

**STUDENTS WITH SPECIAL HEALTH NEEDS****STATEMENT OF PURPOSE**

Schools must provide all students free and appropriate public education (FAPE) in the least restrictive environment.

**AUTHORIZATION/LEGAL REFERENCE:**

45 CFR Part 96: Title V of the Social Security Act: Maternal and Child Health Services Block Grant  
<http://www.amchp.org/AboutTitleV/Documents/UnderstandingTitleV.pdf>

16 V.S.A. § 2901 – Success for all students in the general education environment

16 V.S.A. § 2902 – Educational support system

16 V.S.A. § 2904 - Reports

16 V.S.A. § 2941-2942 – Special education definitions

16 V.S.A. Chapter MEDICAL INSPECTION GENERALLY; HEALTH SERVICES

§ 1388 Stock Epinephrine Auto-injectors

§ 1431 Concussions and other head injuries

<http://legislature.vermont.gov/statutes/title/16>

18 V.S.A. Chapter 231 § 9708 -Authority and obligations of health care providers, health care facilities, and residential care facilities regarding do-not-resuscitate orders

<http://legislature.vermont.gov/statutes/section/18/231/09708>

26 V.S.A. Chapter 28 – Nurse Practice Act

<http://legislature.vermont.gov/statutes/chapter/26/028>

33 V.S.A. Chapter 43 § 4305 – Coordinated system of care

<http://legislature.vermont.gov/statutes/chapter/33/043>

29 U.S.C. § 794 – Nondiscrimination under federal grants and programs

<http://www.law.cornell.edu/uscode/29/794.html>

Section 504 of the Rehabilitation Act of 1973 (updated 8/20/10) codified at 29 U.S.C. Sec. 701 et seq.

Montpelier, VT: Vermont Department of Education

<https://www2.ed.gov/policy/rights/reg/ocr/edlite-34cfr104.html>

State Board of Education Manual of Rules and Practice, Section 1251 - Reasonable Accommodations State Board of Education Manual of Rules and Practice, Section 1252 - Instruction for Homebound and Hospitalized Students

<http://education.vermont.gov/sites/aoe/files/documents/edu-state-board-rules-series-1200.pdf>

Standards for Systems of Care for Children and Youth with Special Health Care Needs Version 2.0 June 2017.

Association of Maternal & Child Health Programs (AMCHP),

[http://www.lpfch.org/sites/default/files/field/publications/standards\\_v2\\_0.pdf](http://www.lpfch.org/sites/default/files/field/publications/standards_v2_0.pdf)

Vermont Advance Directives Registry (VADR)

<http://www.healthvermont.gov/health-professionals-systems/advance-directives/create-and-register-advance-directive>

Vermont Agency of Education – VT Standards Board for Professional Educators 5440-65/65A School Nurse/ Associate School Nurse (April 12, 2017) <http://education.vermont.gov/documents/educator-quality-licensing-rules#page34> pg. 132- 137

Vermont State Board of Nursing Position Statements

- Delegating Nursing Interventions: [www.sec.state.vt.us/media/484500/PS-Role-of-Nurse-in-Delegating-Nursing-Interventions-2014-0414.pdf](http://www.sec.state.vt.us/media/484500/PS-Role-of-Nurse-in-Delegating-Nursing-Interventions-2014-0414.pdf)
- Role of the RN in the Pronouncement of Death: [www.sec.state.vt.us/media/369564/PS-Role-of-the-RN-in-the-Pronouncement-of-Death.pdf](http://www.sec.state.vt.us/media/369564/PS-Role-of-the-RN-in-the-Pronouncement-of-Death.pdf)

#### DEFINITION:

Individualized Health Care Plan (2015): (<https://schoolnursenet.nasn.org/blogs/nasn-profile/2017/03/13/individualized-healthcare-plans-the-role-of-the-school-nurse>) is a plan which delineates:

- The student's health care needs, related adaptations required in school and the individuals responsible for service delivery and assuring safety.
- Designation of school liaison for family.
- Time specifications for review and evaluation of the plan.

#### REQUIRED SCHOOL NURSE ROLES:

- Be knowledgeable of health conditions and related health care procedures.
- Assist the family to identify the student's health related barriers to learning.
- Communicate with health care providers to exchange relevant information.
- Communicate, with appropriate school personnel, relevant information as necessary
- Establish an Individual Health Care Plan (IHP) and protocols based on a nursing assessment of the student's needs.
- Delegate health care tasks as indicated, following Vermont State Board of Nursing rules for Delegation, (see Delegation Section #9).
- When Do Not Attempt Resuscitation Orders are part of a student's plan, EMS and Vermont documentation requirements should be verified and noted in the student's IHP and student's health record (See DNR and COLST in Resource section below).

