




# MODEL POLICY – MANAGEMENT OF DO NOT RESUSCITATE ORDERS IN MARYLAND SCHOOLS



## MARYLAND STATE SCHOOL HEALTH SERVICES GUIDELINE



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### Foreword

There is a strong relationship between academic achievement and a child's physical, emotional and mental health. This link is the foundation for providing school health services as an important component of a school program. School health services provide primary prevention aimed at keeping students in schools through appropriate screenings, early identification of children at risk for physical, emotional and mental health concerns, and case management of students with chronic health concerns.

The Annotated Code of Maryland, Education Article, §7-401 requires the Maryland State Department of Education (MSDE) and the Maryland Department of Health and Mental Hygiene (DHMH) to jointly develop public standards and guidelines for school health programs. The following technical bulletin is developed in accordance with that requirement and is based on the expressed needs of the local school health services programs. This technical bulletin, Model Policy – Management of Do Not Resuscitate Orders in Maryland Schools, has been reviewed by the Maryland Institute for Emergency Medical Services Systems (MIEMSS). These guidelines contain recommendations for minimum standards of care and current best practices for the health service topics addressed. It is intended that these guidelines will be used by the local school systems in developing local school health services policies and procedures as a means to assist local school health services programs in providing consistent and safe care to the students of Maryland. Specific laws and regulations that direct school nursing practice or other health services are identified in the guidelines.

The Maryland State School Health Council serves as an advisory council to both departments and as such, the council's School Health Services Subcommittee serves as the committee that develops and reviews these technical bulletins along with the specialists from MSDE and DHMH. School Health Services Program supervisors/coordinators also review and participate in the technical bulletin development process. To those dedicated school health services professionals and administrators, our thanks.

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### Overview

The Maryland School Health Services Standards (COMAR 13A.05.05.09) require that each school develop a guide for emergency care, including the provision of cardiopulmonary resuscitation and first aid. Additionally, the standards require that each local board of education, in conjunction with the local health department, formulate policies to ensure the provision of health services to students with special health needs (COMAR 13A.05.05.08).

In May 1994, the Attorney General issued an Opinion, which determined that public schools generally should accept and follow the physician's instructions contained in a *Do Not Resuscitate* (DNR) order from the parents of a terminally ill child who is enrolled in school (Opinions of the Attorney General, 1994). DNR is defined as the withholding of cardiopulmonary resuscitation (CPR), artificial ventilation, and other related life-sustaining procedures in the event of cardiac or respiratory arrest. A DNR order is separate from other aspects of the student's care. Unless otherwise specified, there should be no implied or actual abandonment of other supportive care such as administration of oxygen, suctioning, use of the Heimlich maneuver, control of bleeding and pain, and positioning for comfort.

### The Do Not Resuscitate Order

An original or copy of a written physician's order and parental/guardian/surrogate authorization must be submitted on the Maryland Emergency Medical Services (EMS) Medical Care/Do Not Resuscitate (DNR) Order form. The designated school health professional should review the order and refer questions or concerns to the local supervisor of school health services. A written statement signed by both the physician and parent/guardian affirming the continuance of the order and all its conditions is recommended at least annually at the beginning of the school year.

When the student becomes 18 years of age, the authorization must come from the student rather than the parent/guardian. If the student, now considered an adult, lacks the capacity to make informed decisions about his or her health care, a certificate of incapacity signed by two physicians must be obtained in accordance with Health General Article, Section 5-606(a) of the Annotated Code of Maryland and a new EMS Medical Care/DNR Order must be signed by a physician and the parent/guardian.

- Emergency medical services (EMS)-911 and commercial ambulance services will only honor a DNR request if an original or copy of the order is provided on the appropriate state form, the EMS Medical Care/DNR Order, or if the student is wearing the standard State-issued DNR bracelet. Forms are not numbered and patients or caregivers may make as many copies of the form as they need and keep those copies available. Forms are available at [www.miemss.org/DNRorder\\_form.pdf](http://www.miemss.org/DNRorder_form.pdf). Individuals or institutions may download as many forms as they need. Anyone who does not have access to the Internet may contact the

Maryland Institute for Emergency Medical Systems Services (MIEMSS) at (410) 706-4367 to have a form sent to them. The State-issued DNR bracelet or State form must be kept on or near the student, and available for EMS inspection in order for EMS to honor the DNR order.

