

**BOARD OF EDUCATION
AGENDA
December 10, 2019
Elementary School**

6:30 p.m. Executive Session (Library)
7:30 p.m. Regular Business Meeting (LGR)

I. PLEDGE OF ALLEGIANCE

II. ROLL CALL OF BOARD MEMBERS

III. RECOGNITION

IV. MINUTES

The Board approves the minutes of the following meetings:
Regular Meeting held November 12, 2019

V. PUBLIC COMMENT *(limited to 15 minutes - priority given to Agenda related items)*

VI. REPORTS

- A. Student Representative
- B. Superintendent of Schools
 - AP Scores & Achievement Data – Christine Austen
- C. Board President
- D. Committees
- E. Other

VII. BOARD CONSENT AGENDA

As recommended by the Superintendent of Schools, the Board approves the following resolutions appearing on the December 10, 2019 consent agenda:

- A. Personnel - resolutions numbered 1-8
- B. Finance – resolutions numbered 1-6
- C. Facilities and Operations – resolutions numbered 1-3
- D. Education – resolutions numbered 1-3

VIII. OLD BUSINESS

- A. Policy
 - 1. Policy 8121.1 & 8121.1R, Opioid Overdose Prevention – 2nd reading & adoption
 - 2. Policy 5420 & Policy 5420R, Student Health Services – 2nd reading & adoption
 - 3. Policy 5421, Administering Medication to Students – delete policy

IX. NEW BUSINESS

X. PUBLIC COMMENT

XI. ADJOURNMENT

CONSENT AGENDA

A. Personnel

1. Resignation – Teaching Assistant

The Board accepts the resignation of Jennifer Salgado, as a Teaching Assistant, effective November 8, 2019.

2. Appointment – Teaching Assistant

The Board approves the appointment of Jeanine Regini as a Teaching Assistant, on a probationary basis, effective December 11, 2019 in accordance with the negotiated agreement with the United Paraprofessionals' Association of Port Jefferson.

3. Appointment – Substitutes

The Board approves the following substitute appointment for the 2019-2020 school year:

Teaching Assistant
Lisa Gillott

4. Appointment – Coaches

The Board approves the appointment of the following coach for the 2019-2020 school year, in accordance with the negotiated agreement with the Port Jefferson Teachers' Association:

Luke Jackson Volunteer - JV/V Boys' Basketball

5. Appointment – Senior Lifeguard

The Board approves the appointment of Meghan Friberg as a Senior Lifeguard for the 2019-2020 school year, for Community Swim at Edna Louise Spear Elementary School pool, at the rate of \$21.00 per hour.

6. Appointment – Lifeguard

The Board approves the appointment of Michael Henderson as a Lifeguard for the 2019-2020 school year, for Community Swim at Edna Louise Spear Elementary School pool, at the rate of \$13.00 per hour.

7. Appointment – Community Fitness Instructors

The Board approves the following Community Fitness Instructors for the 2019-2020 school year at the rate of \$20.00 per hour:

Caitlin Dennehy
Meghan Friberg
Andrew Johs

8. Co-curricular – Elementary School

The Board approves the following co-curricular appointment(s) for the 2019-2020 school year, in accordance with the negotiated agreement with the Port Jefferson Teachers' Association:

Rescind - Jennifer Salgado - ES Yearbook Club effective 11/8/19
Appoint - Caitlin Dennehy - ES Yearbook Club effective 11/11/19

B. Finance

1. Financial Reports

The Board approves the following financial report:

Claims Audit Report - Month of October
Cash Flow Analysis - Month of October
New Budget Transfers
October Warrants & Treasurer Reports

Fund Name	<u>Warrant #</u>
General Fund	19-22, 24
School Lunch Fund	7-9
Federal Fund	2-5
Capital Fund	5-6
Trust & Agency	9
Payroll	7-9
Scholarship Fund	No Warrants
CD Investment	No Warrants

Trial Balance - July 2019 – October 31, 2019
Revenue Budget Status - July 2019-June 2020
Appropriation Status Report - July 2019-June 2020
Budget Transfers - Month of October
Approved Fundraisers

2. Scholarship

The Board approves the establishment of the Dr. Paul Casciano Scholarship; and further, the Board accepts the scholarship donation in the amount of \$1,000.00 to be awarded to a graduating Earl L. Vandermeulen High School student(s) for leadership, influencing peers and assisting others.

