Development of a School Board Policy

Regarding Do-Not-Resuscitate Orders in the School

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Background: According to the Sacramento County Child Death Review Team (2007), there were 167 child deaths in Sacramento County in 2005. 121 were from natural causes, 71 of these children died in infancy, leaving 96 children over one year of age who died of natural causes. Examples of cause of death were cancer, respiratory disease, lupus and congenital anomalies such as neural tube defects, and heart defects. School aged children (5-17 years old) accounted for 40 of the deaths from natural causes in Sacramento County.

Studies show an increased number of medically fragile, chronically ill and terminally ill students attending school due to advances in medical science and medical technologies that have extended the lives of many ill children allowing them to reach school age. According to Federal and State laws all children have the right to a free and appropriate education in the least restrictive environment regardless of any health or development condition. Compliance with these laws may raise the issue of implementation of a Do-Not-Resuscitate (DNR) order in the school setting.

Legal issues surrounding implementing DNR orders in public schools are complex and multi-faceted. They include a lack of clear state and federal laws related to carrying out DNR orders for minors in non-hospital settings, lack of protection against liability for un-licensed personnel, and discrepancies between local school board policies and regulations and state laws. (Kimberly, Forte, Carroll, & Feudtner, 2005).

School districts are required by state and federal laws such as Individuals with Disabilities Education Act of 1990 and Section 504 of the Rehabilitation Act of 1973 to provide every student with access to a free and appropriate education in the least restrictive
environment without regard to any health or developmental issues. (Thomas & Hawke, 1999)

The provision of health care services continues to be an area of question and debate between school district and parents. There is great challenge in determining the lines between health services appropriate to be requested and administered in the school setting versus medical services that should be provided and administered by the student’s parents and medical professionals. Clarification of state and federal law is necessary to address the complexity of the issue of honoring a DNR order in the school setting. (Thomas, 1999 & Kimberly, et. al, 2005)

The National Association of School Nurses (NASN, 2004), American Academy of Pediatrics (APA, 2000), and the California School Nurse Organization (CSNO, 2007) have published position statements regarding the implementation of DNR orders in the school setting. All of these organizations stress the importance of evaluating DNR orders on an individual basis in order to determine their appropriateness for implementation. Furthermore, the involvement of the school nurse is a critical component in planning and implementing DNR orders in the school setting. (White, 2005).

There are many ethical issues surrounding the implementation of DNR orders in the school setting. These include individual moral beliefs about the appropriateness of DNR orders for minors, the impact of a child’s death at school on the other students as well as staff and faculty, and concerns that bystanders observing an emergency situation would perceive staff as “doing nothing” in response to an emergency medical situation. (Hone-Warren, 2007 & Kimberly, et. al, 2005) Staff education related to DNR orders, their purpose and specific implementation is critical in order to develop an appropriate school policy. (Hone-Warren, 2007)
Three key themes were identified in a recent study involving administrators’ attitudes about DNR orders in schools. These themes were a lack of knowledge, fear and anxiety, and emotional aspects. (Hone-Warren, 2007) The school nurse plays an important role in bridging the gap between the school and the health community and can serve as an invaluable resource in bringing education, training, and planning to the process of implementing policies related to DNR orders in the schools. (Hone-Warren, 2007 & White, 2005). One thing that was identified through research is the importance of developing school board policy in order to help allay fears and concerns and give administrators a plan when DNR orders are brought into the school by parents and caregivers of medically fragile students.

The purpose of this presentation is to discuss the need for a district specific school board policy regarding implementation of DNR orders in elementary and secondary schools. The school nurse is willing to work with the school board in developing early stage interventions and plans that will enhance the adoption of this policy by the school administrators and staff. These interventions will include education by the school nurse to the board and administrators related to DNR orders, what they are, the legal issues surrounding them, and the emotional and ethical concerns of the administration. The ultimate goal would be a willingness on the part of the school board to adopt a policy and administrative regulation related to DNR orders that is in compliance with local, state, and federal laws and that is able to be carried out by the administrators. Success will be reached when an appropriate policy is in place in the school district.
**FCUSD related BP/AR:** BP 5000, BP 5030, AR 5030, BP 5125, AR 5125,

*BP 5141 (specific to DNR orders, attached after references), AR 5141*

**FCUSD required signatures/titles needed to change a BP/AR:** It is required to have a majority vote by the elected board members on any issue presented to the board for revision/addition. This would be 3 out of 5 board members. Furthermore, an item must be presented at two meetings prior to being voted on.

**SUSD related BP/AR:** BP 5141

**SUSD required signatures/titles needed to change a BP/AR:** A majority vote is required in this district to change a board policy as well.
HEALTH CARE AND EMERGENCIES BP 5141

The Governing Board recognizes the importance of taking appropriate action whenever an emergency threatens the safety, health, or welfare of a student at school or during school-sponsored activities. The Superintendent or designee shall ask parents/guardians to provide emergency information in order to facilitate immediate contact with parents/guardians if an accident or illness occurs.

Resuscitation Orders

The Board believes that staff members should not be placed in the position of determining whether or not to follow any parental or medical “do not resuscitate” orders. Staff shall not accept or follow any such orders unless they have been informed by the Superintendent or designee that the request to accept such an order has been submitted to the Superintendent or designee, signed by the parent/guardian, and supported by a written statement from the student’s physician and an order from an appropriate court.
HEALTHCARE AND EMERGENCIES BP 5141

The Governing Board recognizes the importance of taking appropriate action whenever an accident or illness threatens the safety, health or welfare of a student at school or during school-sponsored activities. The Superintendent or designee shall ask parents/guardians to provide emergency information in order to facilitate immediate contact with parents/guardians if an accident or illness occurs.

