

Students with Special Health Needs

Health and safety of all students is a primary concern of the district. Except in rare circumstances as indicated below, in emergency situations involving accident or illness, district employees are expected to render first-aid and life-sustaining care to the extent of their knowledge and training, utilize emergency medical resources available in the community and seek assistance of school medical personnel or other staff members.

Individualized Health Plans

When a student with special health needs is enrolled in a district school, an Individualized Health Plan ("IHP") shall be prepared and reviewed at least annually (and whenever there is a change in personnel or a change in the student's medical status) by the school nurse, the parent/guardian and the student's physician.

The IHP shall set forth the special health needs of the student and the plan for dealing with those needs in the school setting. In planning for the student's special health needs, the school nurse shall consult with and access applicable community resources when appropriate. If the student has an Individualized Education Program (IEP) or 504 plan, the IEP team or 504 team will determine whether the IHP, and any emergency protocol, should be attached to the student's IEP or 504 plan.

DNR Orders and CPR Directives

The greater inclusion of students with disabilities and advancements in medical technology have led to an increase in the number of students with significant medical needs in schools. Although rare, it is now possible for a student to be attending school in an advanced terminal condition.

A "Do Not Resuscitate" (DNR) order is a physician's order stating that certain life sustaining procedures shall not be performed on a patient. Parents/guardians of a minor child who is subject to a DNR order may execute a "Cardiopulmonary Resuscitation" (CPR) directive. A CPR directive is a written instruction by the student's parent/guardian and physician that cardiopulmonary resuscitation is not to be performed for the child.

Requesting implementation of CPR directive

Any parent/guardian wishing to have a CPR directive implemented in the school setting as part of the student's IHP shall present the signed, original directive on the official form issued by the Colorado Department of Public Health and Environment to the building principal for consideration.

If the parents of the student are divorced, appropriate court documents designating decision-making authority of the parents shall be required. Evidence of court appointment as legal guardian must be similarly provided when applicable. All parents/guardians having authority to make medical decisions must sign the CPR directive.

Convening CPR directive team

Within a reasonable time from receipt of the signed CPR directive, the building principal or designee shall convene a multidisciplinary school-based team (the CPR directive team) to determine whether the CPR directive can be implemented in the school setting and if so, shall design a protocol for handling the student's health-related emergency events, including the comfort care to be provided to the student. The team shall be comprised of the student's parent/guardian, and to the extent possible and necessary, the student's physician, the student's hospice nurse, the school nurse, local emergency medical personnel, the school counselor, school district legal counsel, a physician designated by the school district, the student's teacher(s), and if the student is a special education student, appropriate members of the IEP team. The CPR directive team may also include an ethicist or other person with expertise in medical decision-making issues.

Determining whether implementation of a CPR directive is feasible

In determining whether it is feasible for the CPR directive to be implemented in the school, the CPR directive team shall consider the factors set forth in the regulation accompanying this policy.

Designing an emergency protocol

In designing a protocol for handling health-related emergency events, the CPR directive team shall follow procedures set forth in the regulation accompanying this policy.

Revoking CPR directive

Parents/guardians wishing to revoke a CPR directive may do so at any time by providing a signed, written revocation request to the building principal or designee.

Adopted: prior to 2018

Revised and recoded by the superintendent: July 17, 2019

LEGAL REFS.: 29 U.S.C. 794 *et seq.* (Section 504 of the Rehabilitation Act)
42 U.S.C. 12101 *et seq.* (Americans with Disabilities Act)
28 C.F.R. 35.130 (b)(6) (regulations pertaining to the American with Disabilities Act)
34 C.F.R. 104.4 (regulations pertaining to Section 504 of the Rehabilitation Act)
C.R.S. 15-18-101 *et seq.* (Colorado Medical Treatment Decision Act)
C.R.S. 15-18.6-104 (Colorado statute regarding duty to comply with CPR directives, immunity)
6 CCR 1015-2 (rules pertaining to implementation and application of advance medical directives for CPR by emergency medical service personnel)