- ❑ The MIEMSS DNR bracelet can be worn or kept attached to the order. If the student is transferred to the hospital, the bracelet should be put on the student's arm. Each student may have several copies of the DNR order. To be valid, the information on the bracelet must be completed as directed in the MIEMSS protocol.
- ❑ The DNR order may be revoked at any time by:
  - The physical cancellation or destruction of the Medical Care/Do Not Resuscitate Order form with the consent of the parent/guardian or the student (if the student is the authorized decision-maker); or
  - An oral statement made directly to EMS providers by the student, if still able, requesting resuscitation.
  - An oral revocation made by the parent who is the decision-maker. EMS would need confirmation of the parent's identity, which could be done in one of two ways: preferably, the parent is present at the scene or, if the request to resuscitate is made over the phone, the parent's identity has already been confirmed by the school.
- ❑ Local policies should include procedures for schools to inform the central administration office, the local health officer, the office of transportation, and the local supervisor of school health services that the school has received a DNR order.

## **Procedure for Implementing the DNR Order**

### ***Planning***

- ❑ Upon receiving a legal DNR order, the designated school health services professional should arrange a conference with the parent/guardian and appropriate school and health providers to outline expectations and procedures to follow. At a minimum, it is strongly recommended that the conference include the designated school health professional, a school administrator, and the student's parents/guardians. The agreed upon plan should be put in writing and signed by the parent/guardian, the school administrator, and physician. The proceedings should be documented in the student's health record.
- ❑ Student confidentiality must be maintained to the extent desired by the student/family. For minors, the parent/guardian has the ultimate authority in deciding who is to be informed. In general, it is suggested that the following persons be informed of the DNR order: all school health services personnel assigned to the student's school; the student's teacher(s) and bus driver(s); all administrators based in the student's school; all CPR trained school personnel; local EMS personnel; and the school system's central administration office. The parent/guardian should be advised that anyone who is not directly informed about the DNR order or is unaware of its meaning will otherwise follow local policy and initiate CPR. A specific list of who should be informed of the order should be included on the written plan.

- ❑ An individualized nursing care plan must be developed by the designated school health professional, and a medical emergency protocol should be completed by the student's physician. These plans/protocols should address the following items, as appropriate:
  - Permissible medical care of the student;
  - Medical interventions that can and cannot be done for the student;
  - Contact information in the case of an emergency situation;
  - Steps to be taken in the case of impending or actual death in all school-related environments;
  - Hospice protocol, if indicated;
  - Plans for training and supporting the staff and the student's peers;
  - Means by which EMS will be provided notice of a DNR order in case of an emergency;
  - Communication and collaboration with the family;
  - Plans for securing a death certificate; and
  - Emotional support for the student and family.

**NOTE: EMS PERSONNEL MUST FOLLOW A SPECIFIC, PRE-DETERMINED, STATEWIDE EMS MEDICAL CARE/DNR PROTOCOL UPON PRESENTATION OF A VALID EMS MEDICAL CARE/DNR ORDER FORM OR BRACELET WITH INSERT.**

- ❑ School transportation protocol
  - With parent/guardian permission, the school administrator or designee will meet with the student's bus driver, attendant (if applicable), transportation supervisor and/or local school system central office administrator to develop a plan for implementing the order.
  - Provisions for communication must be established. The school system may choose to equip the bus with a cellular phone for use in emergency situations.
  - The bus driver should be notified of the existence of the order by providing the driver with a copy of the order or placing a sticker on the student's emergency card.
  - The parents/guardians are responsible to ensure that a copy of the order or bracelet is with the student at all times, including while the student is on a school bus. School personnel will take reasonable efforts to obtain an order/bracelet.
  - A master list of students with DNR orders should be maintained by the local school system Transportation Office.
  - Confidentiality must be maintained by all transportation personnel.
- ❑ The designated school health professional is responsible for ensuring that all staff members, including transportation personnel, who are informed of the DNR order, are trained to follow the planned procedures.
- ❑ It is recommended that the families of students with DNR orders be encouraged to enroll in a local hospice program through the Hospice Network of Maryland (HNM). Hospice care neither hastens nor prolongs death; it allows the dying process to occur naturally while supporting the patient to the highest degree possible. Hospice attempts to help the child live each day to the fullest in comfort and peace.

