

VALLEY STREAM UNION FREE SCHOOL DISTRICT TWENTY FOUR

STUDENT HEALTH SERVICES

POLICY 5140

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

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

In order to enroll in the School District a student must submit a health certificate evidencing a physical examination within thirty (30) calendar days after entering school, and upon entering pre-kindergarten, kindergarten, first, third, and fifth grades. The examination, which must conform to state requirements, must have been conducted no more than twelve (12) months before the first day of the school year in question. If a student is unable to furnish the health certificate, with consent from the parent/guardian, the School District 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 building principal or designee, who may require documents supporting the request. Health examinations shall also be provided prior to student participation in strenuous physical activity and periodically throughout the school year as necessary and for all students who need work permits.

In addition, students will be asked to provide a dental health certificate when they enroll in the School District and in accordance with the same schedule as the health certificate. An examination and health history of any student may be required by School District authorities at any time at their discretion to promote the educational interests of such student.

A permanent student health record shall be part of a student's cumulative School District record and should follow the student from grade to grade and school district to school district along with his/her academic record. This record folder shall be maintained by the School District nurse at each building.

The School District shall also provide emergency care for students in accidental or unexpected medical situations. Each school in the School District will include in its emergency plan a protocol for responding to health care emergencies, including but not limited to anaphylaxis, and concussion. Parents/guardians will be notified of any emergency medical situation as soon as is practicable.

The Board of Education 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 of Education 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.

Immunization

Children must receive immunizations for diphtheria, poliomyellitis, measles, mumps, rubella, hepatitis B, Haemophilus Influenzae Type b (Hib), pertussis, tetanus, meningococcal, and pneumococcal disease and varicella in accordance with the Public Health Law, and the regulations thereunder, prior to entering or being admitted to school unless the child falls within the religious/medical exemption under the statute.

Children must receive a booster immunization containing diphtheria and tetanus toxoids, and an acellular pertussis vaccine in accordance with the Public Health Law, and the regulations thereunder, upon entering or being admitted to school in sixth or a comparable age level special education program with an unassigned grade.

Parents must provide acceptable proof indicating required receipt of all vaccines in accordance with law and regulations. A child may be excluded from the immunization requirements based on a physician determined health reason or condition. This medical exemption must be signed annually by a physician licensed to practice in New York State. A parent/guardian who seeks an exemption must make a formal request for such an exemption in accordance with District procedure and practice.

A child will not be admitted to school or allowed to attend school for more than fourteen (14) days without an appropriate immunization certificate or acceptable evidence of immunization. This period may be extended to not more than thirty (30) days on a case-by-case basis by the building principal if the child is transferring from another state or country and can show a good faith effort to get the necessary certification or other evidence of immunization.

When a student transfers out of the School 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 District nurse or the School District physician. A transcript or photocopy of the immunization portion of the cumulative health record will be provided to the new education institution upon written request.

In the event that a parent is unable to provide an immunization record, the School District nurse or other authorized School District official may access the New York State Immunization Information System (NYSIIS) or the New York City Immunization Records (CIR) to determine if the child has met the immunization requirements. If the system indicates that the child has received the required vaccinations, the information will be entered as part of the student's record, the source and the dates noted, and the documentation requirement will have been met.

Whenever a child has been refused admission to, or continued attendance at a school because there exists no immunization certificate, the Building Principal shall:

- a. Forward a report of such exclusion and the name and address of the student to the local health authority and to the person in parental relation to the child concerning the lack of the immunization certificate;

- b. With the cooperation of the appropriate local health authority, provide a time and place at which an immunizing agent or agents may administer vaccines to a child for whom consent has been obtained. Upon failure of a local health authority to cooperate in arranging for a time and place at which an immunizing agent or agents may administer vaccines, the Commissioner of Health shall arrange for such administration and may recover the cost thereof from the amount of state aid to which the local health authority would otherwise be entitled.

