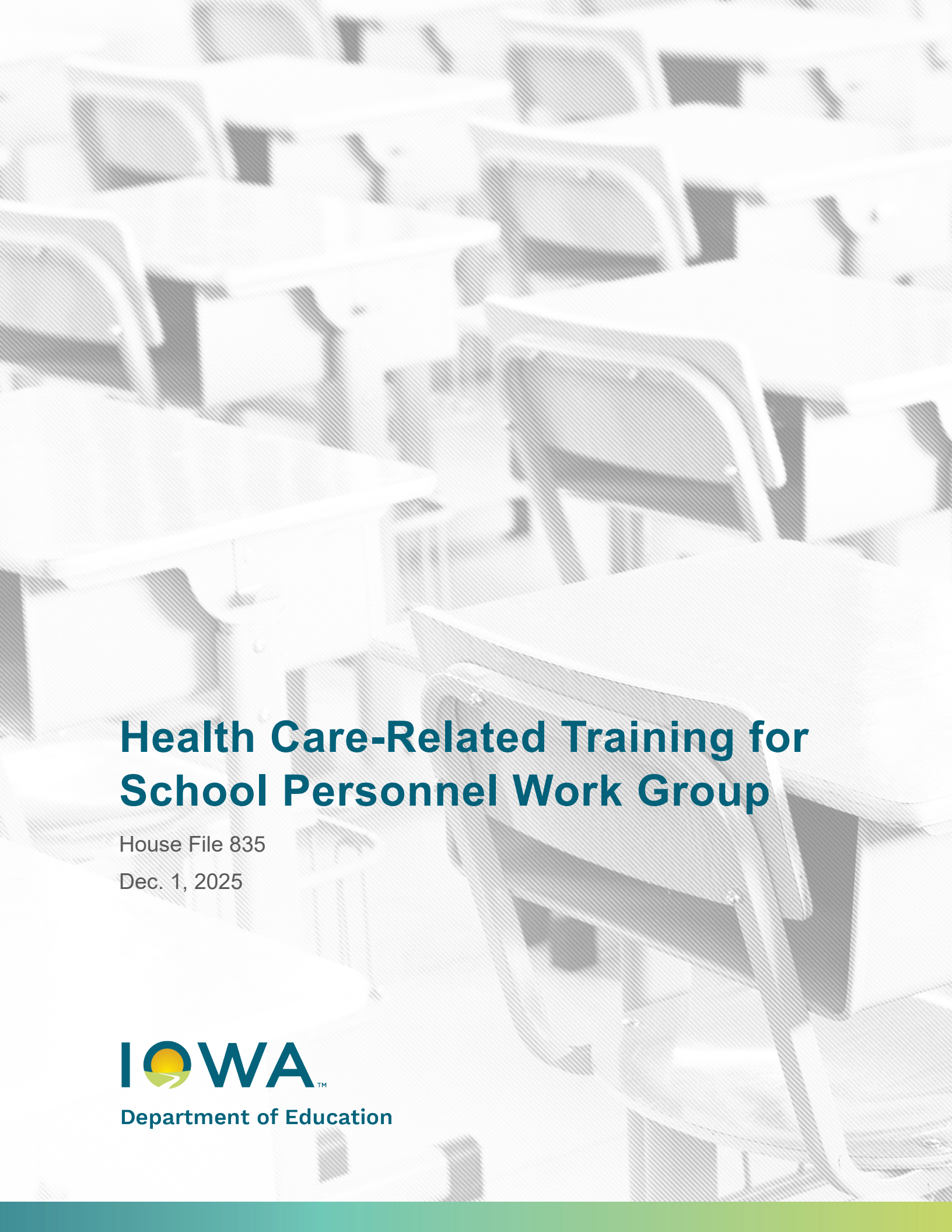

Health Care-Related Training for School Personnel Work Group

House File 835

Dec. 1, 2025

IOWA™

Department of Education

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Overview

House File 835, signed into law on May 27, 2025, requires the Iowa Department of Education (Department) to:

> Convene and provide administrative support to a health care-related training for school personnel work group. The work group shall review and develop a plan to ensure Iowa educators have the healthcare training necessary to perform their duties and responsibilities, and shall consider and submit recommendations for delivery and implementation of training required under state law or rule.

The Department shall compile the Health Care-Related Training for School Personnel Work Group's (Work Group) finding and recommendations and submit the report to the Governor, General Assembly and State Board of Education by Dec. 1, 2025.

Actions

As stated in the Act, the Work Group shall complete the following actions:

1. Review and develop a plan to ensure Iowa educators have the health care-related training necessary to perform their duties and responsibilities.
2. Identify which training can be best provided over the internet, and how such training can be rotated on a five-year basis for school personnel.
3. Develop a plan for a regular cycle of health care-related training for school personnel review with the goal(s):
    - Modifying training or training programs that are no longer relevant
    - Identifying less costly and more efficient options that still provide appropriate level of training
4. Standardize the process of establishing new training requirements in state law or rule to manage stakeholder expectations relating to the timeline for establishing the requirements.
5. Create an ongoing review process to:
    - Find efficiencies
    - Identify training options that better utilize time and financial resources
    - Offer a continuous improvement model for the system moving forward
6. Study and make any recommended changes on rules adopted by the state board of education under 281 IAC Chapter 14, relating to individual health plans (IHP) prepared for students with various health conditions.
7. Ensure public comment process for groups and parents to provide input on the recommendations of the Work Group.
8. If the group recommends elimination or significant modification of certain health care-related training for school personnel, the Department shall identify affected stakeholders to submit comments before upcoming meetings or final recommendations.
9. Compile the group's findings and recommendation and shall submit the compilation, including any proposal for legislation, in a report to the assembly, governor and state board of education by Dec. 1, 2025.

