

BOARD OF EDUCATION
POLICY 5110
STUDENTS WITH DO NOT
RESUSCITATE ORDERS

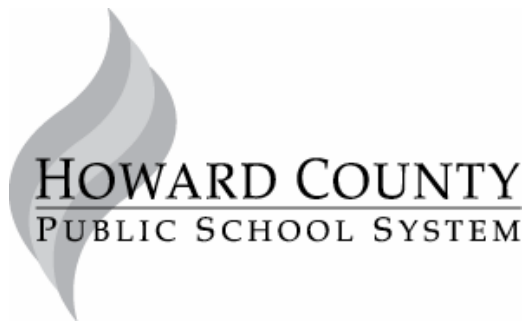
Effective: May 9, 1996

Policy Statement

The Howard County Board of Education recognizes that students with life threatening health problems attend Howard County public schools. The Board further recognizes that these students may attend school with valid EMS Palliative Care/Do Not Resuscitate orders. The Board recognizes the right of parents/guardians to make decisions regarding health care measures for their children. However, the school environment must be orderly, safe, and free from threats to the well-being of all students. The death of a student on school premises can be traumatic for both students and staff. Therefore, implementation of an EMS Palliative Care/Do Not Resuscitate order in the school setting must be individually evaluated and addressed on a case-by-case basis.

The Superintendent of Schools is directed to develop regulations and procedures to implement this policy.

Original Approval: May 9, 1996



POLICY 5110-R
REGULATIONS
**STUDENTS WITH DO NOT
RESUSCITATE ORDERS**

Effective: May 9, 1996

I. Definitions

- A. "Do Not Resuscitate" Order - A written physician order on the Maryland Emergency Medical Services Palliative Care/Do Not Resuscitate (DNR) order form stating that Cardiopulmonary Resuscitation and other invasive medical procedures are not to be administered in the event of a life-threatening medical episode with an individual.
- B. Health Services Professional - A physician, certified nurse practitioner, or registered nurse with experience and/or special training in working with children and families in school health programs.
- C. EMS Palliative Care/DNR Medical Protocol - Standardized health care guidelines from the Maryland Institute for Emergency Medical Services Systems within the State of Maryland to provide reassurance and comfort to an individual who is experiencing a life-threatening medical episode. The guidelines do not include the use of CPR or other invasive life-sustaining medical procedures. The individual is provided with comfort measures.
- D. Maryland Emergency Medical Services Palliative Care/Do Not Resuscitate (DNR) Order Form - An official, numbered order form with a coinciding numbered personal identification bracelet that is used to identify an individual with a valid DNR order. If 911 is called and the order form or bracelet is shown, life support will not be given by emergency personnel. Comfort measures will be administered.
- E. Parent - The biological parent(s), adoptive parent(s), or legal guardian of a student who has legal authority to make medical decisions for the child.
- F. Health Services Specialist - A professional registered nurse employed by the Board of Education.

II. Regulations

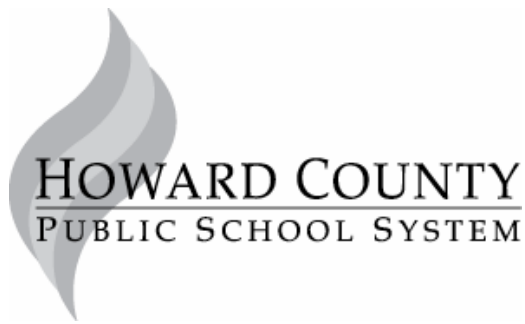
- A. All students who are identified as having a valid Maryland EMS Palliative Care/Do Not Resuscitate order shall be immediately referred by the principal to the Health Services Specialist for assistance with case management.

- B. Students who do not have valid orders must be referred to their physician to obtain the order. A principal who becomes aware of the potential DNR order shall immediately inform the Health Services Specialist.
- C. Prior to final acceptance of the EMS Palliative Care/Do Not Resuscitate order, at least one planning meeting shall be held with the parent, the school principal/designee, and a school health services professional (school nurse or health specialist) to clarify the specific expectations for the care of the student. A representative from the transportation office, the student's physician, and the student may also be invited to participate in the planning meeting when appropriate.
- D. The EMS Palliative Care/Do Not Resuscitate Medical Protocol will not be implemented until:
1. The school receives a valid written order, a "Do Not Resuscitate Order", from a physician licensed in Maryland stating that the student should not receive CPR in the event of a medical crisis. To be valid, the order will be required on the Maryland Emergency Medical Services Palliative Care/Do Not Resuscitate (DNR) Order Form
 2. The parent has notified the school in writing of their agreement with the "Do Not Resuscitate" order
 3. School health services personnel receive clarification of the scope of the DNR order, including an explanation of the specific procedures which are permitted and which are prohibited
 4. Appropriate counseling and training of school and transportation staff have been conducted including an explanation of the permitted and prohibited procedures
 5. A formal written health care plan has been developed by the designated school health services professional, and signed by the parent, physician, school administrator, and if appropriate, the student if he/she is competent and of legal age.
- E. School staff will follow routine measures for first aid and CPR for the student when experiencing a medical crisis until the particular student has a signed written health care plan. Actions of first responders will be guided by procedures found in the manual, Requirements and Procedures for School Health Services, and by training received during a certification course in first aid and CPR.