Communicable Diseases

It is the responsibility of the Board of Education to provide all students with a safe and healthy School District environment. To meet this responsibility, it is sometimes necessary to exclude students with contagious and infectious diseases, as defined in the Public Health Law, from attendance in the School District. Whenever, upon investigation by the Chief Medical Director, the School District nurse or other health professionals acting upon the direction or referral of the Chief Medical Director for care and treatment, a student shows symptoms of any communicable or infectious disease reportable under the Public Health Law that imposes a significant risk of infection of others in the School District, he or she shall be excluded from school and sent home immediately, in a safe and proper manner. Students will be excluded during periods of contagion for time periods indicated on a chart developed by the New York State Department of Health and/or the Chief Medical Director. The Chief Medical Director may examine any student returning to school following an absence due to illness or unknown cause, who is without a certificate from a local public health officer, a duly licensed physician, physician assistant or a nurse practitioner, to determine that the student does not pose a threat to the School District community. It is the responsibility of the Superintendent of Schools, working through School 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. Further, the School District shall maintain an up-to-date list of susceptible students within the School District, including all students who are exempt from immunizations and/or still in the process of completing their immunizations, who shall be excluded from school in the event of a vaccine-preventable disease occurrence, as ordered by the Commissioner of Health.

Administering Medication to Students in School

Neither the Board of Education nor School District staff members shall be responsible for the diagnosis or treatment of student illness. The administration of prescribed medication to a student during school hours shall be permitted only under the conditions set forth below and when failure to take such medication 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 during school hours, or where it is done to accommodate a student's special medical needs pursuant to law (e.g., Section 504 of the Rehabilitation Act of 1973). "Medication" will include all medicines prescribed by a physician.

Before any medication may be administered to any student during school hours, parent(s) or guardian(s) must present the following information:

1. Written medical documentation from the family physician containing the following information: student's name, the date and name of the medicine, dosage and time to be administered, and list of possible side effects;
2. Written notice from the parent(s) or guardian(s) giving the School District nurse who is a registered nurse permission to administer the medication, and with such permission, and under the on-site direction of the school nurse; or
3. A medication request form filed with the school nurse.

School District-wide procedures shall be developed by a team of nurses from each school building for the administration of medication other than epinephrine auto injectors, which require that:

1. All medications will be administered by a licensed person unless the child is self-directed;
2. Medications shall be securely stored in the nurse's office and kept in their original labeled container, which specifies the type of medication, the dosage to be given, the route of administration and the times of administration. The school nurse shall 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;
3. All medications shall 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 (5) days at the end of the period of medication or school year, the medication shall be discarded in accordance with law; and
4. All medications must clearly indicate the expiration date of the medication. The school nurse shall not administer medication which has expired.

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, the dosage and the route of administration.

In addition, in accordance with Education Law Section 919, the School District shall make nebulizer(s) available on-site in School District buildings where nursing services are provided. Students with a patient-specific order, who require inhaled medications, shall have access to a nebulizer. The School District will develop procedures in collaboration with School District health personnel that is approved by the Chief Medical Director and the Board of Education.

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.

Life-Threatening Allergies and Anaphylaxis Management

The Board of Education recognizes its role and responsibility in supporting a healthy learning environment for all students, including those who have, or develop, life-threatening allergies. The Board of Education's policies and procedures concerning life-threatening allergies will be applied uniformly in each of the School District's facilities.

If the student is eligible for accommodations based upon the Individuals with Disabilities Education Act and Section 504 of the Rehabilitation Act, the appropriate procedures will be followed regarding identification, evaluation and implementation of accommodations and/or response to life threatening allergies and management for each individual student.

Life-threatening allergies are increasing in frequency and the number of affected students is rising. In some cases, minute amounts of the food allergen, when eaten, touched or inhaled can make an allergic child very ill and put an allergic child at risk for life-threatening anaphylaxis. Anaphylaxis is a severe life-threatening allergic reaction which requires immediate medical attention. The School District will endeavor to reduce exposure to life-threatening allergens within the school setting, while acknowledging that it is impossible to achieve an allergen-free environment. Currently, there is no cure for food allergies and avoidance is the only prevention. It is, therefore, impossible to completely avoid all allergic foods since they can be hidden or accidentally introduced via other sources. The School District will provide general training for staff concerning allergens in classrooms, the cafeteria or the gymnasium and specific training for adults in a supervisory role in the recognition and emergency management of specific medical conditions for specific students. Students, parents, School District personnel and health care providers must all work together to provide the necessary information and training to allow children with life-threatening allergies to participate as fully and safely as possible in the School District setting. Parents/guardians, students, District administration, school nurse, teachers, custodial staff, after-school volunteers, transportation employees, and other School District administrators and members of the School District community are important partners to work together to provide the necessary information and training to allow children with life-threatening

allergies to participate as fully and safely as possible in the school setting, including: (a) ongoing and effective communication, (b) receipt by the School District of complete health information (c) preparation of appropriate accommodations and (d) protocols in place for any necessary medication and emergency protocols for the student with life-threatening allergies.

