

ADMINISTERING MEDICINES TO STUDENTS

Many students are able to attend school regularly only through effective use of medication in the treatment of disabilities or illnesses that do not hinder the health or welfare of others. If possible, all medication should be given by the parent(s) at home. If this is not possible, it is done in compliance with the following.

1. Only employees of the Board who are licensed health professionals, or who are appointed by the Board and have completed a drug administration training program meeting State law requirements, conducted by a licensed health professional and considered appropriate by the Board, can administer prescription drugs to students.
2. The school nurse or an appropriate person appointed by the Board supervises the secure and proper storage and dispensation of medications. The drug must be received in the container in which it was dispensed by the prescribing physician or others licensed to prescribe medication.
3. Written permission must be received from the parent(s) of the student, requesting that the school nurse or an appropriate person comply with the physician's order.
4. The school nurse or other designated individual must receive and retain a statement which complies with State law and is signed by the physician who prescribed the drug or other person licensed to prescribe medication.
5. The parent(s) must agree to submit a revised statement, signed by the physician or other licensed individual who prescribed the drug, to the nurse or other designated individual if any of the information originally provided by the physician or licensed individual changes.
6. No employee who is authorized by the Board to administer a prescribed drug and who has a copy of the most recent statement is liable in civil damages for administering or failing to administer the drug, unless he/she acts in a manner which would constitute "gross negligence or wanton or reckless misconduct."
7. No person employed by the Board is required to administer a drug to a student except pursuant to requirements established under this policy. The Board shall not require an employee to administer a drug to a student if the employee objects, on the basis of religious convictions, to administering the drug.

Inhalers for Asthma

Students have the right to possess and use a metered-dose inhaler or a dry-powder inhaler to alleviate asthmatic symptoms or before exercise to prevent the onset of asthmatic symptoms. The right applies at school or at any activity, event or program sponsored by or in which the student's school is a participant.

In order for a student to possess the inhaler, he/she must have written approval from the student's physician and parent or other caretaker. The principal and/or the school nurse must have received copies of these required written approvals.

Epinephrine Autoinjectors

Students are permitted to carry and use an epinephrine autoinjector (epipen) to treat anaphylaxis (severe allergic reactions). The right to carry and use an epipen extends to any activity, event or program sponsored by the student's school or activity, event or program in which the school participates.

Student possession of an epipen is permitted only if the student has written approval from the prescriber of the medication and, if a minor, from his/her parent. Written approval must be on file with the principal and, if one is assigned, the school nurse. In addition, the principal or school nurse must receive a backup dose of the medication from the parent or student.

Diabetes Medication

If a student's treating physician determines a student with diabetes is capable of performing diabetes care tasks, the student is permitted to attend to the self-care and management of his/her diabetes during regular school hours, and at school-sponsored activities upon written request from the student's parent/guardian or other person having care or charge of the student. Students may perform these tasks in the classroom, in any area of the school or school grounds, and at any school-sponsored activity. Students are permitted to possess, at all times, the necessary supplies and equipment to perform the tasks in accordance with the student's treating physician's orders. This right may be revoked if the student performs any care tasks or uses medical equipment for purposes other than the student's own care. The student is provided with a private area for performing self-care tasks if requested by the student, student's parent/guardian or other person having care or charge of the student.

Seizure Medication

If a student has an active seizure disorder diagnosis, the school nurse, or another school employee if the does not employ a nurse, will create an individualized seizure action plan for that student in accordance with State law. The action plan must include information on how to administer prescribed seizure drugs to the student and school districts must designate at least one person to implement seizure action plans, including training in administering seizure drugs.

[Adoption date: August 6, 1991]

Revised: October 20, 1993
 April 16, 1997
 June 14, 2007
 September 17, 2014

October 18, 2023

LEGAL REFS.: ORC 2305.23; 2305.231
 3313.64; 3313.7112; 3313.7117; 3313.712; 3313.713; 3313.716;
3313.718
 3313.718; 3314.03; 3314.141
 OAC 3301-35-06

CROSS REFS.: EBBA, First Aid
 JFCH/JFCI, Alcohol Use/Drug Abuse

ADMINISTERING MEDICINES TO STUDENTS
(Use of Epinephrine Autoinjectors)

Student possession of an epipen is permitted only if the student has written approval from the prescriber of the medication and, if a minor, from his/her parent. Written approval must be on file with the principal and, if one is assigned, the school nurse. In addition, the principal or school nurse must receive a backup dose of the medication from the parent or student.

