

**STUDENT HEALTH SERVICES REGULATION****A. Immunization**

Children must receive immunizations for diphtheria, polio, measles, mumps, rubella, hepatitis B, Haemophilus Influenzae Type b (Hib) and 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 physician determined health reason or condition. This medical exemption must be signed by a physician licensed to practice in New York State. 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.

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 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 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 note 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. a note from the parent(s) or guardian(s) giving the school nurse, teacher, Principal or other school staff permission to administer the medication; or
3. a medication request form filed with the school-nurse teacher.

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

1. all medications will be administered by the school nurse, the Superintendent or his/her designee;
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;

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.

**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.

### **Caring For Students With Potential Life-Threatening Allergy (Anaphylaxis)**

#### **Background**

Students come to school with diverse medical conditions that may impact their learning, as well as, their health. Some of these conditions are serious and may be life-threatening.

The incidence of severe allergic reactions has been rising at an alarming rate, especially with regard to food. Other common causes of anaphylaxis include allergies to latex, medications, and insect stings. Many students enter school with known severe allergy. In addition, allergic reactions may occur unexpectedly in students not previously known to have allergy.

Anaphylaxis can affect almost any part of the body and cause various symptoms. The most dangerous symptoms include breathing difficulties and a drop in blood pressure, or shock, which are potentially fatal. Treatment includes removal of the allergen, if possible, and treatment of the rapidly progressing effects of histamine release in the body with emergency medications (epinephrine, antihistamine).

### **Anaphylaxis Management**

Students, parents, school personnel and health care providers must work as a team to insure that all necessary steps are taken to allow students with life-threatening allergies to participate fully and safely in the school experience. In order to prevent anaphylaxis when possible, and treat effectively if it occurs, all members of the team will work cooperatively to insure that health information is complete, appropriate training and accommodations have occurred, and any necessary medications and environmental protocols are in place for students with life-threatening allergies.

The following school personnel will be important collaborators with students, parents and health care providers in these efforts:

- School District Administration
- School Medical Director
- School Nursing Personnel
- Teachers
- Guidance Counselor/Social Worker
- Teaching Assistants and Teacher Aides
- Athletic Director, Coaches and After School Volunteers
- Food Service Personnel
- Custodial Staff
- Transportation Personnel

### **Cooperative plan for managing students with life-threatening allergies**

Students, parents, health care providers and school personnel will work together to provide the following:

- Insure basic health information that would identify students at risk of anaphylaxis is shared with the school nurse and administrator at the time the child registers, or immediately upon diagnosis, if new severe allergy develops. Parents/guardians of new entrants with life-threatening allergies will meet with the school nurse prior to the child entering school and prior to return to school, for students already entered and newly diagnosed.
- Develop an Emergency Care Plan (ECP) for each student with known allergy.
- Develop an Individualized Health Care Plan (IHP), 504 Plan and/or Individualized Education Plan (IEP), as indicated and appropriate.
- Insure the supervising teacher/advisor informs the school nurse about field trips (including date, time, destination, roster of students and mode of transportation) at least 2 weeks prior to the event, so that necessary emergency plans, medications and training will be in place.
- Provide training by licensed medical personnel (e.g. registered professional nurse) for all adults in a supervisory role in the recognition and emergency management of anaphylaxis for a specific medical condition for a specific student(s).
- Obtain specific legal documents (medical orders) duly executed in accordance with New York State Law regarding the care and treatment of specific students with life-threatening conditions.

- Secure written parent permission and discuss parental responsibility that includes providing the health care provider's orders, providing any necessary medication and /or equipment, and participation in the education and co-management of the child as he/she works toward self-management.
- Allow self-directed students, as assessed by the school nurse, to carry life saving medication with prior approval by the medical provider, and according to health practice and procedures, as long as duplicate life saving medication is also maintained in the health office in the event the self-carrying student misplaces their medication.
- Assure appropriate and reasonable building accommodations are in place within a reasonable degree of medical certainty.

