Individual Emergency Health Plans

I. PURPOSE

Coordination of care for students whose parents or guardians have submitted a DNAR (Do Not Attempt Resuscitation) or DNI (Do Not Intubate) order to the district is required to adequately provide for the support of the medically fragile student, his or her family, the others students in the school and the school staff. The purpose of this regulation is to outline the minimum requirements for an individual health plan for care for a medically fragile student.

II. PLANNING TEAM

A. The licensed school nurse shall assemble an appropriate team to determine the individual health plan for a medically fragile student who has presented a DNAR or DNI order to the school.

B. Members of the team must include the following:
   1. parent(s) and guardian(s) of the subject student.
   2. School principal
   3. School health office personnel
   4. School social worker
   5. student’s primary licensed health care provider or designee.

C. Members of the team may include the following:
   1. the student’s teachers
   2. the student’s educational support personnel assigned to him or her, or to the classrooms in which the student is assigned.
   3. school psychologist
   4. school counselor
   5. transportation staff
   6. extended family members (with the consent and advice of the student’s parent(s) or guardian(s)
   7. district therapists involved in the care of the student
   8. external therapists involved in the care of the student as identified by the parent, guardian or student’s primary health care provider.
   9. family clergy choice,
   10. emergency medical services representative.

D. The planning team will be informed of district policy and regulations regarding protection of student data and appropriate data practices.
III. **EMERGENCY HEALTH PLANNING**

A. The licensed school nurse shall be responsible for obtaining any necessary releases of information required to facilitate planning.

B. Every plan shall have a commencement date and review date(s) prominently displayed. All plans must be reviewed no less frequently than every eight (8) weeks.

C. Every plan shall indicate the date of the DNAR or DNI order and its termination date.

D. The plan shall include:
   1. Specific medical interventions that are allowed by the DNAR/DNI order in both cases of imminent death and when no risk of imminent death exists.
   2. Specific medical interventions that are not allowed by the DNAR/DNI order in both cases of imminent death and when no risk of imminent death exists.
   3. Procedures to be followed by educational personnel in the event of a health emergency, in both cases of imminent death and when no risk of imminent death exists.
   4. Plans for contacting and interacting with local emergency medical services providers.
   5. Family communication plans,
   6. Plans for managing other family members enrolled in the school.
   7. Plans for ongoing assessment of the student’s health status.
   8. Guidelines for when a subject student may be excused or removed from class activities.
   9. Guidelines and procedures for managing other students present in the event of the student’s health emergency.
  10. Approved palliative care to be administered to the student.
  11. Plans for responding to a health emergency that occurs while the student is being transported by the district.
  12. Identification emergency contacts if parents or guardians are unavailable and protocols for notification of emergency contacts.
  13. Agreements regarding which district employees should be informed and receive training on the plan.
  14. Plans for staff and student education.
  15. Regular and extraordinary transportation plans,
  16. Plans to manage student, family, legalities, other staff and students in the event of a school-sited death.
  17. Plans for post-event support for student, family, other students and staff.

E. The plan may include:
   1. Agreements regarding the use of medical identification bracelets or necklaces.
   2. Agreements regarding the inclusion of a copy of the DNAR or DNI order in the student’s primary classroom, on the student’s wheelchair or other mobility device used by the student.
   3. Agreements of the parent(s) or guardian(s) to pick up the student in the event that the school nurse identifies signs and symptoms that signal a change in the health status of the student.
F. The plan may become part of an existing Individualized Education Program (IEP) or Individual Accommodation plan (IAP or 504 plan) for the student.

G. A copy of the plan shall be maintained in the student’s health file, and shall be submitted to the District Nursing Supervisors.

Legal References:
29 USC §794 et seq. (Rehabilitation Act of 1973, §504)
42 USC §§ 12101-12213 (Americans with Disabilities Act)

Cross References:
MPS Policy 1040 (Student and Staff Data Protection)
MPS Policy 6680 (Safety, Security and Emergency Crisis Management)
MPS Policy 6681 (Accident Prevention and Reporting)
MPS Policy 6691 (Communicable Diseases Affecting Students)
MPS Policy 6692 (Student Medication)

MPS Regulation 6682 A: (Staff Responsibilities)

Other References:
“Do Not Attempt Resuscitation (DNAR) Issue Brief” National Association of School Nurses Position Statement, June 2012