#### SUGGESTED SCHOOL NURSE ROLE:

Participate on Educational Teams: <http://education.vermont.gov/student-support/integrated-educational-frameworks/educational-support-system#educational-support-team> [copy and paste link into browser]

Education Support Team (EST): <http://legislature.vermont.gov/statutes/fullchapter/16/099>

- Individual Education Plan (IEP), 504 and [Educational Support Team](#) (EST)
- Section-504-and-Individuals-with-Disabilities-Education-Improvement-Act-The-Role-of-the-School-Nurse (2014): <https://schoolnursenet.nasn.org/blogs/nasn-profile/2017/03/13/section-504-and-individuals-with-disabilities-education-improvement-act-the-role-of-the-school-nurse>

#### RESOURCES:

Application for DISABILITY DESIGNATION(S) STATE OF VERMONT 9-1-1 BOARD  
<http://e911.vermont.gov/care>

Association of Maternal & Child Health Programs

<http://www.amchp.org/AboutAMCHP/Pages/default.aspx>

American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science (2010) [Part 3: Ethics](#). Laurie J. Morrison, Chair; Gerald Kierzek; Douglas S. Diekema; Michael R. Sayre; Scott M. Silvers; Ahamed H. Idris; Mary E. Mancini [http://circ.ahajournals.org/content/122/18\\_suppl\\_3/S665.full](http://circ.ahajournals.org/content/122/18_suppl_3/S665.full)

American Diabetic Association – <http://www.diabetes.org>

Asthma and Allergy Foundation of America – <http://www.aafa.org/>

Brain Injury Association of Vermont (Including Concussion Tool Kit) -- <http://biavt.org/>

Additional: Resources Related to Traumatic Brain Injury (TBI)

[www.nichd.nih.gov/news/resources/spotlight/Documents/Resources\\_Related\\_to\\_TBI.pdf](http://www.nichd.nih.gov/news/resources/spotlight/Documents/Resources_Related_to_TBI.pdf)

Cerebral Palsy Resources –

<https://cerebralpalsygroup.com/resources/>

Medline Plus : <http://www.nlm.nih.gov/medlineplus/cerebralpalsy.html>

Cortical Visual Impairment –

- American Foundation for the Blind: Statement on Cortical Visual Impairment (2014) [www.afb.org/info/living-with-vision-loss/eye-conditions/cortical-visual-impairment-traumatic-brain-injury-and-neurological-vision-loss/statement-on-cortical-visual-impairment/1235](http://www.afb.org/info/living-with-vision-loss/eye-conditions/cortical-visual-impairment-traumatic-brain-injury-and-neurological-vision-loss/statement-on-cortical-visual-impairment/1235)
- A Primer on Cortical Visual Impairment Sharon S. Lehman, MD, Wilmington, Del. (9/5/2013): [www.reviewofophthalmology.com/content/t/pediatrics/c/42791/#sthash.LwWobR1t.dpuf](http://www.reviewofophthalmology.com/content/t/pediatrics/c/42791/#sthash.LwWobR1t.dpuf)
- Little Bear Sees: Helping visually impaired children learn to see (2012): <http://lbs.littlebearssees.netdna-cdn.com/wp-content/uploads/2012/01/What-is-CVI-printable-handout.pdf>
- What is CVI? Cortical Visual Impairment in Children: <http://www.childrenshospital.org/conditions-and-treatments/conditions/cortical-visual-impairment>

Diabetes Management: *A Guide for Training Unlicensed School Staff* – State of Alaska

<http://dhss.alaska.gov/dph/wcfh/Documents/school/assets/Diabetes.Management.Guide.for.Training.Unlicensed.School.Staff.pdf>

Do Not Resuscitate – Medline Plus – Guide:

[www.nlm.nih.gov/medlineplus/ency/patientinstructions/000473.htm](http://www.nlm.nih.gov/medlineplus/ency/patientinstructions/000473.htm)

DNR and COLST (Clinical Orders for Life Sustaining Treatment) forms 8.8 (page 134) [Vermont EMS Statewide Protocols Version 1.4 \(March 2014\)](#).

