STUDENT HEALTH SERVICES

( ) Required
(X) Local
( ) Notice

The Board of Education recognizes that good student health is vital to successful learning and acknowledges its responsibility, along with that of parent, guardian or person in parental relation to the student, to protect and foster a safe and healthful environment for the students.

The School District shall work closely with students' families to provide detection and preventive health services. In accordance with law, the School District will provide vision, hearing, dental inspection and scoliosis screening as per New York State regulations. Results will be referred to the parent, guardian or person in parental relation to the student who will be encouraged to have their family physician/dentist provide appropriate care.

In order to enroll in school a student must have a health exam and submit a health certificate within 30 calendar days after entering school, and upon entering prekindergarten or kindergarten, and first, third, fifth, seventh, ninth and eleventh grades. The examination, which must conform to state requirements, must have been conducted no more than 12 months before the first day of the school year in question. If a student is unable to furnish the health certificate, the school will provide a physical examination by a licensed provider. A request for exemption from the physical examination, or the requirement to provide a health certificate, must be made in writing to the school principal or designee, who may require documents supporting the request. The only basis for exemption is a claim that the physical examination is in conflict with the parent or guardian's genuine and sincere religious belief.

In order to enroll in school, students must also furnish documentation of required immunizations against certain communicable diseases, as set forth in state law and regulations, unless exempted from immunizations for medical reasons as permitted by state law and regulation.

Homeless students will be admitted to school even if they do not have the required health or immunization records, but may be temporarily excluded if they show actual symptoms of a communicable disease that poses a significant risk of transmission to others (see "Communicable diseases" below.

The McKinney-Vento liaison will assist homeless students covered by that law in accessing health services described in this policy and accompanying regulation, including removing barriers for unaccompanied youth caused by a lack of parent/guardian permission.

The Board of Education recognizes that the State of New York may authorize and require the collection of data from health certificates in furtherance of tracking and understanding health care issues that affect children. The Board of Education supports these efforts and expects

administrators to cooperate and to observe the appropriate laws and regulations in carrying out those responsibilities, including those that relate to student privacy.

A permanent student health record will be part of a student's cumulative School District record and should follow the student from grade to grade and school district to school district along with the academic record. This record folder will be maintained by the School District nurse.

The School District will also provide emergency care for students in accidental or unexpected medical situations. Each School District in the district will include in its emergency plan a protocol for responding to health care emergencies, including anaphylaxis, and head injury. Parents, guardian(s) or person(s) in parental relation to the student will be notified of any emergency medical situation as soon as is practicable. Parents, guardian(s) or person(s) in parental relation to the student will receive notification of non-emergent medical situations that have been reported to the nurse in a timely manner.

Immunization

In order to enroll in school, students must also furnish documentation of required immunizations against certain communicable diseases, as set forth in state law and regulations, unless exempted from immunizations for medical reasons as permitted by state law and regulation.

Children must receive immunizations for diphtheria, poliomyellitis, measles, mumps, rubella, hepatitis B, Haemophilus Influenzae Type b (Hib), pertussis, tetanus, meningococcal, and pneumococcal disease and varicella in accordance with the Public Health Law, and the regulations thereunder, prior to entering or being admitted to school unless the child falls within the medical exemption under the statute.

Parents, guardians or persons in parental relation to the student must provide acceptable proof indicating required receipt of all vaccines in accordance with law and regulations. A child may be excluded from the immunization requirements based on a physician determined health reason or condition. This medical exemption must be submitted and signed by a physician licensed to practice in New York State on a yearly basis**.** A parent, guardian or person in parental relation to the student who seeks a medical exemption must make a formal request for such an exemption in accordance with School District procedure and practice.

A child will not be admitted to school or allowed to attend school for more than fourteen (14) days without an appropriate immunization certificate or acceptable evidence of immunization. This period may be extended to not more than thirty (30) days on a case-by-case basis by the Building Principal if the child is transferring from another state or country and can show a good faith effort to get the necessary certification or other evidence of immunization.

When a student transfers out of the School District, the parent, guardian or person in parental relation to the student will be provided with a copy of the students last updated heath and immunization records. Health records will be provided to the new education institution upon

request.

