

STUDENT HEALTH SERVICES

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

The school will work closely with students' families to provide detection and preventive health services. In accordance with law, the school will provide vision, hearing, dental inspection and scoliosis screening. Results will be referred to the parent(s) or guardian(s) who will be encouraged to have their family physician/dentist provide appropriate care.

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

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

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

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

The Board 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 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.

In addition, students will be asked to provide a dental health certificate when they enroll in school and in accordance with the same schedule as the health certificate.

A permanent student health record will be part of a student's cumulative school record and should

follow the student from grade to grade and school to school along with the academic record. This record folder will be maintained by the school nurse.

Emergency Care

Each school in the district will include in its emergency plan a protocol for responding to health care emergencies, including anaphylaxis, and head injury. Parents/guardians will be notified of any emergency medical situation as soon as is practicable. Parents/guardians will receive notification of non-emergent medical situations that have been reported to the nurse in a timely manner.

Schools will also provide emergency care for students in accidental or unexpected medical situations.

The district permits emergency administration of opioid antagonists, such as naloxone, by the school nurse or trained volunteer responders to prevent opioid overdose.

Communicable Diseases

It is the responsibility of the Board to provide all students with a safe and healthy school environment. To meet this responsibility, it is sometimes necessary to exclude students who have been diagnosed with or are showing symptoms of any contagious and infectious diseases, as defined in the Public Health Law, from attendance in school. Students will be excluded during periods of contagion for time periods indicated on a chart developed by the school nurse.

During an outbreak of these communicable diseases, if the Commissioner of Health or designee so orders, the district will exclude students from school who have an exemption from immunization or who are in the process of obtaining immunization. The district will provide additional protections to students who are otherwise medically vulnerable.

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

Administering Medication to Students

Neither the Board nor district staff members are responsible for the diagnosis or treatment of student illness. The administration of prescribed medication to a student during school hours will be permitted only when failure to take such medicine would jeopardize the health of the student, or the student would not be able to attend school if the medicine were not made available to them during school hours, or where it is done pursuant to law requiring accommodation to a student's special medical needs (e.g., Section 504 of the Rehabilitation Act of 1973). "Medication" will include all medicines prescribed by an authorized medical provider.

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

1. the written request of the parent(s) or guardian(s), which gives permission for such administration and relieve the Board and its employees of liability for administration of medication;
2. the written order of the prescribing authorized medical provider, which will include the purpose of the medication, the dosage, the time at which or the special circumstances under which medication will be administered, the period for which medication is prescribed, and the possible side effects of the medication; and
3. that in order for a student to carry and use a rescue inhaler, an epinephrine auto-injector, insulin, or glucagon and associated testing supplies, written permission must be provided both by the parent and the prescribing authorized medical provider in accordance with state law and regulation.

Students are allowed to carry and apply parentally provided sunscreen without a prescription from a medical provider, assuming that the sunscreen is FDA approved and that the sunscreen is not treating a medical condition. Parents need to provide the district with written permission for students to use sunscreen.

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

The school stocks albuterol for students who are in need of emergency dosing when their personal prescription is empty. The district will develop procedures in collaboration with school health personnel that is approved by the district medical director and the Board of Education.

Life-Threatening Allergies and Anaphylaxis Management

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

Training

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

Regulations

The Superintendent will develop comprehensive regulations governing student health services. Those regulations will include the provision of all health services required by law, procedures for the maintenance of health records, and procedures for the administering of medication to students. The Superintendent will also develop protocols, in consultation with the district medical director and other appropriate district staff, for the management of injury, with particular attention to concussion.

Cross-ref: 4321, Programs for Students with Disabilities
5020.3, Students with Disabilities and Section 504
5151, Homeless Students
5280, Interscholastic Athletics
5550, Student Privacy
8121.1, Opioid Overdose Prevention
8130, School Safety Plans and Teams
9700, Staff Professional Development

Ref: Education Law §§310 (provisions for appeal of child denied school entrance for failure to comply with immunization requirements); 901 et seq. (medical, dental and health services, BMI reporting); 916 (student self-administration of rescue inhalers); 916-a (student self-administration of epinephrine); 916-b (students with diabetes); 919 (provide and maintain nebulizers); 921 (epinephrine auto-injectors; training of unlicensed personnel); 922 (naloxone); 6527 (emergency treatment: anaphylaxis; naloxone); 6909 (emergency treatment: anaphylaxis; naloxone)
Public Health Law §§613 (annual survey); 2164 (immunization requirements); 3000-c (emergency epinephrine); 3309 (naloxone)
8 NYCRR §§ 64.7 (anaphylaxis; naloxone); 135.4 (Physical Education); Part 136 (school health services program; concussion, anaphylaxis, medication, naloxone)
10 NYCRR Part 66-1 (immunization requirements); § 80.138 (naloxone)
Guidelines for Medication Management in Schools, State Education Department, December 2017, www.p12.nysed.gov/sss/documents/MedicationManagement-DEC2017.pdf
Immunization Guidelines: Vaccine Preventable Communicable Disease Control, State Education Department, revised August 2000
Making the Difference: Caring for Students with Life-Threatening Allergies, New York State Department of Health, New York State Education Department, New York Statewide School Health Service Center, June 2008
Concussion Management Guidelines and Procedures, www.nysphsaa.org
New Policy for Stocking Albuterol Metered Dose Inhalers (MDIs), State Education Department, August 2011, www.p12.nysed.gov/sss/schoolhealth/schoolhealthservices/Albuterol2011memo.pdf.

