A. Immunization Against Communicable Diseases

Under state Public Health Law 2164, in order to be enrolled in or attend district schools, children must be fully immunized against certain communicable diseases. Those diseases are: poliomyelitis, mumps, measles, diphtheria, rubella, varicella (chicken pox), Haemophilus influenzae type b (Hib), pertussis, tetanus, pneumococcal disease, and hepatitis B.

“Fully immunized” means that the child has either (1) received the required vaccinations for these diseases as set forth in state regulations; (2) for measles, mumps, rubella, hepatitis B, poliomyelitis, or varicella only, shown immunity with a positive blood test for those disease antibodies; or (3) for varicella only, has had the disease, verified by a physician, nurse practitioner, or physician’s assistant.

Children who are not fully immunized may only be admitted to school if parents/guardians submit documentation that they (1) are in the process of receiving immunization or obtaining blood tests (as described in state regulations 10 NYCRR Subpart 66-1); to demonstrate proof of immunity; or (2) have been granted a medical exemption.

Medical exemptions may be issued if immunization is detrimental to a child’s health. Medical exemptions must be on the medical exemption form issued by the New York State Department of Health, signed by a physician licensed to practice medicine in New York State indicating the specific immunization, the medical contraindication, and the length of time the exemption is for. Medical exemptions must be reissued annually to remain valid. The Building Principal may require supporting documents for medical exemptions.

All students must present appropriate proof of their immunization, as set forth in the Regulations of the Commissioner of Health 10 NYCRR Subpart 66-1. Homeless students will be admitted to school even if they do not have the required 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.

The Building Principal may permit students without adequate documentation to attend school up to 14 calendar days while the parent/guardian furnishes the necessary documents. This time period may be extended to 30 days for students transferring from another state or country, as long as they show a good faith effort to obtain the necessary documentation.

District schools may access the New York State Immunization Information System (NYSIIS) or the New York City Citywide Immunization Registry (CIR) to verify the immunization history of students entering or registered in that school.

When a child is excluded from school for immunization reasons, the Building Principal shall notify the parent/guardian of their responsibility to have the child immunized, and the public resources available for doing so. The Principal shall also notify the local health authority of the child’s name and address and the immunization(s) the child lacks, and shall cooperate with that authority to provide a time and place for the required immunization(s) to be administered.
The district will maintain a list of all students who have been exempted from immunization for medical reasons, or who are in the process of receiving immunization, and shall exclude such students from school when so ordered by the Commissioner of Health, in the event of an outbreak in school of the vaccine-preventable diseases listed in Public Health Law 2164 and the first paragraph of this section.

When a student transfers out of the district, the parent/guardian will be provided with an immunization transfer record showing the student’s current immunization status which will be signed by the school nursing personnel or the school physician. A transcript or photocopy of the immunization portion of the cumulative health record will be provided to the new educational institution upon request.

B. Administering Medication to Students in School

The administration of prescribed medication (including over the counter medication) to a student during school hours is permitted only when the medication is necessary to allow the student to attend school or failure to administer the medication would seriously affect the student’s health.

Parent(s) or guardian(s) must present the following information:

1. A written order from a NYS licensed health care provider (e.g. physician, nurse practitioner or physician assistant) containing the following information: student’s name, the date and name of the medicine, dosage and time to be administered, and list of possible side effects; and

2. A written note from the parent/guardian giving appropriate licensed school personnel permission to administer the medication to their child during school or for trained unlicensed personnel to assist their child in taking their own medication

*Students who may carry and use certain medications*

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:

a. 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 he/she can self-administer the prescribed medication effectively; the name of the medication, the dose, the times when it is to be taken, the circumstances which may warrant use and the length of time during which the student may use it.

b. 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.

These documents will be kept on file in the nurse’s office.
The school nurse shall develop procedures for the administration of medication, which require that:

1. all medications will be administered by a licensed person unless the child is self-directed;
2. medications shall 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; and
3. the school nurse shall 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; and
4. all medications shall be brought to school by the parent(s) or guardian(s) and shall be picked up by the parent(s) or guardian(s) at the end of the school year or the end of the period of medication, whichever is earlier. If not picked up within five days of the period of medication, the medication shall be discarded.

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.

**Sunscreen.** Students are permitted to carry and apply sunscreen without a medical provider’s order under the following conditions:

1. the sunscreen is used to avoid overexposure to the sun and not for medical treatment of an injury or illness, if sunscreen is required to treat a medical condition, the procedures for administering medication (above) apply;
2. the sunscreen is FDA approved for over the counter use;
3. the student’s parents or guardians provide written permission annually for the student to carry and use the sunscreen.

The school nurse will keep written permission for students on file and develop procedures pertaining to this policy.

**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 self-directed in administering their own medication. On field trips or at other after-school activities, teachers or other school staff may carry the medication so that the self-directed student can take it at the proper time.

If a student is going on a field trip but is not self-directed (i.e., fully aware and capable of understanding the need and assuming responsibility for taking medicine), then the district may:

- permit the parent or guardian to attend the activity and administer the medication.
- permit the parent to personally request another adult who is not employed by the school 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, if he/she permits, order the medication time to be adjusted or the dose eliminated.