In the event that a parent, guardian or person in parental relation to the student is unable to provide an immunization record, the school nurse or other authorized School District official may access the New York State Immunization Information System (NYSIIS) to determine if the child has met the immunization requirements. If the system indicates that the child has received the required vaccinations, the information will be entered as part of the student's record, the source and the dates noted, and the documentation requirement will have been met.

When a child is excluded from school for immunization reasons, the Building Principal must notify the parent/guardian of their responsibility to have the child immunized, and the public resources available for doing so. The Principal must also notify the local health authority of the child's name and address and the immunization(s) the child lacks, and cooperate with that authority to provide a time and place for the required immunization(s) to be administered.

Communicable Diseases

It is the responsibility of the Board of Education to provide all students with a safe and healthy school environment. To meet this responsibility, it is sometimes necessary to exclude students who have been diagnosed with or are showing symptoms of any contagious and infectious diseases, as defined in the Public Health Law, from attendance in school. Whenever, upon investigation by the school physician, the school nurse or other health professionals acting upon the direction or referral of such director for care and treatment, a student shows symptoms of any communicable or infectious disease reportable under the Public Health Law that imposes a significant risk of infection of others in the school, he or she shall be excluded from the school and sent home immediately, in a safe and proper manner. Students will be excluded during periods of contagion for time periods indicated on a chart developed by the school physician. The school physician may examine any student returning to school following an absence due to illness or unknown cause, who is without a certificate from a local public health officer, a duly licensed physician, physician assistant or a nurse practitioner, to determine that the student does not pose a threat to the school community. Further, the School District shall maintain an up-to-date list of susceptible students within the School District, including all students who are exempt from immunizations and/or still in the process of completing their immunizations, who shall be excluded from school in the event of a vaccine-preventable disease occurrence, as ordered by the Commissioner of Health. During an outbreak of these communicable diseases, if the Commissioner of Health or his/her designee so orders, the School District will exclude students from school who have an exemption from immunization or who are in the process of obtaining immunization.

It is the responsibility of the Superintendent of Schools, working through district health personnel, to enforce this policy and to contact the county or local health department when a reportable case of a communicable disease is identified in the student or staff population.

Administering Medication to Students

Neither the Board of Education nor School District staff members are responsible for the

diagnosis or treatment of student illness. The administration of prescribed medication to a student during school hours will be permitted only when failure to take such medicine would jeopardize the health of the student, or the student would not be able to attend school if the medicine were not made available to them during school hours, or where it is done pursuant to law requiring accommodation to a student's special medical needs (e.g., Section 504 of the Rehabilitation Act of 1973). "Medication" will include all medicines prescribed by an authorized medical provider.

Before any medication may be administered to or by any student during school hours, the Board of Education requires:

1. the written request of the parent, guardian or person in parental relation to the student which gives permission for such administration and relieve the Board of Education and its employees of liability for administration of medication;
2. the written order of the prescribing authorized medical provider, which will include the purpose of the medication, the dosage, the time at which or the special circumstances under which medication will be administered, the period for which medication is prescribed, and the possible side effects of the medication;
3. a medication request form filed with the school nurse.

Students are permitted to self-administer medication under certain circumstances, in accordance with state law and regulation. A student is authorized to carry and use the following medications: rescue inhaler, epinephrine auto-injector, insulin, glucagon (and associated diabetes testing supplies), if the following conditions are met:

1. An authorized medical provider must provide written permission that includes an attestation that the student's diagnosis requires the medication; the student has demonstrated that they can self-administer the prescribed medication effectively; the name of the medication, the dose, the times when it is to be taken, the circumstance which may warrant use and the length of time during which the student may use it.
2. Written parental permission.

If a student is authorized to carry and use medication as described above, the parent/guardian is permitted to give extra medication and supplies that the district will maintain in accordance with the written directions submitted by the authorized medical provider. Such extra medication and supplies will be readily accessible to the student.

All documents pertaining to student medication will be kept on file in the nurse's office.