<http://www.healthvermont.gov/sites/default/files/AaA.2015%20Protocols%20Aligned%20with%20App%20Linkd%20LOCKED%202017%20Apr%2028.pdf>

Encopresis: Contact Shannon Newell at the University of Vermont: (802)770-8932

Continence Project: <http://www.uvm.edu/~cdci/continence/?Page=contresources.html> updated March 2014.

Epilepsy Foundation of America – Seizure Care Plan

[www.epilepsy.com/sites/core/files/atoms/files/seizure-action-plan-pdf\\_0.pdf](http://www.epilepsy.com/sites/core/files/atoms/files/seizure-action-plan-pdf_0.pdf)

Individual Healthcare Plans: *School Nursing and Health - Health Conditions, Colorado Department of Education*: [https://www.cde.state.co.us/healthandwellness/snh\\_healthissues](https://www.cde.state.co.us/healthandwellness/snh_healthissues)  
also see attached template below.

Minchella, L. (2011) *Hot Topics in Special Needs School Nursing: Service Animals in Schools NASN School Nurse*, March 2011; vol. 26, 2: pp. 78-81. doi: 10.1177/1942602X11399385

National Association of School Nurses: [www.nasn.org](http://www.nasn.org)

- Do Not Attempt Resuscitation (DNAR) – The Role of the School Nurse (2014): <https://schoolnursenet.nasn.org/blogs/nasn-profile/2017/03/13/do-not-attempt-resuscitation-dnar-the-role-of-the-school-nurse>
- Individualized Healthcare Plans, The Role of the School Nurse (2015): (<https://schoolnursenet.nasn.org/blogs/nasn-profile/2017/03/13/individualized-healthcare-plans-the-role-of-the-school-nurse>)
- *Let's Talk Documentation! Individualized Healthcare Plans* (2014, A/V): <http://www.youtube.com/watch?v=hYjDF9TMFFk&feature=youtu.be>
- Section 504 and Individuals with Disabilities Education Improvement Act – The Role of the School Nurse (2014):
- <https://schoolnursenet.nasn.org/blogs/nasn-profile/2017/03/13/section-504-and-individuals-with-disabilities-education-improvement-act-the-role-of-the-school-nurse>
- Service Animals in Schools (2014) <https://schoolnursenet.nasn.org/blogs/nasn-profile/2017/03/13/service-animals-in-school>

Resuscitation Initiation and Termination forms 8.15 (page 153) Vermont EMS Statewide Protocols Version 1.4 (March 2014). (Please see EMS below)

Schwab, N, & Gelfman, M.H. (2005). *Legal Issues in School Health Services*. North Branch, MN: Sunrise River Press

Transportation

- Oxygen on the School Bus: Contact: Patrick McManamon Vermont Department of Motor Vehicles (802) 828-3757 [Patrick.McManamon@vermont.gov](mailto:Patrick.McManamon@vermont.gov)
  - School Bus Safety Coordinator, 120 State Street, Montpelier, VT, 05602; Voice: 802-828-3757; Fax: 802-828-2092; <http://dmv.vermont.gov/>
- National School Transportation Specifications & Procedures
  - [http://www.ucmo.edu/safetycenter/ncstonline/Documents/NST2010Pubwithlinks\\_000.pdf](http://www.ucmo.edu/safetycenter/ncstonline/Documents/NST2010Pubwithlinks_000.pdf)

Traumatic Brain Injury – NASN Resources

- [Concussions: The Traumatic Brain Injury](#) posted by Marlene Chotkowski 12-16-2015 16:31
- Concussions - The Role of the School Nurse (Revised June 2016): <https://schoolnursenet.nasn.org/blogs/nasn-profile/2017/03/13/concussions-the-role-of-the-school-nurse>

Tube Feeding – CHAD: Children's Hospital At Dartmouth-Hitchcock  
Care of Your Child's Gastrostomy Tube  
[www.chadkids.org/gastro/gastro\\_tube\\_care.html](http://www.chadkids.org/gastro/gastro_tube_care.html)

Vermont Association for the Blind and Visually Impaired - <http://www.vabvi.org>

Vermont Agency of Education- <http://education.vermont.gov/>

- Family Resources and Special Education : <http://education.vermont.gov/student-support/special-education/family-resources>
- Educational Support Systems: <http://education.vermont.gov/student-support/integrated-educational-frameworks/educational-support-system>
- *Educational Support Team*: <http://legislature.vermont.gov/statutes/fullchapter/16/099>
- Section 504 (VT language): <http://education.vermont.gov/sites/aoe/files/documents/edu-special-education-504-guide.pdf>
- Act 117, passed in 2000, is intended to strengthen the capacity of Vermont's education system to meet the needs of all Vermont students in the general education environment.
- Act 157 requires that schools develop a comprehensive educational support system (ESS) with the capacity to provide a range of social, academic and behavioral supports.
- Act 264: An Act Relating to the Creation of an Advisory Board and State and Local Interagency Teams to Assist in the Provision of Care for Children and Adolescents with Severe Emotional Disturbances

