

OGDENSBURG CITY SCHOOL DISTRICT
OGDENSBURG, NEW YORK

SUBJECT: First Review of the 2018-2019 Ogdensburg City School District
Health Services Policy Manual

DATE: June 4, 2018

REASON FOR BOARD CONSIDERATION:

The Board of Education must review and approve all policies and regulations of the Ogdensburg City School District.

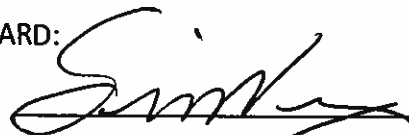
FACTS AND ANALYSIS:

All health services, policies and procedures will be subject to the rules and regulations of **New York State Education Law Article 19-Medical and Health Services** for the promotion of the health and well being of all students within the public school system of New York State. Therefore, all health services provided within the Ogdensburg City School District will be mandated by Article 19. Such policies are included in the Ogdensburg City School District Health Services Policy Manual. Mrs. Barbara Buscemi, BSN, RN, Nursing Supervisor, and Dr. Christopher Comeau, Medical Director and Kristin LaMay, FNP, Ogdensburg Family Practice, LLC, have taken the initiative to review and update the district's Health Services Policy Manual for the 2018-2019 school year. Mrs. Buscemi, BSN, RN added the new New York State Department Of Health Immunization and Health Screenings schedule for 2018-19.

RECOMMENDED ACTION:

No action necessary, information and discussion only.

APPROVED FOR PRESENTATION TO THE BOARD:



Superintendent

TMV/alf
Attachment

OGDENSBURG CITY SCHOOL DISTRICT HEALTH SERVICES POLICY MANUAL 2018-2019



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Revised & Re-Adopted by the Ogdensburg City School District Board of Education: June 18, 2018

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I. Introduction

A student's ability to learn is influenced by his/her health status; a student who is not healthy is unlikely to be alert, attentive and ready to learn. Pregnancy, depression, suicide, child abuse, complex diseases, and behavioral disorders are among the many problems that may affect a student's ability to learn. Recent trends in American Society and family life frequently place children at risk for failure. It is essential that the professionals who are working with students in our district have expertise in the assessment, planning and management of the multitude of problems so that students can gain optimally from their educational experiences.

School health services, provided in an interdisciplinary setting within the context of a coordinated school health program, can impact on the total health and educational development of the students. A coordinated school health program embraces a mission in which collaboration with community resources is fostered and everyone in the school shares responsibility for promoting good health. Realizing this mission requires the mobilization of many resources from the home, school, and community in order to meet the physical, social, intellectual, and mental health needs of students; contributes to the well-being of school personnel; and creates a healthy school environment for all.

a. Statement

The Ogdensburg City School District (the "district") along with the Board of Education recognizes that good student health is vital to successful learning and realizes its responsibility, along with that of the parents, to protect and foster a safe and healthy environment for the students.

The District, together with students and their families, will provide preventative health services. In accordance with the New York State Education Law Article 19, the District will provide assessments to every student. The District will provide continuous monitoring of the health needs of each student. Emergency care and environmental safety will be provided for each student and school personnel.

II. New York State Education Law Article 19 - Medical and Health Services

All health services, policies and procedures will be subject to the rules and regulations of Article 19 for the promotion of health and well-being of all students within the public school system of New York State.

Therefore, all health services provided within the District will be mandated by Article 19. Such policies are included in the following documents.

a. School Health Services to be Provided

1. School health services shall be provided by each school district for all students attending the public schools in this state, except in the city school districts of the City of New York, as provided in this article.

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School health services shall include the services of a Registered Nurse, and shall also include such services as may be rendered as provided in this article in examining students for the existence of disease or disability and in testing the vision and hearing of such students.

2. School health services for the purpose of this article shall mean several procedures including, but not limited to, medical examinations, dental inspection and/or screening, scoliosis screening, vision screening and audiometer tests, designed to determine the health status of the child; to inform parents or guardians, students and teachers of the individual child's health condition subject to federal and state confidentiality laws; to guide parents, students and teachers in procedures for preventing and correcting defects and diseases; to instruct school personnel in procedures to take in case of accident or illness; survey and make necessary recommendations concerning the health and safety aspects of school facilities and the provision of health information.

III. Employment of Health Professionals

- a. As used in this article, "healthcare providers" means a person duly licensed or otherwise authorized to practice a health profession pursuant to applicable law, including, but not limited to, physicians, registered nurses, nurse practitioners and physicians' assistants.
- b. The Board of Education shall employ or contract with at a compensation to be agreed upon by the parties, a qualified physician, or a nurse practitioner to the extent authorized by the Nurse Practice Act, to perform the duties of the Medical Director, and to perform and coordinate the provision of health services in the school district and to provide health appraisals of the students attending school in the district. The physicians or nurse practitioners so employed or contracted with shall be duly licensed pursuant to applicable law.
- c. The Board of Education may employ one or more registered nurses, as well as other health professionals, as may be required. Such registered nurses and other health professionals shall aid the Medical Director and shall perform such duties, including health education for the benefit of the public schools of the district as may be prescribed by the Board of Education, in compliance with each such Health Professional's Practice Act.
- d. School health personnel, in collaboration with other school personnel, are in a position to address the health-related needs of students and manage complex health care and family needs in order for students to be able to think, concentrate and meet academic objectives. School health personnel serve on the student support services team to plan program adaptations for students with simple to complex health and learning needs.
- e. School nursing is the pivotal component in the coordination, planning, provision and assessment of school health services.

