

STUDENT HEALTH SERVICES

() Required
(X) Local
 (X) Notice

***NEW NOTE:** This policy and regulation addresses many aspects of student health services, from immunization and communicable diseases to medication administration to required screenings and health exams.*

We have suggested the underlined text below to address public health concerns revealed by the Covid-19 pandemic, both while the pandemic is ongoing and which make sense to continue even after the pandemic subsides.

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 ~~shall~~ 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 ~~shall~~ will be referred to the parent(s) or guardian(s) who ~~shall~~ 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.

***NOTE:** The paragraph below reflects a requirement of state law and regulation regarding the admission of homeless students and their immunization records.*

Homeless students ~~shall~~ 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).

***NOTE:** The following text, while optional, is suggested to make clear that the McKinney-Vento liaison is responsible for assisting homeless students with accessing health services in the*

school. This could include, for example, situations where this policy and accompanying regulation requires written parent/guardian permission or direction, which shouldn't be a barrier for homeless students, where missing documents are related to the student's homelessness. This text aligns with the general provisions of the McKinney-Vento act; that schools must remove barriers to homeless students' enrollment and retention in school.

The McKinney-Vento liaison ~~shall~~ 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 ~~shall~~ 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 ~~his/her~~ the academic record. This record folder ~~shall~~ 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.

NOTE: The paragraph below reflects options under state law regarding epi-pens. Note that collaborative agreements are no longer required under state law and regulation.

Schools ~~shall~~ will also provide emergency care for students in accidental or unexpected medical situations. (**Optional language:** The district will stock epinephrine auto-injectors for non-patient specific use. The district ~~shall~~ will ensure that designated staff are properly trained.)

NOTE: Optional text is provided below if the district permits the administration of naloxone for opioid overdose prevention. See NYSSBA Policy 8121.1, Opioid Overdose Prevention.

The district permits emergency administration of opioid antagonists, such as naloxone, by (**select as appropriate: trained volunteer responders and/or the school nurse**) to prevent opioid overdose.

Communicable Diseases

NEW NOTE: The underlined text below better reflects the provisions of Education Law §906.

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 *or insert applicable title*.

NEW NOTE: While the paragraph below reflects the provisions of state health regulations 10 NYCRR 66-1.10, exclusion is limited to students who are not fully immunized. While not required, we suggest adding protections for students who have other medical conditions making them vulnerable to the outbreak. This is in line with the guidance for reopening schools during the Covid-19 pandemic, but may be good practice going forward.

During an outbreak of these communicable diseases, if the Commissioner of Health or ~~his~~^{her} 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 ~~shall be~~ are responsible for the diagnosis or treatment of student illness. The administration of prescribed medication to a student during school hours ~~shall~~ 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 ~~him/her~~ 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 ~~shall give~~ 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 ~~shall~~ 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 ~~shall~~ will be kept on file in the office of the school nurse.

NOTE: State funding for the provision of nebulizers is currently not available. If the district has made provision for a nebulizer, the following paragraph can be added: “The district will make a nebulizer available on site in school buildings where nursing services are provided. Students with a patient specific order will have access to the nebulizer. The district will ensure that it is maintained in working order.”

Schools are also permitted to stock Albuterol Metered Dose Inhalers (MDIs) for students whose personal prescription is empty and are in need of the medication. Schools are also permitted to stock liquid Albuterol for use in nebulizers, if one is provided by the school or the parents.

If the district chooses to stock MDIs and/or liquid Albuterol for use in nebulizers for students diagnosed with asthma whose personal Albuterol prescription is empty, the Board should adopt the following language:

The school stocks albuterol in the form of ***please specify: metered dose inhalers and/or liquid*** 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

NOTE: State law and regulation addresses the need to have diabetes management plans for each student with diabetes and authorizes the use of emergency action plans for students with diabetes/allergy/asthma. NYSSBA addresses this in regulation 5420-R, but mentions the emergency action plans below.

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 ~~shall~~ will develop comprehensive regulations governing student health services. Those regulations ~~shall~~ 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 ~~shall~~ 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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