The prescriber's written approval must specify at least the following information:

1. student's name and address;
2. names and dose of the medication contained in the autoinjector;
3. the date the administration of the medication is to begin and, if known, the date the administration of the medication is to cease;
4. acknowledgement that the prescriber has determined that the student is capable of possessing and using the epipen appropriately and has provided the student with training in the proper use of the epipen;
5. circumstances in which the epipen should be used;
6. written instructions that outline procedures school personnel should follow if the student is unable to administer the medication or the medication does not produce the expected relief from the student's anaphylaxis (allergic response);
7. any severe reaction that:
 - A. the student may experience that should be reported to the prescriber or
 - B. may occur to another student for whom the medication is not prescribed, if that student receives a dose of the medication;
8. at least one emergency telephone number each for contacting the prescriber and the parent and
9. any other special instructions from the prescriber.

Whenever a student is administered epinephrine at school or at an activity, event or program sponsored by the school or in which the school is a participant, a school employee must immediately request assistance from an emergency medical service provider. Request for medical assistance applies whether the student self-administers the medication or a school employee administers it to the student.

The Board and District employees are not liable in damages in a civil action for injury, death or loss to person or property allegedly arising if:

1. a school employee prohibits a student from using an epipen because he/she has a good faith belief that the conditions for carrying and using the medication have not been satisfied;
2. a school employee permits a student to carry and use an epipen because of the good faith that the conditions have been satisfied or

3. in instances in which a student is rightfully permitted to carry an epipen, the medication is used by a student for whom it was not prescribed.

All immunities granted to schools under the sovereign immunity law or any other law apply.

[Adoption date: September 17, 2014]

ADMINISTERING MEDICINES TO STUDENTS
(Use of Asthma Inhalers)

In order for a student to possess and use an inhaler, he/she must have written approval from the student's physician and parent or other caretaker. The principal and/or the school nurse must have received copies of these required written approvals.

The physician's written approval must specify the minimum following information:

1. the student's name and address;
2. the name of the medication contained in the inhaler;
3. the date the administration of the medication is to begin;
4. the date, if known, that the administration of the medication is to cease;
5. written instructions that outline the procedures school personnel should follow in the event that the asthma medication does not produce the expected relief from the student's asthma attack;
6. any severe adverse reactions that may occur to the student using the inhaler that should be reported to the physician;
7. any severe reactions that may occur to another student for whom the inhaler is not prescribed, should he/she receive a dose of the medication;
8. at least one emergency telephone number for contacting the physician;
9. at least one emergency telephone number for contacting the parent, guardian or other person having care or charge of the student in an emergency and
10. any other special instructions from the physician.

In no circumstances will the District, any member of the Board or any Board employee be liable for injury, death or loss of person or property when a District employee prohibits a student from using an inhaler because the employee believes, in good faith, that the required written approvals have not been received by the principal. Additionally, liability cannot accrue because the employee permits the use of an inhaler when the employee believes, in good faith, that the written approval(s) have been received by the appropriate authority.

[Adoption date: September 17, 2014]

Emergency Use of Naloxone (Narcan)

1. **General Statement**

Emergency use of overdose reversal drugs within the school setting is designed to meet the immediate health needs of students and staff. Necessary care is given to prevent the risk of injury and death.

2. **Procurement of Naloxone**

The Superintendent/designee has the responsibility for procuring Naloxone ("Narcan") for emergency use in accordance with state and local law and regulations. It is the policy of the Board to have Naloxone available in the District's schools during school hours.

3. **Training for Naloxone Emergency Administration**

The Superintendent/designee has the responsibility to designate at least two qualified staff members at each location where Naloxone is available to be properly trained in the administration of Naloxone. The training shall be in accordance with state law.

4. **Emergency Authorization Forms**

Emergency forms must be completed by parents at the beginning of each school year or upon entrance to the District. These forms should inform parents of the District's policy regarding emergency use of Naloxone.

