

OFFICE OF THE SUPERINTENDENT OF SCHOOLS
106 Hancock Road
Peterborough, New Hampshire

CONTOOCOOK VALLEY SCHOOL BOARD

Policy Committee

Tuesday, December 15, 2020
5:00 p.m.

Physical Location: ConVal High School Library

Virtual Location:

<https://us02web.zoom.us/j/87353795741?pwd=bFJzTzd0TEdqb1BjM3lZ3V6S21idz09>

Meeting ID: **873 5379 5741**

Passcode: **0irGzq**

Phone: +1 312 626 6799 US

Meeting ID: **873 5379 5741**

Password: : **132504**

Agenda

School Board Committee Members:

- Katherine Heck
- Janine Lesser
- Kevin Pobst
- Tim Theberge
- Stephen Ullman

1. Call meeting to order
2. Approve the minutes from November 17, 2020
3. Update on any policies returned from legal: Title IX series AC **Non-Discrimination**, ACAC **Sexual Harassment & Grievance**, GBAA **Sexual Harassment, Employees/Staff**, JBAA **Sexual Harassment Students**, JICK **Pupil Safety and Violence Prevention** and EHAC **Electronic/ Digital Records & Signatures**
4. Update on EBCG **Communicable & Infectious Disease** review by Cari Coates and Gretchen Shippee
5. JLCG **Exclusion of Students Who Present a Hazard** will go on a second read December 15th
6. DJD **Local Purchasing** (O) (with DJ **Purchasing** and DJE **Bidding Requirements**) Kimberly & Katherine
7. DI **Fiscal Accounting & Reporting** (R) Katherine
8. JLC **Student Health Services and School Nurses** (P), JLC **Physical Examinations of Students** (R), JLCB **Immunizations of Students** (R), JLCC **Head Lice/Pediculosis** (R)-Kevin
9. JLCD **Administering Medication to Students** (P), includes forms for Administration Authorization, EpiPen Self Administration, Inhaler Self Administration and "R" protocol; JLCI **Coordinate School Health Program** (O), JLCF **Wellness** (P) Janine
10. JLC **Emergency Care & First Aid** (P), EBBB **Physical Harm of Students Reporting Accidents Involving** (R), EBBC **Emergency Care & First Aid (Student Accidents & Reports)** (P)-Stephen
11. Adjourn

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106 Hancock Road
Peterborough, New Hampshire**

CONTOOCOOK VALLEY SCHOOL BOARD

Policy Committee

**Tuesday, November 17, 2020
5:00 p.m.**

Physical Location: ConVal High School Library

Virtual Location:

<https://us02web.zoom.us/j/82690010024?pwd=eTlBanVhNExrZGFydWpHSUpHMk9TZz09>

Meeting ID: **826 9001 0024**

Passcode: **qcK7Q6**

Phone: +1 312 626 6799 US

Meeting ID: **826 9001 0024**

Password: **498514**

Minutes

School Board Committee Members:

- Katherine Heck
- Janine Lesser
- Kevin Pobst
- Tim Theberge
- Stephen Ullman

Present: Janine Lesser, Kevin Pobst, Tim Theberge, Stephen Ullman, Dr. Kimberly Saunders, Dr. Ann Forrest

1. Call Meeting to Order

Janine Lesser called the meeting to order at 5:01 p.m.

2. Approve Minutes of November 3, 2020 Meeting

Tim Theberge moved to approve the minutes of November 3, 2020. Stephen Ullman second. Stephen noted a change in the word "basis" to "bases" on page two. Kevin Pobst abstained. All others in favor. Motion carried.

3. Update on policies AC, ACAC, GBAA, JBAA, JICK (legal)

Kimberly Saunders reported not yet having the opportunity to follow up with legal on these policies. They are pending legal review.

4. Reminder that DK and DGA are part of the financial policies update

Janine Lesser said that DK and DGA are part of DAF procedures for the federal audit team. Until those are done, these cannot be changed.

5. EHAC Electronic/Digital Records & Signatures-Tim Theberge (NHSBA version only)

Tim Theberge referenced a version of this policy that added "contractors and vendors" under applicability. Stephen Ullman said that there is a vague reference in section "C". He said that he too was concerned about external contractors coming under this policy.

Tim Theberge agreed that 5., under “electronic signatures” is highlighted. He said that the cost to implement 5 is prohibitive for ConVal. The only way that we can prevent the altering of a digital signature is through a third party with a PIN.

Kimberly Saunders said that there may be some programs that ConVal can work with. It depends on the level of security.

Do we have a policy on archiving documents with electronic signatures? Tim referenced a records retention policy. However, it does not go through the specifics. Tim said that we could choose to go through the process of scanning and saving rather than file cabinets for storage.

