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HEALTH

The board of education believes that good health is vital to successful learning. In order to help district pupils achieve and maintain good health, the board directs the chief school administrator to develop pupil health services that employ professional personnel and interact with both parents/guardians and community health agencies. The program shall include but not be limited to:

- A. Employment of a medical inspector to perform those duties required by law, and to advise the chief school administrator on all matters affecting the health of pupils;
- B. Employment of at least one certified school nurse to assist with physical examinations; conduct biennial scoliosis screening; conduct an audiometric screening; maintain pupil health records; observe and recommend to the principal the exclusion of pupils who show evidence of communicable disease or who have not submitted acceptable evidence of immunizations; instruct teachers on communicable diseases and other health concerns; train and supervise the emergency administration of epinephrine for school staff who have been designated as delegates; supervise other nursing tasks; provide appropriate response to Do Not Resuscitate (DNR) orders; maintain valid, current Cardiopulmonary Resuscitation (CPR) certification; review and summarize health and medical information for the Child Study Team; write and update annually the accommodation plan under Section 504 for any student who requires one;
- C. Provision of proper and adequate facilities, equipment and supplies for professional health personnel and other staff;
- D. Establishment of a system of pupil health records in compliance with state law;
- E. Implement the Core Curriculum Content Standards in physical education, health, family life, safety, and use of drugs, alcohol, tobacco and anabolic steroids; recommendations for appropriate equipment and supplies to teach such courses;
- F. Development of rules and procedures to foster good pupil health, and periodic dissemination of these rules and procedures to the staff;
- G. Development of a program to provide safe drinking water and otherwise to maintain the buildings, grounds, facilities and equipment of the district in sanitary condition in accordance with law;
- H. Development and enforcement of an eye protection program as required by statute and administrative code;
- I. A regular report to the board on progress and accomplishments in the field of pupil health;
- J. Health services to staff that support pupil health;
- K. Provision of emergency services for injury and sudden illness;
- L. Provision for required physical examinations including an examination to certify that a pupil returning to school after suffering a contagious/infectious condition or illness is no longer a threat to the health of others;
- M. Development of all regulations and procedures necessary for evaluation of pupils suspected of being under the influence of drugs/alcohol, tobacco or anabolic steroids;

- N. Encouragement of correction of defects through fully informing pupils and parents/guardians concerning the findings of health examinations for scoliosis.
- O. Preparation for the potential disruption of a pandemic flu outbreak, such as avian flu, by filling out a school preparedness checklist available from [www.pandemicflu.gov](http://www.pandemicflu.gov) or NJSBA, with periodic reports to the school board on steps the district has already taken, as well as additional steps that need to be taken, to prepare for a flu pandemic.

#### Annual Nursing Plan

The chief school administrator (or his/her designee) in conjunction with the school physician and the certified school nurse shall develop an annual Nursing Services Plan that details the provision of nursing services based upon the needs of the students in this school district. The Nursing Services Plan shall be adopted annually at a regular meeting and submitted to the executive county superintendent of education for review and approval. The Nursing Services Plan shall include:

- A. A description of the basic nursing services provided all students;
- B. A summary of specific medical needs of individual students and the services required to address the needs;
- C. A description of how nursing services will be provided in an emergency;
- D. Detailed nursing assignments for all school buildings;
- E. The nursing services and additional medical services provided to nonpublic schools.

#### Students with Diabetes

As used in this policy, an "individualized health care plan" means a document setting out the health services needed by the student at school, and an "individualized emergency health care plan" outlines a set of procedural guidelines that provide specific directions about what to do in a particular emergency situation. Both are to be developed by the school nurse, in consultation with the parent or guardian of a student with diabetes and other medical professionals who may be providing diabetes care to the student, and signed by the parent or guardian.

The board believes that diabetes is a serious chronic disease that impairs the body's ability to use food, and must be managed 24 hours a day in order to avoid the potentially life-threatening short-term consequences of blood sugar levels that are either too high or too low. In order to manage their disease, students with diabetes must have access to the means to balance food, medications, and physical activity level while at school and at school-related activities.

Accordingly, a parent or guardian of a student with diabetes shall inform the school nurse, who shall develop an individualized health care plan and an individualized emergency health care plan for the student. Further, the parent or guardian must annually provide to the board of education written authorization for the provision of diabetes care as outlined in the plans, including authorization for the emergency administration of glucagon.