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School health personnel develop team relationships within the school and with healthcare providers so that individual health needs are met and duplication of efforts and services is avoided. School nursing personnel act as the liaison between home, school and the medical community regarding concerns that are likely to impact on a student's ability to learn.

IV. Student Health Requirements for School Entrance

a. Student Data Cards

1. Each student will provide the school with personal information including, names of parents or guardians, address, phone number, recent medical intervention and health problems, names of healthcare providers and dentist.
2. Names and phone number of individuals appointed by parents or guardians, in the event of illness or emergency to pick their child up from school.

****AT LEAST 4 EMERGENCY NUMBERS ARE REQUIRED****

3. Court papers (Custody Papers, Guardianship, Orders of Protection) if applicable.
4. Names of siblings, their ages, and schools they are attending.
5. **Medical or allergy alert.**
6. **Medication being taken by the student whether at home or at school.**
7. Signature required for the administration of emergency care at the nearest medical facility in the event the parent or guardian was unreachable.
8. Evacuation and early dismissal instructions by parent or guardian.

b. Birth Certificate

Upon entering school each student is required to provide a state sealed birth certificate. Such certificates are stamped with the state seal and are recorded at the office of the county clerk. Hospital or Baptismal certificates are not accepted as proof of birth.

c. Health Record

Upon entrance into the district each student's parent/guardian will be provided with a written health record form, to be completed prior to entry. Information included in this record; student's legal name, date and place of birth, as documented by the birth certificate, address, healthcare provider, pertinent medical history including any medical conditions, family history of disease, operations and injuries, immunizations, health appraisals, screening results, athletic exemptions, referrals, and school nurses' documentation. Individual records may be interpreted by the nurse to administrators, teachers, and counselors, consistent with law.

d. Immunization Requirements for School Entrance

New York State Law Section 2164 requires certain immunizations (shots) to enter grades Universal Pre-Kindergarten through Grade 12 to attend school. Please check with your healthcare provider as soon as possible to make sure that your child has all the needed immunizations. Immunization requirements are listed on the next page.

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NEW YORK STATE IMMUNIZATION REQUIREMENTS FOR SCHOOL ENTRANCE/ATTENDANCE

Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-K)	Kindergarten and Grades 1, 2, 3 and 4	Grade 5	Grades 6, 7, 8, 9 & 10	Grades 11 & 12
Diphtheria and Tetanus toxoid- containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td) ²	4 doses	5 doses or 4 doses if the 4th dose was received at 4 years or older or 3 does if 7 years or older and the series was started at 1 year or older		3 doses	
Tetanus and Diphtheria toxoid- containing vaccine and Pertussis vaccine booster (Tdap) ³	Not applicable			1 dose	
Polio vaccine (IPV/OPV) ⁴	3 doses	4 doses or 3 doses if the 3 rd dose was received at 4 years or older	3 doses	4 doses or 3 doses if the 3 rd dose was received at 4 years or older	3 doses
Measles, Mumps and Rubella vaccine (MMR) ⁵	1 dose	2 doses			
Hepatitis B vaccine ⁶	3 doses	3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years			
Varicella (Chickenpox) vaccine ⁷	1 dose	2 doses	1 dose	2 doses	1 dose
Meningococcal conjugate vaccine (MenACWY) ⁸	Not Applicable			Grades 7, 8 and 9: 1 dose	Grade 12: 2 doses or 1 dose if the dose was received at 16 years or older
Haemophilus influenzae type b conjugate vaccine (Hib) ⁹	1-4 doses	Not Applicable			
Pneumococcal Conjugate vaccine (PCV) 10	1-4 doses	Not Applicable			

*This sample resource was created by the New York Statewide School Health Services Center
and is located at: www.schoolhealthservicesny.com – Immunizations –2/18*

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d. Immunization Requirements for School Entrance-continued