Do we currently have a system that meets items a-f under D. of the NHSBA policy? The policy uses the word “should” rather than “shall”. It is about intent and the manner it is stored.

Kevin Pobst noted that the policy that Tim Theberge drafted was great.

Tim Theberge spoke about an electronic signature being as good as a regular one. Discussion took place about appropriate places to use it. Checks to vendors, IEP’s, handbook acknowledgement etc.

Janine Lesser asked the committee if it is their feeling to go ahead. Does this need legal review? Kimberly said that it is up to the committee, but she is hesitant to write policy without legal review.

Is the policy necessary and if so, is this part necessary?

Janine Lesser spoke about having a record retention schedule. Tim Theberge said that it does not need to be in policy, we just need to have one.

Ann Forrest said that in some of our policy we do include a record retention component.

Janine Lesser asked if the records retention policy that was attached to former related material was intentional. Kimberly said that we do have a records retention schedule for various information.

Janine Lesser said that EHB should be changed to omit the expectation of an updated schedule.

6. EBCG Communicable & Infectious Disease-returns from Cari Coates and Gretchen (NHSBA version only)

Kimberly Saunders reported not receiving information back as of yet.

Janine Lesser referenced a similar policy. Policy JLCG is referenced.

Stephen Ullman said that he is impressed by the level of input from the nurses given.

7. JLCG Exclusion of Students Who Present a Hazard (NHSBA version only)

Kimberly Saunders said that JLCG was brought up in the event students refused to wear a mask.

EBCG identifies those times when a student or employee would need to be identified to deal with a communicable or infectious disease for it.

Tim said that he saw no problem.

Stephen Ullman asked about the differentiation between special need students that requires them to be in school? IDEA is powerful.

Kimberly Saunders said that there can be very specific needs or pieces in an IEP that can be very difficult to implement remotely. For example, if an IEP states the need for OT, it can be difficult to deliver those services. Or if a student’s potential for regression is so great, they may be identified to attend in person.

8. Other

None.

9. Adjourn

Kevin Pobst motioned to adjourn at 5:55 p.m. Stephen Ullman second. Unanimous.

Respectfully submitted,

Brenda Marschok

DJD – Local Purchasing

It shall be the policy of the school district to purchase locally, provided goods of equal quality and at competitive prices are available from local suppliers.

The district purchasing agent should not feel bound to purchase any item locally that can be secured at a saving to the school district from outside sources, nor shall he or she feel bound to purchase locally unless adequate service and delivery can be given by the local supplier.

April 2, 1991

< DJC - Petty Cash Accounts

DJE - Bidding Requirements (<https://schoolboard.convalsd.net/district-policies/d-fiscal-management/dje-bidding-requirements/>)

DJ – Purchasing

The function of purchasing is to serve the educational program by providing the necessary supplies, equipment, and services.

The acquisition of supplies, equipment, and services will be centralized in the business office, which functions under the supervision of the Superintendent, and through whose office all purchasing transactions are conducted.

While the School Board assigns the Superintendent the responsibility for the quality and quantity of purchases made, the Business Administrator shall be responsible for all phases of purchasing in accordance with school board policy; for requisitions, current order purchasing, writing of specifications for bids, deliveries, storages, and other tasks related to the purchases, acceptance and distribution of supplies.

The prime guidelines governing this responsibility are that all purchases fall within the framework of budgetary limitations and that they be consistent with the approved educational goals and programs of the District.

Category: R

Adopted: April 2, 1991

Amended: September 18, 2012

< DIE - Audits

DJC - Petty Cash Accounts (<https://schoolboard.convalsd.net/district-policies/d-fiscal-management/djc-petty-cash-accounts/>)

DJE – Bidding Requirements

All contracts for, and purchases of supplies, materials, equipment, and contractual services in the amount of \$15,000 or more, shall be based, when feasible, on at least three competitive bids. All purchases less than \$15,000 in amount may be made in the open market but shall, when possible and reasonable, be based on at least three competitive quotations or prices. All purchases made in the open market shall be completed after careful pricing.

When bidding procedures are used, bids shall be advertised appropriately. Suppliers shall be invited to have their names placed on mailing lists to receive invitations to bid. When specifications are prepared, they will be mailed to all merchants and firms who have indicated an interest in bidding.

All bids must be submitted in sealed envelopes, addressed to the School Board, and plainly marked with the name of the bid and the time of the bid opening. Bids shall be opened at the time specified and all bidders and other persons shall be invited to be present.

The Board reserves the right to reject any or all bids and to accept that bid which appears to be in the best interest of the District. The Board reserves the right to waive any formalities in, or reject, any or all bids or any part of any bid. Any bid may be withdrawn prior to the scheduled time for the opening of bids. Any bid received after the time and date specified shall not be considered. The Board also reserves the right to negotiate with a bidder when all bids exceed the budgeted appropriation.