Both plans shall be updated by the school nurse prior to the beginning of each school year and as necessary if there is a change in the student's health status. The plans may include elements specified in N.J.S.A. 18A:40-12.13 including, but not limited to:

- A. The symptoms of hypoglycemia for that particular student and the recommended treatment;
- B. The symptoms of hyperglycemia for that particular student and the recommended treatment;

- C. The frequency of blood glucose testing;
- D. Written orders from the student's physician or advanced practice nurse outlining the dosage and indications for insulin administration and the administration of glucagon, if needed;
- E. Times of meals and snacks and indications for additional snacks for exercise;
- F. Full participation in exercise and sports, and any contraindications to exercise, or accommodations that must be made for that particular student;
- G. Accommodations for school trips, after-school activities, class parties, and other school-related activities;
- H. Education of all school personnel who may come in contact with the student about diabetes, how to recognize and treat hypoglycemia, how to recognize hyperglycemia, and when to call for assistance;
- I. Medical and treatment issues that may affect the educational process of the student with diabetes; and
- J. How to maintain communications with the student, the student's parent or guardian and healthcare team, the school nurse, and the educational staff.

The school nurse assigned to a particular school shall coordinate the provision of diabetes care at that school and ensure that appropriate staff are trained in the care of these students, including staff working with school-sponsored programs outside of the regular school day. The school nurse shall also ensure that each school bus driver that transports a student with diabetes is provided notice of the student's condition, how to treat hypoglycemia, and emergency/parent contact information. A reference sheet identifying signs and symptoms of hypoglycemia shall be posted in plain view within school buildings.

The school nurse shall have the primary responsibility for the emergency administration of glucagon to a student with diabetes who is experiencing severe hypoglycemia. The school nurse shall designate, in consultation with the board of education, additional employees of the school district who volunteer to administer glucagon to a student with diabetes who is experiencing severe hypoglycemia. The designated employees shall only be authorized to administer glucagon, following training by the school nurse or other qualified health care professional, when a school nurse is not physically present at the scene.

Upon written request of the parent or guardian and as provided in the individualized health care plan, the student shall be allowed to attend to the management and care of his/her diabetes in the classroom, on school grounds or at any school-related activity, if evaluated and determined to be capable of doing so consistent with the plan. The student's management and care of his/her diabetes shall include the following:

- A. Performing blood glucose level checks;
- B. Administering insulin through the insulin delivery system the student uses;
- C. Treating hypoglycemia and hyperglycemia;
- D. Possessing on the student's person at any time the supplies or equipment necessary to monitor and care for the student's diabetes;
- E. Compliance with required procedures for medical waste disposal in accordance with district policies and as set forth in the individual health care plan; and
- F. Otherwise attending to the management and care of the student's diabetes.

#### Nonpublic School Pupils

The board shall provide mandated nursing services to nonpublic school pupils as required by law. See policy 5200.

The operation of the pupil health program shall be in compliance with the rules and regulations of the state department of education, local board of health and the state department of health and senior services, and state department of human services. The board shall review and adopt the regulations developed to implement the district's health services.

#### New Jersey Family Care

The school nurse shall ensure that the parents/guardians of students who are without medical coverage are notified of and provided information on the accessibility of the New Jersey Family Care Program in accordance with N.J.S.A. 18A:40-34.

#### Automated Electronic Defibrillator (AED)

Because the board recognizes that medical emergencies may occur that justify the use of AEDs, the board shall acquire and maintain this equipment for use by qualified staff members. An applicable patient would exhibit all of the following signs as per American Heart Association standards on AED use:

- A. Is unconscious
- B. Is not breathing
- C. Has no signs of circulation (as confirmed by a pulse check)

Only those staff members documented as having completed the required training are authorized to use an AED. A coach, athletic trainer, or in the absence of the coach or athletic trainer and other designated staff member, who is appropriately trained and certified in the use of the AED shall be present during athletic events or team practices. In the event that no appropriately AED trained and certified staff person can be present at athletic events or team practices, the district shall ensure that a State-certified emergency services provider or other certified first responder is on site at the event or practice.

#### Placement, Accessibility and Maintenance of the AED

The AED shall be:

- A. Available in an unlocked location on school property with an appropriate identifying sign;
- B. Accessible during the school day and any other time when a school-sponsored athletic event or team practice is taking place in which pupils of the district or nonpublic school are participating;
- C. Within reasonable proximity of the school athletic field or gymnasium, as applicable;
- D. Tested and maintained according to the manufacturer's operational guidelines and notification shall be provided to the appropriate first aid, ambulance, or rescue squad or other appropriate emergency medical services provider regarding the defibrillator, the type acquired, and its location in accordance with section 3 of P.L.1999, c.34 (N.J.S.A. 2A:62A-25).

#### Implementation of Procedures for Cardio-Pulmonary Resuscitation and AED Use

The chief school administrator shall oversee the development and implementation of a district emergency action plan that establishes guidelines for use of the AED. The emergency action plan shall include:

- A. A list of no less than five school employees, team coaches, or licensed athletic trainers who hold current certifications from the American Red Cross, American Heart Association, or other training program recognized by the Department of Health, in cardio-pulmonary resuscitation and in the use of a defibrillator. The list shall be updated, as necessary, at least once in each semester of the school year; and

- B. Detailed procedures on responding to a sudden cardiac event including, but not limited to, the identification of the persons in the school who will be responsible for: responding to the person experiencing the sudden cardiac event, calling 911, starting cardio-pulmonary resuscitation, retrieving and using the defibrillator, and assisting emergency responders in getting to the individual experiencing the sudden cardiac event.

Any employee, student or other individual who inappropriately accesses and/or uses an AED will be subject to disciplinary action, up to and including expulsion from school and/or termination of employment. Civil and/or criminal liability may also be imposed on any student, employee or individual who inappropriately accesses and/or uses an AED. All usage will be reported to the board of education.

### Immunity

A school district and its employees shall be immune from civil liability in the acquisition and use of defibrillators pursuant to the provisions of section 5 of P.L.1999, c.34 (C.2A:62A-27). A person who acts with gross negligence or willful misconduct in the use of defibrillators does not enjoy immunity.

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**Review Date: April 18, 2014**  
**Revision and Adoption: May 22, 2014**  
**Revision and Adoption: April 27, 2017**

Janet's Law, (P.L. 2012, c. 51), amended N.J.S.A. 18A:40-41a to require schools that include any of grades kindergarten through 12 to have an automated external defibrillator (AED) as defined in section 2 of P.L.1999, c.34 (N.J.S.A. 2A:62A-24). The new requirements resulted from the tragic death of Janet Zilinski, an 11- year old cheerleader from Warren, N.J., who died in August 2006 after suffering sudden cardiac arrest.

Janet's Law provides immunity for school employees from civil liability in the acquisition and use of the defibrillator as set forth in section 3 of P.L.1999, c.34 (N.J.S.A. 2A:62A-25). Beginning on September 1, 2014, districts and charter schools should be able to answer "yes" to the following questions:

To be in compliance with the new requirements,

1. Do you have an AED? **As of this policy revision OCS has two permanent AED units and one portable**
2. Is the AED in an unlocked location? **YES**
3. Are there signs directing people to the AED? **YES –signs have been ordered**
4. Is the AED available to everyone during the school day? **YES**
5. Is the AED available during non-school hours when a school-sponsored athletic event or team practice is taking place? **YES**
6. Is there an AED located near the gym? **YES**
7. Is there an AED located near the athletic field? **YES**
8. Is it someone's responsibility to check the AED regularly? **YES –School Nurse**
9. Does your school have an emergency action plan (EAP) for cardiac arrest emergencies? **YES**
10. Are there at least 5 people trained in CPR and AED use while the building is occupied? **YES**

The district/school is also required to ensure that a team coach, licensed athletic trainer, or other designated staff member if there is no coach or licensed athletic trainer, who is present during the athletic event or team practice, is trained in cardio-pulmonary resuscitation and the use of the defibrillator in accordance with the provisions of section 3 of P.L.1999, c.34 (N.J.S.A. 2A:62A-25). A school district or nonpublic school shall be

deemed to be in compliance with this requirement if a State-certified emergency services provider or other certified first responder is on site at the event or practice. **YES**

### **Legal References:**

#### **Mandated:**

N.J.S.A. 18A:40-25(b) requires boards to adopt policy and procedures extending the emergency care provided to public school pupils to those pupils who are enrolled full time in the nonpublic school who are injured or become ill at school or during participation on a school team or squad.

N.J.A.C. 6A:16-2.1(a) requires each board of education to develop and adopt written policies, procedures, and mechanisms for the provision of health, safety, and medical emergency services, and shall ensure staff are informed as appropriate.

#### **Other Reasons:**

N.J.S.A. 18A:40-12.11 et seq. and specifically N.J.S.A. 18A:40-12.13 requires districts to address the health care needs of students with diabetes, including the development of individualized health care plans.

N.J.S.A. 18A:40-25(a) requires boards to provide certain health services to nonpublic pupils (See 5200).

N.J.S.A. 18A:40-26 permits boards to adopt policies and procedures to provide additional health services to nonpublic school pupils.

Janet's Law, (P.L. 2012, c. 51), amended N.J.S.A. 18A:40-41a to require schools that include any of grades kindergarten through 12 to have an automated external defibrillator (AED) as defined in section 2 of P.L.1999, c.34 (N.J.S.A. 2A:62A-24). The new requirements resulted from the tragic death of Janet Zilinski, an 11- year old cheerleader from Warren, N.J., who died in August 2006 after suffering sudden cardiac arrest.

Janet's Law provides immunity for school employees from civil liability in the acquisition and use of the defibrillator as set forth in section 3 of P.L.1999, c.34 (N.J.S.A. 2A:62A-25). Beginning on September 1, 2014, districts and charter schools should be able to answer "yes" to the following questions:

N.J.S.A. 2A:62A-23 to 26 encourages greater placement of AED devices to provide emergency medical services and also provides immunity to users of AED devices (1999 statute).

N.J.A.C. 6A:16-2.1 et seq. describes general health services that must be provided to students, including necessary personnel, required medical examinations, other required school health services, and nursing services to nonpublic school students.

N.J.A.C. 6A:16-2.1(a) requires the board to ensure that staff are informed of health services policies and procedures as appropriate.

N.J.A.C. 6A:16-2.1(b) requires each district board of education to annually adopt the school district's nursing services plan at a regular meeting.

N.J.A.C. 6A:26-12.2 et seq. requires the board to adopt written policies and procedures for various aspects of establishing and maintaining a safe, sanitary learning environment. N.J.A.C. 6A:26-12.3 requires the board to provide necessary facilities, equipment and supplies for the medical staff to perform required duties.

Both the federal and state governments have prioritized research into and development of plans directed at responding to the emergency of pandemic influenza. It is recommended that schools recognize this threat

and respond with policy and regulation development to address the school district's planned response in the event of a pandemic (see [www.pandemicflu.gov](http://www.pandemicflu.gov)).

<b><u>Legal References:</u></b>	<p><u>N.J.S.A.</u> 2A:62A-23 to 27  <u>N.J.S.A.</u> 18A:16-6, -6.1</p> <p><u>N.J.S.A.</u> 18A:35-4.6 <u>et seq.</u>  <u>N.J.S.A.</u> 18A:40-1</p> <p><u>N.J.S.A.</u> 18A:40-3  <u>N.J.S.A.</u> 18A:40-4.3  <u>N.J.S.A.</u> 18A:40-5  <u>N.J.S.A.</u> 18A:40-6  <u>N.J.S.A.</u> 18A:40-7, -8,  -10, -11  <u>N.J.S.A.</u> 18A:40-12.11 <u>et seq.</u>  <u>N.J.S.A.</u> 18A:40-23 <u>et seq.</u>  <u>N.J.S.A.</u> 18A:40-34</p> <p><u>N.J.S.A.</u> 18A:40-41a  <u>N.J.S.A.</u> 18A:40-41b  <u>N.J.S.A.</u> 18A:40A-1 <u>et seq.</u>  <u>N.J.S.A.</u> 44:6-2</p> <p><u>N.J.A.C.</u> 6A:16-1.1 <u>et seq.</u>  <u>See particularly:</u>  <u>N.J.A.C.</u> 6A:16-1.1, -1.3,  -2.1, -2.2, -2.3, -2.4  <u>N.J.A.C.</u> 6A:26-12.1 <u>et seq.</u>  <u>See particularly:</u>  <u>N.J.A.C.</u> 6A:26-12.3  <u>N.J.A.C.</u> 8:57-1.1 <u>et seq.</u>  <u>See particularly:</u>  <u>N.J.A.C.</u> 8:57-2  <u>N.J.A.C.</u> 8:61-2.1</p>	<p>AED emergency medical services  Indemnity of officers and employees against civil actions.  <u>Parents Right to Conscience Act of 1979</u>  Employment of medical inspectors, optometrists and nurses; salaries; terms; rules  Lectures to teachers  Biennial examination for scoliosis  Method of examination; notice to parent or guardian  In general</p> <p>Exclusion of pupils who are ill.  Students with diabetes  Nursing Services for Nonpublic School Pupils  Regulations adopted by Commissioner of Education relative to children's health care coverage  Schools required to have an AED  Emergency action plan (AED)  Substance Abuse  Maintenance by boards of education of clinics for indigent children  Programs to Support Student Development</p> <p>Operation and Maintenance of School Facilities</p> <p>Reportable Communicable Diseases</p> <p>Reporting of AIDS and HIV  Attendance at school by pupils or adults infected by Human Immunodeficiency Virus (HIV)</p>
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Plainfield Board of Education v. Cooperman, 105 NJ 587 (1987), guidelines for admission of children with AIDS, the right to call witnesses and attendant right to cross-examine must be provided automatically upon request of the parties

**Possible**

**Cross References:**

<p>1410  3510  3516  3542  4112.4  4131/4131.1  4212.4  5111  5125  5131  5131.6  5141.1  5141.2</p>	<p>Local units  Operation and maintenance of plant  Safety  Food service  Employee health  Staff development; in-service education/visitations/conferences  Employee health  Admission  Pupil records  Conduct/discipline  Drugs, alcohol, tobacco (substance abuse)  Accidents  Illness</p>
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5141.3	Health examinations and immunizations
5141.4	Child abuse and neglect
5141.21	Administering medication
5142	Pupil safety
5200	Nonpublic school pupils
6142.4	Physical education and health
6142.12	Career education

Key Words:

Health, Pupil Health, Student Health