Members

The Act identified stakeholders to serve on the Work Group. This included the Director of the Department, two staff members from the Department (one whom is an administrative consultant in the Bureau of Nutrition and Health), as well as the following:

- One member from Iowa Health and Human Services
- One member from a statewide organization representing teachers
- One member from a statewide organization representing school administrators
- One member from a statewide organization representing authorities in charge of accredited nonpublic schools
- One member representing the Area Education Agencies
- One member from a statewide organization representing physicians
- One member from a statewide organization representing athletic trainers,
- One member from a statewide organization representing emergency management services
- One member from a statewide organization representing health care organizations
- One member from a statewide organization representing school nurses

Please refer to Appendix B for a list of committee members.

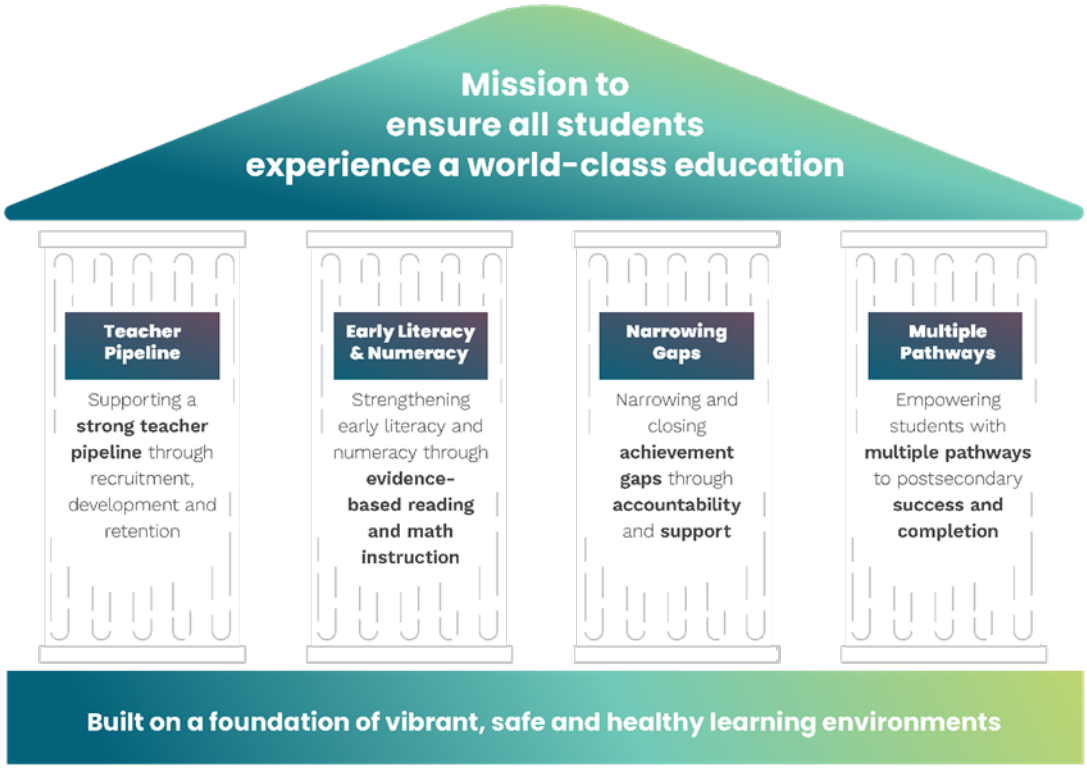
Meetings

To inform the final report, the Work Group met three times during the fall of 2025. The three in-person meetings were held on Sept. 2, Oct. 3 and Nov. 12, 2025, from 1 to 3:30 p.m. on each date. Meeting agendas are available on the Department's work group webpage. The meetings included Department presentations, analysis activities, and substantial member discussion that informed the development of future discussion topics and the contents of this report. The Department provided the Work Group members resources and updates on pertinent activities, facilitated substantial member discussion on additional topics identified and incorporated member feedback throughout the process.

All meetings had a minimum of thirty minutes reserved for public comment, allowing for participation both in-person and virtually.

Mission, Vision and Educational Priorities

Each meeting articulated how the Work Group's respective work aligned with the Department's mission, vision and Iowa's top education priorities.



Work Group Meeting One

The first meeting, held on Sept. 2, 2025, covered Work Group Actions 1-4 and 7-8. The Director appointed a chair for the Work Group.

Considerations for Trainings, Efficiencies, Time and Financial Impact

What follows is a summary of the analysis, discussion and feedback from the Work Group regarding meeting one to include:

- Planning for a continuous improvement model for the system moving forward (Work Group Action 1)
- Identifying trainings that can be best provided over the internet and how such training can be rotated on a five-year basis for school personnel (Work Group Action 2)
- Focusing on the creation of an ongoing review process to find efficiencies, safe training options and better utilization of time and financial resources (Work Group Action 3)
- Gauging the needs for standardizing the process and timeline of establishing new training requirements (Work Group Action 4)
- Ensuring public comment and identify stakeholders (Work Group Actions 7 and 8)

Strengths, Weakness, Opportunities and Threats (SWOT) Analysis Activity

The Work Group reviewed the Reference Guide for Educator and District Staff Training and Professional Development document, then broke out into five groups (one group via Zoom) with supplies to allow group discussion. The members participated in a SWOT analysis to overview general internal strengths and weaknesses with external threats and opportunities. The meeting ended with a summary of each component of the analysis.