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STUDENT HEALTH SERVICES REGULATION

This regulation provides specific details about major areas of the district's student health services, such as immunization, medications, medical exams, medical care, emergency records, and return to school after injury/illness. For purposes of this regulation, the McKinney-Vento liaison will assist homeless students covered by that law in accessing school health services. District regulation 5151-R covers unaccompanied youth who lack otherwise required parent/guardian permission.

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), hepatitis B, pertussis, tetanus, and, where applicable, Haemophilus influenzae type b (Hib), pneumococcal disease, and meningococcal disease.

“Fully immunized” means that the child has either (1) received the required vaccinations for these diseases as set forth in state regulations; or (2) demonstrated having immunity:

- a. for measles, mumps, and rubella – by showing a positive blood test for the disease antibodies;
- b. for varicella – by showing (1) a positive blood test for the disease antibodies, (2) laboratory confirmation of the disease, or (3) verification by a doctor, nurse practitioner, or physician's assistant that the student had the disease;
- c. for hepatitis B – by showing a positive blood test for the disease antibodies; and
- d. for poliomyelitis – by showing a positive blood test for the disease antibodies for all three types (limited to tests performed prior to 9/1/19).

Children who are not fully immunized may only be admitted to school if they (1) are in the process of receiving immunization or obtaining blood tests (as described in state law and regulations); 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 approved by the New York State Department of Health or the New York City Department of, 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 documentation of their immunization status, 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, or the child has received at least the first dose in an immunization series and has scheduled appointments to complete the series according to the recommended age schedules.

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

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 will 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. The district will provide additional protections to students who are otherwise medically vulnerable. Students who are excluded or additionally protected will be provided with alternate instruction or remote learning opportunities to continue their education.

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 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: 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.

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

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

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

The school nurse will develop procedures for the administration of medication, which require that:

1. all medications will be administered by a licensed person unless the child is a "supervised student" (able to self-administer with assistance and supervision) or an "independent student" (able to self-administer and self-carry);
2. medications, other than as noted above, will be securely stored in the office and kept in their original labeled container, which specifies the type of medication, the amount to be given and the times of administration;
3. the school nurse will maintain a record of the name of the student to whom medication may be administered, the prescribing physician, the dosage and timing of medication, and a notation of each instance of administration; and
4. all medications will be brought to school by the parent(s) or guardian(s) and 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 will 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 an "independent student" described above in administering their own medication. On field trips or at other after-school activities, teachers or other school staff may carry the medication (if the student does not need it on hand for rapid administration) so that the independent student can take it at the proper time. If a student is a "supervised student" described above, unlicensed school personnel who have been trained by a licensed school health professional may assist the student in taking medication. The student's parent/guardian, if attending the trip, may also perform these activities, but may not be required to do so.

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

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

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

Administering 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).

Pursuant to Commissioner's regulations, registered professional nurses may carry and administer agents used in non-patient specific emergency treatment of anaphylaxis.

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

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

Use of 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 will 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. 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 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. *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 nurse's office, or return to class.
2. The nurse will call the parent, guardian or designated emergency contact if they feel 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 they feel 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 home, that decision will be made by the administrator and the transportation supervisor.
5. If the route is to be changed, the transportation supervisor will 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. If the nurse determines that the child can return to class, but needed some type of medical attention (i.e., a bandage for a minor scratch, a brief rest, etc.), the nurse will notify the parent using district form 5420-E.1.
9. The nurse will maintain appropriate records of all student visits.

E. *Medical Emergency Record*

All students will have on file a medical emergency record which states the name and telephone numbers of the following:

1. the student's parent(s) or guardian(s) at home and work;
2. the student's next of kin;
3. a neighbor;
4. the student's licensed health care provider,
5. preferred hospital;
6. any allergies or serious health conditions.

Students diagnosed with diabetes will have a written diabetes management plan maintained as part of the student's cumulative health record. The management plan will 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.

F. *Student Return to School after Illness/Injury*

In general, students should be symptom-free before returning to school and resuming normal activities. In the case of communicable diseases, students must no longer be contagious. In some instances, students may be asked to provide a note from their licensed health care provider or meet specific indicators 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 public health authorities, 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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