Merchantville Board of Education 130 South Centre Street Merchantville, NJ 08109	File Code : 5141 Adopted : 09/27/1988 Revised : 05/26/2020 Reviewed : 06/03/2024

Health

The board of education believes that good health is vital to successful learning. In order to help district pupils achieve and maintain good health, the board directs the chief school administrator to develop pupil health services that employs professional personnel and interacts with both parents/guardians and community health agencies. The program shall include but not be limited to:

A. Employment of a medical inspector to perform those duties required by law, and to advise the chief school administrator on all matters affecting the health of pupils;

B. Employment of at least one certified school nurse to assist with physical examinations; conduct biennial scoliosis screening; conduct an audiometric screening; maintain pupil health records; observe and recommend to the chief school administrator the exclusion of pupils who show evidence of communicable disease or who have not submitted acceptable evidence of immunizations; instruct teachers on communicable diseases and other health concerns; train and supervise the emergency administration of epinephrine for school staff who have been designated as delegates; supervise other nursing tasks; provide appropriate response to Do Not Resuscitate (DNR) orders; maintain valid, current Cardiopulmonary Resuscitation (CPR) certification; review and summarize health and medical information for the Child Study Team; write and update annually the accommodation plan under Section 504 for any student who requires one;

C. Provision of proper and adequate facilities, equipment and supplies for professional health personnel and other staff;

D. Establishment of a system of pupil health records in compliance with state law;

E. Implement the New Jersey Student Learning Standards in physical education, health, family life, safety, and use of drugs, alcohol, tobacco and anabolic steroids; recommendations for appropriate equipment and supplies to teach such courses;

F. Development of rules and procedures to foster good pupil health, and periodic dissemination of these rules and procedures to the staff;

G. Development of a program to provide safe drinking water and otherwise to maintain the buildings, grounds, facilities and equipment of the district in sanitary condition in accordance with law;

H. Development and enforcement of an eye protection program as required by statute and administrative code;

I. A regular report to the board on progress and accomplishments in the field of pupil health;

J. Health services to staff that support pupil health;

K. Provision of emergency services for injury and sudden illness;

L. Provision for required physical examinations including an examination to certify that a pupil returning to school after suffering a contagious/infectious condition or illness is no longer a threat to the health of others;

M. Development of all regulations and procedures necessary for evaluation of pupils suspected of being under the influence of drugs/alcohol, tobacco or anabolic steroids;

N. Encouragement of correction of defects through fully informing pupils and parents/guardians concerning the findings of health examinations for scoliosis.

O. Preparation for the potential disruption of a pandemic flu outbreak, such as avian flu, by filling out a school preparedness checklist available from www.pandemicflu.gov or NJSBA, with periodic reports to the school board on steps the district has already taken, as well as additional steps that need to be taken, to prepare for a flu pandemic.

Annual Nursing Plan

The chief school administrator (or his/her designee) in conjunction with the school physician and the certified school nurse shall develop an annual nursing services plan. The nursing services plan shall describe in detail the nursing services to be provided throughout the district based on the needs of its students, potential emergency situations, basic nursing services requirements, and the assignment of medical staff to provide the services. The nursing services plan shall be adopted annually at a regular meeting. The nursing services plan may include the following:

A. A description of the basic nursing services provided all students;

B. A summary of specific medical needs of individual students and the services required to address the needs;

C. A description of how nursing services will be provided in an emergency;

D. Detailed nursing assignments for all school buildings;

E. The nursing services and additional medical services provided to nonpublic schools.

Students with Diabetes

As used in this policy, an “individualized health care plan” means a document setting out the health services needed by the student at school, and an “individualized emergency health care plan” outlines a set of procedural guidelines that provide specific directions about what to do in a particular emergency situation. Both are to be developed by the school nurse, in consultation with the parent or guardian of a student with diabetes and other medical professionals who may be providing diabetes care to the student, and signed by the parent or guardian.

The board believes that diabetes is a serious chronic disease that impairs the body’s ability to use food, and must be managed 24 hours a day in order to avoid the potentially life-threatening short-term consequences of blood sugar levels that are either too high or too low. In order to manage their disease, students with diabetes must have access to the means to balance food, medications, and physical activity level while at school and at school-related activities.

Accordingly, a parent or guardian of a student with diabetes shall inform the school nurse, who shall develop an individualized health care plan and an individualized emergency health care plan for the student. Further, the parent or guardian must annually provide to the board of education written authorization for the provision of diabetes care as outlined in the plans, including authorization for the emergency administration of glucagon.

