

The Board of Education recognizes that good student health is vital to successful learning and acknowledges its responsibility, in addition to that of parent(s) or guardian(s), to protect and foster a safe and healthy 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. Health problems shall be referred to the parent(s) or guardian(s) who shall be encouraged to have their family physician or dentist provide appropriate care.

In order to enroll in the School District a student must submit a health certificate evidencing a physical examination within thirty (30) calendar days upon entering pre-kindergarten or kindergarten, 1st, 3rd, 5th, 7th, 9th, and 11th grades or upon enrollment if newly enrolled in the School District.

The examination, which must conform to state requirements, must have been conducted no more than twelve (12) months before the first day of the school year in question. If a student is unable to furnish the health certificate the School District 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 an exemption is based upon a medical exemption as set forth below. Health examinations shall also be provided prior to student participation in strenuous physical activity and periodically throughout the school year as necessary and for all students who need work permits.

In addition, the School District requires a certificate of physical fitness for:

1. All athletes prior to their first sport of the school year; and
2. Any athlete who was injured is required to provide medical clearance prior to participating in any subsequent sport during the same school year.

An examination and health history of any student may be required by school authorities at any time at their discretion to promote the educational interests of such student.

A permanent student health record shall 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 his/her academic record. This record folder shall be maintained by the School District nurse.

The School District shall also provide emergency care for students in accidental or unexpected medical situations. Each school in the School District will include in its emergency plan a protocol for responding to health care emergencies, including but not limited to anaphylaxis, and concussion. Parents/guardians will be notified of any emergency medical situation as soon as it is reasonably practicable.

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.

Immunization

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

Children must receive a booster immunization containing diphtheria and tetanus toxoids, and an acellular pertussis vaccine in accordance with the Public Health Law, and the regulations thereunder, upon entering or being admitted to school in sixth grade or a comparable age level special education program.

Students who are homeschooled must be immunized if they attend school, participate in school activities, or utilize School District transportation for any purpose.

Parents 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 signed annually by a physician licensed to practice in New York State. A parent/guardian who seeks an exemption must make a formal request for such an exemption in accordance with 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 will be provided with an immunization transfer record showing the student's current immunization status which will be signed by the school nurse or the School District's appointed physician. A transcript or photocopy of the immunization portion of the cumulative health record will be provided to the new education institution upon request.

In the event that a parent 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) or the New York City Immunization Records (CIR) 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.

Whenever a child has been refused admission to, or continued attendance at a school because there exists no immunization certificate, the Building Principal shall:

- a. Forward a report of such exclusion and the name and address of the student to the local health authority and to the person in parental relation to the child concerning the lack of the immunization certificate;
- b. With the cooperation of the appropriate local health authority, provide a time and place at which an immunizing agent or agents may administer vaccines to a child for whom consent has been obtained. Upon failure of a local health authority to cooperate in arranging for a time and place at which an immunizing agent or agents may administer vaccines, the Commissioner of Health shall arrange for such administration and may recover the cost thereof from the amount of state aid to which the local health authority would otherwise be entitled.

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:

1. The name and telephone number(s) of:
 - a. the student's parent(s) or guardian(s) at home and work;
 - b. emergency contacts;
 - c. the family physician; and
2. 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 return to class or remain in his/her office.
2. The nurse will call the parent, guardian or individual identified on the student's medical emergency record if he/she feels the student should go home. In general, a parent or guardian will pick up the student from school.
3. If no parent or guardian picks up the student at school, or if no parent, guardian or individual on the student's medical emergency record will be home, the student will remain in the nurse's office until such time as a parent or guardian becomes available to assume responsibility for the student.

Student's Return to School After Illness/Injury

In general, students should be symptom-free for twenty-four (24) hours 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, if a requested note cannot be obtained. 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. Students returning to school following treatment for head lice must be examined by the school nurse and found to have been treated and free from head lice before returning to class.

Communicable Diseases

It is the responsibility of the Board of Education to provide all students with a safe and healthy school district environment. To meet this responsibility, it is sometimes necessary to exclude students with contagious and infectious diseases, as defined in the Public Health Law, from attendance in the School District.

Whenever, upon investigation by the Director of School Health Services, 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 New York State Department of Health and/or the Chief Medical Director. The Director of School Health Services 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.

It is the responsibility of the Superintendent of Schools, working through School 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. 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.

Hygiene Precautions and Procedures

To prevent and/or minimize the transmission of contagious or communicable diseases or infections within the school community, all employees of the School District shall utilize appropriate precautions when providing first aid or otherwise dealing with situations that involve exposure to blood or other bodily fluids. Such precautionary measures will be followed uniformly in all instances and shall be applicable in all building and facilities throughout the School District.

The Superintendent of Schools is responsible for developing appropriate procedures to implement this policy for informing all staff of such procedures and ensuring compliance with them. The failure by an employee to utilize such procedures may form the basis for disciplinary action.

First Aid

School health personnel are responsible for giving first aid or emergency treatment in case of sudden illness or injury to a student or staff members. In case of a student's illness or injury, the school shall attempt to place the student in the care of a parent, guardian, or person designated by the parent or guardian in such cases, as soon as possible, yet the school must retain jurisdiction over and responsibility for the student until this has been done.