The School District will work cooperatively with parents and healthcare providers to support students with life-threatening allergies. Parents and treating physicians must prepare the School District for serious reactions that may occur despite precautions. To that end, parents/guardians are responsible for: (a) notifying the school of students with documented life-threatening allergies and/or episodes of anaphylaxis, and (b) for providing the school with medical information and the family physician's treatment protocol. In addition, when a student has been identified by his/her parents/guardians and physician as having a life-threatening allergy, the parent/guardian should:

1. inform the school nurse of the child's food allergies, condition and treatments, and provide written medical documentation of same as needed.
2. provide the school nurse with medical prescription which may include appropriate dosing and dosage of medication and route to or from their physician.
3. provide the school nurse with epinephrine auto injector(s) and other medication, if appropriate, as prescribed by the family physician.
4. be encouraged to provide the child with a medical information bracelet or necklace to be worn at school that lists allergies.
5. participate in the development of a Health Plan.
6. provide safe foods for lunches, snacks, and special occasions. Must also make the determination as to the safety of lunch provided by a third party for the food-allergic child.
7. teach their allergic child to recognize first symptoms, to communicate these to staff, to not share snacks, lunches, drinks and utensils.
8. consent to share medical information with necessary employees.
9. maintain up-to-date emergency contacts and phone numbers.
10. update medical information annually and/or whenever any change to medical condition occurs.
11. stay in contact with classroom teacher and school nurse to help provide a safer classroom.

Upon notification by the parent and/or guardian, a conference will be held to develop an Individual Health Plan (IHP), Emergency Care Plan or a Section 504 accommodation plan if the student is eligible for an accommodation based upon Section 504 of the Rehabilitation Act of 1973. School District personnel will be made aware of a student with a life-threatening allergy as set forth in their IHP, Emergency Care Plan or Section 504 on a need-to know basis. Adults in a supervisory role will be trained concerning life-threatening allergies. The Superintendent of Schools or his/her designee will publish a list of known life-threatening allergies, which list will be distributed to each of the School District's facilities.

The School District will work cooperatively with the student, their parent(s) or guardian(s) and healthcare provider to allow the child to participate as fully and as safely as possible in School District activities. When a student has a known life-threatening allergy reported on their health form or if the School District has been informed by the parent of the presence of a life-threatening allergy, the School District will assemble a team, which may include the parent, the School District nurse, the child's teacher, the building principal (or his/her designee) and other appropriate personnel, which will be charged with developing an individual health care plan. The plan will be maintained by the School District nurse. The plan will guide prevention and response.

Parents/guardians will be informed prior to the start of the school year concerning the Board of Education's policy concerning students with life-threatening allergies. Teachers will discuss with students, in an age appropriate manner, the seriousness of life-threatening allergies and the importance of not sharing or trading snack or party food with classmates. Each teacher who has a student with a life threatening allergy enrolled in his/her class will keep this information in his/her emergency folder.

The following guidelines should be implemented in order to protect the privacy of the child while educating students, staff and parents/guardians:

1. in accordance with a student's 504 accommodation plan, Emergency Care Plan or IHP, identify the child and medical condition to the staff, either individually or at a staff meeting before school begins (teaching and non-teaching staff) on a need-to-know basis. Parents/guardians may participate in the discussions about his/her child.
2. Board of Education policy will be placed in published handbooks and be posted on the School District's website.

Self-Administration of Medication by Students with Life-threatening Allergies, Asthma and Diabetes

The Board of Education recognizes its role and responsibility in supporting a healthy learning environment for all students, including those who have, or develop, life-threatening allergies, asthma and/or diabetes. Students who have been diagnosed by a physician or other duly authorized healthcare provider with a life-threatening allergy, asthma or diabetes shall be allowed to carry and use medication prescribed for emergency treatment and/or to immediately relieve or manage symptoms during the school day, on School District property and at any School District function, with the written permission of a physician or other duly authorized healthcare provider and written parental consent. Record of such consent and permission shall be maintained in the student's cumulative health record.

