

EAST ISLIP UNION FREE SCHOOL DISTRICT

STUDENT HEALTH SERVICES

POLICY 5420

The Board of Education recognizes that good student health is vital to successful learning and

st, 3rd, 5th, 7th, 9th, and 11th grades or upon enrollment if newly enrolled in the School District.

The examination, which must conform to state requirements, must have been conducted no more than twelve (12) months before the first day of the school year in question. If a student is unable to furnish the health certificate participation in strenuous physical activity and periodically throughout necessary and for all students who need work permits.

In addition, the School District requires a certificate of physical fitness for:

1. All athletes prior to their first sport of the school year; and
2. Any athlete who was injured is required to provide medical clearance prior to participating in any subsequent sport during the same school year.

An examination and health history of any student may be required by school authorities at any time at their discretion to promote the educational interests of such student.

A permanent student health record shall be part of a student's cumulative School District record and should follow the student from grade to grade and school district to school district along with his/her academic record. This record folder shall be maintained by the School District nurse.

The School District shall also provide emergency care for students in accidental or unexpected medical situations.

Student's Return to School After Illness/Injury

In general, students should be symptom-free for twenty-four (24) hours before returning to school and resuming normal activities. In some instances, students may be asked to provide a note from their licensed health care provider before they return to school or participate in the full range of

responsible for providing first aid or calling proper authorities (i.e., doctor or ambulance). First aid cards or materials shall be placed in appropriate parts of the building and areas where activities are held. Plans for transporting students home or to a source of medical attention are the joint responsibility of the school authorities and parents. In the case of extreme emergency, when school personnel are unable to reach the parent or other person designated by the parent as above indicated, the school, which is acting in place of the parent shall be responsible to ensure that the child is properly transported to the source of medical attention and to continue to attempt to notify the parent or person responsible. The procedure concerning transportation and parental contact is as follows:

1. The School Nurse must try to contact the parent first, then try the emergency number.
2. The parent or emergency adult shall be responsible for arranging transportation for the sick child to the home or to the hospital.
3. A non-critically ill child who uses school transportation must remain in school in the Nurse's office for dismissal on the regular bus in no one is at home to receive the student, or if home transportation cannot be provided. The School Nurse will arrange for a student to accompany the sick child home on the regular bus run.
4. A child who does not use school transportation will be retained in the Nurse's office and dismissed at the regular time if home contact is not established or if no one is available to pick up the child. The School Nurse will arrange for a student to accompany the sick child home at regular dismissal time.
5. The School Nurse must call the home of the sick child twenty (20) minutes before dismissal if no previous contact has been established with the student's parent(s), guardian, or emergency adult alternate.
6. If parental contact cannot be made with either the parent or the emergency adult alternate (in cases where the child is not critically ill) a follow-up call shall be made to inform the parent or alternate that the child had been sick, but contact could not be made on the day of illness.
7. If any child is critically ill and no home contact is available, the ambulance service will be contacted by the School Nurse for transportation to the hospital.

Administering Medication to Students in School

hoolw 8.1427 (e)0.7 0 0 T phoTJ 60.4 (c)(p)-7.8w 0.695hoo

Neither the Board of Education nor School District staff members shall be respo phoolic s

- and time to be administered, and list of possible side effects;
2. Written notice from the parent(s) or guardian(s) giving the school nurse who is a Registered Nurse permission to administer the medication, and with such permission, and under the on-site direction of the school nurse; or
 3. A medication request form filed with the school-nurse.

District-wide procedures shall be developed by a team of School District nurses from each school building for the administration of medication other than epinephrine auto injectors, which require that:

1. All medications shall be brought to school by the parent(s) or guardian(s) in their original container;
2. All medications will be administered by a licensed person unless the child is self-directed;
3. Medications shall be securely stored in the office and kept in their original labeled container, which specifies the type of medication, the dosage to be given, the route of administration and the times of administration. The school nurse shall maintain a record of the name of the student to whom medication may be administered, the prescribing physician, the dosage and timing of medication, and a notation of each instance of administration;
4. All medications shall be picked up by the parent(s) or guardian(s) at the end of the school year or the end of the period of medication, whichever is earlier. If not picked up within five (5) days at the end of the period of medication or school year, the medication shall be discarded in accordance with law; and
5. All medications must clearly indicate the expiration date of the medication. The school nurse shall not administer medication which has expired.

In addition, in accordance with Education Law Section 919, the School District shall make nebulizer(s) available on-site in School District buildings where nursing services are provided. Students with a patient-specific order, who require inhaled medications, shall have access to a nebulizer. The School District will develop procedures in collaboration with School District health personnel t

and management for each individual student.

Life-threatening allergies are increasing in frequency and the number of affected students is rising. In some cases, minute amounts of the food allergen, when eaten, touched, or inhaled can make an allergic child very ill and put an allergic child at risk for life-threatening anaphylaxis. Anaphylaxis is a severe life-threatening allergic reaction which requires immediate medical attention. The School District will endeavor to reduce exposure to life-threatening allergens within the school setting, while acknowledging that it is impossible to achieve an allergen-free environment. Currently, there is no cure for food allergies and avoidance is the only prevention. It is, therefore, impossible to completely avoid all allergic foods since they can be hidden or

environment for all students, including those who have, or develop, life-threatening allergies, asthma and/or diabetes. Students who have been diagnosed by a physician or other duly authorized healthcare provider with a life-threatening allergy, asthma or diabetes shall be allowed to carry and use medication prescribed for emergency treatment and/or to immediately relieve or manage symptoms during the school day, on school property and at any school function, with the written permission of a physician or other duly authorized healthcare provider and written parental consent. Record of such consent and permission shall be maintained in the student's cumulative health record.

Written permission of a physician or healthcare provider shall include an attestation by the physician or healthcare provider confirming the following:

1. Student's diagnosis of a condition for which medication is needed for emergency treatment and/or to relieve or manage symptoms;
2. That the student has demonstrated that he or she can self-administer the prescribed medication effectively; and Tc (Eh)-4.90-811.(.;3 (i)D-81t)-2.1 w(c)9tiil(d)2.3 (oe(5.3 (ej 0.10)228)--28.859(

Administering Epinephrine Auto Injectors in Emergency Situations

The administration of epinephrine by epinephrine auto injectors has become an accepted and beneficial practice in protecting individuals subject to serious allergic reactions. Pursuant to Commissioner's Regulations, registered professional nurses may carry and administer agents used in non-patient specific emergency treatment of anaphylaxis whether or not a student has a known life-threatening allergy.

In addition, pursuant to Education Law and Commissioner's Regulations, school nurses or school physicians may provide training to unlicensed School District staff in administering epinephrine auto injectors, in the event of the onset of a serious allergic reaction when a nurse is not available whether or not the student has a known life-threatening allergy. Epinephrine auto injectors shall be placed in accessible designated locations in each of the School District's facilities. The Superintendent of School or his/her designee will determine the designated location of the epinephrine auto injectors.

Use of Sunscreen

Students are permitted to carry and apply over the counter sunscreen without a medical provider's order as permitted under the law.

Use of Automated External Defibrillators

The Board of Education recognizes that the use and deployment of Automated External Defibrillators (AEDs) in emergencies may reduce the number of deaths .7 (s)8.4 (l)-vm.9lmawhrea()0.5 atedd

- b. Written policies and procedures which:
 - i. Provide training requirements for AED users;
 - ii. Require the immediate calling of 911 emergency services;
 - iii. Require ready identification of the location of the AED.