

## STUDENT HEALTH SERVICES REGULATION

*NOTE: We have added the underlined text to address long-term changes to district practices during and after the Covid-19 pandemic. We have also added the last sentence of the first paragraph to address homeless unaccompanied youth who lack otherwise required parent/guardian permissions, referring to regulation 5151-R. Additionally, revised state health department regulations have modified the requirements for immunizations and medical exemptions. New language is underlined below. This regulation conforms to state law and regulations about immunizations, medication administration, medical exams, as well as other areas related to student health.*

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 ~~shall~~ 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*

*NOTE: Some immunizations are only applicable in certain situations, under state regulations.*

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.

*NEW NOTE: The paragraph below reflects state health department regulations regarding the types of immunity that is permitted for specific diseases. We have reorganized it by disease instead of by immunity type. Note also that for polio, only blood tests performed prior to 9/1/19 may be accepted; otherwise, vaccination is required.*

“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).

*NOTE: The paragraph below reflects that religious exemptions to immunization are no longer permitted and provides text to refer specifically to state law and regulation what it means to be “in process.”*

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.

*NEW NOTE: State health department regulations no longer permit a signed statement by a physician; all medical exemptions must be on an approved form, and in New York City, the Department of Education approves the form rather than the Department of Health and Mental Hygiene..*

Medical exemptions may be issued if immunization is detrimental to a child’s health. Medical exemptions must ~~either be (1) be on~~ the medical exemption form ~~issued~~ approved by the New York State Department of Health or the New York City Department of ~~Health and Mental Hygiene~~ Education, ~~or (2) a statement~~ 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.

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

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 ~~shall~~ 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.

*NOTE: The text below reflects a provision of the amended state Public Health Law. This provision is set to expire on June 30, 2020. If state health regulations are amended in a way that impacts this paragraph, we will issue another update.*

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

*NEW NOTE: The last two sentences below are optional, but are in line with state guidance for reopening schools during the Covid-19 pandemic. While students under the compulsory education age are entitled to continued educational programming, we suggest providing this to all students.*

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 ~~shall~~ 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 ~~he/she~~ 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.

*NOTE: Commissioner's Regulations section 136.7 clarifies that, consistent with Education Law 916-b, the extra diabetes medication and supplies students may maintain must be made readily accessible to such students. As Education Law 916 and 916-a also address making extra medication and supplies for asthma and anaphylaxis readily available to students.*

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 ~~shall~~ 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 ~~shall~~ 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, ~~shall~~ 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 ~~shall~~ 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 ~~shall~~ will be brought to school by the parent(s) or guardian(s) and ~~shall~~ be picked up by the parent(s) or guardian(s) at the end of the school year or the end of the period of medication, whichever is earlier. If not picked up within five days of the period of medication, the medication ~~shall~~ 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*

*NOTE: The paragraph below reflects terminology now used by SED, as well as guidance regarding medication use on field trips. This guidance does not explicitly state that a parent/guardian attending a trip could assist a “supervised student” to take medication or to carry medication for an “independent student.” However, if parents/guardians are permitted to administer medications to their “nurse dependent” students (below), it follows that they could also assist “supervised students” and “independent students” as well.*

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 his/her medication. The student’s parent/guardian, if attending the trip, may also perform these activities, but may not be required to do so.

*NOTE: While not stated in the SED guidance, we believe it is possible to allow a student’s health care provider to modify the medication schedule to accommodate the trip, or that a trip could be rescheduled rather than canceled.*

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, if he/she 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.

*NOTE: If the Board authorizes non-patient specific epinephrine auto-injectors, insert the following paragraph. Optional language is below. Note that districts are no longer required to establish a collaborative agreement with an emergency health care provider.*

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 ~~shall~~ 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.

*NOTE: If the Board decides that the district will stock the albuterol MDI's and/or liquid albuterol then the following language should be included in this 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 ~~shall~~ 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 ~~his/her~~ 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*

*NEW NOTE: Item 7 is provided to address minimizing the transmission of communicable diseases. We have also changed the archaic term "dispensary" to "nurse's office" in item 1.*

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 ~~dispensary~~ nurse's office, or return to class.
2. The nurse will call the parent, guardian or designated emergency contact if ~~he/she feels~~ 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 ~~he/she feels~~ 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 his/her~~ home, that decision will be made by the administrator and the transportation supervisor.
5. If the route is to be changed, the transportation supervisor ~~shall~~ 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.

**NOTE: The paragraph below regarding emergency administration of naloxone is optional.**

The district permits the administration of opioid antagonists, such as naloxone, to prevent opioid overdose, pursuant to policy 8121.1, Opioid Overdose Prevention. District staff ~~shall~~ must follow all regulations regarding the storage, accessibility, administration, recordkeeping, and reporting of naloxone use.

*E. Medical Emergency Record*

All students ~~shall~~ will have on file a medical emergency record which ~~shall state~~ 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.

**NOTE: NYSSBA has used the language of the law/regulation in the following paragraph. The district can choose to change the “may have an emergency action plan” to “will have,” if it wishes to strengthen the approach and/or if it makes implementation more straight forward and consistent.**

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

**NEW NOTE: The underlined text is provided to address the Covid-19 pandemic, but also represents good practice generally and for future pandemics.**



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.

Adoption date:

Adoption Date:

Classification:

Revised Dates: **07.20**