The bidder to whom the award is made shall be required to enter into a written contract with the District.

Legal References:

RSA 194-C:4 II (a), Superintendent Services

NH Code of Administrative Rules, Section Ed. 303.01 (b), Substantive Duties of School Boards

Category: R

1st Read: September 17, 2013

2nd Read: June 3, 2014

Adopted: June 3, 2014

< DJD -- Local Purchasing

DK - Payment Procedures (<https://schoolboard.convalsd.net/district-policies/dk-payment-procedures/>)

DI — Fiscal Accounting and Reporting

The District's accounting system will be in conformance with the New Hampshire Financial Accounting Handbook published by the State Department of Education. An adequate system of encumbrance accounting will be maintained.

The following purposes must be satisfied by the accounting system:

1. **Administrative Control:** The financial records must be adequate to guide the making or deferring of purchases, the expanding or curtailing of programs, and the controlling of expenses. Current data should be immediately available and, in such form, that periodic summaries may be readily made from the data.
2. **Budget Preparation:** The financial records must be adequate to serve as a guide to budget estimates of subsequent years, and to hold expenditures to the amounts appropriated. Accounts are to be kept for each item for which separate budget estimates must be made. An adequate code of expenditure accounts will be used.
3. **Accounting for Stewardship:** The financial records of the district must be adequate to show that those in charge have handled funds within the framework of law and in accordance with Board policy.

The district's financial records will provide the following information:

1. For each account in the district's budget: the appropriation, appropriation transfers, expenditures, encumbrances, and unencumbered balance.
2. For each purchase order: the name of vendor, description of the item involved, the amounts, the call for bids if required, and an abstract of the bids received. Purchase order sets will be pre-numbered, and each set accounted.
3. For each purchase: the purchase order information above, plus the record of the receipt and condition of goods, the invoice and the record of payment.
4. For each income account: the budget estimate, the estimates as revised periodically, the receipts to date, and the balance anticipated.
5. ~~Income received under the abatement procedure will be debited to the appropriate previously expended account.~~ Offsetting revenues received will be credited to the appropriate previously expended account. Refunds received will be credited the appropriate previously expended account.

The School Board shall receive financial reports and statements showing the financial condition of the School District. These statements/reports shall be prepared a minimum of four times during the school year, two of which shall contain estimates to project cost for the full year. The School Board may ask for a statement or report at any time.

April 2, 1991

Revised 2020

Kevin Pobst examined the following policies:

ConVal Policies

JHCC, Communicable Disease Control
JHCB, Immunization of Students
JLCA, Physical Examinations of Students
JLC, Student Health Services
JLCC, Head Lice Policy

NHSBA Policies

EBCE, Pandemic/Epidemic Emergencies
JLCG, Exclusion of Students Who Present a Hazard
EBCG, Communicable & Infectious Diseases
JLCB, Immunization of Students (+ RSA 141-C:20-c)
JLCA, Physical Examinations of Students
JLC, Student Health Services
JLCC, Head Lice/Pediculosis

For the purpose of juxtaposition to enable recommending update and/or revision, the policies break into the following sets:

SET 1

CV – JHCC, Communicable Disease Control
NHSBA – EBCE, Pandemic/Epidemic Emergencies
NHSBA – JLCG, Exclusion of Students Who Present a Hazard
NHSBA – EBCG, Communicable & Infectious Diseases

SET 2

CV – JHCB, Immunizations of Students
NHSBA – JLCB, Immunization of Students
RSA – 141-C:20-c, I, II

SET 3

CV – JLCA, Physical Examination of Students
NHSBA – JLCA, Physical Examination of Students

SET 4

CV – JLC, Student Health Services
NHSBA – JLC, Student Health Services and School Nurses

SET 5

CV – JLCC, Head Lice Policy
NHSBA – JLCC, Head Lice/Pediculosis

Below is analysis of what juxtaposing the CV and NHSBA policies appears to show.

SET I

CV – JHCC, Communicable Disease Control

NHSBA – EBCG, Communicable & Infectious Diseases

NHSBA – JLCG, Exclusion of Students Who Present a Hazard (*already had a 1st Rdg by CVSB*)

NHSBA – EBCE, Pandemic/Epidemic Emergencies (*CV has a short EBCE, addressing School Closing*)

The current CV policy, JHCC, is two sentences. It says that CVSD will work with specified agencies for prevention, control, and containment of communicable disease in schools.

The three NHSBA policies are designed to work together; they appear to be interdependent.

EBCG is a long policy. This policy is designed to minimize risk of transmission for students and staff as well as appropriate responses by the District. It refers to JLCG (above). In addition to the agencies making recommendations (that CV's JHCC calls for the District to track), this policy names more agencies: NHDoe, USPHSC, CDC. Several communicable diseases are identified specifically in the policy, but COVID is not; however it falls under "other diseases which are from time-to-time identified by public health agencies...." Neither students nor employees should be excluded if the risk of transmission is "negligible." [duh!] Some students and staff may be at greater risk and this should be considered when making exclusions.