1. Proof of immunization must be any 1 of the 5 items listed below:

1. An immunization certificate signed by your healthcare provider.
2. Immunization Registry Report (NYSIS or CIR from NYC) from your healthcare provider or the County Health Department.
3. A blood test (titer) lab report that proves your child is immune to the diseases.
4. For Polio, there are specific regulatory requirements (see your healthcare provider)
5. Varicella (chickenpox), a note from your healthcare provider which states your child had the disease is also acceptable.
 - A student should not be admitted or allowed to attend school in excess of 14 days without an immunization certificate or other acceptable form of the student's immunization. However, such 14-day period may be extended to not more than 30 days for an individual student by a principal where such student is transferring from out-of-state or from another country and can show a good faith effort to get the required immunizations.
 - If a Student meets the definition of "*in process*", this is defined as a child that has received at least the first dose of each required vaccine series and has age appropriate appointments to complete the series according to the ACIP (Advisory Committee on Immunization Practices) catch-up schedule. Please see your healthcare provider or the school nurse for this information. If a student meets the definition of "*in process*", a school may not exclude the student. If a student has been refused admission to a school by the Principal or Administrator in charge, they should receive a verbal explanation and a written copy of the school policy; written documentation specifying the immunizations their child is missing; and information on where to obtain the missing immunizations. Schools must notify the local health department and must provide the local health department with the name and address of the child and the immunizations that he/she lacks. The school must also provide, with the cooperation of the local health department, for a time and place at which the required immunizations may be administered within 2 weeks. *Public Health Law (PHL) SS 2164 and 216810 N.Y.C.R.R Subpart 66-1 School Immunization Requirements (NYSDOH 8/2015) As found on www.schoolhealthny.com.*

2. Exemptions

- a) **Medical** – the New York State Department of Health (*NYSDOH*) *Public Health Law Section 2164(7) (a) requires adequate dose or doses of immunizing agents against poliomyelitis, mumps, measles, diphtheria, rubella, varicella, Haemophilus influenza type b (Hib), pertussis, tetanus, and hepatitis B for school entry.* New York State Law Section 66-1.3 (7) (c)- Requirement for School Admission permits medical exemption to required immunizations if the parent provides a certificate from a healthcare provider licensed to practice medicine in New York State, that one or more of the required immunizations may be detrimental to the child's health. Your certificate should include:

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- The specific immunization that is medically contraindicated
- The reason for the medical contraindication
- The duration of the request

Please note that a healthcare provider should not request a permanent exemption unless it is anticipated the child will have a life-long anaphylactic reaction to the vaccine or one of its components, which cannot be desensitized, or the child has some other severe chronic medical condition not expected to resolve. All other requirements should be temporary and require at minimum annual re-assessment, if not sooner when the condition resolves.

b) **Religious** - The NYSDOH and the New York State Education Department have implemented the religious exemption through regulations. Department of Health Regulation 10 NYCRR#66-1.3(d) requires submission of the Request for ***Religious Exemption to Immunization Form-Parent/Guardian Statement***; and school district procedures for implementing requests for religious exemption of immunization. The building principal will be responsible for reviewing each request form. The parent/guardian must be informed in writing regarding the approval or denial of the exemption request.

If the request is denied, the written communication must include the specific reasons for the denial. A parent/guardian may appeal the denial to the Commissioner of Education within 30 days of the decision.

c) **Health and Dental Certificates**

Health and dental examinations are conducted by the student's healthcare provider. Students requiring the physical are:

- New students entering the district at any grade level
- New students upon entrance into UPK, Junior Kindergarten, and K
- All students upon entrance into Grades 1, 3, 5, 7, 9 and 11

Health and dental exams shall be accepted if it is administered not more than 12 months prior to the start of the school year in which it is required or the date of entrance to the school for new entrants. Results of the exam must be provided to the school nurse within 30 days after the student's entry into Grades UPK, Junior Kindergarten, K, 1, 3, 5, 7, 9, and 11.

healthcare providers outside of New York State are acceptable if their primary place of practice is within 50 miles of the New York State border. ***Dental Certificates are not required, but strongly recommended.***

A health examination will be provided by the Medical Director in the event that the student is unable to provide one.



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V. Health Screening

Students in the District will be screened at the appropriate grade level according to the New York Statewide School Health Services screening requirements, all students will be screened by the Registered School Nurses. **These screenings will be done at various times throughout the school year. Please refer to the chart below: (NYS-New York State, NYC-New York City)**



NYS
Required



NYC
Required



NYS
Optional



NYC
Optional

NYS and NYC Screening & Health Exam Requirements														
	New Entrant	Pre K or K*	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
HEARING SCREENING:														
Pure Tone	X	X	X		X		X		X				X	
SCOLIOSIS SCREENING														
Boys											X			
Girls							X		X					
VISION SCREENING														
Color Perception	X													
	X													
Fusion		X	X											
Near Vision	X	X	X		X		X		X				X	
	X	X	X		X		X							
Distance Acuity	X	X	X		X		X		X				X	
	X	X	X		X		X							
Hyperopia	X													

*Determine if your Kindergarten or Pre K students are your district's new entrants.

