

5310 HEALTH SERVICES

The Board of Education shall develop and adopt the following written policies, procedures, and mechanisms in accordance with N.J.A.C. 6A:16-2.1(a) for the provision of health, safety, and medical emergency services, and shall ensure staff are informed as appropriate:

1. The review of immunization records for completeness pursuant to N.J.A.C. 8:57-4.1 through 4.20 (Policy and Regulation 5320);
2. The administration of medication to students in the school setting in accordance with N.J.A.C. 6A:16-2.1(a)2. (Policy and Regulation 5330);
3. The review of Do Not Resuscitate (DNR) orders received from the student's parent or medical home (Policy 5332);
4. The provision of health services in emergency situations, including:
 - a. The emergency administration of epinephrine via Epi-pen auto-injector pursuant to N.J.S.A. 18A:40-12.5 (Policy and Regulation 5330);
 - b. The emergency administration of glucagon pursuant to N.J.S.A. 18A:40-12.14 (Policy and Regulation 5338);
 - c. The care of any student who becomes injured or ill while at school or participating in school-sponsored functions (Policy and Regulation 8441);
 - d. The transportation and supervision of any student determined to be in need of immediate care (Policy and Regulation 8441);
 - e. The notification to parents of any student determined to be in need of immediate medical care (Policy and Regulation 8441); and



- f. The establishment and implementation of an emergency action plan for responding to a sudden cardiac event, including the use of an automated external defibrillator (AED), pursuant to N.J.S.A. 18A:40-41b (Policy and Regulation 5300).
5. The treatment of asthma in the school setting in accordance with the provisions of N.J.A.C. 6A:16-2.1(a)5 (Policy 5335);
6. Administration of student medical examinations, pursuant to N.J.S.A. 18A:40-4, N.J.S.A. 18A:35-4.8, and N.J.A.C. 6A:16-2.2 (Policy and Regulation 5310);
7. Utilization of sanitation and hygiene when handling blood and bodily fluids pursuant to N.J.A.C. 12:100-4.2, Safety and Health Standards for Public Employees, and in compliance with 29 CFR 1910.1030, Public Employees Occupational Safety and Health Program (PEOSH) Bloodborne Pathogens Standards (Policy and Regulation 7420);
8. Provision of nursing services to nonpublic schools located in the school district as required by N.J.S.A. 18A:40-23 et seq. and N.J.A.C. 6A:16-2.5 (Policy and Regulation 5306);
9. Self-administration of medication by a student for asthma or other potentially life-threatening allergic reaction pursuant to N.J.S.A. 18A:40-12.3, 12.5, and 12.6, and the self-management and care of a student's diabetes as needed pursuant to N.J.S.A. 18A:40-12.15 (Policy and Regulation 5330);
10. Development of an individual healthcare plan and individualized emergency healthcare plan for students with chronic medical conditions, including life-threatening allergies, diabetes, and asthma, requiring special health services in accordance with N.J.S.A. 18A:40-12.11.c, 12.12, 12.13, and 12.15; and N.J.A.C. 6A:16-2.3(b)3xii (Policies and Regulations 5331 and 5338 and Policy 5335); and



11. Management of food allergies in the school setting and the emergency administration of epinephrine to students for anaphylaxis pursuant to N.J.S.A. 18A:40-12.6a through 12.6d (Policy and Regulation 5331).
12. **Management of student and staff wellness during health emergencies, like those created by communicable diseases.**

Pandemic Reopening and Recovery

A. Screening and Personal Protective Equipment (PPE)

1. **Adequate amount of personal protective equipment (PPE) shall be available, accessible, and provided for use by staff and students.**
2. **School staff and visitors are required to wear face coverings unless doing so would inhibit the individual's health or the individual is under two years of age.**
3. **Students must wear face coverings because we cannot account for every encounter and whether or not they will be appropriately socially distanced, unless doing so would inhibit the student's health.**
4. **Staff and students shall be screened for entry into the school building;**
5. **The principal or his or her designee shall develop a school entry plan that includes:**
 - a. **Staff assigned to do the screening;**
 - b. **Designated entrances that will be used to admit students;**
 - c. **The assignment of classes and grades to designated entrances and/or designated entrance times;**
6. **Staff must visually check students for symptoms upon arrival (which may include temperature checks) and/or confirm with families that students are free of COVID-19 symptoms;**
7. **Health checks must be conducted safely and respectfully, and in accordance with any applicable privacy laws and regulations;**
8. **Results must be documented when signs/symptoms of COVID-19 are observed;**
9. **Screening procedures shall take into account students with disabilities and accommodations that may be needed in the screening process for those students;**

B. Procedures for symptomatic staff and students:



1. The school principal or his or her designee shall establish an isolation space;
2. Students and staff with symptoms related to COVID-19 shall be safely and respectfully isolated from others. Students should remain in isolation with continued supervision and care until picked up by an authorized adult;
3. Staff must provide continuous monitoring of symptoms;
4. The **current Communicable Disease Service** guidance for illness reporting shall be followed;
5. If a staff member becomes aware that an individual who has spent time in a district facility tests positive for COVID-19, the staff members shall notify the principal and the school nurse. The school nurse shall immediately notify local health officials, staff, and families of a confirmed case while maintaining confidentiality;

