



Harriet Tubman School of Science of Science and Technology

Health Policies

Purpose

The School will implement policies and procedures that meet state law and regulations regarding school health. This policy will provide guidance on the following:

- a. School Health Nursing Program (O.C.G.A. § 20-2-771.2)
- b. Certain restrictions related to O.C.G.A. § 20-2-773
- c. Health Screening and Immunization (O.C.G.A. § 20-2-770; O.C.G.A. § 20-2-771)
- d. Administration of Medicine to Students, including
 - i. Self-Administration of Asthma Medication by Students (O.C.G.A. § 20-2-774)
 - ii. Administration of Epinephrine (O.C.G.A. § 20-2-776.1; O.C.G.A. § 20-2-776.2)
 - iii. Administration of Levalbuterol Sulfate (O.C.G.A. § 20-2-776.3; O.C.G.A. § 20-2-776.4)
- e. Diabetes Information and Training (O.C.G.A. § 20-2-779)

Duration

This policy is permanent.

Policy

SECTION 1. School Nurse Program

The School has contracted with Global Partnership for TeleHealth (GPTH), a provider approved by the Georgia Department of Education to provide telehealth nursing services. GPTH provides licensed health care professionals to the School. Hereinafter, the telehealth nurse provided by GPTH, and in the absence thereof, the Assistant Executive Director, shall be referred to as the “**School Nurse.**”

SECTION 2. Restrictions Related to O.C.G.A. §20-2-773

Employees performing services under this policy are prohibited from distributing contraceptives, performing abortions, providing referrals for abortions, and dispersing abortifacients.

SECTION 3: Health Screening and Immunizations

- a. Certificates of Immunizations are required by O.C.G.A. § 20-2-771 for all Kindergarten students, all students new to Georgia, and students coming from any private school.

- i. Georgia Certificate 3231 must be signed by a licensed healthcare provider or the Fulton County Department of Health.
 - ii. New entrants include anyone that is entering Georgia schools for the first time or is returning to a Georgia school after being gone for more than 12 months or one school year.
 - iii. Medical waivers/exemptions are part of Georgia Certificate Form 3231.
- b. For students entering from out-of-state schools, please contact the Georgia Department of Public Health or a Georgia-licensed physician to have immunizations transferred to the Georgia Certificate Form 3231.
- i. Students need to have their immunization record from their state in order to transfer immunizations to Form 3231
 - ii. All requirements apply to students transferring from out-of-state schools to Georgia schools.
- c. To be enrolled at the School, all certificates of immunization must be marked “Complete for Attendance” or have a future expiration date. Expired certificates will not be accepted for enrollment.
- d. If a parent or guardian chooses not to vaccinate their child based on religious beliefs, they must submit the Immunization Requirements: Affidavit of Religious Objection.
- e. Immunization Requirements for K-5
- i. Four (4+) DTaP (number of doses depends upon age given)
 - ii. Four (4+) IPV (number of doses depends upon age given)
 - iii. Three (3) Hepatitis B
 - iv. Two (2) doses of Measles vaccine, two (2) doses of Mumps vaccine, and one (1) dose of Rubella vaccine OR two (2) doses of the combined MMR (OR documented history of disease or serology)
 - v. Two (2) Hepatitis A (required if born on or after 01/01/2006)
 - vi. Two (2) doses of Varicella vaccine (OR documented history of disease or serology)
- f. Additional Requirements
- i. The annual immunization audit is conducted each fall and must show 100% compliance.
 - ii. The School must have on file for each student either an updated Georgia Certificate Form 3231 documenting either current immunizations or medical exemption, or the Immunization Requirements: Affidavit of Religious Objection.

SECTION 4. Administration of Medicine

- a. School regulations require that all prescription medication be given only by a doctor’s written orders and dispensed from a pharmacy labeled container. Medication should be given in school only if times cannot be arranged for all doses to be given outside of school hours.