The heart of the policy is section B – "Procedures When Communicable Disease is Suspected." Those who are aware "will report." Health risk shall be determined "on a case-by-case basis." Mandatory response steps: notification of parents of students suspected of disease, contact with personal physicians of those students, consultation with "health care professionals knowledgeable about...the disease." Consultation of School Nurse with Superintendent regarding exclusion. Disability law supersedes. Right of appeal. Legal protection of staff member's job position. Authorization of "broader measures" (testing, distancing, etc.) "as may be necessary...to address the health risk." It refers to EBCE (above). Specific recommendations about "good hygiene" practices. Statements regarding identity and data privacy.

JLCG specifies that students exhibiting symptoms of a communicable disease MAY be excluded from school based on policy EBCG (below). The policy also includes parental notification and a note that laws regarding the rights of disabled students supersede JLCG.

EBCE specifies that the district WILL follow recommendations of NHDHHS and the Influenza Pandemic Plan (NHIPPHRP). The Supt SHALL designate a liaison to local health agencies and to establish procedures for student and staff safety during a crisis. Curriculum SHALL be developed regarding communicable diseases [we probably do not need this, there is no RSA mandating this]. There are "SHALLS" for the Supt with respect to transportation in an epidemic, isolation of individuals suspected of having a communicable disease, notification of agencies, exclusion of students or staff, staff member use of leave, alternative means of educating students, changes to the school day and calendar.

Recommendation:

These three policies are interdependent (and also with NHSBA, JLCB (below)).

Adopt NHSBA EBCG (make sure the authoritative agencies in CV's JHCC are in EBCG).

Adopt NHSBA JLCG.

Adopt NHSBA EBCE.

I do not see any particularly problematic language (like most NHSBA policy the language is "inelegant.")

SET 2

CV – JHCB, Immunizations of Students

NHSBA – JLCB, Immunization of Students

RSA – 141-C:20-c, I, II

In keeping with CVSD's predilection for succinct policies, CV's JHCB is one sentence:

"The school nurse shall ensure that all students shall be immunized prior to school entrance in accordance with current state rules and regulations." This policy was adopted in 2011.

RSA 141-C:20-c became effective in 2002. There is no reference to it, specifically, in CV's JHCB.

NHSBA's JLCB makes specific reference to RSA 141-C:20-c. That RSA provides for two things. First, if a physician certifies that an immunization would be detrimental to a child's health that is the basis for the child to be exempted from the required immunization (though perhaps only for a limited time; the RSA language suggests that a judgment of detrimental-ness may be temporary). Second, that a parent's or guardian's religious beliefs provide a basis for exemption.

In NHSBA's JLCB the two provisions of RSA 141-C:20-c are specifically spelled out.

Also included in NHSBA's JLCB is acknowledgement of the McKinney-Vento Act (Homeless Students' rights) and the corresponding policy JFABD (which CV adopted). This provides that a homeless student may attend temporarily without an immunization while that is being arranged.

There is a permissive paragraph, as well. The School District "may" conditionally enroll non-immunized students. It's not a "shall."

Though, in NHSBA's JLCB there is a "catch all" paragraph about exempt students:

"In the event of an outbreak, students who have been exempted from immunization requirements will be excluded from school for a period of time, to be established after consultation with the NH Dept. of Health and Human Services (NHDHHS), if such students are considered to be at risk for the disease or virus that they have not been immunized against." No definition of "outbreak" by the way.

There is a provision for careful record keeping.

Recommendation:

Stay with CV's JHCB.

The CV policy refers to the authority of "state rules and regulations." But it, probably wisely, does not spell out what those rules and regulations are. By spelling them out, the NHSBA policy facilitates folk who would like to avoid immunizations to find a way to avoid them.

SET 3

CV – JLCA, Physical Examination of Students

NHSBA – JLCA, Physical Examination of Students

CV's policy regarding physical exams for students is succinct. There are four times when a student must produce a documented physical exam (entry to the school system, transition to MS, transition to HS, athletics). An exemption is noted: parents' religious beliefs. Students MAY be excluded if they do not document a physical exam when required to do so.

The NHSBA version of JLCA presents options for students who do not present physical exam documentation. There is a variation for students subject to McKinney-Vento. The district is permitted to accept notice of a pending medical appointment. Parent's religious beliefs are acknowledged as an exemption.

The NHSBA version of JLCA has a paragraph in which the District/school nurse "MAY" recommend to a parent, and make a referral, for a student to get a physical examination "for further evaluation" and if the parent does not follow through the District/school nurse may report to DCYF (policy JLF, Reporting Child Abuse; ConVal has JLF).