5. **Parental Notification and EMS Notification**

The District shall notify parents as soon as possible if a trained staff member believes that emergency use of Naloxone is warranted to rapidly reverse an overdose of an opioid drug. The Emergency Medical Service (EMS) should be notified for severe or life threatening situations.

6. **Administering Naloxone**

Staff members who are trained in the administration of Naloxone may administer such medication to any student or other individual on school premises who the staff member believes, in good faith, is experiencing an opioid overdose.

No employee who is authorized by the Board to administer Naloxone is liable in civil damages or will face professional disciplinary action for administering or failing to

administer Naloxone, unless the employee acts in a manner which would constitute "willful or wanton misconduct."

7. Emergency Use Only

The use of Naloxone is for emergency purposes only. This policy does not modify other Board policies regarding the administration of medication to students.

Adoption date: April 17, 2024

Legal Refs: ORC 3715.501
3715.505
4729.01
4765.49

IMMUNIZATIONS

In order to minimize the spread of preventable illnesses in schools and provide students with a healthier learning environment, the Board requires immunizations in compliance with State law and the Ohio Department of Health for each student unless the parent(s) file an objection. The Board may also require tuberculosis examinations in compliance with law. The Board will not require students to receive any vaccine for which the United States Food and Drug Administration has not granted full approval.

Students eligible for kindergarten and students new to the District must present written evidence of similar immunizations, or written evidence to indicate that they are in the process of receiving immunizations, to be completed no later than the day of entrance. Students failing to complete such immunizations within 14 days after entering are not permitted to return to school.

The District maintains an immunization record for each student, available in writing to parents upon request.

[Adoption date: August 6, 1991]

Revised: February 19, 1992
October 20, 1993
September 15, 2021

LEGAL REFS.: ORC 3313.67; 3313.671; 3313.71; 3313.711
3701.13
3792.04

CROSS REFS: JEC, School Admission
JECAA, Admission of Homeless Students
JHCA, Physical Examination of Students
JHCC, Communicable Diseases

COMMUNICABLE DISEASES

The Board recognizes that controlling the spread of communicable disease through casual contact is essential to the well-being of the school community and to efficient District operation. The Board directs the Superintendent to develop and implement communicable disease management protocols in consultation with health professionals.

In order to protect the health and safety of students and staff, the Board follows all State laws and Ohio Department of Health regulations pertaining to immunizations and other means for controlling communicable diseases that are spread through casual contact in the schools. The Board will not require an individual to receive a vaccine for which the United States Food and Drug Administration (FDA) has not granted full approval, nor will the District discriminate against an individual who has not received a vaccine that has not been granted full FDA approval, including by requiring the individual to engage in or refrain from engaging in activities or precautions that differ from the activities or precautions of an individual who has received such a vaccine.

All students with signs or symptoms of diseases suspected as being communicable to others are given immediate attention and sent home if such action is indicated.

Any student suspected or reported to have a communicable disease is examined by a school nurse or public health nurse. Upon the recommendation of the school nurse, the student may be excluded from school. Readmission is dependent upon a decision by a physician, school nurse, or public health nurse.

Parents are informed when a communicable disease occurs in their child's classroom or on the bus so that early signs or symptoms can be observed and appropriate preventive measures can be instituted.

[Adoption date: August 6, 1991]

Revised: September 15, 2021

LEGAL REFS.: ORC 3313.67; 3313.671; 3313.68; 3313.71
3319.321
3707.04; 3707.06; 3707.08; 3707.16; 3707.20; 3707.21; 3707.26
3792.04

CROSS REF.: JHCA, Physical examinations of Students
JHCB, Immunizations

PEDICULOSIS PROCEDURE

Philosophy:

The Ohio Department of Health is aware of the special problems associated with institutional control of head lice. It is in cooperation with the Ohio Department of Health and the Gallia County Health Department, that the Gallipolis City School District has implemented a specific policy regarding head lice. We feel that facilities who develop, disseminate, and implement specific policy and procedures are most successful in preventing epidemics and subduing resentment and confusion that often accompanies this problem.

Screening:

At the beginning of each school year, the school nurse will screen a percentage of students at each elementary school for head lice. These children will be picked at random. Appropriate case finding and follow-up will be carried out by the school nurse based on the results of the screening.