In the case of an accident, the School Nurse and the building Principal shall be notified at once. In the event of a bus accident involving serious injury, the Superintendent of Schools shall be notified immediately. In the event of the absence of any of the above-mentioned persons, arrangements shall be made with the Emergency Ambulance Corps. or the Rescue Squad of the local fire department to provide appropriate medical care in emergencies until the services of a physician can be obtained.

The School Physician shall develop and distribute Medical First Aid standing orders and procedures for the nurse or other personnel to follow in emergencies. These procedures shall incorporate the following requirements:

1. No treatment except first aid is permitted in school;
2. A master first aid kit shall be kept and properly maintained in each school and each school bus;
3. No drugs shall be administered by school personnel unless authorized by a physician;
4. Parents shall be asked to sign and submit an emergency medical authorization which shall indicate the procedure they wish the school to follow in the event of a medical emergency involving their child;
5. In all cases where the nature of an illness or an injury appears serious, the parent or guardian will be contacted if possible, and the instructions on the child's emergency card followed. In extreme emergencies, arrangement may be made for the child's immediate hospitalization whether or not the parent or guardian can be reached.

Written instructions in simple first aid procedures to guide those providing emergency aid shall be developed by the School Physician and the School Nurse to guide school personnel in the administration of first aid. Copies shall be placed in each classroom, shop, gymnasium, and similar work areas. Outside groups shall be apprised of the first aid procedures and emergency phone numbers if they are using the building for any activity. All district personnel, regardless of position, shall be prepared to render emergency assistance. District personnel are encouraged to take first aid courses.

Precautionary measures shall be taken to ensure safety measures to prevent physical injury. The advisor or adult in charge of a non-school sponsored group using school facilities shall be

responsible for providing first aid or calling proper authorities (i.e., doctor or ambulance). First aid cards or materials shall be placed in appropriate parts of the building and areas where activities are held. Plans for transporting students home or to a source of medical attention are the joint responsibility of the school authorities and parents. In the case of extreme emergency, when school personnel are unable to reach the parent or other person designated by the parent as above indicated, the school, which is acting in place of the parent shall be responsible to ensure that the child is properly transported to the source of medical attention and to continue to attempt to notify the parent or person responsible. The procedure concerning transportation and parental contact is as follows:

1. The School Nurse must try to contact the parent first, then try the emergency number.
2. The parent or emergency adult shall be responsible for arranging transportation for the sick child to the home or to the hospital.
3. A non-critically ill child who uses school transportation must remain in school in the Nurse's office for dismissal on the regular bus in no one is at home to receive the student, or if home transportation cannot be provided. The School Nurse will arrange for a student to accompany the sick child home on the regular bus run.
4. A child who does not use school transportation will be retained in the Nurse's office and dismissed at the regular time if home contact is not established or if no one is available to pick up the child. The School Nurse will arrange for a student to accompany the sick child home at regular dismissal time.
5. The School Nurse must call the home of the sick child twenty (20) minutes before dismissal if no previous contact has been established with the student's parent(s), guardian, or emergency adult alternate.
6. If parental contact cannot be made with either the parent or the emergency adult alternate (in cases where the child is not critically ill) a follow-up call shall be made to inform the parent or alternate that the child had been sick, but contact could not be made on the day of illness.
7. If any child is critically ill and no home contact is available, the ambulance service will be contacted by the School Nurse for transportation to the hospital.

Administering Medication to Students in School

Neither the Board of Education nor School District staff members shall be responsible for the diagnosis or treatment of student illness. The administration of prescribed medication to a student during school hours shall be permitted only under the conditions set forth below and when failure to take such medication 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 him/her during school hours, or where it is done to accommodate a student's special medical needs pursuant to law (e.g., Section 504 of the Rehabilitation Act of 1973). "Medication" will include all medicines prescribed by a physician.

Before any medication may be administered to any student during school hours, parent(s) or guardian(s) must present the following information:

1. Written medical documentation from the family physician containing the following information: student's name, diagnosis, the date and name of the medicine, dosage

- and time to be administered, and list of possible side effects;
- 2. Written notice from the parent(s) or guardian(s) giving the school nurse who is a Registered Nurse permission to administer the medication, and with such permission, and under the on-site direction of the school nurse; or
- 3. A medication request form filed with the school-nurse.

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

1. All medications shall be brought to school by the parent(s) or guardian(s) in their original container;
2. All medications will be administered by a licensed person unless the child is self-directed;
3. Medications shall be securely stored in the office and kept in their original labeled container, which specifies the type of medication, the dosage to be given, the route of administration and the times of administration. 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;
4. All medications 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 (5) days at the end of the period of medication or school year, the medication shall be discarded in accordance with law; and
5. All medications must clearly indicate the expiration date of the medication. The school nurse shall not administer medication which has expired.

In addition, in accordance with Education Law Section 919, the School District shall make nebulizer(s) available on-site in School District buildings where nursing services are provided. Students with a patient-specific order, who require inhaled medications, shall have access to a nebulizer. The School District will develop procedures in collaboration with School District health personnel that is approved by the School District medical director and the Board of Education.