District-wide procedures shall be developed by a team of nurses from each school building for the administration of medication other than epinephrine auto injectors, which require that:

1. All medications will be administered by a licensed person unless the child is a "supervised student" (able to self-administer with assistance and supervision) or an "independent student" (able to self-administer and self-carry);

2. Medications, other than as noted above, will be securely stored in the office and kept in their original labeled container, which specifies the type of medication, the amount to be given and the times of administration. The school nurse will maintain a record of the name of the student to whom medication may be administered, the prescribing physician, the dosage and timing of medication, and a notation of each instance of administration;

3. All medications will be brought to school by the parent, guardian or person in parental relation to the student and will be picked up by the parent, guardian or person in parental relation to the student at the end of the school year or the end of the period of medication, whichever is earlier. If not picked up within five (5) days at the end of the period of medication or school year, the medication shall be discarded in accordance with law; and

4. All medications must clearly indicate the expiration date of the medication. The school nurse shall not administer medication which has expired.

An adult must bring the medication to school in the original container. The administering staff member should clearly label the medication with the time to be given and dosage.

Use of Albuterol Metered Dose Inhalers. Students diagnosed with asthma whose personal albuterol prescription is empty may receive an emergency dose of school-stocked albuterol under the following conditions:

- The student has a prescription ordering albuterol MDI or nebulized albuterol from their licensed health care provider which must include an order allowing the student to use the school's stocked albuterol MDI if their personal prescription is empty;
- The student's parent/guardian must provide written permission for the student to be administered dosing from the school's stocked albuterol MDI if their personal prescription is empty;
- The school's stock supply of albuterol is not to be used in place of the parent/guardian providing the medication for their child to the school. The school's stock supply is for use only in the event that the student's personal supply is empty while awaiting the parent/guardian to provide the school with a new one; and
- The student must have their own labeled spacer, tubing and facemask, or mouthpiece provided by the parent/guardian that is used when administering their own or the school's stock albuterol MDI.

Specific procedures will be developed by school health personnel that will outline the following:

1. The process for obtaining and replacing the stock albuterol;
2. The maintenance and cleaning of the school's stock MDI and nebulizer; individual students' MDIs and spacers; and/or students nebulizer tubing, facemask or mouthpiece;
3. The protocol for informing parents that the school stock albuterol was used; and

4. The protocol for informing parents/guardians of the need for replacement of their child's albuterol medication along with any district imposed deadlines for doing so.

This procedure will be approved by both the district medical director and the board of education.

Students are allowed to carry and apply parentally provided sunscreen without a prescription from a medical provider, assuming that the sunscreen is FDA approved and that the sunscreen is not treating a medical condition. Parents, guardians or persons in parental relation to the student need to provide the School District with written permission for students to use sunscreen.

Permission slips and medical orders will be kept on file in the office of the school nurse.

Life-Threatening Allergies and Anaphylaxis Management

The Board of Education recognizes its role and responsibility in supporting a healthy learning environment for all students, including those who have, or develop, life-threatening allergies. The School District will work cooperatively with the student, their parent, guardian or person in parental relation to the student and healthcare provider to allow the child to participate as fully and as safely as possible in school activities. When a student has a known life-threatening allergy reported on their health form or if the School District has been informed by the parent, guardian or person in parental relation to the student of the presence of a life-threatening allergy, the School District will assemble a team, which may include the parent, guardian or person in parental relation to the student the School District nurse, the child's teacher, the building principal and other appropriate personnel, which will be charged with developing an individual health care plan. The plan will be maintained by the School District nurse. The plan will guide prevention and response. If the student is eligible for accommodations based upon the IDEA, Section 504 or the Americans with Disabilities Act, the appropriate procedures will be followed regarding identification, evaluation and implementation of accommodations and/or response to life threatening allergies and management for each individual student.