The following questions were provided to the Work Group for discussion:

Strengths	Weaknesses	Opportunities	Threads
What resources or actions can be deployed to meet the action steps on the slide? *What are the advantages of the guide document?* *What is working well today?*	*What resources or actions are lacking to meet the action steps on the slide?* *What obstacles are experienced in the field that should be considered?* *How can obstacles be overcome and how can the individuals who are impacted be identified?*	*What resources or new opportunities are within the Work Group's reach to meet the action steps on the slide?* *What value would come from these actions or opportunities?*	*What mental mindset is present that could impact meeting the action steps on the slide? (Example phrase, "It has always been done this way.")* *What are the current mindsets?* *What could go wrong?* *Who would be impacted?*

Strengths Summary Statement

The Work Group collectively reflected on the advantages for health care-related training that provides a need for a unified, efficient training system for school personnel that ensures training is high-quality, tailored, accessible and evidence-based, while also being easy to track, legally aligned and developed through collaborative input.

Key Strength Themes

1. **Standardization and centralization:** Desire for a centralized platform or system to track, manage and access training related information efficiently.
2. **Training relevance and quality:** An emphasis on evidence-based practice, legal compliance, and high-impact training that supports safety and positive health outcomes for students.
3. **Differentiation and accessibility:** A focus on personalizing training delivery to meet different staff needs (roles), while ensuring flexibility and access.
4. **Inclusion and collaboration:** Offers value in inclusive decision making and collaborative planning around training development and implementation.

Weaknesses Summary Statement

School health and safety training systems need to be modernized to be role-specific, time-sensitive, evidence-based and supported by integrated systems to address resource gaps.

Key Weakness Themes

1. **Content relevance and accuracy:** Training content must be clinically accurate, up-to-date and relevant to Iowa school health scenarios. A one-size-fits-all approach does not address varying levels of risk.
2. **Audience clarity and role alignment:** There is a strong need for clear role-based training requirements. For example, who needs what, when, and how often to address workforce change and varying personnel types.
3. **Timing and practical burden:** Training delivery must be timely and flexible to accommodate new hires, substitutes and those with limited capacity during high demand periods.
4. **System complexity and tracking:** Differentiate training not only by content and role, but also by delivery method. Consider asynchronous, job-embedded or just-in-time models.
5. **Resources and capacity:** Training effectiveness is limited by staffing (e.g., not enough nurses) and budget constraints. Educators express challenges related to time, pressures, stressors and expectations. These gaps increase pressure on existing staff and impact student health outcomes.

Opportunities Summary Statement

Health care-related training should be role specific, practical and efficient, with customizable levels, updated content and engaged delivery. Training should encompass proactively addressing common health concerns, optimizing staff time and leveraging expert resources for sustainable improvement.

Key Opportunities Themes

1. **Role-based and tiered training:** Customize training based on role (e.g., substitutes), responsibility, experience and differentiated depth (basic versus advanced).
2. **Training relevance and engagement:** Training needs to feel useful, engaging and practical to school personnel using real life examples and not just check-the-box exercises.
3. **Expanded and proactive health topics:** A desire to expand training topics to include common and critical student health issues, and to address them proactively rather than after an incident.
4. **Time efficiency and testing out:** School personnel time is limited. There is a concept of testing out with prior knowledge or customized by experience level.
5. **Leveraging external expertise:** Adapt or adopt training from reputable external sources to save time and improve quality.
6. **Flexible mixed delivery methods:** Asynchronous and flexible formats that still assess learning without compromising quality or accountability.

Threats Summary Statement

The threats revolve around poorly structured training programs in education that are inconsistent, overwhelming, and disconnected from the student's reality. Educators and school personnel face terminology gaps, inadequate preparation, resistance to change, and a lack of perceived value, all while managing strained time and financial resources.

Key Threats Themes

1. **Implementation challenges:** There is a wide variability and inconsistency with local rollout, training fatigue, lack of instructional prep time and an overloaded system.
2. **Psychological and cultural barriers:** There is a mindset of resistance to change with educators feeling unprepared, overwhelmed with volume and training lacks perceived value.
3. **Systematic and structural Issues:** The poor implementation of training may lessen positive health outcomes for students, create role confusion and add additional financial costs.
4. **Missed opportunities and unknown risks:** The Work Group identified a fear that there is an unseen gap and inadequate feedback loops that training isn't evaluated or evolved in response to students' needs.

Threats, Opportunities, Weaknesses and Strengths (TOWS) Analysis from Work Group Participation

The Work Group participation in the SWOT analysis provided qualitative data to conduct a TOWS analysis to create strategies and actions. The TOWS analysis creates strategies using strength to take advantage of opportunities and reflects on overcoming weaknesses by taking advantage of opportunities. The TOWS analysis converts summarized factors of strengths and weaknesses into actions to improve and identify training that can be best provided over the internet and rotated on a five-year basis for school personnel in an efficient and fiduciarily responsible manner.

	Opportunities (O)	Threats (T)
Strengths (S)	**Growth Strategies (Using Strengths to maximize Opportunities [SO]):** Use the collaborative, evidence-based design strength to build customizable, role specific training modules that are practical and efficient by leveraging the existing emphasis on legally aligned, high quality systems to proactively address common health concerns with updated content. Harness a trackable approach to optimize school personnel time and make the delivery engaging.	**Protective Strategies (Using Strengths to minimize Threats [ST]):** Apply a unified and efficient framework to standardize training across schools to reduce inconsistency and confusion. Build in collaborative input to address terminology gaps and ensure content reflects the real school environment. Use a trackable system that demonstrates the training value while countering staff resistance and perception to overload.
Weaknesses (W)	**Improvement Strategies (Overcoming Weaknesses by using Opportunities [WO]):** Modernize outdated training delivery by adopting engaged formats that proactively tackle school health concerns. Address resource gaps by leveraging external experts and scalable systems to deliver time-sensitive training. Use customizable training levels to make content role specific by directly overcoming the "generic" training weakness.	**Defensive Strategies (Minimize Weakness and avoid Threats [WT]):** Create an integrated system to reduce redundancy and prevent training from becoming overwhelming or disconnected. Ensure modernization efforts focus on simplicity and practicality to counter staff resistance, financial costs and time constraints.

