. (National Association of School Nurses, April 1996)

Children with multiple disabilities may have increased susceptibility to illness. They may experience more injuries than their non-health-impaired peers. Therefore, for all students with special health care needs, a health management plan adapted to their needs must be in place to ensure a safe school experience. The staff must establish policies and procedures for identification, screenings and assessment of children with special health needs.

While school districts will vary regarding student needs and personnel availability, all schools must be prepared to provide plans of care that meet each
child’s individualized needs. This may take the form of a health management plan, a 504 plan or an individualized educational plan, which will include procedures/protocols to address the health needs. The nurse will work with the educational team, parents and physicians to determine the needs of the child and the execution of the tasks required to fulfill those needs. The school nurse is a crucial member of this multidisciplinary team as it determines the health services necessary to enable children with disabilities to participate fully in their educational program.

The following questions are designed to assist administrative staff in determining whether a student has health issues that require prompt attention from school nursing services.

Does the student have:
- A history of seizure?
- A brain shunt?
- Diabetes?
- Unusual or frequent episodes of choking, i.e., on food or saliva?
- A severe food allergy

Difficulty with feeding (e.g. choking, gagging, vomiting):
- Problems breathing (e.g. choking, severe asthma)?
- Orthopedic deformities?
- Adaptive equipment (i.e. wheelchair, prone stander)?
- A need for a health treatment or medication during the day (e.g. tracheal suctioning, clean intermittent catheterization, feeding by gastrostomy tube, respiratory treatment, oxygen, ostomy care management, intravenous medication line)?

If students meet any of the criteria above, an immediate referral to see the school nurse is recommended. If no school nurse is available, the school administrator/special education director will formulate a plan to provide for a health assessment of the student's needs by a person working within the scope of his or her practice, i.e., a registered nurse from an ESD.

**Delegation of Nursing Tasks in the School Setting**

The Oregon State Board of Nursing (OSBN) was established to regulate the practice of nursing and provide for the safety of the general public. Under the Oregon Nurse Practice Act, registered nurses are allowed to delegate certain tasks of nursing care. These tasks may be delegated to non-licensed persons in specific situations. A registered nurse can determine if the nursing task is able to be delegated, whether the task is safe for the specific patient and to whom to delegate the task; he or she can then also provide the training and supervision of the individual to whom the task is delegated, as well as an ongoing assessment or monitoring of the student's status. School nurses work cooperatively with school administrators to identify appropriate individuals within the school setting.
who will be delegated the responsibility for some specific nursing tasks. It is imperative that the individual selected be willing and competent. Physicians’ orders and parents’ permission are part of the delegation process. Specific observation of the elements and requirements of delegation are the responsibility of the registered nurse, who maintains authority in the decision-making process regarding delegation (OAR 851-047-0030).

Nursing is both an art and a science and is based on the nursing process, which is a systematic problem-solving method used by nurses in providing nursing care. The nursing process is a five-step process that includes:

- Assessing a client’s condition based on assessment,
- Making nursing diagnoses based on assessment,
- Planning care,
- Intervening (treatment), and
- Evaluating the effectiveness of the care provided.

“Unlicensed persons in the school setting may be required to perform tasks of nursing care when those tasks are properly delegated to them by a registered nurse. Unlicensed persons may not perform those tasks on their own volition nor be required to perform those tasks when directed to do so by school authorities or parents.” (Mitts Decision, OSBN, 1989)

“…The issue is the identification of health care needs of students and how best to meet those needs. The purpose of hiring individuals with various areas of expertise and credentials in the school setting is to utilize their knowledge and skills to provide students with an environment for learning and the provision of related services. A nurse employed by, or under contract to, a school system must be allowed to use his/her skills and expertise in the nursing process to meet identified health care needs of students. The law requires no less”. (Mitts Decision, OSNB, 1989)

At no time can a registered nurse delegate assessment or all aspects of the nursing process to an unlicensed person.

Staff Development Needed

- Staff training on awareness and sensitivity for children who are medically fragile, technology dependent and chronically ill.
- Develop written plans of care to meet health needs and to ensure that the student can participate fully in his or her school day.
- Ensure that necessary school staff is trained in emergency procedures and protocols by a person authorized to do the training.
E. Oregon Resources

- Oregon State Board of Nursing [http://www.osbn.state.or.us/](http://www.osbn.state.or.us/)
- Oregon Department of Education [http://www.ode.state.or.us](http://www.ode.state.or.us)
- Regional and Statewide Services for Students with Orthopedic Impairments
  Regional Programs - Oregon Department of Education
- Multnomah Education Service District [http://www.mesd.k12.or.us/](http://www.mesd.k12.or.us/)
- Coalition in Oregon for Parent Education [http://oregoneducation.org/](http://oregoneducation.org/)

F. National Resources

- American Academy of Pediatrics [AAP.org](http://www.aap.org)
- Center for Disease Control and Prevention [www.cdc.gov/diabetes/](http://www.cdc.gov/diabetes/)
- U.S. Department of Education, Special Education and Rehabilitation Services [http://www2.ed.gov/about/offices/list/osers/index.html](http://www2.ed.gov/about/offices/list/osers/index.html)

Revised April 2012