Life-threatening allergies are increasing in frequency and the number of affected students is rising. In some cases, minute amounts of the food allergen, when eaten, touched or inhaled can make an allergic child very ill and put an allergic child at risk for life-threatening anaphylaxis. Anaphylaxis is a severe life-threatening allergic reaction which requires immediate medical attention. The School District will endeavor to reduce exposure to life-threatening allergens within the school setting, while acknowledging that it is impossible to achieve an allergen-free environment. Currently, there is no cure for food allergies and avoidance is the only prevention. It is, therefore, impossible to completely avoid all allergic foods since they can be hidden or accidentally introduced via other sources. The School District will provide general training for staff concerning allergens in classrooms, the cafeteria or the gymnasium and specific training for adults in a supervisory role in the recognition and emergency management of specific medical conditions for specific students. Students, parents, guardian or person in parental relation to the student school personnel and health care providers must all work together to provide the necessary information and training to

allow children with life-threatening allergies to participate as fully and safely as possible in the school setting. Parents, guardians or persons in parental relation to the student, students, District administration, school nurse, teachers, custodial staff, after-school volunteers, transportation employees, and other school administrators and members of the School District community are important partners to work together to provide the necessary information and training to allow children with life-threatening allergies to participate as fully and safely as possible in the school setting, including: (a) ongoing and effective communication, (b) receipt by the School District of complete health information (c) preparation of appropriate accommodations and (d) protocols in place for any necessary medication and emergency protocols for the student with life-threatening allergies.

Parents, guardians or persons in parental relation to the student and treating physicians must prepare the School District for serious reactions that may occur despite precautions. To that end, parents, guardians or persons in parental relation to the student are responsible for: (a) notifying the school of students with documented life-threatening allergies and/or episodes of anaphylaxis, and (b) for providing the school with medical information and the family physician's treatment protocol. In addition, when a student has been identified by his/her parents, guardians or persons in parental relation to the student and physician as having a life-threatening allergy, the parent, guardian or person in parental relation to the student should:

1. inform the school nurse of the child's food allergies and condition and provide written medical documentation and update regularly.
2. provide the school nurse with medical prescription which may include appropriate dosing and dosage of medication from their physician.
3. provide the school nurse with epinephrine auto injector(s) and other medication, if appropriate, as prescribed by the family physician.
4. be encouraged to provide the child with a medical information bracelet or necklace to be worn at school that lists allergies.
5. participate in the development of a Health Plan.
6. provide safe foods for lunches, and snacks. Must also make the determination as to the safety of lunch provided by a third party for the food-allergic child.
7. teach their allergic child to recognize first symptoms, to communicate these to staff, to not share snacks, lunches, drinks and utensils.
8. consent to share medical information with necessary employees.
9. maintain up-to-date emergency contacts and phone numbers.
10. update medical information annually.
11. stay in contact with classroom teacher and school nurse to help provide a safer classroom.

The Superintendent of Schools or his/her designee will publish a list of known life-threatening allergies, which list will be distributed to each of the School District's facilities.

Each school will designate and clearly mark certain section(s) of cafeteria tables as reduced allergen table(s).

Parents, guardians or persons in parental relation to the student will be informed prior to the start of the school year concerning the Board of Education's policy and/or administrative regulations concerning students with life-threatening allergies.

Each teacher who has a student with a life threatening allergy enrolled in his/her class will keep this information in his/her emergency folder.

It is the responsibility of parents, guardians or persons in parental relation to the student to report a child's life-threatening allergy to the child's school nurse and/or School District administration. The following guidelines should be implemented in order to protect the privacy of the child while educating students, staff and parents, guardians or persons in parental relation to the student:

1. In accordance with a student's 504 accommodation plan, Emergency Care Plan or IHP, identify the child and medical condition to the staff either individually or at a staff meeting before school begins (teaching and non-teaching staff) on a need-to-know basis. Parents, guardians or persons in parental relation to the student may participate in the discussions about his/her child.

This policy will be included in a faculty handbook, posted on the School District's website and provided to outside organizations that have been granted use of the School District's facilities pursuant to Policy 1500 (Use of School District Facilities).

Administering Medication on Field Trips and at After-School Activities

Taking medication on field trips and at after-school activities is permitted if a student is an "independent student" described above in administering their own medication. On field trips or at other after-school activities, teachers or other school staff may carry the medication (if the student does not need it on hand for rapid administration) so that the independent student can take it at the proper time. If a student is a "supervised student" described above, unlicensed school personnel who have been trained by a licensed school health professional may assist the student in taking medication. The student's parent/guardian, if attending the trip, may also perform these activities, but may not be required to do so.