Resuscitation Orders

District employees are trained and expected to respond to emergency situations without discrimination. If any student needs resuscitation, staff shall make every effort to resuscitate him/her.

The Board prohibits staff members from accepting or following any parental or medical “do not resuscitate” orders. School staff should not be placed in the position of determining whether such orders should be followed.

The Superintendent or designee shall ensure that all parents/guardians are informed of this policy.

Legal References:

EDUCATION CODE
49407 Liability for treatment
49408 Information for use in emergencies
FAMILY CODE
6550-6552 Caregivers

Replaces BP 5141 (1/92)
School Board Meeting Handout

1. **PURPOSE/PROBLEM:** To update and revise the existing policy regarding Resuscitation Orders based upon federal, state, and local laws and current medical practice.

2. **RECOMMENDATIONS:**
   a. To improve the quality of life of the terminally ill children of Sacramento County, the board should adopt a policy that promotes the attendance of terminally ill students by considering the request by parents to provide only comfort care and make no effort to provide lifesaving emergency care if supported by a do not resuscitate order (DNR), on an individual basis.

   b. The National Association of School Nurses (NASN), the American Academy of Pediatrics (AAP) and the California School Nurses Association (CSNO) all have position statements regarding DNR orders in the school setting. These organizations stress the importance of evaluating these orders on an individualized basis.

   c. NASN, AAP and CSNO agree the school nurse plays a critical role in planning and implementing DNR orders.

3. **FACTS BEARING ON THE PROBLEM:**
   a. The death of a child is a tragedy.

   b. The State of California Death Review Council reports 3,823 deaths of children from natural causes in 2005. While the majority are in the first year of life (1,508 from perinatal conditions and 153 from SIDS) other listed causes include:

      - Cancer-322
      - Congenital Anomalies-836
      - Respiratory Disease-157
      - Circulatory Disease-146
      - Nervous System Disease-183
      - HIV/AIDS-6

   c. According to the Sacramento County Child Death Review Team 2005 Annual Report there were 167 child deaths in Sacramento County in 2005. 121 were from natural causes, 71 of these children died in infancy, leaving 96 children over one year of age who died of natural causes. Examples of cause of death were cancer, respiratory disease, lupus and congenital anomalies such as neural tube defects, and heart defects.

   d. School aged children (5-17 years old) accounted for 40 of the deaths from natural causes in Sacramento County.

   e. Studies show an increased number of medically fragile, chronically ill and terminally ill students are attending school due to advances in medical science and medical technologies that have extended the lives of many ill children allowing them to reach school age. According to Federal and State laws all children have the right to a free and appropriate education in the least restrictive environment regardless of any health or development condition.

   f. Ethical and moral issues to be considered are: appropriateness of DNR orders for children, and the impact of a child’s death on the children and staff at school.

   g. The school board should refer this issue to legal counsel for consideration of appropriateness of DNR orders in school.
4. **DISCUSSION:** The present board policy does not allow for DNR orders to be followed at school. The school nurse is willing to work with the school board to develop interventions and plans that will enhance the adoption of a DNR policy that consider each student individually.

5. **FISCAL IMPACT:** District ADA, minimal finical impact because of small number of students with DNR orders. Terminally ill students have an impact on nursing costs with or without DNR orders in place. There should be no additional cost with the DNR orders.

6. **HOW WILL THIS IMPACT STUDENT ACHIEVEMENT:** The benefit will be to the student who is terminally ill and the impact would be measured individually.

7. **CONCLUSION:** A board policy that allows for individual consideration in regard to DNR orders would follow AAP, NASN and CSNO recommendations. These organizations recommend an Individualized Health Plan and Emergency Health Plan be developed by a school nurse with involvement from parents, administrators, physicians, teachers, and the student, plan to be reviewed every 6 months. The plan should include actions of the school staff in an emergency situation, comfort procedures to be given to the child, parent contact information and management of other children in the area of the life-threatening incident. All school employees should be informed of their role during an incident. Parent to make arrangements with EMS to follow DNR order.
References


Mock School Board Presentation Title: **DNR orders in the school setting**

Key School Nurse Program Assessment

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<thead>
<tr>
<th>Content</th>
<th>Highly Competent</th>
<th>Competent</th>
<th>Not passing</th>
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<td>16-17</td>
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<td>20</td>
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<td>Approach to the issues includes a collaborative approach across disciplines including community members</td>
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<td>Affected board policies are cited; any relevant legal and/or ethical issues are discussed</td>
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<td>demonstrates clear communication: Brief and brilliant: gains attention and prompts school board to action</td>
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Additional comments:
Presentation was clear, focus, and to the point. You both demonstrated excellent leadership skills, public speaking skills required for effective advocacy in school nurse practice. Policy was cited and requested action by the school board was easy to understand and possible. Ethical considerations were discussed and researched. It would have been helpful to discuss some methods to help school personnel to be comfortable and to include future trainings etc. and to include possible costs involved. This was a difficult and challenging topic but very important for school nursing practice, you are to be commended for taking on this topic. / DB