Health Examination Overview														
	New Entrant	Pre K or K	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
Health Examination**	X	X	X		X		X		X		X		X	
	X													
Dental Certificate	X	X	X		X		X		X		X		X	

**Health Examinations may be either a Health Appraisal (health exam performed by the School Medical Director) or Health Certificate (health exam performed by the student's primary medical provider). They must be dated no more than 12 months prior to the start of the school year in which they are required, or the date of entrance to the school for new entrants. This sample resource was created by the New York State Center for School Health and is located at www.schoolhealthny.com in the Laws|Guidelines|Memos - Effective July 2018 (revised 2/2018). Distance acuity required in Kindergarten whether or not that is the entry year for the district. *Please note: There are no health examination requirements for grade 12.*

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VI. Mandated School Survey

As part of a required school health examination, a student is weighed and his/her height is measured. These numbers are used to calculate out the student's body mass index or "BMI". The BMI helps the doctor or nurse know if the student's weight is in a healthy range or is too high or too low. Recent changes to the New York State Education Law require that BMI and weight status group be included as part of the student's school health examination. A sample of school districts will be selected to participate in a survey. Summary information about our student weight status groups will be shared with the New York State Department of Health. There will be no sharing of individual student names. However, you may choose to have your child's information excluded from this summary report. A ***Mandated School Survey Opt-Out Form*** is provided on the last page of the Health Service Policy Manual if parents **do not** wish to have their child's weight status group information included as part of the New York State Health Department survey.

VII. Life Threatening Allergy Policy

General Statement

The district, along with the Board of Education recognizes that many children are being diagnosed with life-threatening food allergies. As such the district sets policy guidelines to address this emerging challenge.

The District's primary goal is to provide a safe environment for all children. However, because some allergies are so tenacious and pervasive, it is unrealistic to guarantee an allergen-free environment. Rather, this policy aims to minimize the risk by implementing procedures, which will reduce the amount of life-threatening allergens to which students and staff are exposed.

Additionally, the District seeks to increase community awareness and education of life-threatening allergies. This policy does not attempt to address all types of food allergies. Only those allergies which are life-threatening are considered in this policy.

Because research supports the active participation of the allergic person in managing the allergy, this policy outlines safety measures that are in the best interest of the student. Creating developmentally appropriate goals is the joint responsibility of the school, parent and when appropriate, the student. However, because the goal of this policy is to provide a safe learning environment for all children in the district, it is recognized that a greater share of the responsibility must be assumed by the child's parents and school staff, working cooperatively.

****Therefore, all allergy diagnosis MUST be documented and renewed yearly by a healthcare provider. Each school year, the district must be provided a current allergy diagnosis. If a student warrants emergency medication such as Epinephrine (EPI-PEN) this must be renewed yearly.**

****If a student is diagnosed with at PEANUT/TREE NUT ALLERGY it is the POLICY of the district that the student sit at a PEANUT FREE table during lunch for the safety and well-being of the student. However, if a parent chooses to OPT-OUT and NOT have their child sit at this designated table, the parent must provide the school health office documentation in writing, each year.**

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a) It is the responsibility of the student to:

- Eat only food items that the student has brought from home or has been approved by the parent/guardian (i.e. no trading or sharing with others).
- Avoid allergens or food items with unknown ingredients.
- Notify school staff immediately when symptoms of an allergic reaction occur.
- Be proactive in the care, management, and treatment of their allergy in a developmentally appropriate manner.

b) It is the responsibility of the parent/guardian to:

- On an annual basis, notify the school of a child's allergies and to assist the Core Team in the development of a Food Allergy Action Plan that accommodates the child's needs throughout the instructional day.
- Encourage the child to consistently wear the medical alert bracelet if applicable.
- Provide school staff with updated and complete written medical documentation, instructions, and medication, etc. each year and upon request.
- Provide complete and updated emergency contact information.
- Provide properly labeled medications and to replenish medications after use or upon expiration for the nurse's office.
- Educate the child in the self-management of their allergy, including but not limited to safe and unsafe foods and other potential allergens, strategies for avoiding exposure to unsafe foods or known allergens, including not accepting food from other students, and symptoms of allergic reactions and how and which adult to tell that they are having an allergic reaction.
- Teach the child how to administer an Epi-Pen and how to read food labels, if developmentally appropriate.
- Review district Policies/Procedures with the school staff, the child's healthcare provider, and the child (if developmentally appropriate) after a reaction has occurred.

c) It is the responsibility of the district to:

- Follow all applicable Federal laws, including ADA, IDEA, Section 504, and FERPA, as well as any applicable State laws and/or district policies.
- Create a Core Team to work with parents and students (as developmentally appropriate) to establish a Food Allergy Action Plan specific to each child. Team members could include, but are not limited to, the building principal, the school nurse, the child's teacher, the child's healthcare provider, the school psychologist, and the food service staff. All changes to the Food Allergy Action Plan, to promote food allergy management, should be made with Core Team participation.
- To identify and train, school personnel to administer medications in accordance with state and federal law.