3. Donation – Port Jefferson Royal Education Foundation

The Board gratefully accepts the donation from the Port Jefferson Royal Educational Foundation to the Port Jefferson School District in the amount of \$6,837.97.

4. Transfer of Reserves – Workers' Compensation

The Board approves the following resolution:

BE IT RESOLVED: the Board of Education approves the transfer of \$139,000 from the reserve for Workers' Compensation to cover appropriations needed to support a Workers' Compensation claim.

Furthermore; the Board approves the following resolution:

BE IT RESOLVED, the Board of Education hereby increases the 2019-2020 budget in the amount of \$139,000, to support a Workers' Compensation claim.

5. Donation – Fishing Club

The Board gratefully accepts the following donations made to the Port Jefferson School District Fishing Club.

James Barker	Tackle box, 4 rods/reels
Phil Sullivan	Tackle box, lures, 3 rods/reels, hooks, & sinkers
SoundView Heating & Air Conditioning	T-Shirts for the students

6. Capital Improvement Project

The Board awards the 2019-2020 Capital Improvement Project, Roof Reconstruction, at Edna Louise Spear Elementary School and Earl L. Vandermeulen High School, to the lowest responsible bidder as follows: GTS Construction Corp., Hicksville, NY.

C. Facilities & Operations

1. Agreement - Suffolk County Police Department (SCPD) & Suffolk County Fire, Rescue & Emergency Services (FRES)

The Board approves the agreement between the Suffolk County Police Department (SCPD), the Suffolk County Department of Fire, Rescue and Emergency Services (FRES) and the Port Jefferson School District for temporary remote electronic device access in case of an emergency for the 2019-2020 school year, and authorizes the Board President to execute said agreement.

2. Agreement – Inter-Municipality

The Board approves the agreement between the Port Jefferson School District and the Incorporated Village of Port Jefferson for the periodic motor vehicle patrols by Village Code Enforcement Officers on District property for the 2019-2020 school year, and authorizes the Board President to execute said agreement.

3. Memorandum of Understanding – Suffolk County Police Department

The Board approves the Memorandum of Understanding between the Port Jefferson School District and the Suffolk County Police Department (SCPD) for the placement of a School Resource Officer (SRO) within the School District, and authorizes the Board President to execute said agreement.

D. Education

1. Committees on Special Education

The Board accepts the recommendations of the Committees on Special Education for the following meetings: October 8, 29, 30, 31, 2109 and November 1, 4, 5, 7, 8, 12, 13, 2019.

2. Course Offering – High School

The Board approves the addition of the following new course offering to the High School course catalog effective with the 2020-2021 school year:

Fossils & Findings

3. Professional Development

The Board approves the contract with Jamie Fishlow of Fishbeast, LLC, to provide two hours of professional development to the Health and Physical Education Department on March 2, 2020, for a fee of \$300.

8121.1 OPIOID OVERDOSE PREVENTION

The Board of Education recognizes that the use of opioids can lead to overdose and death of district students and staff. The Board wishes to minimize these deaths by the use of opioid overdose prevention measures.

Administration of Opioid Antagonist Pursuant to Non-Patient Specific Order

The Board of Education approves the following program for use of opioid antagonists on students or staff suspected of having opioid overdose whether or not there is a previous history of opioid abuse.

Opioid antagonist shall be limited to naloxone and other medications approved by the Department of Health for such purposes, and administered only to students and staff.

The District Participates in a NYSDOH Registered Opioid Overdose Prevention Program Operated by Another Organization

The school district will participate in an existing New York State Department of Health (NYSDOH) registered opioid overdose prevention program operated by another organization. The NYSDOH registered opioid overdose prevention program will have its own clinical director who will issue a non-patient specific order and be responsible for prescribing naloxone kits for the school. The district will collaborate with the registered program's clinical director to follow protocol and procedures related to management of an opioid antagonist in the school.

The district shall designate the Superintendent or designee to the NYSDOH registered opioid overdose prevention program.

Naloxone will be stored in secure but accessible locations consistent with the district's emergency response plan. Such locations shall be designed to provide ready and appropriate access for use during emergencies, consistent with the district's emergency response plan.