- F. Student confidentiality must be maintained. The principal, school nurse or health assistant, and the health services specialist must be made aware of the DNR order. The parent shall be consulted as to the disclosure of the student's medical condition to additional school staff and to students. The principal, in consultation with the parent, shall decide which school personnel should be informed of the student's condition.

- G. "Do Not Resuscitate" orders and related individual health care plans must be reviewed periodically, and at least annually to determine continued appropriateness. The parent must be involved in the review.

Original Approval: May 9, 1996



POLICY 5110-PR
IMPLEMENTATION PROCEDURES
STUDENTS WITH DO NOT
RESUSCITATE ORDERS

Effective: May 9, 1996

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- I. The parent of all students who request the implementation of an EMS Palliative Care/Do Not Resuscitate order in the school setting must be immediately referred to the Health Services Specialist in the Health Services Office. The student will receive routine first aid and CPR as described in the health services manual, Requirements and Procedures for School Health Services, until all implementation procedure requirements are met. Students who do not have a valid EMS Palliative Care/Do Not Resuscitate Order form completed will be referred to their physician to obtain the proper form. The Health Services Specialist should be immediately informed about the student and the potential DNR order by the principal.
 - II. The parent must provide the school with a copy of the physician order on the Maryland Emergency Medical Services Palliative Care/Do Not Resuscitate Order form. The parent must also provide a separate signed statement indicating their agreement with the DNR order for the school setting. This statement is to be attached to the copy of the signed EMS Palliative Care/ Do Not Resuscitate Order form. The order and the parent statement are to be filed in the front of the student health record.
 - III. The Health Services Specialist will review the physician order and perform a nursing assessment to determine the factors necessary to implement the request. Included in the assessment will be consideration of the impact of implementation on other students and staff within the school.
 - IV. When it is determined that it is appropriate to implement the request, the Health Services Specialist will develop a written individual health care plan specifying actions to be taken in the event of a medical crisis with the student. The parent, the principal, the school nurse or health assistant, a pupil transportation representative, the physician (if possible), and the student, if appropriate, will be required to attend at least one meeting to plan for the needs of the student. A Hospice representative may also be invited by the parent to attend if appropriate. Prior to implementation, the plan must be agreed to and signed by the parent, the student's physician, the principal, the Health Services Specialist, the school nurse or health assistant, and the student, if appropriate. A copy of the EMS Palliative Care/DNR Medical Protocol must be attached to the individual health care plan.
 - V. When the parents first inform the school of the DNR order, the principal shall provide the parent with a copy of the Students With Do Not Resuscitate Orders policy and procedures.

- VI. The student's confidentiality must be maintained. During the initial planning meeting with the parent, a determination should be made of which staff members will be informed of the student's status. The Health Services Specialist shall inform the necessary school personnel of the student's special health situation while respecting the parent's request for confidentiality. The student is to be listed on the health problems list and on the Special Health Needs list in the health services substitute file.
- VII. It will be the responsibility of the principal and the school nurse or health assistant to assure that the student has a current valid EMS Palliative Care/ Do Not Resuscitate Order form and bracelet whenever the EMS Palliative Care/ Do Not Resuscitate order is to be implemented. It is the responsibility of the parent/guardian to obtain the order and bracelet. The numbered bracelet must be kept with/on the student at all times to assure proper identification. The bracelet will be promptly displayed by the school principal/designee, school nurse, or health assistant to emergency medical personnel responding to a school emergency. A copy of the signed EMS Palliative Care/ Do Not Resuscitate Order Form must be kept in the student health record. **The number on the DNR order form and the number on the bracelet must match.**
- VIII. The Health Services Specialist will be responsible for inservice education of school and pupil transportation staff. Training should include information on the specifics of the student's condition and individual health care plan, information on the EMS Palliative Care/ Do Not Resuscitate Order form and bracelet and EMS Palliative Care/ Do Not Resuscitate Protocol, a time for questions, and an opportunity to further discuss and address individual concerns. Training may also include information on death as a part of life, what might be expected at the time of death, responsibilities of staff, and the availability of support and coordination from Hospice Services of Howard County. Counseling services will be made available to staff as appropriate.
- IX. The Health Services Specialist will be responsible for making a nursing assessment of the needs of the student population regarding education and counseling in the event that the Do Not Resuscitate order is implemented for an individual during school hours. Individuals and groups of students should be offered support services.
- X. If a Do Not Resuscitate order is rescinded, the parent must inform the school principal in writing. The principal will immediately inform the school health services staff member. The health services staff member will write "DISCONTINUED" in RED across the EMS Palliative Care/ Do Not Resuscitate Order. The notation must be signed and dated. The discontinuation of the order must be clearly documented in the student's health record. The principal and the health services staff will be jointly responsible for informing appropriate school personnel and the Health Services Specialist that the DNR order has been discontinued. The Health Services Specialist will revise or discontinue the individual health care plan to reflect the change in order and the student's current needs.

- XI. The Do Not Resuscitate order and related health care plans must be reviewed at least annually by the health services professional to determine the continued appropriateness. The parent must be involved in the review. A physician contact should be made in most cases. The review should be documented in the student health record. The parent should sign the individual health care plan at least annually.

Administrative approval: May 9, 1996