If no other alternative can be found, a school nurse or licensed person must administer the medication.
Administering *epi-pen in emergency situations*. The administration of epinephrine by *epi-pen* has become an accepted and extremely beneficial practice in protecting individuals subject to serious allergic reactions (e.g., individual has an anaphylactic reaction to a wasp sting or the ingestion of peanut butter).

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. Pursuant to Public Health Law §3000-c, the district will establish a collaborative agreement with an emergency health care provider to allow for use of epinephrine auto-injectors in district schools. The collaborative agreement will outline the protocols and procedures for the use of the auto-injectors. The medical director shall oversee the program; ensuring implementation of the terms of the collaborative agreement and that designated staff are appropriately trained.

In addition, pursuant to SED guidelines, school nurses may provide training to unlicensed school staff in administering epi-pens, prescribed by a licensed prescriber, to a child who has been diagnosed with the potential for a severe reaction, in the event of the onset of a serious allergic reaction when a nurse is not available.

*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.
C. Student Medical Exams

In accordance with Sections 903 and 904 of the state Education Law, each student shall have a physical exam given by the school doctor or licensed health provider (including a physician, physician assistant or nurse practitioner) upon entrance to school and upon entering pre-kindergarten or kindergarten, and first, third, fifth, seventh, ninth, and eleventh grades. Scoliosis screening will be documented for grades 5 through 9. Vision and Hearing Screenings will also be documented for grades kindergarten, one, three, five, seven and ten.

Findings are to be kept on record at the school on forms that can be obtained from the school nurse. In addition, the school will request a dental health certificate according to the same schedule.

A student may be excluded from the medical examination requirements because the child’s parent/guardian holds a genuine and sincere religious belief which is contrary to medical examinations. The request for exemption must be in writing to the principal or his/her designee.

In the event that the student’s medical history reveals that they have a known life-threatening allergy, the school nurse, in conjunction with the family, student, child’s teacher, and other appropriate staff, will develop and implement an individual health care plan which will guide prevention and response.

The district will work with students in the self-management of their life-threatening allergy, or other chronic health conditions, by:

1. Adequately training staff involved in the care of the child.
2. Assuring the availability of the necessary equipment and/or medications.
3. Providing appropriately licensed and trained persons on school premises, as required by law.
4. Providing ongoing staff and student education.

D. Examinations for Interscholastic Athletics

New York State mandates that any student participating in interscholastic sports must have an annual physical examination. In addition, an updated health history is required prior to each sports season. The parent/guardian must provide the school with documentation of the student’s health status, including health history, physical examination, medical conditions, medications taken, and recommendations regarding sports participation. All forms are reviewed by the school’s medical/athletic personnel for final clearance. Student athletes will not be permitted to participate in any interscholastic sport, including practices, without approval by school staff.

If a participant suffers a serious illness or injury, he/she will not be readmitted to the sport unless his/her readmission is approved by the school medical inspector after a re-examination has been conducted.

E. Illness or Injury in School

If a student becomes ill or injured in school:

1. The nurse will determine if the student should receive further medical attention, remain in the Health Office or return to class.
2. The nurse will call the parent, guardian or designated emergency contact if he/she feels the student should go home. In general, a parent or guardian will pick up the student from school.
3. The nurse will contact the Building Principal if he/she feels the child should be transported by bus to the home.
4. If there is to be a change in bus routing in order to carry the student to his/her home, that decision will be made by the administrator and the transportation supervisor.
5. If the route is to be changed, the transportation supervisor shall inform the bus driver.
6. If no parent, guardian or designated emergency contact picks up the student at school, or if no parent/guardian or designated emergency contact will be home, the student will remain in the nurse's office until such time as a parent, guardian or designated emergency contact becomes available to assume responsibility for the child.
7. While in the nurse’s office, to the extent possible, students showing symptoms of communicable diseases will be kept separate from students with non-transmissible illness or injuries, and the district will take measures necessary to minimize disease transmission (e.g., physical barriers, face coverings, heightened hygiene procedures).
8. The nurse will maintain appropriate records of all student visits.

The district permits the administration of opioid antagonists, such as naloxone, to prevent opioid overdose. District staff shall follow all regulations regarding the storage, accessibility, administration, recordkeeping, and reporting of naloxone use. School nurses shall follow the non-patient specific order and written protocol for administration of naloxone, which includes criteria for assessment and directions for administration. School nurses shall review the order and protocol as needed to maintain an appropriate skill level.

F. Medical Emergency Record

All students’ emergency contact information shall be maintained on Infinite Campus and updated as needed by parents on the Parent Portal as needed.

Students diagnosed with diabetes shall have a written diabetes management plan maintained as part of the student’s cumulative health record. The management plan shall be developed in accordance with state regulation and district procedures. Students diagnosed with asthma or other respiratory disease requiring a rescue inhaler, students diagnosed with life-threatening allergy or diabetes may have an emergency action plan maintained as part of the student’s cumulative medical record. The emergency action plan will be developed in accordance with state regulation and district procedures.

G. Student Return to School after Illness/Injury

In general, students should be symptom-free before returning to school and resuming normal activities. 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, 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.

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