Any school staff member may volunteer to participate in the program. Once trained by using a NYSDOH approved training program, staff members who volunteer may administer intranasal (in the nose) naloxone in the event of an emergency, on-site during the school day or at any on-site school sponsored activity.

Staff members will not be penalized by the district if they choose not to participate in this program.

School nurses may also participate in the program. Pursuant to a non-patient specific order and protocol issued by a NYS licensed physician or certified nurse practitioner, school nurses may administer intranasal naloxone or, if allowable per their training, intramuscular (in the muscle) naloxone, on school premises or at any school-sponsored activities occurring off school grounds. The non-patient specific order and

protocols must meet the criteria established pursuant to the regulations of the commissioner of education (8 NYCRR §64.7).

The Superintendent of Schools or designee, will ensure the school district will comply with the requirements of Public Health Law section 3309 including, but not limited to, appropriate clinical oversight, recordkeeping and reporting.

Documentation and Other Provisions

School nurses will document the administration of naloxone in accordance with the non-patient specific order and protocol that authorized the nurse or staff member to administer the naloxone, and report the administration of the naloxone to the district's medical director.

If there is a patient specific order for a particular student, the district will refer to the current New York State Education Department Guidelines for Medication Management in Schools as appropriate.

This policy, regulation, and any related procedures will be reviewed annually, to ensure they continue to meet the needs of the district and are consistent with recommended best practice.

Those trained as volunteer responders in the administering of naloxone will be required to review training every year.

Ref:

Education Law §§902 (requires public schools to employ medical director); 922 (volunteer naloxone responder); 6527 (emergency treatment of anaphylaxis and opioid overdose); 3023 (liability coverage); 6509-d (protection from liability for professional misconduct); 6909 (administration of naloxone by nurses)

Public Health Law §3309 (volunteer naloxone responder)

8 NYCRR §64.7 (administration of naloxone); Part 136 (school health services program, including naloxone)

10 NYCRR §80.138 (volunteer naloxone responder)

Guidance for Implementing Opioid Overdose Prevention Measures in Schools, New York State Education Department, updated 3/2019,

https://www.schoolhealthny.com/cms/lib/NY01832015/Centricity/Domain/85/NYSED_%20OpioidGuidance_3.2019.pdf

Opioid Overdose Prevention: Guidelines for Policies and Procedures, New York State Department of Health, March 2014,

www.health.ny.gov/diseases/aids/general/opioid_overdose_prevention/docs/policies_and_procedures.pdf

Presented for 1st reading: 11-12-19

Presented for 2nd reading & adoption: 12-10-19

8121.1-R OPIOID OVERDOSE PREVENTION REGULATION - Administration of Opioid Antagonist Pursuant to Non-Patient Specific Order

The on-site inventory and placement of naloxone will be accounted for weekly, and counted by personnel designated by the school administrator. Accounting for naloxone in AED cabinets may occur at the same time the check of the AED is performed. This count should be included and recorded on the AED log. The log must include the date, time and signature of the designated personnel performing the count. The log will be kept with whatever naloxone has not yet been deployed in the school health office, with the log being maintained for no less than 7 years. When new naloxone is placed in the locked storage cabinet or AED cabinet, the lot number, date of receipt, expiration date, and location of the naloxone must be recorded on the log. The designated personnel placing the naloxone in the storage area will sign the log and will need to monitor expiration dates.

Naloxone will be documented in the individual's cumulative health record for students, or consistent with applicable policies for care administered to staff. Documentation must include the date and time and route of administration noting the anatomical location if intramuscular was administered; the signs and symptoms displayed by the student or staff member prior to administration; the student or staff member's response to naloxone administration, if CPR/rescue breathing/AED was administered; the name of the EMS agency providing transport, along with the name of the health care facility the student/staff person was transported to; and signed by the person completing the documentation. Incident reports will be completed as per school district policy.

5420 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 shall 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 be referred to the parent(s) or guardian(s) who shall 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 shall 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 shall assist homeless students covered by that law in accessing health services described in this policy and accompanying regulation.

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 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 academic record. This record folder shall 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 shall also provide emergency care for students in accidental or unexpected medical situations. The district will stock epinephrine auto-injectors for non-patient specific use. The district shall ensure that designated staff are properly trained.

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 follow all regulations regarding the storage, accessibility, administration, recordkeeping, and reporting of naloxone use.

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 with contagious and infectious diseases, as defined in the Public Health Law, from attendance in school.

