Students

Administrative Procedure – Do Not Resuscitate Orders

Due to the complexity and severity of medically fragile students enrolled in NDSEC educational programs, and in acknowledging that these students present with unique needs, NDSEC will consider advance directives for medical management such as Do Not Resuscitate (DNR) orders. Request to withhold specific life sustaining procedures will be made by providing a DNR order to the NDSEC Licensed School Nurse. The NDSEC Licensed School Nurse will notify the Executive Director, Building Principal, and Program Administrator of the DNR order. Authorized orders to withhold designated emergency treatment and/or palliative care orders will be reviewed on an individual basis by the student’s IEP team.

A DNR Order is a physician’s directive that cardiopulmonary resuscitation not be used in the event of a cardiac or respiratory arrest. This can include breathing and ventilation by any assistive or mechanical means, chest compressions, defibrillation, or other related life sustaining procedures.

A. Submission of the DNR Order

1. The parent/guardian is responsible for providing an Illinois Department of Public Health (IDPH) Uniform Do Not Resuscitate Advance Directive signed by the student’s physician to the NDSEC Licensed School Nurse.
2. NDSEC will request that the parent/guardian provide written consent to allow NDSEC personnel to confer with the authorizing physician. NDSEC may not honor the DNR order if the parent/guardian fails or refuses to provide such consent.
3. The parent/guardian must provide a written statement affirming the continuance of the DNR order and all its conditions annually at the beginning of each school year.
4. NDSEC may accept a DNR order that has been signed by only one parent/legal guardian and is under no obligation to seek the signature or consent of the other parent/guardian. However, if NDSEC is made aware that the parents/guardians disagree with the DNR order, NDSEC will not honor the DNR order unless and until a court order is provided that authorizes the DNR order or affords one parent/legal guardian with sole authority to make medical decisions for the student.
5. The DNR order will be given to the NDSEC Licensed School Nurse for verification.

B. Reviewing the DNR Order and Developing a Plan

1. The NDSEC Licensed School Nurse will notify the Program Administrator responsible for arranging an IEP conference with the parent/guardian and sending a notice of conference to the parent/guardian.
2. Only with the written consent of the parent/guardian, the NDSEC Licensed School Nurse will attempt to contact the student’s private physician(s) prior to or during the IEP conference and request that the physician(s):
   a. Validate the DNR order.
   b. Elaborate on medical conditions which predispose the initiation of the DNR order:
      i. Cardiac arrest.
ii. Respiratory arrest.
iii. Pre-cardiac/respiratory arrest indicators.

3. The IEP team will review all available information, including any evaluations or reports from the student’s private physician(s), to determine the appropriate actions should the student experience respiratory or cardiac arrest at school or school-related events or during transportation to/from school or school-related events. This includes, but is not limited to:
   a. Determining whether school personnel will honor the DNR order at school and school related-activities, including but not limited to, transportation;
   b. If the DNR will be honored, listing specific comfort-care measures to be provided if the student experiences respiratory or cardiac arrest; and
   c. Specifying a location(s) in the building where the student should be taken in the case of a respiratory or cardiac arrest.

4. The IEP team will incorporate those actions into the student’s DNR Emergency Action Care Plan. The DNR Emergency Action Care Plan will be attached to the IEP and must include the following:
   a. A summary of information reviewed by the IEP team;
   b. A description of the student’s needs that require the plan;
   c. The list of school personnel who will implement the plan;
   d. The specific steps to be taken by school personnel if the student exhibits respiratory or cardiac distress;
   e. The sequential order in which those specific actions will be taken by school personnel; and
   f. The expiration date of the plan and/or when the plan will be reviewed by the team.

5. The IEP team will determine who will receive copies of the planned procedures in the DNR Emergency Action Care Plan. Appropriate individuals may include the building principal, program administrator, the student’s teacher and other personnel who work with the student, transportation personnel, and local EMS.

6. If the IEP team has determined that the DNR order will be honored, the parent/guardian will be advised that anyone who is not directly informed about the DNR order, or is unaware of its meaning, will initiate cardiopulmonary resuscitation.

C. Implementing the IEP/DNR Emergency Action Care Plan

1. The NDSEC Licensed School Nurse will distribute the planned procedures in the DNR Emergency Action Care Plan to the individuals designated by the IEP team.

2. The NDSEC Licensed School Nurse is responsible for ensuring that all individuals designated by the IEP team are instructed to follow and be trained on the planned procedures.

3. A copy of the planned procedures in the DNR Emergency Action Care Plan will be placed in the student’s health file and student’s backpack.

D. Procedures for School Death

The following procedures will be implemented if a student is not resuscitated at school or school-related events according to his/her DNR Emergency Action Care Plan:
1. Contact local EMS if not already at the school.
2. Notify the Building Principal, Program Administrator and Executive Director.
3. Contact the parent/guardian and other persons as designated on the student’s IEP/DNR Emergency Action Care Plan, if any. Request the parent/guardian and other designated persons report to a specific location.
4. Seclude the student in the nursing office or designated room. Ensure privacy and support when the parent/guardian arrives.
5. EMS and local law enforcement agency will transport the student to the local hospital.
6. Secure the assistance of the school crisis team as soon as possible.