**In addition, the Plattsburgh City School District will:**

- Educate all staff about life-threatening allergies.
- Identify appropriate school district staff members, define roles and train as appropriate.
- Have standing emergency medical protocols for nursing staff.
- Request the School Medical Director to write a non-patient-specific order for anaphylaxis treatment agents for the school's registered professional nurse to administer in the event of an unanticipated anaphylactic episode in a child not previously known to have severe allergy.
- As permitted by New York State law, maintain stock supplies of life saving emergency medications such as epinephrine and antihistamine in all health offices for use in first time emergencies.
- Ensure that building-level and district-wide school safety plans include appropriate accommodations for students with life-threatening health conditions.
- Encourage families to obtain medic-alert identification bracelet for at risk students.
- Educate students regarding the importance of immediately reporting symptoms of an allergic reaction.
- Make every effort to **create an allergen-safe school environment.**

**Protecting a student from exposure to offending allergens is the most important way to prevent life-threatening anaphylaxis.** The risk of exposure to allergens for a student is reduced when the school personnel, medical provider and parent/guardian work together to develop a management plan for the student. Educating the entire school community about life-threatening allergies is important in keeping students with life-threatening allergies safe.

To guard against accidental exposure to allergens, ongoing monitoring and accommodation of the following high-risk areas and activities is crucial:

- Cafeteria
- Food sharing
- Hidden ingredients in art, science and other projects
- Transportation
- Fund raisers and bake sales
- Parties and holiday celebrations
- Field trips
- Before and after school programs

**Use of Epinephrine Auto-Injector Device (EpiPen) in the School Setting**

Administration of epinephrine (EpiPen) will always occur in conjunction with the PCSD Anaphylaxis Protocol.

**Patient-Specific**

**(Student with known severe allergy who has emergency medication prescribed by his/her private health care provider)**

The administration of epinephrine by EpiPen to a student with a known severe allergy needing an anaphylactic treatment agent may be performed by a willing school staff member responding to an emergency situation when such has been prescribed by a licensed prescriber. However, a registered professional nurse/nurse practitioner/physician/physician's assistant *must* have trained the staff member to administer the EpiPen for that emergency situation and given him/her approval to assist the student in the event of an anaphylactic reaction. Training will be provided at least annually and more often as indicated.

**Non-Patient-Specific**

**(Any student, heretofore not known to have anaphylaxis, who develops severe reaction)**

As per written order of the School Medical Director, the registered professional nurse may assess and determine that a student, who has no previous history of severe allergy, is displaying symptoms consistent with anaphylaxis and needs emergency medication. In this circumstance, the RN may administer emergency medication (epinephrine, antihistamine) per non-patient-specific order of Medical Director. Non-licensed school staff is not authorized to administer EpiPen per non-patient-specific order.

**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 and at grades 1, 3, 7 and 10. Findings are to be kept on record at the school on forms that can be obtained from the school nurse.

**D. Illness in School**

If a student becomes ill in school:

1. The nurse will determine if the student should remain in the dispensary 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 guardian will pick up the student from school.
3. The nurse will contact the Building Principal if he/she feels the child should be transported by bus to the home.
4. If there is to be a change in bus routing in order to carry the student to his/her home, that decision will be made by the administrator and the transportation supervisor.
5. If the route is to be changed, the transportation supervisor shall 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 nurse's office until such time as a parent, guardian or substitute parent becomes available to assume responsibility for the child.

**E. Medical Emergency Record**

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 family physician;
5. preferred hospital;
6. any allergies or serious health conditions.

Americans with Disabilities Act, 42 United States Code (USC), Section 12101 et seq.

Individuals with Disabilities Education Act (IDEA), 20 United States Code (USC), Sections 1400-1485

Section 504 of the Rehabilitation Act of 1973, 29 United States Code (USC), Section 794 et seq  
34 Code of Federal Regulations (CFR), Part 300

Education Law, Sections 6527 and 6908

Public Health Law, Sections, 2500-h and 3000-a ('Good Samaritan Law')

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