

Nova Scotia Public Education System

Health Plans of Care in TIENET

TIENET User Guide

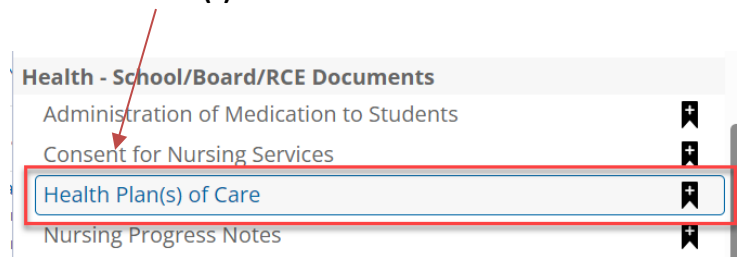
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1 HEALTH PLAN(S) OF CARE IN TIENET

Through the NS Program Planning Process, the School Support Team or Program Planning Team may need to develop a **Health Plan of Care** for students with specific health care needs/medical diagnosis(es) **and** who require school staff to participate in the management of and/or provide emergency care while at school. A Plan of Care is developed when a student requires support to manage specific health care need(s) and/or when school staff are required to respond to life-threatening symptoms, as it relates to medical diagnosis(es).

In TIENET, staff has access to standardized Health Plan(s) of Care for students with a medical diagnosis(es) of **type 1 diabetes, asthma, anaphylactic/life-threatening allergy**, and/or **seizure disorder**, as well as Plan(s) of Care for students who require **catheterization, tube feeding** or **other (please specify)** health care needs while at school. These specific Plan(s) of Care can be found linked within a student's TIENET Health Plan of Care document - click **Create New Document**, then under **Health – School/Board/RCE Documents**, choose **Health Plan(s) of Care**.



When creating a new plan, it is very helpful to list the reason for the plan in the **Label/Comment** section, then click **New**. Once the plan is open, scroll down to **Health Care Need(s)/Medical Diagnosis** and click on the name of the applicable Plan(s) of Care which will automatically open or download as a fillable PDF.

The **Health Care Need(s)/Medical Diagnosis(es)** is/are checked, then using the corresponding link(s), the specific **Plan(s) of Care** is/are downloaded and completed by the student's family (paper-based or electronically) with assistance as needed by members of the student's **Student Support/Program Planning Team**.

Health Care Need(s)/Medical Diagnosis			
Instructions: Click on the diagnosis, save the file to your computer, open the file in Adobe Acrobat, complete the fillable form, and then attach the file to this document. Remember to delete the file from your computer if your computer is shared.			
<input type="checkbox"/> Anaphylaxis/Life-Threatening Allergies (Supplementary)	<input type="checkbox"/> Catheterization	<input type="checkbox"/> Seizure	<input type="checkbox"/> Other (please specify): <input type="text"/>
<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Tube Feeding	

- ☐ Attached the Health Plan(s) of Care (Required)
- ☐ Attached the signed 'Consent & Authorizations' page(s) (Required)
- ☐ Attached other documentation (i.e., OT, PT, Medication, Health Care Provider information, etc.)

Once **downloaded**, **save** the plan under the student's name and **e-mail** (or **print**, if necessary) and **send** to the parents/guardians/family to **complete and return**. If the document is printed and completed manually, if possible, the information should be transcribed into the electronic version when the completed plan is returned to the school.

Plan of Care: Tube Feeding

If changes to any part of this plan are required, please complete a new form (including consent and authorization signatures) and share with all involved.

IDENTIFICATION			
Student name:		School name:	
Date of birth (dd/mm/yyyy):	Health card number:	MedicAlert number:	N/A
Does the student carry an Emergency Health Services (EHS) Special Patient Protocol card? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what is the Special Patient Protocol card number:			
Allergies:	Medical diagnosis(es):	Place Photo Here	

Once the completed plan is returned, **upload** the completed file as an attachment to the appropriate Health Plan(s) of Care. The completed signature page will need to be uploaded as a separate attachment. **Note:** If there is an anticipated delay in obtaining the authorized health care professional's signature, teams are encouraged to attach and use the plan signed by the family member and school administrator (or designate), then replace it once the signed copy by the health care provider is obtained. The plans can be finalised once all signatures have been obtained. The completed **Plan(s) of Care** and any supporting information is/are reviewed by the student's **Health Program Planning Team** and distributed as needed.

Health Program Planning Team (Program Planning Team specific to student health care/medical diagnosis needs)	
Parent/Guardian:	
<div>Add Row</div> <div> <div>↑</div> <div>↓</div> <div>×</div> </div> <div>Name: <input type="text"/></div> <div>(ID) <input type="text"/> <input type="button" value="lookup"/> <input type="button" value="non-lookup"/></div>	<div>Position:</div> <div><input type="text"/></div>
<div>Add Row</div> <div> <div>↑</div> <div>↓</div> <div>×</div> </div> <div>Name: <input type="text"/></div> <div>(ID) <input type="text"/> <input type="button" value="lookup"/> <input type="button" value="non-lookup"/></div>	<div>Position:</div> <div><input type="text"/></div>