- b. Parents/guardians may grant permission for the school office staff or School Nurse to administer over-the-counter medication such as acetaminophen (Tylenol), ibuprofen (Motrin, Advil), Neosporin, or hydrocortisone to their student. Parents/guardians who wish to change their permission status should see the Front Office. For students who may require over-the-counter medication, the school nurse or office staff will do a brief assessment to determine need. This will include observation for possible fever, pain from injury, orthopedic or orthodontic procedures, headache, etc.
- c. If medication must be dispensed in school, parents/guardians must follow the procedures below:
 - i. Have the child's doctor write orders for the school to dispense medication, giving the following information:
 - 1. Diagnosis
 - 2. Name of drug to be given
 - 3. Dosage
 - 4. Any side effect which the staff should be aware of
 - 5. The length of time which the medication should be given
 - ii. Please fill out and sign the school's medication release form.
 - iii. Bring the medication to the nurse in pharmacy labeled bottles. Please bring a measuring tool if the medication is liquid.
 - iv. Medication must be left in school; it may not be sent home every night.
 - v. It is the parent/guardian's responsibility to know when the dosage will run out and to supply the nurse with more if needed. No medication, even non-prescription medication, may be brought to school and taken by students without written permission from the parent/guardian and supervised by the nurse.

SECTION 5. Allergen Management

- a. Preparation:
 - i. The School must store and carry medicines such as epinephrine auto-injectors, antihistamines, and asthma inhalers in designated spots. Epinephrine must be readily available and on hand immediately for all severely allergic children.
 - ii. The School can stock non-specifically prescribed epinephrine auto-injectors for emergency use.
 - iii. The School will report when medications are lost or misplaced.
 - iv. The School will keep Allergy and Anaphylaxis Plans in a designated area.
- b. General Allergen Management Training
 - i. All School staff must be trained in and fully understand the following terminology:
 - 1. Allergy,
 - 2. Allergic reaction,
 - 3. Anaphylaxis,

4. Food intolerance,
 5. Epinephrine auto-injectors (EpiPen, Auvi-Q, AdrenaClick, etc.)
 6. Levalbuterol sulfate,
 7. Albuterol sulfate, and
 8. Antihistamine
- ii. All School staff must be trained to recognize the signs of a mild allergic reaction.
 - iii. All School staff must be trained to know the most common allergens that can trigger severe allergies, including:
 1. Food
 2. Insect stings or bites
 3. Chemicals
 4. Latex
 5. Know the signs of anaphylaxis, a serious, life-threatening allergic reaction:
 6. Hives
 7. Swelling
 8. Rash
 9. Itchy lips, mouth, or throat
 10. Breathing difficulties
 11. Coughing or hoarseness
 12. Nausea or stomach pain
 13. Vomiting
 14. Chest pains or tightness
 15. Headache
 16. Dizziness
 17. Low blood pressure
 18. Unconsciousness
 - iv. School staff must be trained to know when and how to use an epinephrine auto-injector to treat anaphylaxis.
 - v. Any individual who administers an EpiPen must be trained in accordance with O.C.G.A. §§ 20-2-776.1 and 776.2.
 - vi. The School must provide information to all school personnel on how to recognize the symptoms of respiratory distress and the correct method of administering levalbuterol sulfate.
 - vii. The School may acquire and stock a supply of levalbuterol sulfate pursuant to a prescription issued in accordance with O.C.G.A. § 26-4-116.3. The School may designate an employee or agent trained in the possession and administration of levalbuterol sulfate to be responsible for the storage, maintenance, and distribution of the levalbuterol sulfate stocked by the School. Such trained employee or agent may:
 1. provide levalbuterol sulfate to any student such employee or agent believes in good faith is experiencing a perceived respiratory distress for immediate self-administration; or
 2. administer levalbuterol sulfate to any student such employee or agent believes in good faith is experiencing a perceived respiratory distress, regardless of whether the student has a prescription for levalbuterol sulfate.

c. School-wide Nut-Free and Shellfish-Free Policy

Due to the life-threatening allergies (anaphylaxis) in our student and staff population, the following food items are not permitted in School or at any School-sponsored event:

- i. All peanuts, nuts, peanut butter, nut butters, or peanut products; and
- ii. All shellfish, including crustaceans (e.g., shrimp, lobster, and crab) and mollusks (e.g., scallops, oysters, clams, and mussels).

d. School Responsibilities

It is the responsibility of the School to:

- i. ensure that a student's epinephrine auto-injector (such as EpiPen or Auvi-Q) is with the student at all times.
- ii. using epinephrine when anaphylaxis is suspected, either in a child with a known allergy or in a child who is experiencing a severe and life-threatening allergic reaction for the first time; for administering asthma inhalers for children experiencing asthma attacks; and for administering an antihistamine as needed and as prescribed by the child's doctor.
- iii. follow the Allergy or Anaphylaxis Action Plan provided by the parent/guardian.
- iv. disseminate a letter at the beginning of each school year to parents/guardians of each classroom, notifying them of the specific allergies of students in that classroom. Alternatively, the School Nurse may elect to post notices on doors of classrooms that have several allergic students.

e. Parental/Guardian Responsibilities

It is the responsibility of a parent or guardian of a child to:

- i. notify the school if a child has an allergy or multiple allergies.
- ii. request a meeting with teachers and the School Nurse. The School requires such a meeting to review the student's specific allergies, needs, and Allergy or Anaphylaxis Action Plan.
- iii. complete and provide all required School paperwork, including:
 1. Clinic Record & Emergency Authorization form (online orientation form)
 2. Medication Administration and Release form (two total: one online orientation form and one paper form from School Nurse)
 3. A doctor-signed Allergy or Anaphylaxis Action Plan (obtained from the School Nurse or the student's allergist or pediatrician; requires a doctor's signature)
- iv. provide the child's prescribed medications and epinephrine auto-injectors.

f. Procedures for Managing an Allergic Reaction or Asthma Incident

- i. When a child experiences an allergic reaction or asthma incident, the trained, supervised staff member must:
 1. assess signs of anaphylaxis;
 2. administer the epinephrine auto-injector; and
 3. call 911. Ideally, while administering epinephrine, another adult will call 911.
 4. Give the child the doctor-prescribed number of puffs from the child's rescue inhaler, if applicable.
 5. if the child's doctor has indicated that the child can take Benadryl, administer

Benadryl.

6. monitor the child very closely until the paramedics arrive. A second injection might be necessary. Never leave the child alone or alone with only a student.
7. contact the School Nurse as soon as possible after the injection. If the School Nurse cannot be located, contact administrative staff.
8. Contact the child's parents/guardians.

- ii. Students with allergies that require that they carry epinephrine auto-injectors should have the epinephrine auto-injector in their possession at all times.

g. Allergy or Anaphylaxis Action Plan

- i. The School, in consultation with the School Nurse and the families and teachers of students with severe allergies, shall create an Allergy or Anaphylaxis Action Plan, which will create additional guidelines to ensure that day-to-day classroom activities are safe for allergic children. The Allergy or Anaphylaxis Action Plan should cover topics such as:
 1. Classroom and advisory communication
 2. How all food and other allergens are managed in the classroom, grade levels, and advisories
 3. Medication storage
 4. Hygiene and safety best practices and logistics
 5. How students treat peers with allergies
 6. Banning severe allergens from the classroom and from all activities in which that classroom will be engaged (in addition to nuts and shellfish as provided above).
 7. Cleaning best practices for tables, chairs, and handwashing
 8. Student etiquette for sharing food.
 9. Methods for obtaining and keeping current served food labels and ingredients information.
- ii. All students and staff, which regularly interact with a child with an Allergy or Anaphylaxis Action Plan must follow the Allergy or Anaphylaxis Action Plan of such child.
- iii. For all group settings, it is critical that established guidelines are followed, and that each allergic child's allergies are taken into consideration.

h. Allergy Bullying

The School anti-bullying policy applies to allergy bullying, which can include mocking or harassing a student for having allergies or having allergy or asthma medication, threatening an allergic student with food such student is allergic to, or "pranking" an allergic student by covertly adding allergens to the student's food.

i. Continuing Allergy Education and Awareness

- i. The School will stay current with allergy management best practices and guidelines.
- ii. Guidelines will contain up-to-date allergy management and education resources.