The NHSBA's version also acknowledges the right of parents to "opt out" if the District is using Federal funds to pay for a required physical examination or screening that will not "protect the immediate health and safety of a student or of another student" unless the exam or screening is required by state law.

Recommendation:

Stay with CV's JLCA.

We have a policy embracing McKinney-Vento, it need not be added here specifically.

Add as "references" RSA 200:34 and JLF (regarding reporting Child Abuse) and JBABD (McKinney-Vento).

SET 4

CV – JLC, Student Health Services

NHSBA – JLC, Student Health Services and School Nurses

CV's policy is a general description of the scope of practice of the School Nurse and refers to other policies that specifically spell out specific responsibilities and duties including the phrase "Responsibilities of the school nurse...are outlined in the job descriptions...." The NHSBA version of JLC includes a lengthy position description for School Nurses.

The NHSBA'S JLC also states that the School Nurse must be properly certified with the NHDOE. CV has a policy that says that all certified employees must have "full state certification" (GCC).

I see no advantage to be gained for CVSD to include details about nurse duties and certification requirements in this policy.

CV's policy seems sufficient. It refers to policies EBBC & JLCE [First Aid and Emergency Care] and JLCD [administering medication] but does not include the language from those policies in this one. Most of the language for CV's policy is identical to NHSBA's except that the NHSBA's includes the language from those other policies in this one.

Recommendation:

Stay with CV's JLC.

SET 5

CV – JLCC, Head Lice Policy

NHSBA – JLCC, Head Lice/Pediculosis

The juxtaposition is weird. And, I suspect, exposes an error in the NHSBA's policy. The policies are nearly identical up to the point where in the last paragraph, "Criteria for Return to School," the NHSBA policy says, "Once a student with 'live lice' has left the school, he/she will not be allowed until after treatment with an anti-parasitic drug..." (sic). In the same paragraph CV's policy says, "the student will be allowed to return." The reason I think the NHSBA is in error is that both policies begin with the statement "students with nits and/or head lice should not be excluded from school." Emphatically. And, further, the NHSBA statement quoted above appears to be missing a word: "the student will not be allowed _____ until after treatment...." Not be allowed what? Both CV's and NHSBA's policies are clearly aimed to say, "don't go nuts about head lice, its not really that big a deal." And they cite medical authorities to that effect.

Recommendation:

Stay with CV's policy. Its fine.

STUDENT HEALTH SERVICES & SCHOOL NURSES*Category: Priority/Required by Law**Related Policies: EBBC/JLCE, JLCD & JLCG***ADOPTION NOTES –**

This text box, and all highlights within the policy should be removed prior to adoption.

- (a) *General – As with all sample policies, NHSBA recommends that each district carefully review this sample prior to adoption to assure suitability with the district's own specific circumstances, internal coding system, current policies, and organizational structures. Highlighted language or blank, underscored spaces indicate areas which Boards must change/complete to reflect local personnel titles, policy references, duty assignments etc.*
- (b) *{**} indicates a reference to another NHSBA sample policy. A district should check its own current policies and codes to assure internal consistency.*
- (c) *Withdrawn and earlier versions of revised policies should be maintained separately as part of the permanent records of the District.*

- A. General Health Services: The Board may appoint one or more school nurses to carry out appropriate school health-related activities.
- B. School Nurse Qualifications and Responsibilities. A school nurse shall be a registered professional nurse licensed in New Hampshire and certified by the New Hampshire Department of Education. The Board may employ or contract with a Licensed Practical Nurse (LPN) or a Licensed Nursing Assistant (LNA) to work under the direct supervision of the school Registered Nurse (RN). As provided by New Hampshire law, the school nurse is responsible for any delegation of health care tasks.

Responsibilities of the 21st century school nurse include, but are not limited to: providing direct health care to students; providing leadership, care coordination and qualitative improvement of school health services; promoting a healthy school environment and control/surveillance of infectious diseases; promoting health; serving in a leadership role for health policies and programs; and serving as a liaison between school personnel, family, community, and health care providers. Additionally, the school nurse is responsible for the oversight of other school services, including but not limited to: assessing and responding to individual student health needs through Individual Healthcare Plans, maintaining accurate health records, participating on 504 and IEP teams (as needed or required), health promotion, disease and injury prevention initiatives, student wellness, and other responsibilities and services as dictated by law or Board policy. Finally, the school nurse will assist the administration in developing/updating forms necessary and appropriate for health-related issues (e.g., emergency, individual student health needs, administration of medication, etc.).

- C. Injuries, Illnesses and Medications. Emergency medical care will be provided pursuant to Board Policy *{**}*EBBC/JLCE.