Strategies

The following are Work Group strategies from the TOWS analysis through consensus feedback from the Work Group:

- **Growth strategy:** Expand customizable and efficient training that aligns with school personnel and students' health needs.
- **Protective strategy:** Standardize and streamline training to reduce inconsistency and prove the training's relevance to address resistance and skepticism.
- **Improvement strategy:** Modernize systems by adopting scalable, role-specific, expert informed training delivery that saves time and fills resource gaps.
- **Defensive strategy:** Keep modernization simple, integrated and cost conscious to avoid overwhelming school personnel or worsening resource strain.

Work Group Member Feedback:

- Annual training for school personnel is approximately 16-22 hours annually
- Themes of needing to understand what was duplicative training
- Themes of needing to understand what was missing in training to include: epinephrine auto-injector training, naloxone training, Stop The Bleed® training, cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) training for coaches, concussion training, school nutrition program training requirements (e.g., Safe Serve), active shooter training, divisive concepts and scapegoating, diverse learners and a standard response protocol for all health care-related emergencies
- Consider pairing the variety of health needs within a general population and also the disease state of Iowa by looking at trends and pairing this with public health needs based on prevention opportunities
- Clarification is needed on the appropriate length of each training
- Some trainings have federal requirements for annual delivery (e.g., bloodborne pathogen) that cannot be modified at the state level to every five years
- Themes on trainings for learner related topics: homelessness to align with McKinney-Vento federal requirements, suicide, concussion training for coaches, adverse childhood experiences, and Title IX training requirements
- Appreciation for the addition of the course length in the reference guide
- Preference to have training available on a streamlined, virtual platform for ease of administrative tracking and questions surrounding how to make this manageable for the field doing the work
- Training that is linked to the individual and not to the employer so the information is available if the employee migrates from one school employer to another
- Consider the quality of training with the adult learner having clear learning outcomes with essential knowledge of the "why" behind the training
- Not all staff need the same level of training. There can be differences based on roles and responsibilities.

Public Feedback

There was no public feedback from the first meeting and no stakeholders identified.

Actions

The following are actions that will be completed by the Department based on the strategies from the Work Group's first meeting in a combined training:

- Review and reduce the bloodborne pathogens training time
- Combine the bloodborne pathogens training with a health care-related emergency response training
- Create a sample bloodborne pathogens plan covering the standard requirements for schools
- House the bundled trainings in a trackable system
- Reduce fiduciary costs without impacting student safety through a comprehensive review cycle
- Identify affected public stakeholders and opportunity for public comment

Work Group Meeting Two

The second meeting held on Oct. 3, 2025 covered actions 3, 4 and 6-8.

Consideration for Standardizing a Professional Development Plan and Studying the Individual Health Plan (IHP) Requirement

What follows is a summary of the analysis, discussion and feedback from the Work Group regarding meeting two to include:

- Focusing on the creation of an ongoing review process to find efficiencies, safe training options and better utilization of time and financial resources (Work Group Action 3)
- Gauging the needs for standardizing the process and timeline of establishing new training requirements (Work Group Action 4)
- Studying the individual health plan (IHP) and making recommended changes on rules related to IHPs (Work Group Action 6)
- Ensuring public comment and identify stakeholders (Work Group Actions 7 and 8)

The Work Group received presentations at the Oct. 3, 2025 meeting that addressed:

- Analysis summary statements from the Sept. 2, 2025 Work Group activity
- Professional development processes in collaboration between the Department and Area Education Agency (AEA) developers
- The IHP template, emergency action plan and emergency evacuation plan template
- Processes for family and student engagement in plan development
- Regulations related to the IHP in 281 – Iowa Administrative Code (IAC) chapter 14.2

The Work Group completed a review and change activity to provide feedback and recommendations on the following:

- Standardizing the process of establishing new training requirements in state law or rule to manage stakeholder expectations relating to the timeline for establishing the requirements
- Studying and recommending changes on rules adopted by the state board of education under 281 - IAC Chapter 14, relating to IHPs prepared for students with various health conditions

The questions and feedback provided related to the review and change activity included:

Question 1: What are important messaging statements to provide to stakeholders on the standard professional development expectation and timeline?

Department personnel provided information on the following models to the Work Group:

- ADDIE (Analyze, Design, Develop, Implement, Evaluate): The ADDIE methodology was built on a linear model, meaning that one phase should be finished and perfected before moving on to the next
- SAM (Successive Approximation Model): The SAM is an agile, iterative model with three phases (Preparation, Design, Development) that allows for rapid e-learning development
- LLAMA (Lot Like Agile Methods Approach): The LLAMA is an iterative, collaborative project management methodology for learning and development projects

Work Group feedback for question 1:

- Each training needs a clear why and paraprofessionals and educators need included in as the first response for student safety
- High quality work around professional development takes time
- Average training takes approximately 18 weeks for development
- If a training has already been created that is evidenced based, a Sharable Content Object Reference Model (SCORM) file can reduce the time of development to a few weeks
- If a course is created from a national, evidence-based training it should be made Iowa specific
- Prioritization of professional development creates stronger timelines
- Training should be role specific and consider bundling training as an option
- Questions around when training is developed by a content expert, is there a check completed on the content expert's work
- Create options including differentiated education that requires an initial course to be taken and then an abbreviated course thereafter with a pretest that determines which is appropriate to promote student safety and knowledge acquisition
- Training that was longer in year one and shorter in year two was previously attempted and caused confusion in schools
- Change or link health related training at the state level or the district level overall statewide in reporting

Question 2: In review of the Iowa Administrative Code 281.14.2 regulation that encompasses the definition of an IHP, what suggestions for changes were there from the group?