SECTION 6. Diabetes Training and Administration of Diabetes Management Plans

- a. The School ensures that at least two school employees are trained in accordance with the *Guidelines of the Care Needed for Students with Diabetes* published by the Georgia Department of Education. Training will be provided by a licensed nurse and ongoing training and monitoring will be provided as required. Any student requiring treatment or diabetes management at in-person events, specifically during state testing shall be required to submit a Diabetes Management Plan (DMMP) completed by the student's physician or healthcare provider.
- b. The School must obtain written permission from the student's parent/guardian to allow monitoring of the student's blood glucose and to administer insulin by injection or the delivery system used by the student.
- c. The School shall document training provided under O.C.G.A. § 20-2-779. Specifically, the School shall record the name, title, and credentials of the health care professional providing the training, and the names and titles of the school personnel receiving training as trained diabetes personnel.
- d. The School Nurse or other training diabetes personnel shall review and implement the DMMP provided by the parent or guardian of a student who seeks diabetes care while at school. At least two trained diabetes personnel shall be on site at the School and available during regular school hours to provide care to each student with a DMMP. For purposes of field trips, the parent or guardian, or designee of such parent or guardian, of a student with diabetes, may, at the discretion of the School, accompany such student on a field trip.
- e. School staff should:
 - i. Observe students with diabetes for signs and symptoms of hypoglycemia or hyperglycemia, and should notify the school nurse or trained diabetes personnel of negative signs and symptoms;
 - ii. Be aware of the nutritional needs of students with diabetes;
 - iii. Promote good hygiene to help prevent infection in students with diabetes;
 - iv. Report any blood or other bodily fluid contamination to the school nurse or trained diabetes personnel for cleaning and handling in accordance with Universal Precautions.
 - v. Support students in the self-management of their diabetes as outlined in the DMMP; and
 - vi. Offer emotional support to students with diabetes and refer students to the school nurse, trained diabetes personnel, or other resources when appropriate.
- f. In accordance with the request of a parent or guardian of a student with diabetes and the student's diabetes medical management plan, the school nurse or, in the absence of the school nurse, trained diabetes personnel shall perform functions including, but not limited to, responding to blood glucose levels that are outside of the student's target range; administering glucagon;

administering insulin, or assisting a student in administering insulin through the insulin delivery system the student uses; providing oral diabetes medications; checking and recording blood glucose levels and ketone levels, or assisting a student with such checking and recording; and following instructions regarding meals, snacks, and physical activity. As provided in O.C.G.A. § 20-2-779, these activities do not constitute the practice of nursing and are exempted from all applicable statutory and regulatory provisions that restrict what activities can be delegated to or performed by a person who is not a licensed healthcare professional.

- g. Upon written request of a student's parent or guardian and if authorized by the student's diabetes medical management plan, a student with diabetes shall be permitted to perform blood glucose checks, administer insulin through the insulin delivery system the student uses, treat hypoglycemia and hyperglycemia, and otherwise attend to the monitoring and treatment of his or her diabetes in the classroom, in any area of the school or school grounds, and at any school related activity, and he or she shall be permitted to possess on his or her person at all times all necessary supplies and equipment to perform such monitoring and treatment functions.
- h. A DMMP shall be signed by a health care professional and shall:
 - i. Outline the dosage, delivery system, and schedule for blood glucose monitoring, insulin/medication administration, glucagon administration, ketone monitoring, meals and snacks, physical activity and include the student's usual symptoms of hypoglycemia and hyperglycemia, and their recognition and treatment;
 - ii. Include emergency contact information; and
 - iii. Address the student's level of self-care and management.
- i. A DMMP should be completed and submitted to the School at least annually.
- j. Emergency contact information and any medical history contained in the DMMP may be updated at any time without signature or assistance of a health care professional.
- k. A form DMMP is available on the School website.

Approval

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