Both plans shall be updated by the school nurse prior to the beginning of each school year and as necessary if there is a change in the student's health status. The plans may include elements specified in N.J.S.A. 18A:40-12.13 including, but not limited to:

A. The symptoms of hypoglycemia for that particular student and the recommended treatment;

B. The symptoms of hyperglycemia for that particular student and the recommended treatment;

C. The frequency of blood glucose testing;

D. Written orders from the student's physician or advanced practice nurse outlining the dosage and indications for insulin administration and the administration of glucagon, if needed;

E. Times of meals and snacks and indications for additional snacks for exercise;

F. Full participation in exercise and sports, and any contraindications to exercise, or accommodations that must be made for that particular student;

G. Accommodations for school trips, after-school activities, class parties, and other school-related activities;

H. Education of all school personnel who may come in contact with the student about diabetes, how to recognize and treat hypoglycemia, how to recognize hyperglycemia, and when to call for assistance;

I. Medical and treatment issues that may affect the educational process of the student with diabetes; and

J. How to maintain communications with the student, the student's parent or guardian and healthcare team, the school nurse, and the educational staff.

The school nurse assigned to a particular school shall coordinate the provision of diabetes care at that school and ensure that appropriate staff are trained in the care of these students, including staff working with school-sponsored programs outside of the regular school day. The school nurse shall also ensure that each school bus driver that transports a student with diabetes is provided notice of the student's condition, how to treat hypoglycemia, and emergency/parent contact information. A reference sheet identifying signs and symptoms of hypoglycemia shall be posted in plain view within school buildings.

The school nurse shall have the primary responsibility for the emergency administration of glucagon to a student with diabetes who is experiencing severe hypoglycemia. The school nurse shall designate, in consultation with the board of education, additional employees of the school district who volunteer to administer glucagon to a student with diabetes who is experiencing severe hypoglycemia. The designated employees shall only be authorized to administer glucagon, following training by the school nurse or other qualified health care professional, when a school nurse is not physically present at the scene.

Upon written request of the parent or guardian and as provided in the individualized health care plan, the student shall be allowed to attend to the management and care of his/her diabetes in the classroom, on school grounds or at any school-related activity, if evaluated and determined to be capable of doing so consistent with the plan. The student's management and care of his/her diabetes shall include the following:

A. Performing blood glucose level checks;

B. Administering insulin through the insulin delivery system the student uses;

C. Treating hypoglycemia and hyperglycemia;

D. Possessing on the student's person at any time the supplies or equipment necessary to monitor and care for the student's diabetes;

E. Compliance with required procedures for medical waste disposal in accordance with district policies and as set forth in the individual health care plan; and

F. Otherwise attending to the management and care of the student's diabetes.

Students with Epilepsy or a Seizure Disorder

The parent/guardian of a student with epilepsy or a seizure disorder who seeks care for their student while at school shall submit annually to the school nurse the student's seizure action plan. The seizure action plan shall be comprehensive and provided by the student's physician, advanced practice nurse, or physician's assistant. It shall include, but is not limited to, information regarding presentation of seizures, seizure triggers, daily seizure medications, seizure first aid, and additional treatments.

The parents/guardians of the student shall annually provide the board with written authorization for the provision of epilepsy or seizure disorder care at school and school-sponsored programs outside of the regular school day. When this written authorization is received, the school nurse shall develop an individualized health care plan and an individualized emergency health care plan for the student.

The school nurse shall also obtain a release from the parent/guardian of a student with epilepsy or a seizure disorder to authorize the sharing of medical information between the student's physician or advanced practice nurse and other health care providers. The release shall also authorize the school nurse to share medical information with other staff members of the school district as necessary.

The individualized health care plan shall be developed by the school nurse, in consultation with the parent or guardian of a student with epilepsy or a seizure disorder and other appropriate medical professionals who may be providing epilepsy or seizure disorder care to the student. It shall be consistent with the recommendations of the student's health care providers. The individualized health care plan shall detail the health services needed by the student at school. The plan shall be signed by the parent or guardian and the school nurse.

The individualized emergency health care plan shall be developed by the school nurse in consultation with the parent or guardian of a student with epilepsy or a seizure disorder and other appropriate medical professionals, which is consistent with the recommendations of the student's health care providers. This plan shall detail specific actions for non-medical school staff to do in a particular emergency situation. The plan shall be signed by the parent or guardian and the school nurse.