C. Preparations for when someone tests positive for COVID-19:

1. The school principal or his or her designee shall establish an isolation space;
2. Students and staff with symptoms related to COVID-19 shall be safely and respectfully taken to the designated isolation space and isolated from others. Students should remain in isolation with continued supervision and care until picked up by an authorized adult;
3. The **current Communicable Disease Service** guidance for illness reporting shall be followed;
4. Readmittance to school shall be consistent with **Department of Health guidance and information for schools** and **Department of Health/Communicable Disease Service's Quick Reference Guidance on Discontinuation of Transmission-Based Precautions and Home Isolation for Persons Diagnosed with COVID-19**;
5. Contact tracing shall be initiated including records of groups/cohorts, assigned staff, and daily attendance.

D. Protocols to address a positive case:

Students and employees may be asked to leave or not come into school if they test positive for COVID-19 or exhibit one or more of the symptoms of COVID-19, based on CDC guidance, that is not otherwise explained:

1. A fever of 100° F or greater;
2. Cough;
3. Shortness of breath or difficulty breathing;
4. Chills;



5. Repeated shaking with chills;
6. Muscle pain;
7. Headache;
8. Sore throat;
9. New loss of taste or smell;
10. Fatigue;
11. Congestion or runny nose;
12. Nausea or vomiting;
13. Diarrhea.

The Board of Education shall annually adopt the school district's nursing services plan at a regular meeting.

The Board of Education shall comply with the following required health services as outlined in N.J.A.C. 6A:16-2.2:

1. Immunization records shall be reviewed and updated annually pursuant to N.J.A.C. 8:57-4.1 through 4.24.
2. A Building Principal or designee shall not knowingly admit or retain in the school building any student whose parent has not submitted acceptable evidence of the child's immunization, according to the schedule specified in N.J.A.C. 8:57-4, Immunization of Pupils in School.
3. The school district shall perform tuberculosis tests on students using methods required by and when specifically directed to do so by the New Jersey Department of Health based upon the incidence of tuberculosis or reactor rates in specific communities or population groups pursuant to N.J.S.A. 18A:40-16.
4. The school district shall immediately report by telephone to the health officer of the jurisdiction in which the school is located any communicable diseases identified as reportable pursuant to N.J.A.C. 8:57-1, whether confirmed or presumed.
5. Each school in the district shall have and maintain for the care of students at least one nebulizer in the office of the school nurse or a similar accessible location, pursuant to N.J.S.A. 18A:40-12.7.



6. Each student medical examination shall be conducted at the medical home of the student. If a student does not have a medical home, the school district shall provide the examination at the school physician's office or other comparably equipped facility pursuant to N.J.S.A. 18A:40-4.

7. The findings of required examinations under 8.b., c., d., and e. below shall include the following components:
 - a. Immunizations pursuant to N.J.A.C. 8:57-4.1 through 4.24;

 - b. Medical history, including allergies, past serious illnesses, injuries, operations, medications, and current health problems;

 - c. Health screenings including height, weight, hearing, blood pressure, and vision; and

 - d. Physical examinations.

8. The school district shall ensure that students receive medical examinations in accordance with N.J.A.C. 6A:16-2.2(f) and 6. above and:
 - a. Prior to participation on a school-sponsored interscholastic or intramural team or squad for students enrolled in any grades six to twelve in accordance with N.J.A.C. 6A:16-2.2(h)1;



- b. Upon enrollment in school in accordance with N.J.A.C. 6A:16-2.2(h)2;
 - c. When applying for working papers in accordance with N.J.A.C. 6A:16-2.2(h)3;
 - d. For the purposes of the comprehensive Child Study Team evaluation pursuant to N.J.A.C. 6A:14-3.4 in accordance with N.J.A.C. 6A:16-2.2(h)4; and
 - e. When a student is suspected of being under the influence of alcohol or controlled dangerous substances, pursuant to N.J.S.A. 18A:40A-12 and N.J.A.C. 6A:16-4.3 in accordance with N.J.A.C. 6A:16-2.2(h)5.
9. Each school shall have available and maintain an AED, pursuant to N.J.S.A. 18A:40-41a.a(1) and (3), and in accordance with N.J.A.C. 6A:16-2.2(i).
 10. The Board of Education shall make accessible information regarding the New Jersey FamilyCare Program to students who are knowingly without medical coverage pursuant to N.J.S.A. 18A:40-34.
 11. Information concerning a student's HIV/AIDS status shall not be required as part of the medical examination or health history pursuant to N.J.S.A. 26:5C-1 et seq.
 12. The Board of Education shall ensure that students receive health screenings as outlined in N.J.A.C. 6A:16-2.2(l).
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 13. The school nurse or designee shall screen to ensure hearing aids worn by students who are deaf and/or hard of hearing are functioning properly. The school nurse or designee will ensure any FM hearing aid systems in classrooms or any school



equipment in the school building used to assist students hear are functioning properly.

N.J.S.A. 18A:40-4 et seq.

N.J.A.C. 6A:16-1.3; **6A:16-2.1**; 6A:16-2.2

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