Written permission of a physician or healthcare provider shall include an attestation by the physician or healthcare provider confirming the following:

1. Student's diagnosis of a condition for which medication is needed for emergency treatment and/or to relieve or manage symptoms;

2. That the student has demonstrated that he or she can self-administer the prescribed medication effectively; and
3. The expiration date of the order, the name of the prescribed medication, the dose the student is to self-administer, times when medication is to be self-administered by the student, and the circumstances which may warrant the use of the medication.

In addition, upon the written request of a parent or guardian, the student will be permitted to maintain an extra inhaler, extra epinephrine auto injector, or extra insulin and insulin delivery system, glucagon, blood glucose meters and related supplies, as appropriate, in the care and custody of a licensed nurse, nurse practitioner, physician's assistant, or physician employed by the School District, and shall be readily accessible to such student. The medication provided by the student's parent or guardian shall be made available to the student in accordance with this policy and the orders prescribed in the written permission of the physician or other authorized health care provider. Each student who is permitted to self-administer his/her prescribed medication should have an emergency action plan on file with the School District. Training will be provided by a physician or other duly authorized licensed health care professional in a competent manner and in accordance with Commissioner's Regulations.

This policy will be included in a faculty handbook, posted on the School District's website and provided to outside organizations that have been granted use of the School District's facilities.

Administering Medication on Field Trips and at After-School Activities

Taking medication on field trips and at before or after-school activities is permitted if a student is self-directed in administering his/her own medication. On field trips or at other before or after-school activities, teachers or other School District staff may carry the medication so that the self-directed student can take it at the proper time.

If a student is going on a field trip but is not self-directed (i.e. fully aware and capable of understanding the need and assuming responsibility for taking medicine) then the School District will address the manner in which the student's medical needs will be attended to during field trips and at before or after-school activities in the Individual Health Plan (IHP), Emergency Care Plan or 504 Plan developed for the student.

Administering Epinephrine Auto Injectors in Emergency Situations

The administration of epinephrine by epinephrine auto injectors has become an accepted and beneficial practice in protecting individuals subject to serious allergic reactions. Pursuant to Commissioner's Regulations, registered professional nurses may carry and administer agents used in non-patient specific emergency treatment of anaphylaxis whether or not a student has a known life threatening allergy.

In addition, pursuant to Education Law and Commissioner's Regulations, school nurses or school physicians may provide training to unlicensed School District staff in administering epinephrine auto injectors, in the event of the onset of a serious allergic reaction when a nurse is not available whether or not the student has a known life threatening allergy. Epinephrine auto injectors shall be placed in accessible designated locations in each of the School District's facilities. The Superintendent of Schools or his/her designee will determine the designated location of the epinephrine auto injectors.

Use of Automated External Defibrillators

The Board of Education recognizes that the use and deployment of Automated External Defibrillators (AEDs) in emergencies may reduce the number of deaths associated with sudden cardiac arrest. The Board of Education has created a Public Access Defibrillation Program (PAD Program) and authorizes the Superintendent of Schools, or his/her designee, to develop procedures on the handling of sudden cardiac arrest in students, staff and others involved in School District activities. The use of AEDs is subject to the following conditions:

1. The PAD Program shall be provided in compliance with Section 3000-B of the New York State Public Health Law and New York State Department of Health, Bureau of Emergency Medical Services Policy Statement 98-10, as amended, titled "Public Access Defibrillation".
2. The Board of Education will identify an "emergency health care provider" (EHCP) who is knowledgeable and experienced in emergency cardiac care and has agreed to serve as an EHCP and participate in a collaborative agreement with the School District. The EHCP shall provide the School District with a copy of his/her New York State license.
3. The EHCP will participate in the regional quality improvement program as required by law.
4. The collaborative agreement with the EHCP will include the following provisions, at a minimum:
 - a. Written practice protocols for the use of the AED(s).
 - b. Written policies and procedures which:
 - i. Provide training requirements for AED users;
 - ii. Require the immediate calling of 911 emergency services;
 - iii. Require ready identification of the location of the AED units;
 - iv. Provide for regular maintenance procedures of the AED units which meet or exceed manufacturer's recommendations;

- v. Detail documentation requirements; and
 - vi. Define participation in a regionally approved quality improvement program.
5. The Board of Education will designate a Coordinator of the PAD Program for the term of the PAD Program or any extension thereof.
6. Employees of the School District will be authorized to utilize an AED only after participating in initial and recurrent training of an approved PAD training course for AED users.
7. The Superintendent of Schools or his/her designee will implement regulations concerning the proper care and maintenance of the AED, including review of the expiration dates associated with the AED.
8. The School District will provide written notice of the availability of the AED service at various locations in the School District to 911 Emergency Services and/or the community equivalent ambulance dispatch entity.

