

**POLICY JLCD-M**

**Las Cruces Public Schools**

**Related Entries:** JLCD-R, IJOA, IJOA-R, EFAB, EFAB-R

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## **Medical Care of Students – General and Emergency**

### **I. PURPOSE**

The purpose of this policy is to provide all students and staff with immediate first aid and emergency medical services when a medical crisis or life-threatening episode occurs on district property.

### **II. BACKGROUND**

Las Cruces Public Schools health services personnel shall follow best practices and enforce state requirements (such as immunization and communicable disease requirements) in partnership with students, parents, staff, and community health providers. Las Cruces Public Schools health service personnel shall follow standards of care for their specific role group as per state statutes and regulations. School personnel should reference the NM School Health Manual for comprehensive guidelines as well as all applicable Las Cruces Public Schools policy and procedural directives.

It is the Board’s intent that applicable statutes, rules, regulations, and medical safeguards are in place and are followed when storing, dispensing, or administering medications in the school setting.

This policy applies to provide all students **and staff** with immediate first aid and emergency medical services when a medical crisis or life-threatening episode occurs on district property.

### **III. DEFINITIONS**

1. **“Advance Health-Care Directive”** means a written instruction, such as a living will, durable power of attorney for health care or emergency medical services do not resuscitate form recognizable under state law and relating to the provision of health care when an individual is incapacitated.
2. **“Authorized Decision Maker”** means the health care agent, guardian of the person, or surrogate decision maker who is making health care decisions on behalf of a patient in accordance with the Uniform Health Care Decisions Act.
3. **“Best Practices”** means professional medical procedures that are accepted or prescribed as being correct or most effective.
4. **“Communicable Disease”** means any illnesses that spread from one person to another or from an animal to a person, or from a surface or a food.

5. ***“Do Not Resuscitate Order (DNR order)”*** means an order issued by a physician, advanced practice nurse, or physician’s assistant, and signed by the person or authorized health care decision maker, on a form approved by the emergency medical systems bureau of the epidemiology and response division of the New Mexico Health Department, indicating that resuscitative measures should not be performed.
6. ***“Do Not Attempt Resuscitation Order (DNAR order)”*** means the same as Do Not Resuscitate Order
7. ***“Emergency Medical Services”*** means a system that responds to an individual's need for immediate medical care to prevent loss of life or aggravation of physical or psychological illness or injury and is capable of transporting patients.
8. ***“First Aid”*** means help given to a sick or injured person until full medical treatment is available.
9. ***“Health-care Decision”*** means a decision made by an individual or the individual's agent, guardian, or surrogate, regarding the individual's health care, including: (1) Selection and discharge of health-care providers and institutions; (2) Approval or disapproval of diagnostic tests, surgical procedures, programs of medication and orders not to resuscitate; (3) directions relating to life-sustaining treatment, including withholding or withdrawing life-sustaining treatment and the termination of life support; and (4) directions to provide, withhold or withdraw artificial nutrition and hydration and all other forms of health care.
10. ***“Health-care Provider”*** means an individual licensed, certified or otherwise authorized or permitted by law to provide health care in the ordinary course of business or practice of a profession.
11. ***“Interdisciplinary Team”*** means a group of health care professionals with various areas of expertise who work together toward the goals of their clients.
12. ***“Life-Threatening Episode”*** means any episode that may lead to immediate or eventual death.
13. ***“Medical Crisis”*** means any serious incident arising from a threat of human, animal, plant, food or environmental origin, having a health dimension and which requires urgent action.
14. ***“Standard of Care”*** means the degree of care and skill of the average health care provider who practices in the provider's specialty, taking into account the medical knowledge that is available in the field.
15. ***“Uniform Health Care Decision Act”*** means the New Mexico Uniform Health Care Decisions Act (24-7A-1 NMSA 1978).