CROSS REFS.:

Board policies:

EL-9, Treatment of Students Parents and Community
EL-11, School Safety

Administrative policies:

JLC, Student Health Services and Records

JLCE, First Aid and Emergency Medical Care

Students with Special Health Needs (Implementation and Protocol for CPR Directives)

Determining whether implementation of a CPR directive is feasible

In determining whether it is feasible for the CPR directive to be implemented in the school, the CPR directive team shall:

- Consider the impacts on the school, including the mental, emotional and physical health of all students and personnel in the school. If the team determines that the impact of the ill student's participation is too disruptive, the team shall initiate a request for homebound educational services, subject to laws pertaining to the education of students with disabilities.
- Consider obtaining an independent medical opinion, which may include an evaluation by hospice personnel.
- Involve legal counsel in review of the CPR directive to determine whether it is valid under state law, including whether the persons signing the form have legal authority to make medical decisions on behalf of the student.
- Consult with the emergency response personnel responsible for responding to an emergency call at the school to determine whether school personnel who have contact with the student have the proper training and expertise to implement a proposed protocol for health-related emergency events involving the student, including the ability to assess whether the circumstances specifically described in the protocol are present and to provide or withhold the specific assistance or care.
- Determine whether school personnel who have contact with the student have any moral or ethical issues related to complying with the protocol. If so, and only with parent/guardian permission, arrangements shall be made to transfer the student to a different classroom or school. If the parent/guardian does not agree to the transfer, the CPR directive will not be implemented. The school district reserves the right to designate specific classrooms or schools to which students subject to a CPR directive will be assigned.
- Provide counseling resources, which may include hospice, for students and school district personnel on issues of death and dying prior to and during the student's attendance at the school.
- Obtain a written statement from the parents/guardians stating that any time the school nurse, building principal or designee feels the student is too ill to be in class, the parents/guardians or designee will be immediately available to pick up the student from school and if they are not, that they consent to transportation of the student according to the instructions contained in the statement. The statement shall state the place to which the student shall be transported, who will provide transportation and who shall be responsible for any transportation charges.

- Address confidentiality issues.

Designing an emergency protocol

In designing a protocol for handling health-related emergency events, the CPR directive team shall:

- Describe the specific assistance or care, including comfort care, to be provided to the student, by whom and under which specifically described circumstances. This shall include a description of care to be provided when a treatable or curable intervening disease, medical condition or injury occurs.
- Describe the specific assistance or care that is not to be provided to the student, by whom and under which specially described circumstances.
- Specify the potential signs and symptoms of health deterioration. Every effort shall be made to transport the student from school at the first signs of a deteriorating condition.
- Upon the onset of signs or symptoms of health deterioration and while waiting for transportation by parents/guardians or emergency medical personnel, provide for removal of the student from the classroom to a private setting. If the affected student's removal is not possible, provide for removal of other students in the room.
- Address how other students in the room at the time of the health-related emergency event will be cared for.
- Describe how and by whom notification of emergency medical personnel and the county coroner will occur.
- Describe how and by whom notification of the student's parents/guardians will occur.
- Describe how and by whom communication with parents/guardians of other students in the school will occur.
- Address transportation needs in the event the student dies while at school, including the mortuary to which the student is to be transported and by whom.
- Provide for professional counseling to students and personnel in the school following a health-related emergency event.
- At the discretion of the building principal or designee, involve legal counsel in review of the protocol.

All parents/guardians having authority to make medical decisions must sign the protocol developed by the CPR directive team before the protocol can be implemented.

A current photograph of the student shall be submitted with the CPR directive and shall be kept with all copies of the CPR directive. A copy of the CPR directive with the student's photograph shall be kept in a confidential location where it can be easily located at all times. The original CPR directive shall be kept in the nurse's office.

Adopted: prior to 2018

Revised and recoded by the superintendent: July 17, 2019