Vermont Department of Health: <http://healthvermont.gov/local/school/SchoolHealth-ClinicalPreventiveWellness.aspx#top>

- *Allergy Management* (See section 3 in this Manual)  
<http://healthvermont.gov/local/school/SchoolHealth-ClinicalPreventiveWellness.aspx#allergy>
- *Asthma Management* : <http://healthvermont.gov/prevent/asthma/index.aspx>
- *Diabetes Control Program* : <http://healthvermont.gov/prevent/diabetes/diabetes.aspx>
- *Children with Special Health Needs: Maternal and Child Health Div.*  
<http://healthvermont.gov/family/cshn/cshn.aspx>
- *Emergency Medical Services*
  - *Vermont EMS Statewide Protocols (2015)*: <http://www.healthvermont.gov/emergency-preparedness-ems/emergency-medical-services/documents-forms-and-publications>

Vermont Ethics Network - <http://vtethicsnetwork.org/>

Vermont Pediatric Palliative Care Program - <http://dvha.vermont.gov/for-providers/pediatric-palliative-care>

#### **SAMPLE POLICES, PROCEDURES AND FORMS:**

- **Animals in the School Setting** – Vermont Department of Health: General guidance and information to consider for children with special health needs. Some students use animals specifically trained to assist students, i.e. for seizure management and diabetes crisis prevention.
  - Children may have varying levels of understanding about why service animals are *working* in schools:
    - Efforts should be made to prepare children in advance, through communication and practice, on proper animal handling and posturing.
    - <http://www.wssu.k12.vt.us/schools/VTSB%20LBP9%20School%20Animal%20Policy.pdf>
    - [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6004a1.htm?s\\_cid=rr6004a1\\_w#AppD](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6004a1.htm?s_cid=rr6004a1_w#AppD)
    - <http://www.cdc.gov/features/animalsinschools/>
    - <http://usdogregistry.org/> (is not affiliated with the ADA or any government agency)

- Compendium of Measures to Prevent Disease Associated with Animals in Public Settings, 2011: National Association of State Public Health Veterinarians, Inc. (NASPHV)  
[http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6004a1.htm?s\\_cid=rr6004a1\\_w#AppD](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6004a1.htm?s_cid=rr6004a1_w#AppD)
- Animals in Schools and Daycare Settings  
<http://www.cdc.gov/features/animalsinschools/>
- Bowel/Bladder Incontinence: Best Practice Recommendations for the Care and Management of Students (2014) by Deborah Sharpe, OTR and Sharonlee Trefry, MSN, RN, NCSN
- DNR/DNAR procedure work sheet
- Emergency Form for Children with Special Needs <http://www.acep.org/patients.aspx?id=26276>
- Individual Health Plan

**Best Practice Recommendations for the Care and Management of Students  
with Bowel/Bladder Incontinence**

by Deborah Sharpe, OTR and Sharonlee Trefry, RN  
Deborah.Sharpe@uvm.edu Sharonlee.Trefry@state.vt.us

November 2014

Bowel and bladder incontinence can interfere with the educational process for children and youth. Over time, the physiological and psychological effects of bowel and/or bladder dysfunction can negatively impact students and create barriers to their inclusion and participation in the education process. Understanding the educational challenges and needs of these students is necessary to provide services and supports required by the Individuals with Disabilities Education Improvement Act and Section 504 of the Rehabilitation Act.

The school nurse plays a vital role in managing health concerns and assisting the student to reach educational goals. Best practice suggests that schools should create and implement policy or procedures surrounding the care and management of bowel and bladder disorders, including delineation of the school nurse role in managing incontinence in the school setting.

The National Association of School Nurses (NASN) and the American School Health Association (ASHA) recommend the development of an individualized healthcare plan (IHP) and if relevant, an emergency care plan (ECP). These plans are developed by the school nurse and outline school-based health services provided to the child, personnel responsible for management of the plans, and any emergency procedures needed, (e.g. for autonomic dysreflexia (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3159360/>)). When a student is found eligible for service under IDEA or Section 504, the IHP and ECP should be included in their Individualized Education Plan or 504 accommodations plan.