#### IV. POSITION

In any situation requiring urgent medical care beyond first aid, 911/Emergency Medical Services (EMS) shall be called immediately, including for such conditions as non-responsiveness, profuse bleeding, cessation or obstruction of breathing, head injury with loss of consciousness, electric shock, heart attack or any other life-threatening condition or as deemed necessary by school staff:

1. All district employees are to report to the nurse and/or school administrator any accident involving a student who is at school. Any urgent situation resulting from an accident or requiring emergency medical care services shall be reported on a Student Accident Report. The form shall be submitted to Las Cruces Public Schools Risk Management.
2. Although the schools are not generally health care institutions, they do provide limited health care, and, under certain circumstances, a school nurse or other health-related employee of the District may be considered a "health care provider" within the meaning of the Uniform HealthCare Decisions Act. The Uniform Health-Care Decisions Act provides immunity for the health care provider, for a health care institution, or for an individual acting as an agent or surrogate in compliance with the statute, acting in good faith, for complying or attempting to comply, with a health-care decision for a patient; for declining to comply with a health-care decision of a person based on a belief that the person then lacked authority; for complying or attempting to comply with an advance health-care directive and assuming that the directive was valid when made; for declining to comply, with a health-care directive as permitted by law; and for complying or attempting to comply with any other provision of the Uniform Health-Care Decisions Act.
3. A health-care provider may decline to comply with an individual instruction or health-care decision for reasons of conscience. A health-care institution may decline to comply with an individual instruction or health-care decision if the instruction or decision is contrary to a policy of the health-care institution that is expressly based on reasons of conscience and if the policy was timely communicated to the patient or to a person then authorized to make health-care decisions for the patient.
4. Las Cruces Public Schools personnel may decline to follow an Advance Healthcare Directive, including a Do Not Resuscitate or Do Not Attempt Resuscitation Order for reasons of conscience. A health-care provider who declines to comply with an individual instruction or health-care decision shall promptly so inform the patient, if possible, and any person then authorized to make health-care decisions for the patient; (2) provide continuing care to the patient until a transfer can be effected; and (3) unless the patient or person then authorized to make health-care decisions for the patient refuses assistance, immediately make all reasonable efforts to assist in the transfer of the patient to another health-care provider or health-care institution that is willing to comply with the instruction or decision.
5. DNR/ DNAR orders may be revoked at any time by physical destruction of the

DNR order with the consent of the authorized decision maker, delivery of an oral statement by the authorized decision maker to resuscitate, by executing a subsequent order, or by performing an act which indicates an attempt to revoke the order, such as by burning, tearing, canceling, obliterating or destroying the order or any part of it, by the person on whose behalf it was executed or by the person's authorized health care decision maker.

6. For all persons with a DNR order, the following comfort measures may be provided, unless they have been specifically refused by the person or their authorized decision maker:
  - Administering oxygen
  - Suctioning
  - Managing airways (except intubation or other advanced airways)
  - Administering Analgesics (if available and MD order is on hand)
  - Controlling bleeding
7. If there is any question regarding the validity of a DNR order, or there is evidence of an attempted homicide or suicide, District personnel shall initiate resuscitation until such time that the questions have been answered.
8. Health care decisions, including DNR/DNAR orders, are private and personal decisions. The wishes of the individual and their authorized decision maker, if one is involved, should be respected, and supported. However, if a member of the interdisciplinary team has ethical concerns regarding a medical order, he or she should discuss the concerns with his/her supervisor who can then consider whether to take the concerns to the authorized decision maker. If the team member cannot in good conscience abide by the medical order, he/she may request a transfer from the care of that individual. The interdisciplinary team member will provide continuing care until a transfer to another provider can be affected and assist with the transfer of care.

## **V. REVIEW AND REPORTING**

This policy will be reviewed in accordance with the Board of Education policy review process.

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*Board of Education, President*

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*Date*

***History:*** Information Used: Formerly LCPS Policy 460; revision Oct. 3, 2006; Revision 2<sup>nd</sup> reading Sept. 17, 2013

***Legal:*** 21 U.S.C. 321; NMAC 6.12.2.9; 7.27.6.1 NMAC; 24-7A-1 NMSA 1978