The Department provided the following definition to the Work Group for reflection and suggestions:

> ***IAC 281.14.2*** ***"Individual health plan"*** *means the documented plan of care utilizing the nursing process as defined in 655—Chapter 6 for evidence-based management of the student's ongoing special health service in the educational program. The school nurse may develop this plan in collaboration with the education team. The plan also includes a provision for emergencies to provide direction in managing an individual's health condition (stable or unstable). Documentation of evaluation and updates to the plan are completed as needed and at least annually.*

Work Group feedback for question 2:

- In the definition of "IHP" in IAC 281.14.2.1 remove the word "special" before "health services"
- In the definition of "IHP" in IAC 281.14.2.1 add "parent/guardian" after the word "with"

Question 3: In review of the IHP template presentation, the Work Group members were instructed to place a mark on what the individual liked, a mark for what caused them question and their suggestion for changes for the template.

The Department provided the following forms:

- The Individualized health plan template
- The Emergency action plan template
- The Emergency evacuation plan template

Work Group feedback for question 3:

- **Feedback on IHP template**
  - Commendation about the reduced length of time for completion, the student/family focus, and the succinct format
  - There may be an overlap by default with the nurse marking that if the student has an Individual Education Program (IEP) and if health is identified as a factor in the IEP, then the IHP is attached to the IEP
  - There should be an additional box on the IHP for a "primary condition or diagnosis"
  - Conversation regarding the nursing process and a suggestion to change "planning" to "process" on page 2 of the IHP form
  - Push schools to adopt the department created IHP template
  - Change the word "nursing" to "initial" on page two of the IHP form before assessment
- **Feedback on the emergency action plan template:**
  - Complimented the simplicity of the emergency action plan form and the easy-to-follow information
  - Consideration to have the emergency plan formatted horizontal versus vertical with "if you see this" on the left, "you do this" on the right with options to have different rows with different concerns (e.g., a student may have asthma and anaphylaxis)
- **Feedback on the emergency evacuation plan template:**
  - On the emergency evacuation plan, place an additional box for "required equipment"
  - Consider adding a "do this first" box between "if you see this," "do that" on the emergency action plan template
  - On the emergency evacuation plan, add a box for diagnosis/special considerations
  - Consider having the student's daily schedule attached to the emergency evacuation plan and concern that schedules change frequently for students
  - Discussion around how communication varies between school professionals and location (e.g., school transportation to dispatch, school nurse to parent)

Public Feedback

The following two individuals provided public comment:

The American Heart Association representative, Shannon Smith, provided information and requested support in advocacy of passing Iowa legislation this year for Project Adam requiring training of school personnel in CPR and AED use and development of a Cardiac Emergency Response Plan as an integration with a school policy requirement.

Katie Severe provided public comment regarding health-related training requirements and her role with the Iowa Dyslexia Board.

Actions

The following are actions that will be completed by the Department based on the strategies from the Work Group's second meeting:

- Review internally the options to update the IHP template and regulations
- Identify affected public stakeholders and opportunity for public comment

Work Group Meeting Three

The third meeting was held on Nov. 12, 2025 covered actions 3, 5, and 7-8.

Consideration for Creation of a Sustainable Continuous Improvement Plan (CIP) for Health Care-Related Trainings

What follows is a summary of the analysis, discussion and feedback from the Work Group regarding meeting three to include:

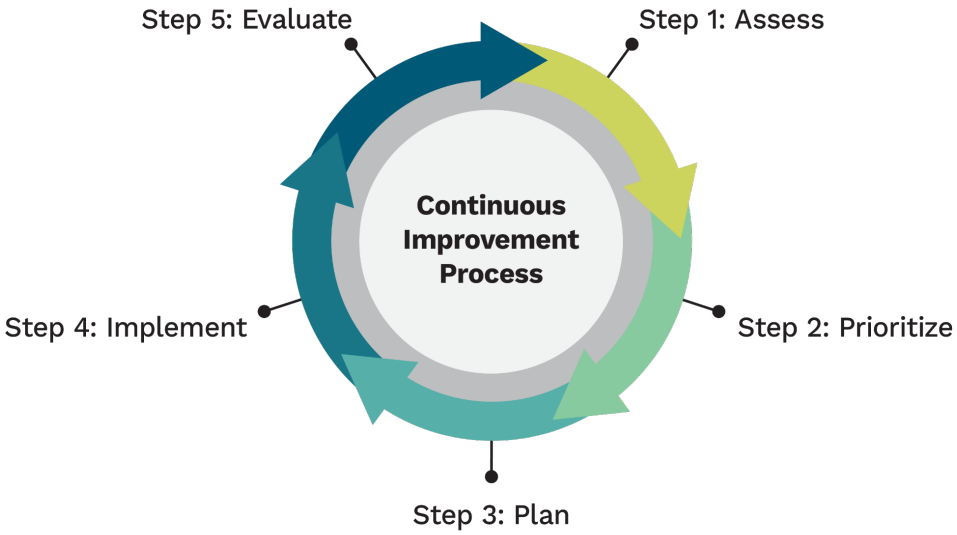
- Focusing on the creation of an ongoing review process to find efficiencies, safe training options and better utilization of time and financial resources (Work Group Action 3)
- Creation of an ongoing review process using the continuous improvement model to find efficiencies, training options that better utilize time and financial resources (Work Group Action 5)
- Ensuring public comment and identify stakeholders (Work Group Actions 7 and 8)
- Compile the group's findings and recommendation and shall submit the compilation, including any proposal for legislation, in a report to the assembly, governor and state board of education by Dec. 1, 2025.

