

STUDENT HEALTH SERVICES REGULATION

A. *Immunization*

Children must receive immunizations for diphtheria, polio, measles, mumps, rubella, hepatitis B, Haemophilus Influenzae Type b (Hib) and all children born after January 1, 1998 and entering kindergarten in September 2003 must be immunized for Varicella prior to entering or being admitted to school.

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 licensed physician's determination that the vaccine poses a health risk for the student. This medical exemption must be signed by a physician licensed to practice in New York State and state the vaccine, the reason, and the length of time for exclusion. A child may also be excluded from the immunization requirements because the child's parent/guardian holds a genuine and sincere religious belief which is contrary to the practice of immunization. This must be submitted to the school district as a written, signed, and dated statement from the parent/guardian.

A child will not be admitted to school or allowed to attend school for more than 14 days without an appropriate immunization certificate or acceptable evidence of immunization. This period may be extended to 30 days on a case-by-case basis by the Superintendent/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 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. an order from the family doctor 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. the medication is in a properly labeled original pharmacy container;
3. a note from the parent(s) or guardian(s) giving the school permission for the medication to be taken by the child; or
4. file a medication request form with the school nurse.

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

1. all medications will be administered by a licensed person unless the child is self-directed and viewed by staff;
2. medications shall be securely stored in the office and kept in their original labeled container, which specifies the name of the child, the type of medication, the

- amount to be given and the times of administration;
3. the school nurse shall maintain a record of the name of the student to whom medication may be administered, the prescribing health care provider, the dosage and timing of medication, including a signature of the school nurse or the adult who supervises the child taking his/her medication.

All medications 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 be discarded.

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 self-directed in administering their own medication. On field trips or at other after-school activities, teachers or other school 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 district may:

- permit the parent or guardian to attend the activity and administer the medication.
- permit the parent to personally request another adult who is not employed by the school 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 permits, order the medication time to be adjusted or the dose eliminated.

If no other alternative can be found, a licensed person must administer the medication.

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.

In addition pursuant to SED guidelines, school nurses may provide training to unlicensed school staff in administering epi-pens, prescribed by a licensed prescriber, to a child who has been diagnosed with the potential for a severe reaction, in the event of the onset of a serious allergic reaction when a nurse is not available.

C. *Student Medical Exams*

In accordance with Section 903 of the state Education Law, each student shall have a physical exam given by the school doctor or family physician upon entrance to school at grades K, 2, 4, 7, and 10. Findings are to be kept on record at the school on forms that can be obtained from the school nurse or the physician's office.

D. Illness in School

If a student becomes ill in school:

1. The nurse will determine if the student should remain in the health office or return to class.
2. The nurse will call the parent, guardian or substitute parent if he/she feels the student should go home. In general, a parent or adult designee will pick up the student from school.
3. The nurse will contact the Superintendent/Principal if he/she feels the child should be transported on the first bus route 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 Superintendent/Principal and the Transportation Supervisor.
5. If the route is to be changed, the transportation supervisor shall inform the bus driver.
6. If no parent, guardian, or substitute parent picks up the student at school, or if no parent/guardian or substitute parent will be home, the student will remain in the health office until such time as a parent, guardian, or substitute parent becomes available to assume responsibility for the child.

E. Medical Emergency Information

All students shall have on file an updated medical emergency record which shall state the name and telephone numbers of the following:

1. the student's parent(s) or guardian(s) at home, cell, and work if possible;
2. 3 local emergency contacts
3. the family physician;
4. nearest hospital; and
5. any allergies or serious health conditions

F. Pediculosis (Head Lice)

At the beginning of each school year prophylactic screenings on the entire student body will be performed. Random screenings will be done throughout the year.

1. Identification of pediculosis (head lice) or (nits) will be determined by the school nurse or trained unlicensed school staff.
2. Students that have been identified as having pediculosis or nits will be separated from other students and not be allowed to return to the classroom to avoid further infection. Siblings and other children residing at the same address will be examined immediately. The parents/guardians will be notified of pediculosis. All personal articles (clothing, book bags, etc.) shall be removed from classrooms, cubbies, and lockers. If parent/guardian is unable to transport student, transportation to the student's home will be provided by the district.

3. All students in the classroom will be screened as well as a letter sent home to parents/guardians.
4. Information will be provided to parents regarding treatment, follow-up care, and prevention. The health office staff will notify schools where siblings attend.
5. Students may return to school the following day after an FDA approved treatment has been completed. The student will not be permitted to ride the bus and must be brought to school by a parent/guardian. The bus driver will be notified in writing not to pick up the student. The parent/guardian and the student will immediately go to the school nurse or trained staff member to be reexamined, if nits or pediculosis is found, the student will be sent home for further treatment, and this will be considered a continued infection. Student will not be permitted to return to school the same day, but must be reexamined the following day.
6. After the student has been treated at home and cleared by the school nurse or trained staff member, the student will have random reexaminations as a precaution by the school nurse.
7. Chronic cases that result in an adverse effect on student's education, emotional status, and academic standing. This may result in the following actions:
 - a. Notification of Child Protective Services;
 - b. New York State Department of Public Health;
 - c. Department of Social Services (case worker and/or counselor);
 - d. Repeated infections that result in excessive absences will be reported as educational neglect.

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