E. Discontinuation or Revocation of a DNR Order

1. If a DNR order is rescinded, the parent/guardian must inform the NDSEC Licensed School Nurse in writing.
2. The DNR order may be revoked at any time by the parent/guardian by:
   a. Informing the NDSEC Licensed School Nurse in writing; or
   b. An oral statement made directly to the NDSEC Licensed School Nurse or other trained school personnel to initiate resuscitation during an emergency situation.
3. The NDSEC Licensed School Nurse will be responsible for informing appropriate school personnel that the DNR order has been discontinued or revoked by the parent/guardian.
4. The NDSEC Licensed School Nurse will contact the Program Administrator to convene an IEP conference or complete a written amendment to modify the student’s IEP and DNR Emergency Action Care Plan to reflect the discontinuation or revocation of the DNR order.

Resources:


# DNR EMERGENCY ACTION CARE PLAN

**Student Name___________________________________________**  **Date ______________________**

**Student Date of Birth__________________**

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<tr>
<td>[ ]</td>
<td>A copy of the original IDPH Do Not Resuscitate Advance Directive is attached.</td>
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<td>[ ]</td>
<td>Student is enrolled in hospice/palliative care services.</td>
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### A. Summary of Information reviewed by the IEP team:

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

### B. A description of the student’s needs that require this plan:

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

### C. School personnel who will implement this plan:

________________________________________  _________________________________________

________________________________________  _________________________________________

________________________________________  _________________________________________

### D. The specific steps in sequential order to be taken by school personnel if the student exhibits respiratory or cardiac distress:

1. ____________________________________________

2. ____________________________________________

3. ____________________________________________

4. ____________________________________________

5. ____________________________________________

### E. Cardiopulmonary Resuscitation (CPR)  □ WILL  □ WILL NOT  be initiated by school personnel.

### F. Expiration date of the plan:  ______________

### G. Date the plan will be reviewed by the IEP team (prior to the start of the following school year):  ______________
H. School staff to be informed of this plan:

☐ NDSEC Licensed School Nurse ☐ Building Principal
☐ Program Administrator ☐ School district representative: _____________
☐ Classroom teacher(s) ☐ Occupational therapist(s)
☐ Physical therapist(s) ☐ Speech and language pathologist(s)
☐ Classroom aide(s) ☐ Individual aide(s)
☐ Lunch supervisor(s) ☐ Bus/ transportation driver
☐ Bus/transportation aide ☐ Other: ________________________________

I. Identify training to be provided to the identified school staff (if no training is needed, state “None”):

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

J. Contact the following persons in the order listed for emergencies:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Telephone</th>
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Parent Signature: ____________________________ Date: __________________

Reviewed by (NDSEC Licensed School Nurse): ________________ Date: ________________

To be signed by parent:

I authorize this procedure to be shared with NDSEC personnel, building nursing services, transportation services, and the local EMS

Parent Signature: ____________________________ Date: __________________
SEPTRAN EMERGENCY PROTOCOL

In the event of any emergency, Septran will follow the protocol listed below. Note: this protocol does not apply to a student who is an Epi-Pen carrier.

SEPTRAN DRIVERS/AIDES CANNOT TOUCH STUDENT OR PERFORM MEDICAL TREATMENT/LIFE SAVING TECHNIQUES.

Upon notification of an emergency:

Driver will notify Septran Base via 2-way radio of emergency, and pull over to safest area. (Side of road/parking lot).

Septran base will contact 9-1-1 and advise of such emergency and driver location. (Base will also pull up driver’s location on GPS)

Septran base will make contact with NDSEC to advise them of emergency.

NDSEC will contact District Coordinator/NDSEC Coordinator/School/Executive Director.

NDSEC will contact the student’s parent/guardian or other individuals provided on the student’s emergency contact card.

Driver will remain with student(s) and update Septran base with any changes.

Driver will notify Septran base when police/paramedics arrive.

If student has a DNR order on file, driver will provide the DNR order to police/paramedics.

Septran base will contact parents/school of students on the bus to notify them that there will be a delay in pickup or drop off.

Septran driver will complete an incident report and send into NDSEC.

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>DOB:</th>
<th>Home District:</th>
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<tbody>
<tr>
<td>Medical Condition:</td>
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<tr>
<td>Signs to look for that indicate a medical emergency is to occur:</td>
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<td>Measures to take to provide comfort/safe area for student :</td>
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<td>Allergies:</td>
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<td>DNR :</td>
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<td>Yes ☐ No ☐</td>
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<td>If Yes, see attached DNR Emergency Action Care Plan.</td>
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<td>Program Administrator:</td>
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<td>Date:</td>
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<tr>
<td>Additional Signatures:</td>
<td></td>
<td>Date:</td>
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<td>Date:</td>
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Implemented: 12/2014