The individualized health care plan shall include, and the individualized emergency health care plan may include:

A. Written orders from the student's physician or advanced practice nurse outlining the epilepsy or seizure disorder care;

B. The symptoms of the epilepsy or seizure disorder for that particular student and recommended care;

C. Full participation in exercise and sports, and any contraindications to exercise, or accommodations that must be made for that particular student;

D. Accommodations for school trips, after-school activities, class parties, and other school-related activities;

E. Education of all school personnel about epilepsy and seizure disorders, how to recognize and provide care for epilepsy and seizure disorders, and when to call for assistance;

F. Medical and treatment issues that may affect the educational process of the student with epilepsy or the seizure disorder;

G. The student's ability to manage, and the student's level of understanding of, the student's epilepsy or seizure disorder; and

H. How to maintain communication with the student, the student's parent or guardian and health care team, the school nurse, and the educational staff.

The board directs the school nurse to coordinate the provision of epilepsy and seizure disorder care at the school and ensure that all staff are trained in the care of students with epilepsy and seizure disorders, including staff working with school-sponsored programs outside of the regular school day. The training shall include a Department of Health-approved on-line or in-person course of instruction provided by a nonprofit national organization that supports the welfare of individuals with epilepsy and seizure disorders.

The school nurse shall provide school bus drivers responsible for transporting a student with epilepsy or a seizure disorder with a notice of the student's condition; information on how to provide care for epilepsy or the seizure disorder; emergency contact information; epilepsy and seizure disorder first aid training; and parent contact information.

No school employee, including a school nurse, a school bus driver, a school bus aide, or any other officer or agent of a board, shall be held liable for any good faith act or omission consistent with the provisions of this act, nor shall an action before the New Jersey State Board of Nursing lie against a school nurse for any such action taken by a person trained in good faith by the school nurse pursuant to this act. Good faith shall not include willful misconduct, gross negligence, or recklessness.

Nonpublic School Pupils

The board shall provide mandated nursing services to nonpublic school pupils as required by law. See policy 5200.

The operation of the pupil health program shall be in compliance with the rules and regulations of the state department of education, local board of health and the state department of health and senior services, and state department of human services. The board shall review and adopt the regulations developed to implement the district's health services.

New Jersey Family Care

The school nurse shall ensure that the parents/guardians of students who are without medical coverage are notified of and provided information on the accessibility of the New Jersey Family Care Program in accordance with N.J.S.A. 18A:40-34.

Automated Electronic Defibrillator (AED)

Because the Board recognizes that medical emergencies may occur that justify the use of AEDs, the Board may acquire and maintain this equipment for use by qualified staff members. An applicable patient would exhibit all of the following signs as per AHA standards on AED use:

A. is unconscious
B. is not breathing
C. has no signs of circulation (as confirmed by a pulse check)

Only those staff members documented as having completed the required training are authorized to use an AED. A coach, athletic trainer, or in the absence of the coach or athletic trainer and other designated staff member, who is appropriately trained and certified in the use of the AED shall be present during athletic events or team practices. In the event that no appropriately AED trained and certified staff person can be present at athletic events or team practices, the district shall ensure that a State-certified emergency services provider or other certified first responder is on site at the event or practice.

Placement, Accessibility and Maintenance of the AED

The AED shall be:

A. Available in an unlocked location on school property with an appropriate identifying sign;

B. Accessible during the school day and any other time when a school-sponsored athletic event or team practice is taking place in which pupils of the district or nonpublic school are participating;

C. Within reasonable proximity of the school athletic field or gymnasium, as applicable;

D. Tested and maintained according to the manufacturer's operational guidelines and notification shall be provided to the appropriate first aid, ambulance, or rescue squad or other appropriate emergency medical services provider regarding the defibrillator, the type acquired, and its location in accordance with section 3 of P.L.1999, c.34 (N.J.S.A. 2A:62A-25).

Implementation of Procedures for Cardio-Pulmonary Resuscitation and AED Use

The chief school administrator shall oversee the development and implementation of a district emergency action plan that establishes guidelines for use of the AED. The emergency action plan shall include:

A. A list of no less than five school employees, team coaches, or licensed athletic trainers who hold current certifications from the American Red Cross, American Heart Association, or other training program recognized by the Department of Health, in cardio-pulmonary resuscitation and in the use of a defibrillator. The list shall be updated, as necessary, at least once in each semester of the school year; and

B. Detailed procedures on responding to a sudden cardiac event including, but not limited to, the identification of the persons in the school who will be responsible for: responding to the person experiencing the sudden cardiac event, calling 911, starting cardio-pulmonary resuscitation, retrieving and using the defibrillator, and assisting emergency responders in getting to the individual experiencing the sudden cardiac event.