STUDENT HEALTH SERVICES & SCHOOL NURSES

Any pupil who is required to take prescribed medication during the school day will do so consistent with the provisions of Department of Education Rule 311.02 and Board Policy {**}JLCD.

Injuries and illnesses occurring during the school day are to be reported to the school nurse or the building principal. Accidents shall be reported in accordance with Board Policy {**}EBBC. Students attending school during the extended day, night, or summer school programs, or any other time when the school nurse is not in the building, are to report all illnesses and injuries to the supervising adult. Students will not be allowed to leave school due to injury or illness without first notifying either the school nurse or principal as well as the student's parent/guardian or other person identified on the student's emergency contact form on file with the school.

District Policy History:

First reading: _____

Second reading/adopted: _____

District revision history:**Legal References:**

RSA 200:27, School Health Services

RSA 200:29, School Nurse

RSA 200:31, School Health Personnel

RSA 326-B, Nurse Practice Act

NH Code of Administrative Rules, Section Ed 306.12(b), School Health Services

NH Code of Administrative Rules, Section Ed 311, School Health Services

Legal References Disclaimer: These references are not intended to be considered part of this policy, nor should they be taken as a comprehensive statement of the legal basis for the Board to enact this policy, nor as a complete recitation of related legal authority. Instead, they are provided as additional resources for those interested in the subject matter of the policy.

When adopting this sample or variation of the same, a district should not include the NHSBA history or NHSBA policy notes appearing below. The district should, to the extent possible, include its own adoption/revision history, as well as the legal references and disclaimer as indicated above.

NHSBA history: Revised – June 2020, May 2008, February 2007, November 1999 and July 1998.

NHSBA revision notes, June 2020, NHSBA revised JLC as part of a health policy overhaul with assistance from the NH School Nurses Association. Revisions to JLC included changes to reflect the recent requirement that school nurses have DOE certification, a title change, reference to individual health care plans, and a clarification of some of the responsibilities relative to school nurses and school health services in general.

w/p-update/2020/spring/JLC - Student Health Services (d1) 2020-1

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STUDENT HEALTH SERVICES & SCHOOL NURSES

address local facts and circumstances prior to adoption. NHSBA continually makes revisions based on school Districts' needs and local, state and federal laws, regulations and court decisions, and other relevant education activity.

JLC – Student Health Services

The School Board may appoint a school nurse to function in the school health program. A school nurse shall be a registered professional nurse licensed in New Hampshire, working within nursing scope of practice as defined by New Hampshire Board of Nursing.

The Board may employ or contract with a Licensed Practical Nurse (LPN) or a Licensed Nursing Assistant (LNA) to work under the direct supervision of the school Registered Nurse (RN).

Responsibilities of the school nurse, LPN, and LNA are outlined in the job descriptions for their respective positions. In addition, the Superintendent or his/her designee may assign additional duties to the school nurse, LPN, or LNA.

Personnel qualified to carry out appropriate school health-related activities as defined by EBBC/JLCE shall be available to each school in the District. All injuries or illnesses occurring during the school day shall be reported to the school nurse or the building principal. The school nurse, principal, or designee will notify parents before a student who is injured or ill is permitted to go home and the student's dismissal will be contingent upon parent authorization.

Emergency medical care will be provided pursuant to the guidelines of Board Policy EBBC/JLCE. Any pupil who is required to take prescribed medication during the school day will do so in a manner consistent with District policies and procedures, including policy JLCD and appendix JLCD-R, and the provisions of Department of Education Rule 311.02.

Legal References:

RSA 200:27, School Health Services

RSA 200:29, School Nurse

RSA 200:31, School Health Personnel

NH Code of Administrative Rules, Sec. Ed. 306.12, School Health Services

Category: P

See also EBBC, JLCE

1 st Read: March 31, 2009

2nd Read: April 28, 2009

Adoption: April 28, 2009

Amended: July 16, 2013

PHYSICAL EXAMINATIONS OF STUDENTS*Category: Recommended**Related Policies: JFABD, JLC & JLCD**Related Forms: JLCA-R & JLCD-R***REVISION/ADOPTION NOTES –*****This text box, and all highlights within the policy should be removed prior to adoption.***

- (a) General – As with all sample policies, NHSBA recommends that each district carefully review this sample prior to adoption to assure suitability with the district's own specific circumstances, internal coding system, current policies, and organizational structures. Highlighted language or blank, underscored spaces indicate areas which Boards must change/complete to reflect local personnel titles, policy references, duty assignments etc.*
- (b) Footnotes – Unlike most NHSBA sample policies, this JLCA has a footnote which each district should review when tailoring the sample. The NHSBA footnotes should be removed before final adoption.*
- (c) {**} indicates a reference to another NHSBA sample policy. A district should check its own current policies and codes to assure internal consistency.*
- (d) Withdrawn and earlier versions of revised policies should be maintained separately as part of the permanent records of the District.*

- A. General. Each child must have written evidence of a complete physical examination within one year preceding first entry to school. Additionally, each child shall have written evidence of a physical examination within one year before entry into seventh grade and again before entry into high school.¹

Parents of students transferring to the District must present documentation evidencing of meeting the physical examination requirement prior to or upon first entry into the District's schools. Failure to comply with this provision may result in exclusion from school for the child.