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- Provide a trained individual to administer medications including epinephrine auto-injectors when the school nurse is not available, provided such person is trained individually to administer a specific medication(s) to a specific student.
- Provide appropriate training for all those who are willing and/or volunteer to administer epinephrine auto-injectors in the event of an emergency situation.
- Review the Food Allergy Action Plan with Core Team members after a reaction occurs.
- Attempt to discuss field trips with the family to decide appropriate strategies.
- Attempt to notify the parents of a child with a life-threatening allergy in advance of any special events, field trips, etc.
- Follow Federal/State/District laws and regulations regarding sharing medical information about the student (i.e. confidentiality).
- Educate all staff interacting with allergic students so that they understand the severity of the food allergy, can recognize symptoms, and can take emergency action.
- Review the health records submitted by the parents and healthcare provider.
- Include food allergic students in school activities. Students should not be excluded from school activities solely based on their food allergy.
- Coordinate with the school nurse to ensure medications are appropriately stored and be sure that an emergency kit is available that contains a healthcare provider's standing order for epinephrine, if appropriate.
- Request access to speak with the child's healthcare provider for clarification purposes with a medical release form.
- Keep emergency medication in an easily accessible and secure location central to designated school personnel. Where the appropriate school personnel deem it appropriate to require the storage of medication in his/her classroom(s), such medication shall be checked monthly by the school nurse to ensure such medication consists of the appropriate dosage and has not expired. In addition, regardless of whether medication is stored in the nurse's office and/or a classroom, a system of two separate locks shall be used to secure same (for example, a locked box within a locked cabinet) except as otherwise delineated in a student's Emergency Care Plan, Individualized Health Care Plan, 504 Plan, or Individualized Education Program, and/or as otherwise determined appropriate by the Superintendent, in consultation with the School Nurse and/or the School Physician, on a student-specific basis.
- Allow students to carry their own epinephrine, if developmentally appropriate (students in the Middle School and High School level only) after approval from student's health care provider, parent and school nurse, and the parents have signed the appropriate release.

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VIII. Medication Policy

The District recognizes and implements the New York State Education Law for the administering of medications in the school setting.

1. It should be determined that the frequency of dosage demands that the medication be administered during school hours.
2. The school nurse must have on file, a written request from the healthcare provider which indicates the frequency and dosage of a prescribed medication. The nurse must know the condition being treated, the regimen of treatment recommended and the frequency established by the healthcare provider for review of the case. This request is required for over the counter medications also.
3. The school nurse must have on file written permission from the parent or guardian to administer the medication as specified by the healthcare provider.
4. The medication must be delivered directly to the school nurse by the parent or guardian in its original container. At the end of the school year, medication will be released only to the parent/guardian.

No medication should ever be delivered to the nurse by the student.

a) Self-Directed Student Medication

The self-directed student is an individual who is capable and competent to understand a personal care procedure, can correctly administer care to themselves when required, has the ability to make choices, understands the impact of those choices and responsibility for the results of the choices of their care. Whether a student should be considered self-directed should be based on the student's cognitive and/or emotional development rather than age or grade. Factors such as age of reason and mental/emotional disability are additional considerations in determining a student's ability to be self-directed. A student is considered self-directed if they are able to do all of the following:

- a. Identify the correct medication (e.g. color, shape).
- b. Identify the purpose of the medication (e.g. to improve concentration).
- c. Determine the correct dosage is being administered and identify the correct time the medication is needed during the school day.
- d. Describe the consequences of not taking the medication.
- e. Refuse to take medication if the student has any concerns about its appropriateness.
- f. The school nurses will maintain regular parental contact in order to monitor the effectiveness of such self-medication procedures. Also, clarification of parental responsibility as to the daily monitoring of their child to ensure that the

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medication is being utilized in accordance with the healthcare provider's instructions.

Additionally, the student will be required to report to the health office on a periodic basis, as determined by school nursing personnel, so as to maintain an ongoing evaluation of the student's management of such self-medication techniques and to work cooperatively with the parents and the student regarding such self-care management.

b) Inhalers

Prescribed inhalers may be carried, used or stored in the student's locker with the written permission of their healthcare provider, and written parental/guardian consent in Middle and High School only.

Elementary students are prohibited from carrying medication on their person. Designated school personnel will assist the self-directed student with their medication when the school nurse is unavailable.

c) Unauthorized Use of Medication

Students who self-administer medication without proper authorization, under any circumstances, will be referred for counseling by school nursing personnel.

Additionally, school administration and parents will be notified of such unauthorized use of medication by the student. School administration will determine the proper resolution of such student behavior.

d) Emergency Medications

Medications used in the emergency treatment of certain medical conditions will not be considered self-directed. All personnel who are willing to assume the responsibility will be trained by the school nurse in the use of such medications in the event of an emergency when the school nurse is out of the building.