Any employee, student or other individual who inappropriately accesses and/or uses an AED will be subject to disciplinary action, up to and including expulsion from school and/or termination of employment. Civil and/or criminal liability may also be imposed on any student, employee or individual who inappropriately accesses and/or uses an AED. All usage will be reported to the board of education.

Immunity

A school district and its employees shall be immune from civil liability in the acquisition and use of defibrillators pursuant to the provisions of section 5 of P.L.1999, c.34 (C.2A:62A-27). A person who acts with gross negligence or willful misconduct in the use of defibrillators does not enjoy immunity.

Key Words

Health, Pupil Health, Student Health, Nursing Plan, Diabetes, Individualized Health Care Plan, Cardio-Pulmonary Resuscitation, Automated External Defibrillator, AED

Legal References:

N.J.S.A. 2A:62A-23 to 27 AED emergency medical services

N.J.S.A. 18A:16-6, -6.1 Indemnity of officers and employees against civil actions.
N.J.S.A. 18A:35-4.6 et seq. Parents Right to Conscience Act of 1979
N.J.S.A. 18A:40-1 Employment of medical inspectors, optometrists and nurses; salaries; terms; rules
N.J.S.A. 18A:40-3 Lectures to teachers
N.J.S.A. 18A:40-4.3 Biennial examination for scoliosis
N.J.S.A. 18A:40-5 Method of examination; notice to parent or guardian
N.J.S.A. 18A:40-6 In general
N.J.S.A. 18A:40-7, -8, -10, -11 Exclusion of pupils who are ill.
N.J.S.A. 18A:40-12.11 et seq. Students with diabetes
N.J.S.A. 18A:40-12.34 Definitions relative to epilepsy and seizure disorders.
N.J.S.A. 18A:40-12.35 Annual submission of student's seizure action plan
N.J.S.A. 18A:40-12.36 Information provided to bus driver
N.J.S.A. 18A:40-12.37 Release to share medical information
N.J.S.A. 18A:40-12.38 Immunity from liability
N.J.S.A. 18A:40-23 et seq. Nursing Services for Nonpublic School Pupils
N.J.S.A. 18A:40-34 Regulations adopted by Commissioner of relative to children's health care coverage
N.J.S.A. 18A:40-41a Schools required to have an AED
N.J.S.A. 18A:40-41b Emergency action plan (AED)
N.J.S.A. 18A:40A-1 et seq. Substance Abuse
N.J.S.A. 44:6-2 Maintenance by boards of education of clinics for indigent children
N.J.A.C. 6A:16-1.1et seq. Programs to Support Student Development
See particularly: N.J.A.C. 6A:16-1.1, -1.3, -2.1, -2.2, -2.3, -2.4
N.J.A.C. 6A:26-12.1 et seq. Operation and Maintenance of School Facilities
See particularly:
N.J.A.C. 6A:26-12.3

Education

N.J.A.C. 8:57-1.1 et seq.
Reportable Communicable Diseases

See particularly:
N.J.A.C. 8:57-2 Reporting of AIDS and HIV
N.J.A.C. 8:61-2.1 Attendance at school by pupils or adults infected by Human Immunodeficiency Virus (HIV)

Plainfield Board of Education v. Cooperman, 105 NJ 587 (1987), guidelines for admission of children with AIDS, the right to call witnesses and attendant right to cross-examine must be provided automatically upon request of the parties

Possible Cross References:

*1410	Local units
*3510	Operation and maintenance of plant
*3516	Safety
*3542	Food service
*4112.4	Employee health
*4131/4131.1	Staff development; inservice education/visitations/conferences
*4212.4	Employee health
*5111	Admission
*5125	Pupil records
*5131	Conduct/discipline
*5131.6	Drugs, alcohol, tobacco (substance abuse)
*5141.1	Accidents
*5141.2	Illness
*5141.3	Health examinations and immunizations
*5141.4	Child abuse and neglect
*5141.21	Administering medication
*5142	Pupil safety
*5200	Nonpublic school pupils
*6142.4	Physical education and health
*6142.12	Career education

*Indicates policy is included in the Critical Policy Reference Manual.