The Work Group received presentations at the Nov. 12, 2025 meeting that addressed the Iowa CIP process and the draft CIP plan.

Iowa Continuous Improvement Plan Process

The Iowa CIP is a process that supports a system to understand current needs, identify goals and prioritize evidence-based ways to improve, develop, implement and evaluate a plan of action to review health care-related training in a continuous cycle. There are five steps involved in the CIP with corresponding questions that can be used at the Department level in reviewing health care-related trainings:

1. **Assess:** What is the current standing of health care-related training for school personnel and what should it look like in the future? How will this include feedback from educators?
2. **Prioritize:** Why?
3. **Plan:** What changes will be implemented and how?
4. **Implement:** Is the plan doing what the Work Group recommended?
5. **Evaluate:** Did the CIP work?



Continuous Improvement Plan Process (CIPP)

Process	Professional Learning
Assess	1. What does current data tell the Department about: a. School personnel knowledge and needs? b. Expectations for school personnel knowledge related to health care-related topics? c. Is there a gap between requirements and school personnel knowledge today? d. Why is there a gap? e. Data around the "why" or "what" is needed?
Prioritize	1. What areas are most critical to prioritize in health care-related training? 2. What evidence-based strategies or interventions are needed? 3. What does the Department need to do to support or remove barriers to health care-related trainings?
Plan	1. What is the professional learning plan to address health care-related training requirements and school personnel needs? 2. How will the Department know that school personnel have learned and are using the new skills taught? 3. How will the Department know what completed training has an impact on student safety and health outcomes?
Implement	1. Are schools following professional learning as it is intended? 2. How will it be determined if schools are meeting accountability in implementing strategies and interventions with fidelity as trained? a. If not, why not?
Evaluate	1. Did the CIPP work to help address sustainability in finding efficiencies to: a. Identify training options that better utilize time (every five years) and financial resources? b. Offer a continuous improvement model for the system moving forward?

The following reflection questions were provided to the Work Group:

Question 1: Does the goal on the draft CIP directly support the Department's mission and the larger organizational strategy?

Work Group feedback for question 1:

- Consider adding training updates on a rolling basis instead of just for SY 2026-27 (e.g., every five years)
- Language surrounding flexibilities to allow for legislative changes may be included
- Length of training and frequency could be included in language

Question 2: Do the initial draft key performance indicators effectively reflect what the Work Group is trying to achieve? If not, what adjustments would the Work Group propose?

Work Group feedback for question 2:

- Consider key performance indicators that are specific for each year, these could be adjusted to account for a timeline
- Prioritization of efficiency of time
- Content of training determines the time (not the reverse)

Question 3: Is there anything missing from the communication process?

Work Group feedback for question 3:

- No feedback or changes requested

Question 4: Are there any additional change suggestions?

Work Group feedback for question 4:

- A committee could be used for review
- Dislike of timers or minimum amount of time for some current trainings
- Recommend continued review of these trainings so they can be conducted expeditiously

Question 5: What other measures can determine if schools are meeting accountability in implementing strategies or interventions from training with fidelity?

Work Group feedback for question 5:

- Concern for lack of identified parties in process and plan for evidence-based medical practice changes
- Suggestion to have stakeholders (e.g., educators, school nurses, paraprofessionals, and administrators) and medical professionals are built into the process, assessment and/or plan
- Add outline of process for medical practice changes
- Consider providing feedback to legislators regarding big picture view of training requirements for schools
- Should specifically state who we get feedback from and the kind of feedback needed along with the timeline
- The trainings should be lengthy enough to be realistic and not impact safety
- Stakeholders for feedback should reach school staff not administrators
- Comments were provided on the timeline for creation of a training that can be a couple months versus more than a year while some changes can be implemented almost immediately while others take time
- The five year review timeline provides a minimum, it may be completed more as necessary
- Frequency of training should be considered, could relay this to legislators
- Differentiated trainings should be considered and how can this be woven into the framework by considering the school personnel's years of experience for required frequency and/or role

Question 6: How will the Department know that school personnel have learned and are using the new skills taught and how will the Department know what the plan is doing has an impact on student safety and health outcomes?

Work Group feedback for question 6:

- This is challenging to measure as a lack of an event is evidence of success in completion of training
- Nursing logs
- Debriefing processes
- Trainings required and provided by the Department
- Recommend the appropriate agency reviews, some precedent for this with mandatory reporter training for teacher licensure renewal
- Looking at tracking systems, especially through AEA Online
- Direct feedback from educators and administrators
- Emphasis was provided to have one system

Question 7: The Work Group provided additional feedback related to the sustainability of the plan that had not been considered, to include:

Work Group feedback for question 7:

- The Work Group shared a preference for a centralized tracking system, such as AEA Online, for schools and educators to track completion of required trainings.
- Other members of the Work Group also shared some potential concerns or barriers to all training going through one platform.
- Members suggested that if the training were required to be approved by the Department that it may enhance standardization in the continuous improvement plan and process.
- The Work Group shared if an outside training is being used, that organization would need to agree to work with AEA.
- Discussion focused around providing economy to the initiation of new mandated training and creation of a mechanism that if a new training was added, the process would include looking for a training to reduce fiduciary costs and burden on the workforce.