- B. Conditional Enrollment. If an examination required under paragraph A above has not been performed within the preceding year, the school will accept documentation of an appointment for a physical examination within two months of enrollment, or other time deemed appropriate by the Superintendent.
- C. Homeless Students and Unaccompanied Youth. Pursuant to the McKinney-Vento Act and Board Policy {**}JFABD, homeless students and/or unaccompanied youth, may enroll and attend school while the Homeless Liaison works with the family/student to obtain examinations or documentation of the same.

¹ RSA 200:32 requires exams before first entry into the "public school system", and allows boards to impose additional exam requirements. The NHSNA recommends additional exam requirements for 7th grade and high school. Boards may choose to make the additional exams discretionary, or remove the provision for 7th and high school altogether. [Remove the footnote before finalizing the policy.]

PHYSICAL EXAMINATIONS OF STUDENTS

- D. Special Examination. – Pursuant to RSA 200:34 every child with a presenting problem and whom the school nurse, deems to require further evaluation, may be referred by the school nurse, with the consent of the principal, to the parents or guardian of said child for examination, and evaluation by an appropriate practitioner. If the parents fail or neglect to have said child so examined and fail to present the recommendations from said examiner within a reasonable period after the referral by the school, then said child may be examined by a qualified health care provider. In significant cases, the matter may be reported to DCYF pursuant to *{**}JLF*.
- E. Religious Exemption. No medical examination shall be required of a child whose parent or guardian objects thereto in writing on the grounds such medical examination is contrary to his/her religious tenets and teachings.
- F. Participation on Athletic Teams. Prior to participation on a school athletic team, students must provide written documentation that they have passed a physical. Such exam must be completed at least once every school year. This requirement does not apply to students participating in intramural athletics. At the District's sole discretion, the school may schedule physical exams with a single, qualified health care provider (i.e., physician, advanced registered nurse practitioner, or licensed physician's assistant); any student who misses the scheduled physicals must present evidence of a physical exam from a licensed health care provider.
- G. Parent Notification - Certain Circumstances. Pursuant to the Protection of Pupil Rights Amendment, if the District utilizes federal money to perform physical exams or screenings on students, the District will notify parent(s) of such physical exam or screening and will allow the parent's to "opt out" their child of any non-emergency, invasive physical exam or screening required as a condition of attendance, administered by the school or its agent and scheduled by the school, and not necessary to protect the immediate health and safety of a student or of another student, except for hearing, vision, or scoliosis screenings, or any physical exam or screening permitted or required under state law.

District Policy History:

First reading: _____

Second reading/adopted: _____

District revision history:

Legal References:

Protection of Pupil Rights Amendment, 20 U.S.C. §1232h; 34 C.F.R. Part 98

RSA 141-C:20-c, Exemptions

RSA 200:32, Physical Examination of Pupils

RSA 200:34, Special Examination

RSA 200:38, Control and Prevention of Communicable Diseases: Duties of School Nurse

NH Code of Administrative Rules, Section Ed. 311.03, Physical Examination of Students

PHYSICAL EXAMINATIONS OF STUDENTS

Legal References Disclaimer: *These references are not intended to be considered part of this policy, nor should they be taken as a comprehensive statement of the legal basis for the Board to enact this policy, nor as a complete recitation of related legal authority. Instead, they are provided as additional resources for those interested in the subject matter of the policy.*

When adopting this sample or variation of the same, a district should not include the NHSBA history or NHSBA policy notes appearing below. The district should, to the extent possible, include its own adoption/revision history, as well as the legal references and disclaimer as indicated above.

NHSBA history: Revised – June 2020, February 2007, and April 2003

NHSBA revision notes, June 2020, NHSBA revised JLCA as part of a health policy overhaul with assistance from the NH School Nurses Association. Revisions to JCLA included clarification of the Districts discretion to require additional examinations, addition of provisions relative to homeless students and conditional enrollment, as well as other minor language changes.

w/p-update/2020/spring//JLCA - Physical Examinations of Students (d1) 2020-U1

DISCLAIMER: This sample policy is copyrighted to the New Hampshire School Boards Association and is intended for the sole and exclusive use of NHSBA Policy Service Subscribers. This sample is provided for general information only and as a resource to assist subscribing Districts with policy development. School Districts and boards of education should consult with legal counsel and revise all sample policies and regulations to address local facts and circumstances prior to adoption. NHSBA continually makes revisions based on school Districts' needs and local, state and federal laws, regulations and court decisions, and other relevant education activity.