If such an event occurred the staff member would be protected by the Good Samaritan Law exemption for rendering emergency care during a life threatening situation.

e) Medication Administration Record

The individual administering the medication maintains a record for each student in the district receiving medications. The log contains the prescription, the date, the dosage, the time the medication is received and the name of the individual administering the medication. The log is completed for all medications including over-the-counter medications.

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f) Medicaid Reimbursable Medication Administration

- a. All School Nurses will be required to complete mandatory Medicaid Online Training and Compliance as required by the New York State Education Department. After completion, all nurses will receive a NPI number.
- b. Medication administration, or performance of a procedure for Medicaid Eligible students will follow the General School Health Policy. The only difference will be the form used for documenting the administration of medication or procedure.

IX. Communicable or Infectious Diseases

Students will be excluded during periods of contagion for the following diseases:

- a) **Varicella**: Students will be excluded until all the lesions have crusted over and there are no new lesions erupting. Documentation of the disease by the student's healthcare provider is advised.
- b) **Pediculosis**: please see Pediculosis Policy below.
- c) **Conjunctivitis**: Students will be excluded until treatment is initiated.
- d) **Impetigo**: Students will be excluded until 24 hours after an antibiotic treatment is instituted or until permitted by the healthcare provider.
- e) **Scabies**: Students will be excluded until a healthcare provider statement indicates that the condition has been treated.
- f) **Ringworm**: Students will be excluded until a healthcare provider statement indicates that the condition has been treated.
- g) **MRSA**: Students will be excluded until the healthcare provider states the student may return.
- h) **FLU**: If a student is diagnosed with the **FLU**, he/she should not return to school until they are fever free for 24 hours without medication.

The periods of exclusion from school will be determined by the Medical Director and the student's Healthcare Provider for any communicable or infectious diseases not listed.

X. Pediculosis Policy

Head lice are a fairly common problem in school age children. While head lice are a nuisance, it does not pose a significant health hazard, and is not known to spread disease. Head lice can be acquired anywhere in the community and may not be identified until weeks to months after exposure.

The policy of the District, is when nits are observed on a student, that student will be able to remain in school. The parent/guardian will be notified, education and treatment measures will be discussed at that time. The student must be treated and will be required to be assessed the next day for improvement of the condition in the school Health Office. If a student has live lice, a parent/guardian will be notified and the student will be sent home for treatment. Education regarding head lice treatment will be provided to parents/guardians. Students may return to school the next day and will be allowed to attend school pending re-evaluation in the school health office. Confidentiality of each student will be maintained at all times.

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a) Control Measures in Schools

Screening for nits alone is not an accurate way of predicting which children are or will become infested, and screening for live lice has not been proven to have a significant effect on the incidence of head lice in a school community over time. Because of the lack of evidence of efficacy, routine classroom or school-wide screening will not be done.

XI. Sports Participation

a) Regulations:

The NYSED has established regulations regarding physical assessment prior to participation in school sports. They are as follows:

1. Each student participating in an interscholastic sport must have an annual physical examination.
2. Each student participating in an interscholastic sport must be screened by the school nurse for height, weight, vision, hearing, blood pressure and scoliosis. The school nurse will update the health information of each student participating in the sports program.
3. Prior to each sport season, a Health History Questionnaire must be completed and signed by a parent or guardian and returned to the school nurse in order for the student to participate.

STUDENT PARTICIPATION IN PHYSICAL EDUCATION AND/OR SPORTS

(New District Policy – Adopted 7/1/2015)

Education Law, Article 19, the Medical Director or their Designee (such designation should be in writing and the Designee must be a licensed Health Professional whose scope of practice includes assessment – LPN's and Athletic trainer's scopes of practice do not include assessment.)

The District Medical Director has appointed Registered Nurses employed by the district to be his/her designee in his/her absence.

If a student is acutely or chronically ill, injured, or complains of discomfort, the Medical Director's designee **MAY WITHHOLD** a student from participation in physical education and/or sports.

The designee, after reassessment and consultation with the Medical Director, or the student's own healthcare provider, may provide clearance to return to activity. **This clearance must be documented electronically or in writing** with the private healthcare provider and/or Medical Director to return to activity.

XII. Student Illness and Injuries

Each student will be seen by the school nurse for the assessment of illness and injuries. If the school nurse deems it necessary to send the student home from school, the parent or guardian will be contacted and arrangements will be made to have the student excused from school.

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A daily health office log is maintained by the school nurse in each school within the district. The contents of this log include the name of the student, the reason for coming to the health office, assessment and treatment, and the disposition of the student.

- If a student has stitches, staples, glue, a cast, crutches, or any other splint/medical device, documentation **MUST** be presented from a healthcare provider stating activity restrictions, if any. In order to participate in physical education, sports, and recess, an activity order is **MANDATORY**.

