



THE NEW YORK CITY DEPARTMENT OF EDUCATION
JOEL I. KLEIN, *Chancellor*

DISTRICT 75
DR. SUSAN ERBER, SUPERINTENDENT

2002-2003 (REISSUE)

To: Principals/Heads of Schools
From: Susan Erber
Re: Recommendations for Students with Physical Challenges, Medically Fragile Conditions, Health Alerts and/or Ill Students
Date: September 25, 2002

Our first concern is to ensure the health and safety of all our students. Students with physical challenges, medically fragile conditions, and health alerts require extreme vigilance and an overall team effort to ensure safety. Since this is the responsibility of **all** staff, schools must attend to the following:

- \$ Review all IEPs
- \$ Pay specific attention to Health Alerts and the recommendations for specialized equipment
 - \$ these should be discussed with the nurses at the site
- \$ Ensure that you have current and complete emergency home contact phone numbers on file and in ATS
 - \$ blue emergency home contact cards should be updated on a regular basis
- \$ Medically fragile/physically challenged students may appear quiet and/or lethargic, even when they are feeling well; however, they still require intensive supervision.
- \$ Supervision is especially critical for those students who are unable to change positions *Aat will@*; they may move, or find themselves in a compromising or dangerous position, and might be unable to adjust themselves
- \$ Special alerts must be posted in all classrooms/areas used by students

In addition, the following are strategies to be implemented to ensure the safety of students with physical challenges, medically fragile conditions, health alerts and/or ill students:

Health alerts/illness:

- \$ Review IEPs with the nurse
- \$ Nurses should have a caseload and consult daily with the classroom staff regarding each student=s medical status
 - a. nurses should maintain the doctor=s name/contact numbers, hospital affiliation, and prescriptions on file for each student
- \$ When the student is not well (as determined by a note from parent or noted by the school staff) or is not well enough to participate in class activities :
 - a. parent should be contacted
 - b. a staff member should be assigned to be with the student throughout the day to ensure that the student is supervised and **closely monitored**
 - i. student should be maintained in either the nurse=s office or classroom
 - \$ nurse=s office: if student exhibits clinical symptoms (e.g. vomiting, elevated temperature, difficulty breathing)
 - \$ classroom: if student is not exhibiting clinical symptoms
 - ii. the staff member should be instructed by the nurse regarding any circumstances related to the student=s condition
 - iii. student should be regularly checked by the nurse throughout the day
 - iv. bus matron must be advised of situation
 - v. nurse should provide a note for the parent, providing specific

information concerning the student=s condition, with a copy maintained at the school

- vi. parent must be called at home after school, with contact logged and documented at the school

\$ EMS*:

- a. If either the nurse or principal indicates the need for EMS, then EMS should be called.
- b. while awaiting the arrival of EMS, the student should be under constant supervision
- c. parent should be contacted once EMS has been called
- d. If student is taken to the hospital, a staff member must accompany the student and remain until the parent arrives
 - i. staff member should bring a copy of the blue Emergency Home Contact card and student=s medical records including allergies, and medication, to the hospital
- e. Bus driver/matron should be notified that student is not being transported home
- f. If nurse believes student can remain in school during day and/or if parent cannot come to take the student home, follow procedures indicated above

Students with Physical Challenges:

\$ Review IEP with OT/PT/nurses

\$ Post a chart in each class listing the student and the adaptive equipment the student is required to use.

\$ ***If a piece of equipment is missing any component parts, it should not be used***

\$ Consider post photographs of the student using the equipment so all classroom staff, *including substitutes*, understand the use of the recommended equipment and the appropriate positioning of the students in the equipment

\$ OT/PT should provide ongoing consultation, demonstration and review of the positioning for each student that is appropriate, comfortable and medically safe for each piece of equipment

\$ Work with OTs/PTs:

- a. OT/PT should work in the classroom (unless otherwise indicated on the student=s IEP), so that there are opportunities for ongoing consultation, demonstration, review of correct positioning and use of equipment
- b. OT/PT are available to do consultation and demonstration on individual students during their indirect service time
 - i. contracted OTs/PTs are available to provide one period of consultation for every ten periods of direct service they provide
- c. OT/PT should check all equipment weekly
 - i. ensure that adaptations/ straps/belts/head rests are available and being used safely
- d. if the OT/PT recommends any safety strap, etc, it should be purchased. The equipment should **not** be used (should be stored) until the recommended item is received and installed by the OT/PT.

Notes:

\$ Professional development on appropriate use of adaptive equipment shall occur regularly.

equipment.

* if EMS is called, an Occurrence Report Form (EIC) must be filed with EIC, and a copy to the District 75 office; the general education principal, if in a csd/hs building, must also be notified.

If you have any questions, or require additional training, contact Judith Berman at 917 256-6443.

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c: Judith Berman