Opioid Overdose Prevention

The Board of Education recognizes that many factors, including the use and misuse of prescription painkillers, can lead to the dependence on and addiction to opiates, and that such dependence and addiction can lead to overdose and death among the general public, including district students and staff. The Board of Education wishes to minimize these deaths by the use of opioid overdose prevention measures.

The Board of Education directs that the School District shall operate an Opioid Overdose Prevention Program registered with the New York State Department of Health. A school nurse who is a registered nurse and employed by the School District is designated as the Program Director. The Board of Education permits the administration of naloxone (also known as Narcan, among other names) nasal spray, by volunteer trained responder staff, to any student or staff member showing opioid overdose symptoms, along with contacting emergency responders pursuant to the naloxone training. The Board of Education permits any staff member to volunteer to be trained in naloxone administration, via the School District's Opioid Overdose Prevention Program, by contacting the Program Director.

Additionally, the Board of Education directs the Chief Medical Director to issue a non-patient specific order to school nurses to administer intranasal naloxone (also known as Narcan, among other names). The non-patient specific order shall include a written protocol containing the elements required by the regulations of the Commissioner of Education. The Board of Education permits school nurses to administer naloxone to any person at school or a school event displaying symptoms of an opioid overdose. Naloxone shall be accessible during school hours and during

on-site school-sponsored activities. Any administration of Naloxone will require a follow-up by Emergency Medical Services.

Naloxone kits provided by the Program through the Department of Health shall be stored as indicated in the School District's policies and procedures for the Program. The School District shall comply with all recordkeeping, inventory, documentation and notification requirements of state regulations. The Program Director shall maintain and distribute to the school nurses and building principals a list of all trained responders in the building, as appropriate.

The School District's Opioid Overdose Prevention Program, registered with the New York State Department of Health (NYSDOH), shall establish and follow procedures for the use of naloxone, pursuant to state regulations, including: placement, storage, inventory and re-ordering, documenting and reporting incidents of usage, and volunteer responder training. School nurses shall follow the non-patient specific order and directions for administration and written protocol for administration of naloxone.

The School District's Program shall provide shared naloxone kits. Naloxone kits provided by the School District's Program shall be kept with the public access automated external defibrillator in each school building. Extra naloxone kits shall be stored in the nurse's office. Any administration of Naloxone will require follow-up by Emergency Medical Services.

An inventory of naloxone supplies shall be taken by the school nurse four (4) times per school year occurring on the first and last day of school and the first day returning from the winter and spring recesses and after any use/administration of Naloxone or opening and use of supplies in the locked AED cabinet. Recordkeeping of naloxone inventory shall be done in accordance with state regulations. Any administration of naloxone shall be reported to Opioid Overdose Prevention Program's Clinical Director, Program Director and the building nurse.

Clinical Director's Responsibilities:

The Clinical Director, who must be a NYS licensed physician, nurse practitioner or physician assistant will:

- A. Provide clinical consultation, expertise and oversight of medical issues related to the program.
- B. Collaborate with the program director regarding training content and protocols.
- C. Approve and provide supervision of the trainers.
- D. Review reports of all administration of opioid antagonist within the program.
- E. Oversee procurement of Naloxone.

Program Director's Responsibilities:

The Program Director will be a School Nurse (R.N.), who is a full time employee of the School District. The Program Director will work with the School District's Chief Medical Director to:

- A. Develop training curriculum which meets the approval of the NYSDOH.
- B. Identify volunteers to be trained overdose responders (TOR's).
- C. Ensure that all TOR's successfully complete all components of the training program.
- D. Issue certificates of completion to TOR's who have completed the training program.
- E. Maintain opioid overdose prevention program records including TOR's records, opioid overdose prevention program usage records and inventories of opioid overdose prevention program supplies and materials. Compile and record data for clinical director and NYSDOH regarding administration of opioid antagonist administration.
- F. Ensure that the registration with NYSDOH remains up to date, without any lapses.