If a student is "nurse dependent" (i.e., requires a licensed health professional to administer their medication), then the student must have their medication administered by a licensed health professional, or the district may:

- permit the parent or guardian to attend the activity and administer the medication.
- permit the parent to personally request another adult friend or family member to voluntarily administer the medication on the field trip or activity and inform the school district in writing of such request.
- allow the student's health care provider to be consulted and, as the provider permits, order the medication time to be adjusted or the dose eliminated.

If no other alternative can be found, the trip will be canceled or rescheduled.

Administering Epinephrine Auto Injectors in Emergency Situations

The administration of epinephrine by epinephrine auto injectors has become an accepted and beneficial practice in protecting individuals subject to serious allergic reactions. Pursuant to Commissioner's Regulations, registered professional nurses may carry and administer agents used in non-patient specific emergency treatment of anaphylaxis.

Additionally, the district will stock epinephrine auto-injectors to be used on any student or staff member having symptoms of anaphylaxis, whether or not there is a previous history of severe allergic reaction. The medical director will oversee use of the auto-injectors, ensuring that designated staff are appropriately trained. However, any school personnel may be directed in a specific instance to use an auto-injector by the nurse or medical director.

In addition, pursuant to SED guidelines, school nurses may provide training to unlicensed school staff in administering epi-pens, epinephrine auto-injectors and glucagon prescribed by a licensed medical provider, to a child who has been diagnosed with the associated disease in accordance with the process described in this policy and regulation.

Use of Automated External Defibrillators

The Board of Education recognizes that the use and deployment of Automated External Defibrillators (AEDs) in emergencies may reduce the number of deaths associated with sudden cardiac arrest. The Board of Education has created a Public Access Defibrillation Program (PAD Program) and authorizes the Superintendent of Schools, or his/her designee, to develop procedures on the handling of sudden cardiac arrest in students, staff and others involved in School District activities. The use of AEDs is subject to the following conditions:

1. The PAD Program shall be provided in compliance with Section 3000-B of the New York State Public Health Law and New York State Department of Health, Bureau of Emergency Medical Services Policy Statement 98-10, as amended, titled "Public Access Defibrillation".

2. The Board of Education will identify an "emergency health care provider" (EHCP) who is knowledgeable and experienced in emergency cardiac care and has agreed to serve as an EHCP and participate in a collaborative agreement with the School District. The EHCP shall provide the School District with a copy of his/her New York State license.

3. The EHCP will participate in the regional quality improvement program as required by law.

4. The collaborative agreement with the EHCP will include the following provisions, at a minimum:

    a. Written practice protocols for the use of the AED(s).

b. Written policies and procedures which:

i. Provide training requirements for AED users;
ii. Require the immediate calling of 911 emergency services;
iii. Require ready identification of the location of the AED units;
iv. Provide for regular maintenance procedures of the AED units which meet or exceed manufacturer's recommendations;
v. Detail documentation requirements; and
vi. Define participation in a regionally approved quality improvement program.

5. The Board of Education will designate a Coordinator of the PAD Program for the term of the PAD Program or any extension thereof.

6. Employees of the School District will be authorized to utilize an AED only after participating in initial and recurrent training of an approved PAD training course for AED users.

7. The Superintendent of Schools or his/her designee will implement regulations concerning the proper care and maintenance of the AED, including review of the expiration dates associated with the AED.

8. The School District will provide written notice of the availability of the AED service at various locations in the School District to 911 Emergency Services and/or the community equivalent ambulance dispatch entity.

Opioid Overdose Prevention (from 5425)

The Board of Education recognizes its role and responsibility in the effort to combat the continuing rise in opioid-related deaths. Pursuant to this responsibility, the Board of Education wishes to provide and maintain opioid antagonists (Naloxone) on site in each instructional facility to ensure emergency access for any student or school personnel having opioid overdose symptoms, whether or not they have a previous known history of opioid use.

The School District will work collaboratively with a local New York State Department of Health registered Opioid Prevention Program. The School District will work with the program to train employees on a voluntary basis to participate in its Opioid Prevention Program through the locally registered program. As a trained volunteer, each volunteer will receive a kit at the completion of the training for which he or she is individually responsible. Each volunteer is required to keep his or her kit in a secure, accessible and temperate location at the School District during school hours and school functions, including but not limited to a locked file cabinet or locked desk drawer.