Question 8: The Work Group recommended significant modification of certain health care-related trainings for school personnel by utilizing the continuous improvement plan. The following were recommendations:

Work Group feedback for question 8:

- A recommendation was provided to place Adverse Childhood Experiences (ACEs) training in the continuous improvement plan to evaluate the annual frequency of the required course.
- The Work Group broadly reflected on the differences between health-related trainings (e.g., medication administration is every five years, whereas ACEs training is annually).
- The Work Group discussed the length of time for the bloodborne pathogen training and the federal requirement through the United States Division of Labor requiring the course to be annual. The Work Group discussed that this would be a course that has the possibility to be modified in length and time of the course.
- The group discussed this overall requirement and the Department's legislative liaison shared an overview of the process in professional development review addressed within the draft CIP.
- The Work Group helped build the framework, establish priorities and set overarching goals that will be used for specific changes to health care-related trainings

Public Feedback

Census Lo-Liyong, Heart Association, provided a brief overview of Project ADAM (Automated Defibrillators in Adam's Memory) and Brenda Haag, a Program Coordinator for Project ADAM: Iowa Heartland, presented a testimonial on the importance of project ADAM to prevent sudden cardiac arrest in children and teens.

Actions

The following actions were completed by the Department based on the strategies from the Work Group's third meeting in review of the draft CIP:

1. An additional lead reviewer for instructional design was added:
    - AEA Personnel
        i. Responsibility to collaborate with the Iowa Department to design and implement high quality learning opportunities, content, instruction and assessment that align with Iowa's educational mission, support the delivery of learning opportunities platform and provide comprehensive district support services such as communication, technical assistance, reporting and account management.
2. The key performance indicators were expanded with a "process for review and evaluation" to include the following five steps:
    - Assess:
        i. Collect data on current training content, delivery method, duration, audience and statutory basis
        ii. Analyze feedback collected from the Work Group, course evaluations submitted by school personnel after course completion and reviews from the Department or outside experts to assess accuracy, relevance, and effectiveness
        iii. Identify redundancies and gaps (e.g., CPR/AED, bloodborne pathogens, naloxone, etc.) in current required training
        iv. Identify updates, changes, or new health-related information, processes, or procedures that affect current training through updates received from state agencies and key federal agencies, including the Occupational Safety and Health Administration, the Centers for Disease Control and Prevention, the United States Department of Education, and the United States Health and Human Services
    - Prioritize:
        i. Determine which trainings are most critical based on student health and safety impact, legal mandates and implementation burden
        ii. Track training using criteria such as legal urgency, time sensitivity and stakeholder input
        iii. Identify resource and capacity barriers
    - Plan:
        i. Develop an annual and five-year review calendar
        ii. Assign leads, establish milestones and draft updates to training templates or delivery models (e.g., bundling, differentiation by role or experience).
        iii. Use the established "Process for Creating New Training or Revising Current Training" to develop and update training
    - Implement:
        i. Conduct the scheduled reviews with Health Services, PK-12 and AEA reviewers
        ii. Document actions taken, including content revisions, consolidations or inactivation
        iii. Verify that revised trainings are SCORM-compliant and accessible statewide.
    - Evaluate:
        i. Gather metrics on completion rates, perceived relevance and implementation fidelity
        ii. Review cost and time efficiencies achieved
        iii. Update the five-year rotation plan annually based on data
3. The key performance indicators were expanded with a "Process for Creating New Training or Revising Current Training" to include:
    - Trigger Event:
        i. A new law and/or administrative rule is enacted and requires new training or
        ii. An update to public health guidance is issued that affects current training
    - Preliminary Review (within 30 days of the trigger event):

        i. Determine if new training is required or if an existing one can be updated
        ii. Assess existing national or state models for potential adaptation or adoption.
        iii. Program Evaluation
    - Development of Quality Assurance (Within 90 days of preliminary review):
        i. Identify content experts to draft or adapt training using evidence-based frameworks
        ii. Review and validate by Health Services, PK-12 and AEA reviewers
        iii. Incorporate feedback from legal counsel and relevant stakeholder groups (as necessary)
    - Pilot and Launch (Within four months of development and quality assurance):
        i. Begin review process with the AEA Online instructional design team for functionality
        ii. Revise based on feedback
        iii. Public finalized training with SCORM compatibility and added to a centralized tracking system (e.g., AEA Online)
        iv. Communicate new or updated training availability via established methods outlined in the “Communication Process”
    - Post-Implementation Review (Annually):
        i. Evaluate training impact and relevance (e.g., through course evaluations submitted by school personnel after course completion and incident data reporting)
        ii. Adjust cycle placement within the five-year rotation
4. The “Communication Process” remained the same
5. Finalize the Reference Guide for Educator and District Staff Training and Professional Development and the health care-related training Continuous Improvement Plan, taking into account Work Group feedback

Appendix A: Continuous Improvement Plan

2025-26 Health-Related Training Continuous Improvement Plan

Introduction

House File (HF) 835, signed into law on May 27, 2025, requires the Director of the Department of Education (Department) to

1. conduct a comprehensive review and
2. to make recommendations regarding administrative support to develop a plan to ensure Iowa educators have the health care training necessary to perform their duties, responsibilities, submit recommendations for delivery and implementation of training required under state law and rule according to the criteria specified in the Act.

The Department shall produce a final report, including findings, and submit it to the Governor, the Legislative Assembly, and the State Board of Education by Dec. 1, 2025. The HF 835 Health Care-Related Training for School Personnel Work Group was formed in response to the statutory directive to assist the Department in completing a comprehensive review of Iowa's required Health Care-Related Training.

Purpose

To establish a regular review cycle for all health-related training required for school personnel and create a standardized process for adding or revising training requirements once enacted by law or rule. This plan ensures that training remains relevant, evidence-based, efficient, and legally compliant while minimizing duplication and maximizing time and fiscal resources.