In the event of an injury sustained at school, on route and/or dismissal to/from school, the nurse will assess the injury, complete an accident report if necessary, and provide first aid treatment. After treating the student, the parent or guardian will be contacted to come to school and transport the student to the healthcare provider, if required. Beyond first aid, the medical care of the student is the parent's responsibility. However, the student's welfare is always the primary concern, and it is the responsibility of school personnel to exercise good judgment and care under all circumstances.

a) Transporting an Ill or Injured Student

In the event of an illness or injury to a student that is deemed to be an emergency or life threatening, emergency medical services will be called and a parent/guardian will be notified immediately, or as soon as possible.

b) Insurance

The Board of Education shall approve provisions for all students to be covered by group insurance. Such student accident insurance policies are to be a co-insurance with family coverage(s) as primary.

XIII. Concussion Policy

The Ogdensburg School District shall follow the guidelines for concussion management in the school setting as provided by the NYSED. In accordance with these guidelines the district has established the following policy:

- The committee to implement the above policy shall consist of Medical Director, Nurse Director, one or two additional nurses, administration representative, and Director of Physical Education.
- The committee shall meet periodically, as necessary. The policy shall be reviewed annually at the beginning of the school year.
- Every effort shall be made to provide a safe environment to reduce the risk of head injuries in the school setting and during district sponsored events.
- School coaches, physical education teachers, nurses, and certified athletic trainers must complete a NYSED approved course (op.nysed.gov/prof/nurse/nurse-guide-april09.pdf) on concussion management every two years.

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a) Concussion Overview:

A concussion is a reaction to a jolt or force that can be transmitted to the head by an impact or blow occurring anywhere on the body. Essentially, a concussion results from the brain moving back and forth or twisting rapidly inside the skull. The symptoms of concussion result from a temporary change in the function of the brain. In most cases, the symptoms of concussion generally resolve over a short period of time. However, in some cases symptoms can last for weeks or longer. In a small number of cases, or in cases of re-injury during the recovery phase, permanent brain injury is possible.

b) Prevention and Safety:

It shall be the responsibility of the Director of Physical Education to ensure that all interscholastic athletic competition rules are followed, appropriate safety equipment is used, and rules of sportsmanship are enforced. Students who sustained or are suspected to have sustained a concussion during an athletic activity shall be immediately removed from such activities. Students may not return to the athletic activities until they have been symptom free for a minimum of 24 hours AND have been evaluated by, AND receive written authorization to return to activities from a licensed physician.

c) Identification of Concussion:

Any student who is observed to, or is suspected of, suffering a **significant** blow to the head, has fallen from any height, or collides **hard** with another person or object, may have sustained a concussion. For a guide regarding symptoms of concussion, reference should be made to the list provided in the guidelines for concussion management by state education department. Any student demonstrating signs, symptoms, or behavior consistent with a concussion while participating in a class, extracurricular activity, or interscholastic athletic activity shall be removed from the class, game or activity and be evaluated as soon as possible by an appropriate healthcare professional. The district shall notify the student's parents or guardians and recommend appropriate evaluation and monitoring.

The evaluation should take into consideration character of the injury, type and severity of symptoms and risk factors, (history of concussion, migraine and depression etc.) which may prolong recovery.

d) Post-Concussion Management:

Students who have been diagnosed with a concussion, require both physical and cognitive rest. Physical rest may include avoidance of contact sports, high speed intense exercise or sport, and any activity that results in an increased heart rate or increased head pressure (e.g. straining and strength training). Cognitive rest may require avoidance of such activities as video games, computer use, texting, loud music, and bright lights.

School nurses and the athletic director are **permitted** to review and follow the orders provided by the private practitioners. They may contact the medical director if any clarification regarding the physician orders is required.

A school nurse or a staff member shall contact the parent/guardian on a regular basis with information about their child's progress at school and encourage parent/guardian to communicate with the staff about any concerns they may have.

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e) Return to School Activities:

Any student diagnosed with concussion shall not return to physical activity until he/she has been symptom free for at least 24 hours, has been evaluated and received written authorization from a healthcare provider (private provider or school physician).

f) Return to Athletic extra-class activities:

In accordance with Commissioner's regulations, the Medical Director will give final clearance on a return to **athletic extra-class activities**. Students should be monitored by the district staff for any return of signs or symptoms of concussion.

g) The following Zurich Progressive Exertion Protocol may be used as a **guide to graduated return to activities:**

- No exertional activity until asymptomatic for 24 hours
- Light aerobic exercise such as walking
- Sport specific exercise such as running, skating etc.
- Non-contact training/skill drills
- Full contact training in practice setting
- Return to competition

The above guide may be modified by the Medical Director/Nurse on a case-by-case basis.

XIV. Suicide

The suicide of a student has an extremely disturbing effect on the school and the local community. Unfortunately, there has been a significant increase in the number of adolescents who choose suicide as a way to resolve their problems. It is the intent of this district to alert school personnel to the implications of suicide by a student, help the school and the community cope with the aftermath of such a tragic event should it occur, recommend ways of identifying children and adolescents at risk attempting suicide and to suggest ways to prevent such occurrences.