- ❑ A child may be admitted to a hospice program after meeting the following general criteria:
  - Must have a physician-diagnosed terminal condition.
  - Must have a limited life expectancy, usually but not always, of twelve months or less.
  - Must have a physician who will continue to be involved in his/her care.
  - Both the child's family and physician have agreed upon the decision to begin supportive care and end curative treatment.
  - The family and student (as appropriate) must want and agree to hospice care.

### ***Activating the Order***

Every effort should be made to transport the student from school at the first signs of a deteriorating condition. The parent/guardian should be contacted and the established emergency protocol should be followed.

- ❑ If the student suffers distress unrelieved by physician-authorized medical care:
  - Call 911 to activate the EMS and follow the orders/plan as previously established with the physician and parent/guardian;
  - Have a copy of the EMS Medical Care/DNR Order form or bracelet available for EMS personnel upon their arrival. In most cases, EMS transport is the best choice; and
  - Notify hospice if applicable.
  
- ❑ If the student dies before being transported from school:
  - Seclude the student in the health room (or other appropriate location), while maintaining as normal an atmosphere as possible in the rest of the building;
  - Activate the EMS, who will transport the student to the nearest hospital emergency department. Notify EMS that the student is a DNR and request that they silence their sirens upon approach if consistent with local policy;
  - Contact the parent/guardian, physician, and other designated persons.
  - If the plan indicates that the parents do not want EMS transportation, the school can have EMS transport the student, if the parent-specified alternative does not materialize in a reasonable amount of time;
  - If EMS is not available or the plan indicates that the parents do not wish EMS transport, initiate steps to obtain a physician's death certificate and transport the student to the location in accordance with the parents' instructions; and
  
- ❑ If the student suffers distress or dies while being transported on the school bus:
  - The bus should be stopped and existing transportation emergency technical bulletin should be applied (i.e., driver/attendant are both responsible for recognizing an emergency, calling 911, and notifying locally designated school authorities.

- The driver/attendant should alert EMS personnel arriving to the scene of the student's DNR order and should show them the DNR (original or a copy) order form and/or bracelet. EMS will transport the student to the nearest hospital emergency department.
  - Additional EMS or police personnel should be asked to remain on the scene as long as necessary to provide help with the needs of other students and staff.
  - School administrators shall notify parents/guardians and advise them of which hospital EMS is transporting their child, even if the child has a DNR order.
- The local superintendent of schools, or designee, and the local health officer, or designee, shall be informed if a student with a DNR order dies while in school or on the way to/from school.
- The school administrator or designee shall secure the assistance of the system's crisis intervention team as soon as possible. The crisis intervention team will provide assistance to the school administration, faculty, and students to maximize healthy responses to the situation and facilitate returning the school to normal.

The following are sources of information on EMS Medical Care/DNR Program or issues dealing with the interface with Emergency Medical Services:

1. State DNR Program Office  
Maryland Institute for Emergency Medical Services Systems (MIEMSS)  
636 West Lombard Street, Room 205  
Baltimore, Maryland 21201-1528

**PHONE:** (410) 706-4367

**FAX:** (410) 706-4366

**AFTER BUSINESS HOURS:** (800) 648-3001

2. Local EMS Services:

**EMERGENCY:** Call 911

**NON-EMERGENCY:** Use the Non-Emergency Number from the blue Government Listings Pages

or

Call 411 for Directory Assistance

or

Call MIEMSS at the Numbers Listed Above for referral to the appropriate local EMS Office

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