

CPR Graduation Requirement EC/LEP Subcommittee Meeting Minutes

Tuesday, October 30, 2012

10:00 am – 12:00 pm, Room 755A, DPI

- I. Welcome and Introductions
 - a. Les Spell (DPI) welcomed the 18 attendees to the meeting
- II. Review Minutes From CPR Graduation Requirement Meeting
 - a. Copies of the minutes and highlights of the CPR Graduation Requirement Committee meeting held on September 18, 2012 were distributed and discussed.
 - i. This included discussion of the Attendees, HB 837 Overview, Guidance Letter, FAQ, and Implementation Details (Record Keeping, Program Components, Program Description and Costs, Opportunities, Obstacles, and Concerns, and Other)
 - b. The group was informed that Good Samaritan Laws cover folks who attempt to perform CPR to help someone.
 - c. The record keeping for the CPR graduation requirement was discussed and the group was informed of the process which is being put into place for this purpose. Completion of the CPR requirement will be tracked as a test in NCWISE/Power School.
- III. Accommodations
 - a. Several different topics were discussed in regards to how the CPR requirement can be met by students with learning and health exceptionalities.
 - b. What is being done now?
 - i. Many self-contained middle school and high school classes participate in physical education but not health education. These students may not be on a diploma track.
 - ii. Inclusion (co-teaching with EC & PE)
 - iii. Health and Physical Education may not be addressed in IEPs
 - iv. Health/Physical Education requirement is sometimes waived at the local administration level.
 - v. Occupational Course of Study students attend standard PE classes.
 - vi. The needs of LEP populations for this requirement can be addressed in the same way that their needs are addressed for other subjects.
 - c. What could be done to address the needs of special populations in regards to the CPR requirement?
 - i. Students who are physically unable to complete the CPR skills test should be allowed to either verbally coach someone else through the skills test or complete a written assignment which demonstrates their knowledge of the skills.
 - ii. A physical accommodation for students with arthritis and other similar situations delivering chest compressions was mentioned. The students would use athletic tape to tape a tennis ball inside their hand and then do compressions.
 - iii. Another option for students would be to perform compressions with their elbow.

- iv. It was suggested that performance of chest compressions could be done once on a sturdy table and then followed up with chest compressions on the floor. There were concerns that CPR performed on a table might present some students with problems in the ability to use the appropriate body position and leverage and instability of the table surface was also considered.
 - v. Some students could benefit from modeling/acting it out/role play.
 - vi. The idea of developing a rubric of appropriate accommodations was proposed. The rubric would need to include accommodations for physical/communication/mental limitations. The difficulty of providing a list of accommodations that would include all limitations was discussed, and the group agreed that many decisions will have to be made at the local level where students' needs can be examined individually.
 - vii. The point was emphasized that the CPR graduation requirement would not be applicable to students who are not on track to receive a diploma.
 - viii. A request was made to develop a pyramid of possible delivery methods of the CPR skills test. The bottom of the pyramid would represent the most widely used administration: Standard Assessment; the next level would be Assessment with Accommodations; the third level would be an Alternative Assessment; and the final level would be for a very small percentage of students that may need to have a Medical Exemption.
 - ix. Students should be expected to meet the highest level of requirements within their capabilities.
- d. What are some strategies for schools to use to meet the CPR requirement?
- i. CPR Olympics
 - ii. Work with local resources such as hospitals, colleges, EMS, fire departments, health departments, American Heart Association, American Red Cross, or other agencies.
 - iii. Purchase CPR kits.
 - iv. Work with local training centers.
- e. Other items discussed
- i. The idea of simplifying what should be included in CPR instruction into an easy to remember slogan was suggested.
 - ii. The point was made that students who begin CPR instruction in the eighth grade will have five years to pass the CPR skills requirement.
 - iii. The language used in the CPR Checklist was discussed, and participants were assured that the checklist was a tool for teachers to use to ensure that they have included all of the necessary information in teaching CPR.
 - iv. Would any special language be needed to fulfill the CPR requirement that would need to be addressed for LEP students? No.
 - v. Transitory conditions/IEP/504 would all need to be addressed.
 - vi. A "Plan B" needs to be built in for makeups.
 - vii. There should be room for local flexibility.
 - viii. It was asked if we could benefit from contacting other states that have put similar legislation into place, but Steven Traverso from the American Heart Association pointed out that North Carolina is really the national model for this sort of legislation. A few

states have required that CPR be taught, but NC is the first to require a skills test to measure what has been learned as a graduation requirement.