When a child's health condition has a significant impact on bowel and/or bladder continence, the need for personal care accommodations may be significant and include any of the following:

- Attendance and Scheduling Accommodations, e.g. adjust attendance policies, adjust schedule of staff assisting child with personal/health care needs, adjust student's schedule or shorten day, provide rest periods.
- Health and Personal Care Accommodations, e.g. provide assistance in the bathroom, including changing and cleaning when necessary, develop an IHP, develop an ECP, administer medications, evaluate school environment for latex and eliminate/ provide latex-free materials, use universal precautions, train personnel (Unlicensed Assistive Personnel [UAP]) to provide healthcare procedures, establish health alert systems for staff, provide beepers/pagers/cell phones to alert trained UAP.
- Continence Plan Accommodations, e.g. staff and caregivers understand the student's level of continence, support the student's privacy and dignity, maintain data toileting schedules, collect and report data, adhere to established behavior plans, provide visual and other communication supports, plan ahead for field trips, provide appropriate bathroom space, store continence supplies and clothing changes, plan for accidents, manage soiled materials, identify lead case manager preferably the school nurse as the point person for questions, and adhere to principles of student self-determination when setting goals and creating continence plans.

For additional information around developing policies and guidelines to support students experiencing continence issues, school personnel may access the following resources:

1. [Garman K<sup>1</sup>, Ficca M.](#) (2012) Managing encopresis in the elementary school setting: the school nurse's role. *Journal of School Nursing*, Jun; 28(3):175-80. doi: 10.1177/1059840511429685. Epub 2011 Dec 1.
2. *Position Paper on Chronic Health Conditions* - National Association of School Nurses (2012) <http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatements>

3. Filce, H.G. and Lavergne, L. (n.d.) *Educational needs and accommodations for children with bowel and/or bladder dysfunction*, The University of Southern Mississippi. <http://files.eric.ed.gov/fulltext/EJ955441.pdf>

4. The *Vermont Standards of Practice: School Health Services Manual*: <http://www.healthvermont.gov/family/school/standards-practice-school-health-services-manual>

5. For consultation and training around setting up toilet-learning programs and accommodations, please contact: *The Vermont Continence Project* : <http://www.uvm.edu/~cdci/continence>

**\*Sample Parental Consent Form:**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

I, \_\_\_\_\_ (parent/guardian) give the following teachers and support personnel:  
(list here)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

at \_\_\_\_\_ (school) my permission to support \_\_\_\_\_ (student name) in using the bathroom. This may involve entering the bathroom, helping to change clothing as needed, and assistance with personal hygiene and care as needed. This support is medically necessary. If you have questions, please contact me at \_\_\_\_\_ (phone number).

\_\_\_\_\_ (signature)



### Do Not Resuscitate - Procedure Worksheet For School Nurses

Do Not Resuscitate (DNR) or Do Not Attempt Resuscitation (DNAR) orders are a sensitive issue. Professional school nurses are qualified to lead the process of responding to these orders in collaboration with the student's family, physician, school administrators and the community emergency response team. This collaboration will lead to the development of an Individualized Health Plan (IHP) for the student. The plan will state the procedure to be taken in the event of cardiac or respiratory arrest.

This process needs to begin ASAP - once a DNR/DNAR order is in place, all health care providers are required, by law, to honor it. As stated in Vermont Statute, Title 18, "Every health care provider, health care facility, and residential care facility shall honor a DNR order..." The following checklist is a **tool** to assure the proper steps have been taken prior to initiating the student's IHP.