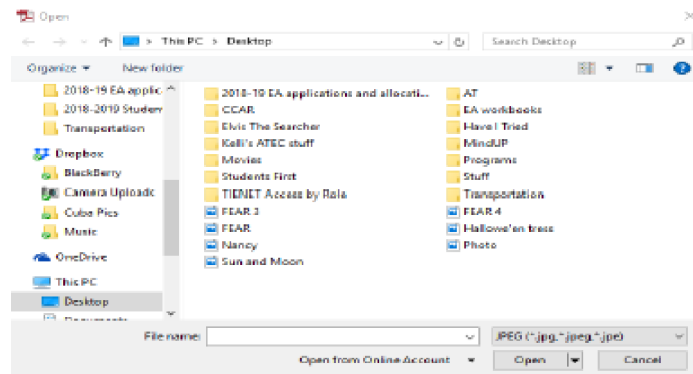
The names and positions of members of the **Program Planning Team** (specific to student health care/medical needs) are noted. The document can remain in **Draft** until the end of the school year and updated as needed.

At this time, if involved, any notes that a SHP Registered Nurse creates regarding the student and case related health or medical information will be attached and updated by the nurse as **Confidential Information - Nursing Progress Notes** in TIENET.

2 ATTACHING STUDENT PHOTO TO HEALTH PLAN(S) OF CARE


Note: the following directions may not work exactly as documented, depending on your computer editor.

To attach the student's photo to a Health Plan of Care attachment, find the student photo in TIENET (available on all documents or the General Demographics/Parent Guardian Information page of the Student Profile). Right click on the photo, choose **Save Image As ...** and save on the desktop as a **JPG image** type. Open the downloaded Plan of Care from desktop, click **Place Photo Here**, then **Browse**. **Double-click or Open** to select the photo file (making sure that JPG is chosen from the drop-down menu beside File Name at the bottom), then **OK**. The photo should then display on the Health Plan of Care attachment.



3 UPDATING EXISTING HEALTH PLANS OF CARE

A student's Health Plan of Care (POC) TIENET documentation must be reviewed and updated each year. When a Health Plan of Care already exists for a student and needs to be reviewed as part of the annual process to make sure that the information in the plan is current and accurate, there are processes to update an existing POC rather than starting from the beginning again. It is preferred when possible, that POCs are completed electronically on the appropriate template and saved so that the plan can be easily updated from year to year.

Documents for 2019/20	Status	Creation Date	Modification Date
Health - School/Board/RCE Documents			
 Health Plan(s) of Care (TEST) Attachment: DRAFT Anaphylaxis-Emergency-Plan-with-EpiPen-instructions_a.pdf	Draft	10/08/2019 Tue, 01:27 PM	10/08/2019 Tue, 01:29 PM
Health Plan(s) of Care (TEST)	Draft	10/04/2019 Fri, 01:38 PM	10/04/2019 Fri, 01:39 PM
NETWORK SCHOOLS - Student Support Plan (TEST)	Draft	09/25/2019 Wed, 03:29 PM	---

First, the existing, most current Plan of Care attachment is downloaded (click on attachment, download using icon at the top right of open document, then Save to desired location) from TIENET and either printed and forwarded, or e-mailed electronically to the student's family. Together with the family and the student's regulated health care provider, the plan will either be updated as needed or confirmed that it still is current and accurate and signed/dated by both the family and student's regulated health care provider. After the parent/guardian(s) and regulated health care provider review the POC, they can manually insert updates on the form, sign, and return to the school. An electronic copy of the plan can also be emailed to parent/guardian(s) to share with the student's regulated health care provider for electronic review/updating.




If there is no change to the POC, **"No Change"** can be indicated at the top of the plan, then the plan gets signed and sent back to the school to be attached to the current school year's Health Plan of Care. If the only copy of the student's POC is handwritten, if possible, it is suggested that the updated version be transcribed into electronic format (fillable pdf) using the proper POC form. The newly signed plan then gets attached to the Health Plan of Care document in the current school year section of the student's TIENET documents.

Authorizations/Signature Page

- Parents/Guardians will have their regulated health care provider update or confirm and sign that the POC is current and accurate. Without needing to make special arrangements, the parent/guardian(s) can take the POC to the next scheduled medical appointment, then when the signature page is completed, it can be forwarded to the school and attached to the POC document.

NOTE: If schools struggle with the information contained in a plan that the parent/guardian(s) and/or regulated health care provider have provided, they should contact the SHP Nurse in their

area. The SHP Nurse may or may not be directly involved with the student and his/her Health Plan of Care, but hopefully can help support understanding the information provided.

AUTHORIZATIONS	
My name below indicates that I have reviewed and am in agreement with the information contained in this Plan of Care and when needed have been in contact with the authorized prescriber and/or other regulated health care provider(s) for clarification and verification as indicated below.	
	
Regulated Health Care Professional Signature	mm/dd/yyyy
Print Name	Print Designation
As applicable, name of authorized prescriber and/or regulated health care provider and date of contact:	
	
Principal Signature	mm/dd/yyyy
Print Name	
The signature of the SHP Nurse below indicates involvement in the development of this plan.	
	
School Health Partnership (SHP) Nurse Signature (when applicable)	mm/dd/yyyy
Print Name	
PLAN OF CARE EFFECTIVE DATE	
This plan is effective as of <input type="text"/> mm/dd/yyyy. <i>Note: Plans of care must be reviewed, updated, and signed annually.</i>	
Student name:	School year: