STUDENT HEALTH SERVICES

The schools of the Bethlehem Central School District (the District) shall work closely with students’ families to provide detection and preventive health services. In accordance with law, the school will provide vision, hearing, and scoliosis screening. Problems shall be referred to the parent(s) and/or guardian(s) who shall be encouraged to have their family physician provide appropriate care.

In order to enroll in school, a student’s parent(s) and/or guardian(s) must submit a health certificate within thirty calendar days after entering school, and upon entering kindergarten, first, third, fifth, seventh, ninth and eleventh grades. The examination, which has to conform to state requirements, must have been conducted no more than twelve months before the first day of the school year in question. If a student is unable to furnish the health certificate, the school will provide a physical examination by a licensed provider. A request for exemption from the physical examination, or the requirement to provide a health certificate, must be made in writing to the principal or his/her designee, who may require documents supporting the request. The only basis for exemption is a claim that the physical examination is in conflict with the genuine and sincere religious belief of the parent(s) and/or guardian(s).

In order to enroll in school, students must also furnish documentation of required immunizations against certain communicable diseases, as set forth in state law and regulations, unless exempted from immunizations for medical reasons as permitted by state law and regulation.

Homeless students shall be admitted to school even if they do not have the required health or immunization records, but may be temporarily excluded if they show actual symptoms of a communicable disease that poses a significant risk of transmission to others (see “Communicable Diseases” below).

The McKinney-Vento liaison shall assist homeless students covered by that law in accessing health services described in this policy and accompanying regulation.

The Board recognizes that the state of New York may authorize and require the collection of data from health certificates in furtherance of tracking and understanding healthcare issues that affect children. The Board supports these efforts and expects administrators to cooperate and to observe the appropriate laws and regulations in carrying out those responsibilities, including those that relate to student privacy.

In addition, students will be asked to provide a dental health certificate within thirty calendar days after entering school, and upon entering kindergarten, first, third, fifth, seventh, ninth and eleventh grades.

A permanent student health record shall be part of a student’s cumulative school record and should follow the student from grade to grade and school to school along with his/her academic record. This record folder shall be maintained by the school nurse.
Each school in the District will include in its emergency plan a protocol for responding to healthcare emergencies, including anaphylaxis and head injury. Parents/guardians will be notified of any emergency medical situation as soon as is practicable.

**Communicable Diseases**

It is the responsibility of the Board to provide all students with a safe and healthy school environment. To meet this responsibility, it is sometimes necessary to exclude students with contagious and infectious diseases, as defined in the Public Health Law, from attendance in school. Students will be excluded during periods of contagion for a time period as recommended by the school physician, county Health Department, and/or other medical provider.

During an outbreak of these communicable diseases, if the Commissioner of Health or his/her designee so orders, the district will exclude students from school who have an exemption from immunization or who are in the process of obtaining immunization.

It is the responsibility of the superintendent, working through District health personnel, to enforce this policy and to contact the county or local Health Department when a reportable case of a communicable disease is identified in the student or staff population.

**Medication Management**

Neither the Board nor District staff members shall be responsible for the diagnosis or treatment of student illness. The administration of prescribed medication to a student during school hours shall be permitted only when failure to take such medicine would jeopardize the health of the student, or the student would not be able to attend school if the medicine were not made available to him/her during school hours, or where it is done pursuant to law requiring accommodation to a student’s special medical needs (e.g., Section 504 of the Rehabilitation Act of 1973). “Medication” will include all medicines prescribed by a physician, including over-the-counter medications.

**Provider Orders and Parent/Guardian Responsibilities**

Before any medication may be administered to or by any student during school hours, including field trips and other school sponsored events, the Board requires:

1. The written request of the parent(s) and/or guardian(s), which shall give permission for administering the medication and relieve the Board and its employees of liability for such administration.
2. The written order from the prescribing medical provider, including physician, nurse practitioner, physician’s assistant, or dentist, which will include the purpose of the medication, the dosage, the time at which or the special circumstances under which medication shall be administered, the period for which medication is prescribed, and the possible side effects of the medication.

A provider order must be renewed each school year or when there is a change in the order.
3. Both documents shall be kept on file in the office of the school nurse. In addition, in accordance with Education Law 919, the District shall make a nebulizer available on-site in school buildings where nursing services are provided. Students with a patient-specific order, who require inhaled medications, shall have access to the nebulizer. The District will ensure that it is maintained in working order.

4. The parent/guardian is responsible to have the medication delivered directly to the school in a properly labeled original container by an adult.

Schools take temporary and incidental possession of medications at the request of the parent/guardian. Therefore, medications should be returned to the parent/guardian when no longer needed at school. Parent/guardian will need to pick up any medications remaining by July 1st or the medications will be disposed of in accordance with NYS Department of Environmental Conservation recommendations.