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- \_ Meet with parents/guardian and physician of student, to discuss individualized healthcare plan. Encourage parents to discuss how they would like the school to respond to their child's medical crisis, should it occur in school. Assure parents that they may change their decision regarding the DNR/DNAR order without hesitation.
  - \_ Obtain assessment data and current medical summary, prepare an individualized healthcare plan.
  - \_ Obtain signed copy of DNR/DNAR order from physician. This document must be signed by the student's parents/guardian as well as the student's physician *and* [italics added] a second clinician.
  - \_ Inform the school administrators of the DNR/DNAR order. This allows the administration an opportunity to ask questions, review documentation and seek AOE legal counsel, if necessary.
  - \_ In collaboration with the student's family, physician, and local EMS, create or revise the student's IHP to include the DNR/DNAR order. Consider contacting the VT Medical Examiner. The IHP will include:
    - emergency contact information
    - the procedure to be taken in the event of respiratory or cardiac arrest
    - which school team members will respond
    - how the child will be moved to a safe and private area
    - what comfort measures will be given
    - the protocol for notifying family and who will notify the funeral director
    - who will pronounce the death
    - How the deceased will be transported from school.
    - Plans to communication between the school nurse or designee and the palliative care team, healthcare team, and other agencies as needed.
  - \_ In addition, the IHP will include procedures to be taken in the event of a medical emergency; when the child is in distress but does not appear to face an imminent risk of death.
  - \_ Meet with parents/guardian, student's physician, local EMS/first responder liaison, and school administration and designated members of the student's school team to review student's IHP.
  - \_ Train designated staff
  - \_ Plan for transportation for all school functions and door to door, curb to curb, and any needed unlicensed assistive personnel (UAP)
  - \_ Assess need to address student population preparation if DNAR is implemented.
  - \_ Clarify end of life vs. acute issues. Outline what may and may not be performed by staff that requires care, treatment and management.
  - \_ Determine who may *pronounce* death (physician will *certify* death); determine when body can be moved.
  - \_ Determine plans for transport and mortuary arrangements, both if students are present on site or not, i.e. type of vehicle, where parked, how moved (stretcher, etc.) who will clear the halls, which exit to use.
  - \_ Implement bereavement plan for staff and students, may use crisis team (i.e. how will siblings on-site be notified).

\_ Convey final plan to all appropriate school staff and administrators. Staff will have the opportunity to express their feelings and establish roles in which they are comfortable participating. It may be helpful to include consultation from a medical ethicist. You may contact VT Department of Health, School Nurse Consultant, to assist in locating such a resource.

\_ Plan will be updated at least every school year with parent/guardian and physician.

[The DNAR form should be reviewed periodically and a new form completed if necessary when:

1. The patient is transferred from one care setting or care level to another, or
2. There is a substantial change in the patient’s health status, or
3. The patient’s treatment preferences change, or
4. At least annually, but more frequently in residential or inpatient settings. (Instructions for Clinicians: 18 V.S.A. § 9701(4). Retrieved Jan. 5, 2015)]

\_\_\_\_\_ Date: \_\_\_\_\_ reviewed: \_\_\_\_\_  
 School Nurse

\_\_\_\_\_ Date: \_\_\_\_\_ reviewed: \_\_\_\_\_  
 Parent/guardian

\_\_\_\_\_ Date: \_\_\_\_\_ reviewed: \_\_\_\_\_  
 Students Physician

**References**

American Academy of Pediatrics – *Honoring Do-Not-Attempt-Resuscitation Requests in Schools:*  
<http://pediatrics.aappublications.org/content/125/5/1073.full>. Pediatrics Vol. 125 No. 5 May 1, 2010, pp. 1073 - 1077, (doi: 10.1542/peds.2010-0452)

Chronic Diseases School Emergency – Check list (2014)  
[Managing the Needs of Students with Chronic Diseases in a School Emergency:](#)  
 Vicki Taliaferro, RN, BSN, NCSN, School Health Consultant (vickit@vltconsultants.com)

National Association of School Nurses  
 Do Not Attempt Resuscitation (DNAR) – The Role of the School Nurse (2014):  
<https://schoolnursenet.nasn.org/blogs/nasn-profile/2017/03/13/do-not-attempt-resuscitation-dnar-the-role-of-the-school-nurse>

National Association of School Nurses  
 Individualized Healthcare Plans, The Role of the School Nurse (2015):  
<https://schoolnursenet.nasn.org/blogs/nasn-profile/2017/03/13/individualized-healthcare-plans-the-role-of-the-school-nurse>

*School Nursing: A Comprehensive Text / Edition 2.* Editor: Janice Selekman (2012)  
 F. A. Davis Company

Vermont Statutes Online; Title 18; Health, Section 9708  
<http://legislature.vermont.gov/statutes/section/18/231/09708>

**CONFIDENTIAL INDIVIDULIZED HEALTH PLAN**

Last Name	First Name	Date of Birth
Grade/Teacher	Physician	
Date plan was written	School Nurse	

**Emergency Contacts:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

**Condition/diagnosis:**

\_\_\_\_\_

**Date of Last Exacerbation/Episode:**

\_\_\_\_\_

**Medication/s:** \_\_\_\_\_

**Symptoms that trained school personnel should be looking for/cognizant of, which would indicate a problem and necessary further action/ evaluation:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Course of action school personnel should follow:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Trained Staff and Date of training:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Signature of parent/guardian:** \_\_\_\_\_

**NOTES:**