Identification and Dismissal:

Children identified with head lice infestation will be sent home with the parent, if possible. Children that cannot be sent home due to unavailability of the parents will remain in school for the remainder of the day with restrictions on activities that require close personal contact.

Parents who visit the school to pick up their children will be given education in the treatment and follow-up of head lice. Those parents unable to pick up their children will be given the same information on the telephone. A letter of instruction will be sent home with the child, as well as a letter of exclusion and readmittance slip. They will be instructed in:

1. Treatment methods for head lice including treatment of child, his/her clothing and other personal articles.
2. Identification of nits in other family members and their contacts.
3. Services of local health department applying to head lice. (treatment education, rechecks, parent and teacher education on head lice, etc.)
4. How to remove nits from the hair shaft and the importance of doing this.
5. Readmission policy: Child may return to school after initial treatment with the form signed by the school nurse, health aide, physician, or health department stating their inspection shows progressive improvement as evidenced by no live lice, and a decrease in nits as per the school nurse/health aide's discretion.
6. Rechecks conducted by the Gallia County Health Department are to be conducted at the health department on an appointment basis. Appointments will be scheduled within 24 hours of the request for recheck. There will be no fee for rechecks.
7. Infested children will be rechecked by the school nurse or health aide within two (2) weeks after returning to school. If infestation is found, initial measures will be reinstated.

Parents are encouraged to report to the school if their child has been identified or treated for head lice. This is necessary in order that the child's contacts, siblings, and other classmates can be checked. Readmission to school is based upon a signed or verbal statement from either the school nurse, health aide, health department, or physician that the student is free of live lice and shows progressive improvement.

Prevention and Education:

Prevention education and classroom management of lice will be conducted as necessary by the school nurse and health aide. The Gallia County Health Department nurses will conduct prevention, identification and treatment education upon request by the building principal to school nurses, teachers, staff and parents. Decisions regarding letters to families, distribution of educational materials, and contacting other media sources will be determined by the school principal and school nurse in the event of a lice epidemic.

PROCEDURE FOR PEDICULOSIS SCREENING

Procedure:

1. Potential or suspected evidence that a child has lice.
2. The school nurse/health aide then inspects that child in a private setting. All inspections are to be done by removing barrettes, braids, etc., in order to adequately determine and inspect the child's head.
3. Positive findings require that the remaining members of the classroom, siblings, and other suspected contacts be screened. This may require communication to other schools where siblings or close contacts are attending.
4. Notification of findings to the principal.
5. Notification to family.
6. Principal sends instruction form (Form 1), exclusion form (Form 2), and readmission form (Form 3), with the child.
7. Instructions are given to the parent if the child is picked up at school.
8. Student is readmitted to school after presenting Form 3 (Readmission), signed by either the school nurse, health aide, physician, or local health department stating that the child is progressing in treatment.
9. Families that notify principals of identified and treated cases of lice should be informed that Form 3 (Readmission) is required for admittance and is to be given to the principal/designee.
10. Students who do not comply with the two (2) day maximum absence for treatment of lice may require further investigation.

11. Children infested and identified with head lice will be rechecked within two (2) weeks by the school nurse or health aide after returning to school.

[Approval date: March 18, 1998]

Revised: February 19, 2014

LET'S TALK ABOUT LICE
(Form 1)

The most common type of louse is the head louse, which lives on the scalp and hair, and occasionally on eyelashes. Nits resemble dandruff but are hard and fastened to the hair shaft, usually within 1" from the scalp. All nits must be removed by hand for effective control of head lice.

Nits are usually found behind the ears and around the back of the neck. Live lice can be seen crawling on the hair or scalp; however nits are more commonly found.

To Treat Lice:

1. Buy a medicated shampoo for lice.
2. Read and follow the directions on the shampoo label.
3. Remove nits from hair shaft by picking them off one by one.
4. Repeat shampoo according to the directions to kill any lice hatched or missed nits since applying the first treatment.
5. Treat ALL family members.

Care of Clothing and Home:

1. Soak combs and brushes in HOT soapy water of shampoo.
2. Treat clothing and articles in the home by washing in HOT soapy water or dry cleaning.
3. Non-washable items such as pillows and stuffed toys can be sealed in a plastic bag for 2 weeks.
4. Vacuum rugs, mattresses, and upholstered furniture. Car upholstery and carpet should also be vacuumed. The vacuum bag should be discarded.