**Student Oversight Regarding Medication Administration**

There are three functional categories of students when it comes to medication administration in the school setting. They are Nurse Dependent Students, Supervised Students and Independent Students (formerly known as self-administer and/or self-carry).

- **Nurse Dependent Students** must have their medication administered to them by an appropriate licensed health professional.
- **Supervised Students** need supervision either by the school nurse or by trained unlicensed personnel to self-administer their own medication.
- **Independent Students** can self-administer their own medications without any assistance. Generally, such students’ medications are kept in the health office for the student to obtain and administer to themselves. This is due to the school’s need to ensure the safety of students and to account for and document when the student takes their medication. In some situations, Independent Students must be permitted to carry their medication with them because the medicine needs rapid administration. Students who require rescue medications for respiratory conditions, allergies, or diabetes must be permitted to self-carry and self-administer their medications if they have a provider order for such and written parent/guardian consent pursuant to Article 19 Sections 916, 916-a, 916-b of Education Law. The provider order must attest that the provider has determined the student is able to self-administer their own medication effectively. The school will also need written parent/guardian consent for the student to self-carry and self-administer that medication. Independent Students with other health conditions warranting rapid administration of their medications should also be permitted to self-carry and self-administer their medication to prevent negative health outcomes. A student with a self-carry order is able to take their medication anywhere in the school or at school functions.

**Administering Medication on Field Trips and Other School-Sponsored Activities:**
In accordance with state laws, **Nurse Dependent Students** will need one of the following:

1. A licensed health professional to attend the field trip/school-sponsored activity in order to administer their medication to them.
2. A parent/guardian may choose to accompany their child on the trip or activity in order to administer their child’s medication; however, parent/guardian of such students cannot be required to attend a field trip or school-sponsored activity.

A parent/guardian may choose to appoint a parent designee who is a friend or family member to act in their place and administer medication to their child at a single school event or field trip. Oversight of medication self-administration by **Supervised Students** may be delegated to trained unlicensed school personnel.

**Life-Threatening Allergies and Anaphylaxis Management**

The Board recognizes its role and responsibility in supporting a healthy learning environment for all students, including those who have, or develop, life-threatening allergies. The district will work cooperatively with the student, their parent/guardian and healthcare provider to allow the child to participate as fully and as safely as possible in school activities. When a student has a known life-threatening allergy reported on his/her health form or if the District has been informed by the parent of the presence of a life-threatening allergy, the school nurse will develop an emergency healthcare plan with information received from the parent(s) or guardian(s) and the student’s medical provider, as appropriate. The plan will be maintained by the school nurse. The plan will guide prevention and response. If the student is eligible for accommodations based upon the IDEA, Section 504, or the Americans with Disabilities Act, the appropriate procedures will be followed regarding identification, evaluation, and implementation of accommodations.

**Training**

The District will provide training, as necessary, to support the implementation of student health services according to the commissioner’s regulations.

**Regulations**

The superintendent or his/her designee shall develop comprehensive regulations governing student health services. Those regulations shall include the provision of all health services required by law, procedures for the maintenance of health records, and procedures for the administering of medication to students. The superintendent or his/her designee shall also develop protocols, in consultation with the school physician and other appropriate District staff, for the management of injury, with particular attention to concussion.

Cross-ref: 4321, Programs for Students with Disabilities, 5020.3, Students with Disabilities and Section 504, 5280, Interscholastic Athletics, 5280.1, Concussion Management
5550, Student Privacy
8130, School Safety Plans and Teams
9700, Staff Professional Development

Ref:

Education Law §§310 (provisions for appeal of child denied school entrance for failure to comply with immunization requirements); 901 et seq. (medical, dental, and health services, BMI reporting); 916 (student self-administration of rescue inhalers); 916-a (student self-administration of epinephrine); 916-b (students with diabetes); 919 (provide and maintain nebulizers); 6527 (emergency treatment: anaphylaxis); 6909 (emergency treatment of anaphylaxis)

Public Health Law §§613 (annual survey); 2164 (immunization requirements); 3000-c (emergency epinephrine)

8 NYCRR § 64.7 (administration of agents to treat anaphylaxis); § 135.4 (Physical Education); Part 136 (school health services program; concussion, anaphylaxis, medication)

10 NYCRR Part 66-1 (immunization requirements)

Guidelines for Medication Management in Schools, NYSED, 2015, Revised December 2017

Immunization Guidelines for Schools, NYSED, 2014, Revised June 2018

Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs, Centers for Disease Control and Prevention, 2013


Guidelines for Concussion Management in Schools, NYSED, 2018

Concussion Management and Awareness Act, July 1, 2012

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