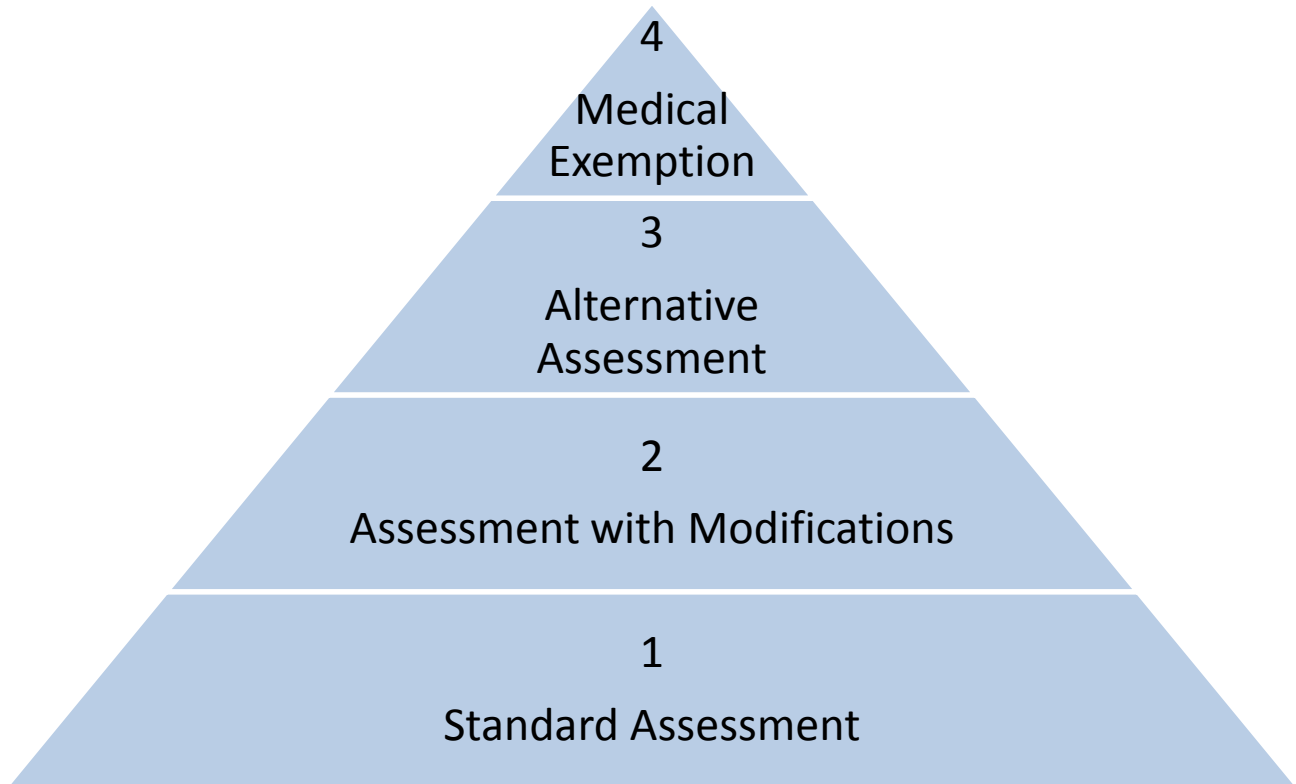
IV. Next Steps

- a. Develop pyramid of assessment options as a resource for schools to visually represent the portion of students that will be able to successfully complete the different options for completing the CPR graduation requirement.

V. Other

- a. NCDPI is exploring the possibility of creating a printable paper model of an AED to serve as an instructional resource to share with schools.

CPR Skills Test Delivery Methods



Students should be expected to meet the highest level of requirements within their capabilities.

1. **Standard Assessment** – The majority of students will fall into this category. The standard assessment will include the successful demonstration of hands-only CPR chest compressions at a depth of 2 inches and at a rate of 100 per minute.
2. **Assessment with Modifications** – Students who are able to complete the CPR compressions with modifications will fall into this category. For example, a student with arthritis may find it difficult to perform compressions with their hands. Modifications may include delivering chest compressions with an elbow or performing compressions with a tennis ball taped into one of the student's hands.
3. **Alternative Assessment** – Students who are unable to physically perform the CPR compressions but have the knowledge of the skills required will fall into this category. Alternative assessments may be done by allowing a student to coach another person through the skills test or a written assignment could be completed.
4. **Medical Exemption** – Students who are on track to graduate with a high school diploma that cannot possibly complete any of the other levels of the delivery method of the CPR graduation requirement will fall into this smallest category. These students may be granted a medical exemption from the CPR skills test.

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