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 Board of Education's policies and procedures concerning life-threatening allergies will be applied uniformly in each of the School District's facilities.

If the student is eligible for accommodations based upon the IDEA, Section 504 of 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, 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, 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.

The School District will work cooperatively with parents and healthcare providers to support students with life-threatening allergies. Parents and treating physicians must prepare the School District for serious reactions that may occur despite precautions. To that end, parents/guardians 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 and physician as having a life-threatening allergy, the parent/guardian should:

1. inform the School Nurse of the child's food allergies, condition and treatments, and provide written medical documentation of same as needed.
2. provide the School Nurse with medical care plan/prescription which may include appropriate dosing and dosage of medication and route to, or 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, snacks, and special occasions. 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 and/or whenever any change to medical condition occurs.
 11. stay in contact with classroom teacher and school nurse to help provide a safer classroom.

Upon notification by the parent and/or guardian, a conference will be held to develop an Individual Health Plan (IHP), Emergency Care Plan or a Section 504 accommodation plan if the student is eligible for an accommodation based upon Section 504 of the Rehabilitation Act of 1973. School personnel will be made aware of a student with a life-threatening allergy as set forth in their IHP, Emergency Care Plan or Section 504 on a need-to know basis. Adults in a supervisory role will be trained concerning life-threatening allergies. 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.

The School District will work cooperatively with the student, their parent(s) or guardian(s) and healthcare provider to allow the child to participate as fully and as safely as possible in School District 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 of the presence of a life-threatening allergy, the School District will assemble a team, which may include the parent, the School District nurse, the child's teacher, the building principal (or his/her designee) 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.

Parents/guardians will be informed prior to the start of the school year concerning the Board of Education's policy concerning students with life-threatening allergies. Teachers will discuss with students, in an age-appropriate manner, the seriousness of life-threatening allergies and the importance of not sharing or trading snack or party food with classmates. 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.

The following guidelines should be implemented in order to protect the privacy of the child while educating students, staff and parents/guardians:

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 may participate in the discussions about his/her child.
2. Board policy will be placed in published handbooks and be posted on the School District's website.

Self-Administration of Medication by Students with Life-threatening Allergies, Asthma and Diabetes

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, asthma and/or diabetes. Students who have been diagnosed by a physician or other duly authorized healthcare provider with a life-threatening allergy, asthma or diabetes shall be allowed to carry and use medication prescribed for emergency treatment and/or to immediately relieve or manage symptoms during the school day, on school property and at any school function, with the written permission of a physician or other duly authorized healthcare provider and written parental consent. Record of such consent and permission shall be maintained in the student's cumulative health record.

Written permission of a physician or healthcare provider shall include an attestation by the physician or healthcare provider confirming the following:

1. Student's diagnosis of a condition for which medication is needed for emergency treatment and/or to relieve or manage symptoms;
2. That the student has demonstrated that he or she can self-administer the prescribed medication effectively; and
3. The expiration date of the order, the name of the prescribed medication, the dose the student is to self-administer, times when medication is to be self-administered by the student, and the circumstances which may warrant the use of the medication.

In addition, upon the written request of a parent or guardian, the student will be permitted to maintain an extra inhaler, extra epinephrine auto injector, or extra insulin and insulin delivery system, glucagon, blood glucose meters and related supplies, as appropriate, in the care and custody of a licensed nurse, nurse practitioner, physician's assistant, or physician employed by the School District, and shall be readily accessible to such student. The medication provided by the student's parent or guardian shall be made available to the student in accordance with this policy and the orders prescribed in the written permission of the physician or other authorized health care provider. Each student who is permitted to self-administer his/her prescribed medication should have an emergency action plan on file with the school district. Training will be provided by a physician or other duly authorized licensed health care professional in a competent manner and in accordance with Commissioner's Regulations.

Administering Medication on Field Trips and at After-School Activities

Taking medication on field trips and at before or after-school activities is permitted if a student is self-directed in administering his/her own medication. On field trips or at other before or 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 School District will address the manner in which the student's medical needs will be attended to during field trips and at before or after-school activities in the Individual Health Plan (IHP), Emergency Care Plan or 504 Plan developed for the student.

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 whether or not a student has a known life-threatening allergy.

In addition, pursuant to Education Law and Commissioner’s Regulations, school nurses or school physicians may provide training to unlicensed School District staff in administering epinephrine auto injectors, in the event of the onset of a serious allergic reaction when a nurse is not available whether or not the student has a known life-threatening allergy. Epinephrine auto injectors shall be placed in accessible designated locations in each of the School District’s facilities. The Superintendent of School or his/her designee will determine the designated location of the epinephrine auto injectors.

Use of Sunscreen

Students are permitted to carry and apply over the counter sunscreen without a medical provider’s order as permitted under the law.

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.

Ref: Education Law §§ 901 et seq.; 6909; Public Health Law §§613; 2164; 3000-B8 NYCRR Part 64.7; 8 NYCRR Part 135.4; 8 NYCRR Part 136; 10 NYCRR 66 et seq.

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