- G. Notify NYSDOH in a timely fashion regarding any changes in the program including personnel and locations.
- H. Proper disposal of expired Naloxone, as per the Department of Health guidelines. Naloxone supplies that are near their expiration date shall be disposed of as per the instructions of the Nassau County Department of Health.
- I. The Program may also use expired naloxone for training purposes, as long as the expired naloxone is marked appropriately and not commingled with active supplies.

Selection of Individuals to be Trained as Overdose Responders:

Employees of the School District who are interested in becoming TOR's are eligible to be trained.

Trainers:

The School District's school nurses will be the TOR trainers. The school nurses will receive their training through approved NYSDOH procedures.

Training Protocol:

Training for volunteer responders shall be provided by the School District's school nurses must be approved by the Program Director, and reviewed at least once by the Clinical Director or an affiliated prescriber. The Program Director shall ensure that volunteer responders have completed the NYSDOH-approved curriculum and can demonstrate that they are trained (e.g., with a post-test and a skills compliance checklist) before issuing a certificate of completion.

The program will maintain an up to date curriculum which is approved by NYSDOH. It will include knowledge of:

- A. Risk factors for opioid overdose.
- B. Signs of an overdose.
- C. Actions for overdose.

Training Certification:

After successfully completing TOR training, each volunteer will receive a certificate of completion. It will be valid for two (2) years upon which a refresher course is required.

To remain a trained volunteer responder, volunteer staff members must receive refresher training every two (2) years. The School District shall maintain a current list of all trained volunteer responders, located in the nurse's office and with the Program Director.

Naloxone:

The School District will maintain a supply of intranasal Naloxone with 1 rescue kit in each instructional building's locked, alarmed AED wall cases. It will be stored in compliance with the manufacturer's guidelines. The Program Director will work with the clinical director in order to obtain Naloxone. Medication log will include the amount received, lot number, expiration date, and will be recorded. The stock will be monitored on the first and last day of school and upon return from winter and spring recess and after any administration/use of Naloxone or opening for use of any supplies from the locked and alarmed AED cabinet.

Records:

The Program Director will maintain the records for the program, including staff training logs, medication logs, and overdose reversal documentation. Overdose reversal documentation will include NYSDOH documentation. Confidentiality compliance including HIPAA and FERPA will be maintained. Every administration of naloxone, like administration of other emergency health care, shall be documented in a student's health record and in a staff member's personnel record by the school nurse with assistance from the volunteer responder who administered the naloxone. Documentation shall include all elements required by state regulations, and shall be signed by the person completing documentation.

Confidentiality

All student records pertaining to health maintained by the School District shall be kept confidential in accordance with the Family Education Rights and Privacy Act (FERPA).

Medical Emergency Record

All students shall have on file a medical emergency record which shall state the name and telephone number(s) of the following:

1. The student's parent(s) or guardian(s) at home and work;
2. The student's emergency contact;
3. The family physician;
4. Any allergies or serious health conditions.

Illness in School

If a student becomes ill in school:

1. The nurse will determine if the student should return to class or remain in his/her office.
2. The nurse will call the parent, guardian or individual identified on the student's medical emergency record if he/she feels the student should go home. In general, a parent or guardian will pick up the student from school.
3. If no parent and/or guardian picks up the student at school, or if no parent, guardian or individual on the student's medical emergency record will be home, the student will remain at the school until such time as a parent and/or guardian becomes available to assume responsibility for the student.

No care beyond first aid shall be given by the School District's employees. First aid is defined as the immediate temporary care given in case of emergency.

Student Return to School After Illness/Injury

In general, students should be symptom-free for twenty-four (24) hours before returning to school and resuming normal activities. In some instances, students may be asked to provide a note from their licensed health care provider before they return to school or participate in the full range of school activities. The final decision to permit participation rests with the Chief Medical Director. The Superintendent of Schools, or his/her designee, in consultation with the Chief Medical Director, 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. Students returning to school following treatment for head lice must be examined by the school nurse and found to be nit free before returning to class.

Training

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

Ref: Education Law §§ 901 et seq.; 6909; Public Health Law §§613; 2164; 3000-B
8 NYCRR Part 64.7; 8 NYCRR Part 135.4; 8 NYCRR Part 136; 10 NYCRR 66 et seq.

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