| GENERAL ADM | INISTRATION DIVISION |
|-------------|----------------------|
| Report No.  | 3                    |

# OGDENSBURG CITY SCHOOL DISTRICT OGDENSBURG, NEW YORK

SUBJECT:

First Review of Ogdensburg City School District Health Services

Policy Manual for 2021-2022 School Year

DATE:

May 10, 2021

**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. Tara Kroeger, BSN, RN, Nursing Supervisor, has reviewed and updated the district's Health Services Policy Manual for the 2021-2022 school year. Several minor changes have been made to the Ogdensburg City School District Health Services Policy Manual for the 2021-2022 school year.

## RECOMMENDED ACTION:

No action necessary - First Review and Discussion only.

APPROVED FOR PRESENTATION TO THE BOARD:

Superintendent

KK/alf Attachment



#### Farrell, Alane <afarrell@ogdensburgk12.org>

# **Health Services Policy Manual**

3 messages

**Kroeger, Tara** <arakroeger@ogdensburgk12.org>
To: Alane Farrell <afarrell@ogdensburgk12.org>

Wed, Mar 31, 2021 at 9:46 AM

Alane,

Hello. I reviewed the policy and just have a few minor changes. I will list them below. Let me know if you have any questions.

page 2. IV.) d). Change date to 2021-2022 Chart

page 2. IX.) i). SARS-CoV-2

page 7. Insert updated chart from NYSDOH (see attached chart, it is the most recently updated one from DOH).

page 16. Add i) SARS-CoV-2: Students will be excluded in accordance with NYSDOH.

Everything else looks good the way it is currently. Thank you!

Tara

Tara Kroeger, RN, BSN School Nurse John F. Kennedy Elementary Ogdensburg City School District 315-393-4264



Immun. Req. School Attend. 2021.pdf 98K

**Farrell, Alane** <afarrell@ogdensburgk12.org>
To: "Kroeger, Tara" <tarakroeger@ogdensburgk12.org>

Wed, Mar 31, 2021 at 10:10 AM

Thank you!

[Quoted text hidden]

Alane L. Farrell
Administrative Secretary to the Superintendent of Schools
School District Tax Collector
Notary Public
Ogdensburg City School District
1100 State Street, Ogdensburg, NY 13669
Telephone - 315 393-0900 ext. 31901
Fax - 315-393-2767

**Kroeger, Tara** <arakroeger@ogdensburgk12.org>
To: "Farrell, Alane" <afarrell@ogdensburgk12.org>

Wed, Mar 31, 2021 at 11:13 AM

You're welcome!
[Quoted text hidden]



## Farrell, Alane <afarrell@ogdensburgk12.org>

# 2021-22 OCSD Health Services Policy Manual is attached

3 messages

Farrell, Alane <afarrell@ogdensburgk12.org>

To: Doctor Comeau <ofamilyp@gmail.com>

Cc: Tara Kroeger <a href="mailto:tarakroeger@ogdensburgk12.org">tarakroeger@ogdensburgk12.org</a>

Wed, Apr 28, 2021 at 12:28 PM

Hello.

Please review the OCSD 2021-22 OCSD Health Services Policy Manual and let me know if you have any questions or concerns or if you would like to make any changes.

Thank you, Alane

--

Alane L. Farrell
Administrative Secretary to the Superintendent of Schools
School District Tax Collector
Notary Public
Ogdensburg City School District
1100 State Street, Ogdensburg, NY 13669
Telephone - 315 393-0900 ext. 31901
Fax - 315-393-2767

#### 2 attachments



Health Services Policy 2021-22.pdf 724K



DOC000.pdf 79K

Doctor Comeau <ofamilyp@gmail.com>

To: "Farrell, Alane" <afarrell@ogdensburgk12.org>

Wed, Apr 28, 2021 at 3:27 PM

Everything looks fine! Thank you for sending this over. [Quoted text hidden]

--

Wylon Springstead, Office Manager Ogdensburg Family Practice LLC 921 State Street Ogdensburg NY 13669 315-393-9268 ofamilyp@gmail.com

Farrell, Alane <afarrell@ogdensburgk12.org>
To: Doctor Comeau <ofamilyp@gmail.com>

Thu, Apr 29, 2021 at 7:46 AM

You're welcome! Thank you for reviewing it for the district!! [Quoted text hidden]

# 2020-21 School Year New York State Immunization Requirements for School Entrance/Attendance<sup>1</sup>

#### NOTES:

Children in a prekindergarten setting should be age-appropriately immunized. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for persons 0 through 18 years of age. Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. See footnotes for specific information for each vaccine. Children who are enrolling in grade-less classes should meet the immunization requirements of the grades for which they are age equivalent.

### Dose requirements MUST be read with the footnotes of this schedule

| Vaccines                                                                                                               | Prekindergarten<br>(Day Care,<br>Head Start,<br>Nursery<br>or Pre-k) | Kindergarten and Grades<br>1, 2, 3, 4 and 5                                                                                                                      | Grades<br>6, 7, 8, 9, 10<br>and 11         | Grade<br>12                                                                    |  |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------|--|
| Diphtheria and Tetanus<br>toxoid-containing vaccine<br>and Pertussis vaccine<br>(DTaP/DTP/Tdap/Td) <sup>2</sup>        | 4 doses                                                              | 5 doses or 4 doses if the 4th dose was received at 4 years or older or 3 doses if 7 years or older and the series was started at 1 year or older                 |                                            |                                                                                |  |
| Tetanus and Diphtheria<br>toxoid-containing vaccine<br>and Pertussis vaccine<br>adolescent booster (Tdap) <sup>3</sup> |                                                                      | Not applicable                                                                                                                                                   | 1 dose                                     |                                                                                |  |
| Polio vaccine (IPV/OPV) <sup>4</sup>                                                                                   | 3 doses                                                              | 4 doses or 3 doses if the 3rd dose was received at 4 years or older                                                                                              |                                            |                                                                                |  |
| Measles, Mumps and<br>Rubella vaccine (MMR) <sup>5</sup>                                                               | 1 dose                                                               | 2 doses                                                                                                                                                          |                                            |                                                                                |  |
| Hepatitis B vaccine <sup>s</sup>                                                                                       | 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)<br>vaccine <sup>7</sup>                                                                         | 1 dose                                                               | 2 doses                                                                                                                                                          |                                            |                                                                                |  |
| Meningococcal conjugate vaccine (MenACWY) <sup>a</sup>                                                                 |                                                                      | Not applicable                                                                                                                                                   | Grades<br>7, 8, 9, 10<br>and 11:<br>1 dose | 2 doses<br>or 1 dose<br>if the dose<br>was received<br>at 16 years of<br>older |  |
| Haemophilus influenzae<br>type b conjugate vaccine<br>(Hib)°                                                           | 1 to 4 doses                                                         | Not applicable                                                                                                                                                   |                                            |                                                                                |  |
| Pneumococcal Conjugate vaccine (PCV) <sup>10</sup>                                                                     | 1 to 4 doses                                                         | Not applicable                                                                                                                                                   |                                            |                                                                                |  |