Following participation in the NYS approved training, trained volunteers may administer opioid antagonist to individual(s) at school or at a school event with signs of overdose in accordance with law.

In addition, school nurses may participate in the School District's opioid overdose prevention program when a licensed physician or certified nurse practitioner has prescribed and ordered a non-patient specific regimen to the registered professional nurse for the urgent or emergency treatment of opioid related overdose or suspected overdose. Each non-patient specific order will be a prescription for the Naloxone wherein the school and/or School District is the recipient. School nurses will be responsible for the execution of the non-patient specific regimen prescribed or ordered by the licensed physician or certified nurse practitioner. The school nurse will work with the licensed physician or certified nurse practitioner for re-ordering Naloxone in the event it is administered and to ensure that an adequate supply is continuously available in the buildings for use.

School nurses may administer opioid antagonist to individual(s) at school or at a school event with signs of overdose under the non-patient specific order in accordance with law.

School nurses and trained volunteers must report administration of Naloxone and must document the administration of Naloxone. Naloxone administered pursuant to a non-patient specific order shall be documented in the same manner the administration of other medications under non-patient specific orders are documented. The administration of Naloxone to any student will be documented in his/her cumulative health record and for staff members, in their personnel file.

The School District will keep an updated record of all trained volunteers and the training date of each volunteer. The School District will store its supply of Naloxone in a secure, but accessible, and temperate location consistent with its emergency response plan. The school nurse or personnel designated by the school administrator will inventory the supply of Naloxone on a regular basis and record this information on a log which will be developed and/or maintained by the school nurse or other designated personnel/administrator. This record of information will include the date, time, and signature of the designated personnel performing the inventory.

Confidentiality

All student records pertaining to health maintained by the School District shall be kept confidential in accordance with the Family Education Rights and Privacy Act (FERPA).

Medical Emergency Record

All students shall have on file a medical emergency record which shall state the name and telephone number(s) of the following:

1. The student's parent(s), guardian(s) or person(s) in parental relation to the student at home and work;
2. The student's next of kin;
3. A neighbor/family friend;
4. The family physician;
5. Any allergies or serious health conditions.

Illness in School

If a student becomes ill in school:

1. The nurse will determine if the student should receive further medical attention, remain in his/her office or return to class.

2. The nurse will call the parent, guardian, person in parental relation to the student or individual identified on the student's medical emergency record if he/she feels the student should go home. In general, a parent, guardian or person in parental relation to the student will pick up the student from school.

3. If no parent, guardian or person in parental relation to the student picks up the student at school, or if no parent, guardian, or person in parental relation to the student, or individual on the student's medical emergency record will be home, the student will remain at the school until such time as a parent, guardian, person in parental relation to the student, or individual on the student's medical emergency record becomes available to assume responsibility for the student.

Student Return to School after Illness/Injury

In general, students should be symptom-free before returning to school and resuming normal activities. In the case of communicable diseases, student must no longer be contagious. In some instances, students may be asked to provide a note from their licensed health care provider before they return to school or participate in the full range of school activities. The final decision to permit participation rests with the school physician. The Superintendent of Schools, or his/her designee, in consultation with the school physician, nurse and other appropriate staff, will develop protocols to address a student's return to activities when there has been a serious illness or injury.

Training

Training to support the fulfillment of staff responsibilities in regard to student health services will be provided as part of the School District's ongoing professional development plan and in conformity with Commissioner's regulations.

The Superintendent of Schools, or his/her designee shall also develop protocols, in consultation with the School District medical director and other appropriate School District staff, for the management of injury, with particular attention to concussion.

Cross-ref: 4321 Programs for Students with Disabilities
5550 Student Privacy
8130 School Safety Plans and Teams
5405 Student Wellness
5139 Concussion Management
5440 Student Drug and Alcohol Abuse

Ref: Education Law §§901 et seq.; 919; 922; 6527; 6909
Public Health Law §§613; 2164; 3309,
8 NYCRR Part 64.7, 8 NYCRR Part 135.4, 8NYCRR Part 136

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