Returning to School:

1. Remove all nits.
2. *May return to school the next morning after and no later than 2 days after treatment with medicated shampoo.
3. Must be examined by school nurse, health aide, family physician, or health department
4. Return signed *Form 3* to school nurse, health aide, or designated school personnel (if no nurse or aide is available)

*Students who do not return to school within two days may be referred to the attendance officer or the appropriate agency.

[Approval date: March 18, 1998]

Revised: February 19, 2014

PHYSICAL EXAMINATIONS OF STUDENTS

The District requires health records of students on the following bases.

1. Kindergarten and first grade students entering school for the first time must have a completed health record before being admitted to school.
2. Health records are requested of all students transferring into the District. If the previous school does not forward a record or if it is incomplete, it will be the parents' responsibility to comply with health requirements for students.
3. Students must have physical examinations prior to their participation in interscholastic athletic programs.

The District screens students for hearing, vision, speech and communications, health or medical problems, and for any developmental disorders prior to November 1 of the school year in which a pupil is enrolled for the first time in either kindergarten or first grade in a manner determined by the Board. The District notifies parents prior to August 1 of the year in which the pupil is required to be screened and gives parents the opportunity to submit a written statement excluding their children. If the results of any screening reveal the possibility of special learning needs, the District conducts further assessment in accordance with State law.

The District reports compliance with these screening requirements to the Ohio Department of Education by November 30 annually through the consolidated school mandate report.

If the District reports noncompliance, the Superintendent/designee must provide a written explanation to the Board within 30 days explaining this noncompliance and a written plan of action for addressing the problem accurately and efficiently.

Parents have the right to refuse to allow their child to participate in nonemergency invasive physical examinations or screenings. Invasive physical exam is defined as any "medical examination that involves the exposure of private body parts, or any act during such examination that includes incision, insertion, or injection into the body, but does not include a hearing, vision, or scoliosis exam."

The District notifies parents, on an annual basis, of the administration of additional health and physical screenings and examinations and, thereby, gives parents the opportunity to exclude their children.

[Adoption date: August 6, 1991]

Revised: September 19, 2018

LEGAL REFS.: The Elementary and Secondary Education Act; 20 USC 1221 et seq.
ORC 3301.68
3313.50; 3313.671; 3313.673; 3313.68; 3313.73

Chapter 3323

CROSS REF.: JEC, School Admission
JHC, Student Health Services and Requirements
JHCB, Immunizations

STUDENT HEALTH SERVICES AND REQUIREMENTS

The Board recognizes the responsibility of the schools to help protect the health of students. Health services are an integral part of comprehensive school improvement, assisting all students to increase learning, achievement, and performance. Health services coordinate and support existing programs to assist each student in achievement of an optimal state of physical, mental, and social well-being. Student health services ensure continuity and create linkages between school, home, and community service providers. The District's comprehensive school improvement plan, needs, and resources determine the linkages. The principal is responsible for the administration of the health program in his/her school.

Of necessity, school health services must be limited to the prevention and detection of health problems, referral of problems through parents to the family physician or community health agencies, and emergency care.

Each school shall have on file for each student an emergency medical authorization form providing information from the parent(s) on how they wish the school to proceed in the event of a health emergency involving the student and authorization for the school in case emergency action must be taken.

Annually, the District will notify parents of physical exams or screenings conducted on students except for vision, hearing, or scoliosis.

[Adoption date: August 6, 1991]

Revised: December 21, 2011

LEGAL REFS.: The Elementary and Secondary Education Act; 20 USC 1221 et seq.
Health Insurance Portability and Accountability Act; 29 USC 1181 et seq.
42 USC Section 12101 et seq. (1997)
20 USC 1232 g Section 1400 6301 et seq. (1997)
29 USC Section 794(a) (1988)
ORC 3313.50; 3313.67-3313.73
OAC 3301-35-04; 3301-35-06

CROSS REFS.: IGBA, Programs for Students with Disabilities
JED, Student Absences and Excuses
JHCB, Immunizations
JHCD, Administering Medicines to Students
JHG, Reporting Child Abuse

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

The Board recognizes that AIDS is currently a significant medical and social problem. The Board desires to protect the rights of individual students or employees who may be infected with AIDS as well as to protect noninfected students, staff, and the public.

