



Students with Special Health Care 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 health personnel or other staff members.

Individualized Health Plans

When a student with special health needs is enrolled in a district school, the school nurse shall determine the need for an Individualized Health Plan ("IHP"). The 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 the parent/guardian, health care provider and access applicable community resources when appropriate.

When a parent/guardian requests that health services be provided to the student at school, the school nurse will determine whether the requested service may be provided at school by school staff.

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 school's principal and school nurse 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 school 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 school principal or designee.

- 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.: JLC, Student Health Services and Records
- JLCE, First Aid and Emergency Medical Care

End of File: JLCEA