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.

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 responsible for the diagnosis or treatment of student illness. The administration of prescribed medication to a student during school hours shall 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 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 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 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 be kept on file in the office of the school nurse.

The school stocks liquid albuterol for the nebulizer 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 shall develop comprehensive regulations governing student health services. Those regulations shall 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 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.

Presented for revisions & 1st reading: 11-12-19

Presented for 2nd reading & adoption: 12-10-19

5420-R 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 shall assist homeless students covered by that law in accessing school health services.

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 influenza 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; (2) for measles, mumps, rubella, hepatitis B, poliomyelitis, or varicella only, shown immunity with a positive blood test for those disease antibodies; or (3) for varicella only, has had the disease, verified by a physician, nurse practitioner, or physician's assistant.

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 either be (1) the medical exemption form issued by the New York State Department of Health or the New York City Department of Health and Mental Hygiene, 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.

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 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 shall notify the parent/guardian of their responsibility to have the child immunized, and the public resources available for doing so. The Principal shall 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.

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 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.

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 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 shall 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 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 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 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 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 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 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.

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 permits, order the medication time to be adjusted or the dose eliminated.

If no other alternative can be found, a school nurse or 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.

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 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 Liquid Albuterol for Nebulizer. 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 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 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

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 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 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

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 health office or return to class.
2. The nurse will call the parent, guardian or designated emergency contact 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, 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.

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 follow all regulations regarding the storage, accessibility, administration, recordkeeping, and reporting of naloxone use.

E. Communication with parents/guardians

If a student becomes ill or exhibits any of the following conditions the school nurse (or designee) will call home:

- When a student does not feel better after resting for 20 minutes
- Any scrape/injury that requires more than a regular-sized band aid
- Nosebleeds lasting longer than 15 minutes
- Temperature over 100.0
- General malaise, or any other symptom that prohibits a student from being able to concentrate and/or participate in class
- Wheezing/congested lungs, or difficulty breathing
- Bee sting
- Reddened throat/swollen glands or tonsils
- Any unusual, strong pain
- Allergic reaction
- Burn
- Vomiting or diarrhea
- Cracked tooth/problem with braces
- Head injury
- Frequent trips to the nurse
- Rash
- Sprains with unusual swelling
- Any injury involving the eye(s) or teeth
- Other conditions which in the nurses or principal's judgment, warrant parent contact

F. Medical Emergency Record

Emergency contacts are housed in PowerSchool. All students shall have on file a 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 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 shall have a written diabetes management plan maintained as part of the student's cumulative health record. The management plan shall 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.

G. Student Return to School after Illness/Injury

In general, students should be symptom-free 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 school physician. The Superintendent, in consultation with 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.

~~5421 ADMINISTERING MEDICATION TO STUDENTS~~

~~Neither the Board nor 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 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 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.~~

~~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.~~

~~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;~~

~~2. medications shall 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; 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; and~~

~~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 days of the period of medication, the medication shall 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.~~

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

~~1. the written request of the parent(s) or guardian(s), which shall give permission for such administration and relieve the Board and its employees of liability for administration of medication; and~~

~~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 be administered, the period for which medication is prescribed, and the possible side effects of the medication.~~

~~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.~~

~~These documents shall be kept on file in the office of the school nurse.~~

~~In addition, in accordance with Education Law 919, the district shall make a nebulizer available on-site in school buildings where nursing services are provided. Students with a patient-specific order, who require inhaled medications, shall have access to the nebulizer. The district will ensure that it is maintained in working order. In addition, schools may stock 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.~~

~~*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 school nurse or 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.~~

~~*Administering Narcan in emergency situations.* Naloxone/Narcan is a medication known to reverse the effects of opioids in an emergency situation. The administration of Narcan by a certified trained individual can prevent an opioid/heroin overdose from becoming fatal. Certified individuals may carry and administer Narcan in emergency treatment of opioid/heroin overdose.~~

~~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); 919(provide and maintain nebulizers); 6009(emergency treatment of anaphylaxis)~~

~~Public Health Law §§613(annual survey); 2164(immunization requirements)~~

~~8 NYCRR § 64.7(administration of agents to treat anaphylaxis); Part 136(school health services program)~~

~~Administration of Medication in the School Setting Guidelines, State Education Department, revised April 2002~~

~~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~~

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