Current medical information available indicates that it is unlikely that AIDS may be transmitted from one individual to another by the type of contact which occurs in the school setting; nevertheless, because of the severity of the disease, the lack of any known effective treatment for the disease, and the considerable concern about this disease which is evidenced by the public (a concern which the Board of Education shares), this policy is adopted.

1. AIDS Advisory Committee

The President of the Board or his designee will appoint an AIDS Advisory Committee. The Committee will consist of one member of the Board, the superintendent, at least one principal, one teacher, the District's legal counsel, the school nurse, the school physician, and a doctor who specializes in communicable diseases.* The functions of the AIDS Advisory Committee will be as follows:

- A. to keep informed regarding the latest medical developments and information regarding AIDS; the Committee should pay particular attention to information regarding possible transmission of the disease in the school setting and means of minimizing risks of such transmission;
- B. to advise the Board regarding policies and regulations and any changes which the Committee recommends in such policies to the Board;
- C. to advise the Board regarding the District's AIDS education program;
- D. to develop guidelines for Board consideration on hygienic practices in schools; and
- E. to assist any student, parent, or employee who is seeking information about AIDS.

2. AIDS Education Program

The Board directs the administration, with the advice of the AIDS Advisory Committee, to develop a program for educating persons regarding AIDS. The program should provide a plan for making information about AIDS available to students as a part of the health curriculum. The program should include in-service training for teachers, administrators, and nonteaching employees. The Board and administration will assist other public agencies in providing information about AIDS to the public. In developing such programs, it is expected that information from sources such as the National Centers for Disease Control, the Ohio Department of Health, and the Ohio Department of Education will be utilized. One of the purposes of the education program will be to help dispel fears based upon erroneous information or a lack of information.

3. AIDS Evaluation Team

The Board of Education believes, based upon current medical information, that each student or employee who is diagnosed as having AIDS is entitled to an evaluation of his medical condition. Decisions regarding the advisability of a particular student or employee continuing to attend or work in the schools of this District will be made only after consideration of all available information regarding the physical condition of that individual. To conduct these evaluations the Board will appoint an AIDS Evaluation Team.

After an evaluation by the AIDS Evaluation Team, that team shall make a recommendation to the Superintendent regarding the future attendance of a student or the future employment of an employee infected with AIDS. After considering the recommendation of the AIDS Evaluation Team, the Superintendent shall assign the student to school unconditionally or to school under restrictive conditions or recommend to the student's parents that the student be provided home instruction. Based upon the same evaluation, the Superintendent may assign the employee to return to his usual place of employment unconditionally or to a work assignment under restrictive conditions, or the Superintendent may act to cause the employee to utilize sick leave or be placed on a leave of absence.

4. Confidentiality

The Board recognizes the need to protect the individual rights and the health of persons infected with AIDS and the rights and health of those not infected. The Board believes information concerning the health of any student or employee should be treated as confidential information and should be made known only to those who are required to have such information. In the case of a student, the Superintendent, building principal, school nurse, and the student's teachers should be informed of any physical condition which may require special attention, including AIDS. In the case of an employee, the Superintendent, building principal, and the employee's immediate supervisor should be informed of any physical condition, including whether or not an individual is infected with AIDS.

Appendices

- A. Education and Foster Care of Children Infected with Human T-Lymphotropic Virus Type III/Lymphadenopathy-Associated Virus (U.S. Centers for Disease Control, August 30, 1985.)
- B. Ohio Department of Health Guidelines and Recommendations for Elementary and Secondary Schools (K-12) Regarding Children with Acquired Immunodeficiency Syndrome (AIDS).
- * The membership of the AIDS Advisory Committee may vary. Other persons who may be considered as members include a guidance counselor and an official of the County Department of Health.

[Adoption date: August 6, 1991]

LEGAL REFS.: ORC 3313.67; 3313.68; 3313.71
 3319.321
 3701.13; 3701.14
 3707.04; 3707.06; 3707.08; 3707.20; 3707.21; 3707.26
 3709.20; 3709.21