Suicide prevention will be incorporated into the curriculum to make students aware of this growing problem. This will be done in a manner so as not to glamorize the situation but to educate students in regard to this policy.

The administration is responsible for informing staff of regulations and procedures of suicide prevention, intervention, and post-intervention that has been developed by the administration.

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XV. Child Abuse Reporting

The District subscribes to all of the provisions of Title 6-Child Protective Services of the Social Services Law (Sections 411-428). Our purpose is to provide protective services to abused and maltreated children as described by the law, and to make all school personnel within the District aware of our legal responsibilities under this law.

Regulations determined by the New York State Office of children and Family Services together with the New York State Education Department shall be maintained and disseminated by the administration in regards to:

- a) Mandatory reporting of suspected child abuse/neglect;
- b) Reporting procedures and obligations of person required to report;
- c) Provisions for taking a child into protective custody;
- d) Mandatory reporting of deaths;
- e) Immunity from liability and penalties for failure to report; and
- f) Obligations for provision of services and procedures necessary to safeguard the life of a child.

Additionally, an ongoing training program for all professional staff shall be established and implemented to enable such staff to carry out their reporting responsibilities.

(Training and information guidelines www.op.nysed.gov and www.nysmandatedreporter.org)

XVI. Emergency Procedures

On-site Cardiac Automatic External Defibrillator (AED).

The District shall provide and maintain on-site in each facility an AED.

The school nurse, certified school personnel or Emergency Response Technicians will perform CPR and utilize the AED. **Maintenance of ALL AED machines, including batteries and pads will be the responsibility of the maintenance staff in each building. Active battery checks will be done daily by the maintenance staff and monthly by the school nurse. A daily log will be maintained documenting the maintenance of the AED machines.**

a) Evacuation Procedures

The school nurse together with school personnel will identify and coordinate the evacuation of special needs students. All designated personnel will aid in the evacuation of such students who are deemed physically disabled.

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XVII. Students with Special Needs

The school nurse will provide an Individualized Health Care Plan (IHCP) for those students who are identified as special health care needs and/or are receiving Medicaid reimbursement.

XVIII. Family Educational Rights and Privacy Act (FERPA)

FERPA is a federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. Student health records fall under the umbrella of FERPA.

XIX. NUTRITION STANDARDS

Due to the dramatic increase in potentially life threatening food allergies, all food products of any kind (baked goods and packaged foods) will be prohibited in our elementary schools. At times of special celebrations associated with class curriculum, teachers will send home notices with a list of specific foods that will be allowed in the classroom. This DOES NOT apply to food students bring in for breakfast/lunch from home, afterschool activities and sporting events.

a) Dietary Restrictions

If a student has Dietary Restrictions, (i.e. Lactose) this must be documented by a healthcare provider and the documentation must be presented to the school health office every school year.

XX. Weather Related Activities

Students in the District elementary schools will be allowed to go outside during recess, if weather permits. If the temperature outside is 20 degrees Fahrenheit, or above with the wind chill, students will be allowed to go outside as long as they are appropriately dressed for the weather conditions (coats, gloves, hats, mittens, snow pants, boots).

Medical Director: Christopher Comeau, MD (Ogdensburg Family Practice, LLC)

Family Nurse Practitioner: Kristin LaMay, FNP (Ogdensburg Family Practice, LLC)

Dr. Christopher Comeau

Signature- Dr. Christopher Comeau

Date

Kristin LaMay, FNP

Signature- Kristin LaMay, FNP

Date

BB/alf

Ogdensburg City School District
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OGDENBURG CITY SCHOOL DISTRICT
2018-2019 SCHOOL YEAR
MANDATED SCHOOL SURVEY OPT-OUT FORM

Mandated School Survey

As part of a required school health examination, a student is weighed and his/her height is measured. These numbers are used to figure out the student's body mass index or "BMI". The BMI helps the doctor or nurse know if the student's weight is in a healthy range or is too high or too low. Recent changes to the New York State Education Law require that BMI and weight status group be included as part of the student's school health examination. A sample of school districts will be selected to take part in a survey, we will be reporting to New York State Department of Health information about our student's weight status groups. Only summary information is sent. **No names and no information about individual students are sent.** However, you may choose to have your child's information excluded from this survey report.

The information sent to the New York State Department of Health will help officials develop programs that make it easier for children to be healthier.

If you **DO NOT** wish to have your child's weight status group information included as part of the Health Department's survey on any particular year our District participates, please sign your name below and return this form to:

OGDENBURG CITY SCHOOL DISTRICT
HEALTH OFFICE AT:
OGDENBURG FREE ACADEMY
OR
JOHN F. KENNEDY ELEMENTARY SCHOOL
OR
GRANT C. MADILL ELEMENTARY SCHOOL

Please do not include my child's weight status information in the School Survey

Print Child's Name

Date

Print Parent's Name

Parent's Signature

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