Lead Reviewers

Reviewers' Roles and Responsibilities

Role	Iowa Department of Education Entity	Responsibilities
Lead Reviewer, Health Services	Bureau of Accountability, Data, and Finance	Oversees content accuracy, alignment with clinical and public health standards, and ensures consistency with the Iowa Administrative Code. Coordinates with medical, nursing and public health experts as needed.
Lead Reviewer, Instructional Design	Division of PK-12 Learning	Design and implement high-quality learning opportunities that align with Iowa's educational mission, adult learning principles, role differentiation among staff and integration within the statewide learning system (e.g., AEA PD Online). Coordinates implementation and communication with schools and AEAs.
Reviewer, Instructional Design	AEA Learning Online	Collaborate with the Iowa Department of Education to design and implement high-quality learning opportunities—content, instruction, and assessment—that align with Iowa's educational mission, support the delivery of learning opportunities-platform, and provide comprehensive district support services such as communication, technical assistance, reporting, and account management.

*Reviewers collaborate on recommendations, manage the review cycle, and co-author training updates.

Program Vision and Goals

Vision Statement

Ensure all students experience a world-class education built on a foundation of vibrant, safe and healthy learning environments.

SMART Goal

Key Performance Indicators for FY 25

- All existing training cataloged and mapped to statutory requirements.
- The Process for Review and Evaluation is used to evaluate the relevance, effectiveness, and cost efficiency of existing training programs by identifying redundant or outdated training and flagging it for revision or consolidation.
- The Process for Creating New Training or Revising Current Training is used to develop, update and deploy at least two trainings by July 1, 2026, for FY 2026-27.

Process for Review and Evaluation

Step 1: Assess

- Collect data on current training content, delivery method, duration, audience, and statutory basis.
- Analyze feedback collected from the work group, course evaluations submitted by school personnel after course completion, and reviews from the Department or outside experts to assess accuracy, relevance, and effectiveness.
- Identify redundancies and gaps (e.g., CPR/AED, bloodborne pathogens, naloxone, etc.) in current required training.
- Identify updates, changes, or new health-related information, processes, or procedures that affect current training through updates received from key federal and state agencies, including the Occupational Safety and Health Administration, the Centers for Disease Control and Prevention, the U.S. Department of Education, and the Health and Human Services.

Step 2: Prioritize

- Determine which trainings are most critical based on student health and safety impact, legal mandates, and implementation burden.
- Track training using criteria such as legal urgency, time sensitivity, and stakeholder input.
- Identify resource and capacity barriers.

Step 3: Plan

- Develop an annual and five-year review calendar.
- Assign leads, establish milestones, and draft updates to training templates or delivery models (e.g., bundling, differentiation by role or experience).
- Use the established Process for Creating New Training or Revising Current Training to develop and update training.

Step 4: Implement

- Conduct the scheduled reviews with Health Services, PK-12, and AEA Online reviewers.
- Document actions taken, including content revisions, consolidations, or inactivation.
- Verify that revised trainings are SCORM-compliant and accessible statewide.

Step 5: Evaluate

- Gather metrics on completion rates, perceived relevance, and implementation fidelity.
- Review cost and time efficiencies achieved.
- Update the five-year rotation plan annually based on data.

Process for Creating New Training or Revising Current Training

Trigger Event

- A new law and/or administrative rule is enacted and requires new training.

OR

- An update to public health guidance is issued that affects current training.

Preliminary Review (Within 30 days of trigger event)

- Determine if new training is required or if an existing one can be updated.
- Assess existing national or state models for potential adaptation or adoption.
- Program Evaluation

Development and Quality Assurance (Within 90 days of preliminary review)

- Identify content experts; draft or adapt training using evidence-based frameworks.
- Review and validate by Health Services and PK-12 reviewers.
- Incorporate feedback from legal counsel and relevant stakeholder groups (as necessary).

Pilot and Launch (Within 4 months of development and quality assurance)

- Begin review process with the AEA Online instructional design team for functionality.
- Revise based on feedback.
- Public finalized training with SCORM compatibility and added to a centralized tracking system (i.e., AEA Online).
- Communicate new or updated training availability via established methods outlined in the Communication Process.

Post-Implementation Review (Annually)

- Evaluate training impact and relevance (e.g., through course evaluations submitted by school personnel after course completion, incident data reporting,
- Adjust cycle placement within the five-year rotation.

Communication Process

Phase	Audience	Method	Frequency
Initial Review Notification	Internal Department Divisions (PK-12, Special Ed, Nutrition/Health Services)	Email	Quarterly
Ongoing Updates	AEAs, LEAs, school personnel, administrators	Department newsletter(s), PD Online updates, notifications on AEA Online	Continuously

Appendix B: List of House File 835: Health Care-Related Training for School Personnel Work Group Membership

Name	Organization
Director McKenzie Snow	Iowa Department of Education
Leisa Breitfelder, Chair	Iowa Department of Education
Melissa Walker, Co-Chair	Iowa Department of Education
Meg Collins, Facilitator	Iowa Department of Education
Stephanie Nugent	Iowa Department of Education
Josh Moser	Iowa Department of Education
Robert Kruse	Iowa Health and Human Services
Matthew Donohue	Iowa Health and Human Services
Coy Marquardt	Iowa State Education Association
D.T. Magee	Iowa Association of School Boards
Dan Zylstra	Accredited Nonpublic Schools
Lisa Remy	School Administrators of Iowa
Amy Groen	Statewide Organization Representing Physicians
Deborah Cleveland	Heartland Area Education Agency
Stan Rheingans	Keystone Area Education Agency
Richelle Williams	Athletic Trainers Organization
Tracy Foltz	Iowa Emergency Services Association
Sarah Dixon	Primary Care Association (Healthcare Organization)
Greta Guys	Iowa Association of School Boards
Jill Kiger	School Administrators of Iowa
Jordan Drane	Iowa School Nurse Organization
Melinda Padley-Jones	ISEA Ottumwa CSD Educator
Ray Sorenson	Representative
Roxanne Cogil	Epilepsy Foundation
Bethanie Kintigh	Iowa HHS
Mark Taylor	Centerville CSD Superintendent