JLCA – Physical Examinations Of Students

Each child must have a complete physical examination within one year preceding first entry to school. The Board also requires physical exams be completed prior to entrance to middle school and again prior to entrance to high school. No medical examination shall be required of a child whose parent or guardian objects thereto in writing on the grounds such medical examination is contrary to his/her religious tenets and teachings.

Parents of students transferring to the District must present proof of meeting the physical examination requirement prior to or upon first entry into the District's schools. Failure to comply with this provision may result in exclusion from school for the child.

All students participating in athletics must have a physical examination in accordance with the provisions of Board Policy JJI.

Legal References:

RSA 141-C:20-c, Exemptions

RSA 200:32, Physical Examination of Pupils

RSA 200:38, Control and Prevention of Communicable Diseases: Duties of School Nurse

NH Code of Administrative Rules, Section Ed. 311.03, Physical Examination of Students

No Child Left Behind Act, Title X, Sec. 1061

Protection of Pupil Rights Amendment, 20 U.S.C. §1232h; 34 C.F.R. Part 98

Category: P

1st Read: September 1, 2009

2nd Read: October 6, 2009

Adoption: October 6, 2009

< JLC - Student Health Services

JLCC - Head Lice Policy (<https://schoolboard.convalsd.net/district-policies/jlcc-head-lice-policy/>)

IMMUNIZATIONS OF STUDENTS*Category: Recommended**Related Policies: EBCF, EBCG, JFABD, JLC & JLCA***ADOPTION NOTES –*****This text box, and all highlights within the policy should be removed prior to adoption.***

- (a) *General – As with all sample policies, NHSBA recommends that each district carefully review this sample prior to adoption to assure suitability with the district's own specific circumstances, internal coding system, current policies, and organizational structures. Highlighted language or blank, underscored spaces indicate areas which Boards must change/complete to reflect local personnel titles, policy references, duty assignments etc.*
- (b) *{**} indicates a reference to another NHSBA sample policy. A district should check its own current policies and codes to assure internal consistency.*
- (c) *Withdrawn and earlier versions of revised policies should be maintained separately as part of the permanent records of the District.*

- A. Immunizations Required. Any child being admitted to the District must present written documentation of meeting the then current New Hampshire immunization requirements, unless exempted for medical reasons under RSA 141-C:20-c, or for religious reasons as provided in paragraph D of this policy. All immunizations must meet minimum age and interval requirements for each vaccine. A 4-day grace period is allowed; however, live attenuated vaccines (e.g., MMR, Varicella, nasal influenza vaccine, etc.) that are not administered on the same day must be administered at least 28 days apart.

The District will notify parents/guardians of immunization requirements at the earliest possible date, so that the necessary plans can be made with the healthcare provider or other medical resources to accomplish this standard prior to a child being admitted to school.

- B. Conditional Enrollment. A child who has not met the immunizations requirements of paragraph A, above, may be “conditionally” enrolled and allowed to attend school when the parent/guardian provides:

1. Documentation of at least one dose for each required vaccine; AND
2. The appointment date for the next dose of required but incomplete vaccine.

The appointment date referred to in B.2, above, shall serve as the exclusion date if the child does not keep the scheduled appointment. Conditional enrollment shall not be extended to the next school year for the same dose of vaccine.

- C. Homeless Students and Unaccompanied Youth. Pursuant to the McKinney-Vento Act and Board Policy {**}JFABD, homeless students and/or unaccompanied youth, may enroll and attend school while the Homeless Liaison works with the family/student to obtain examinations or documentation of the same.

IMMUNIZATIONS OF STUDENTS**D. Health and Religious Exemptions.**

1. **Medical Exemption.** A student shall be exempted from the above immunization requirements if he/she presents written documentation in accordance with RSA 141-C:20-c, I from his/her physician that immunization will be detrimental to his/her health. An exemption under this paragraph shall apply only to the specific immunization referenced in the physician's written statement, and will continue for the greater of one year or the length of time stated in the physician's statement.
2. **Religious Exemption.** In accordance with RSA 141-C:20-c, II, a child will be excused from immunization for religious reasons, upon receipt of a statement, signed by the child's parent/guardian, and notarized, stating that the child has not been immunized because of religious beliefs.

In the event of an outbreak, students who have been exempted from immunization requirements will be excluded from school for a period of time, to be established after consultation with the NH Dept. of Health & Human Services (NHDHHS), if such students are considered to be at risk for the disease or virus that they have not been immunized against.

- E. **Records.** The school nurse, principal or designee trained in state immunization requirements is responsible for documenting that all students have been immunized prior to school entrance in accordance with RSA 141-C:20-a, or that one of the circumstances described in paragraphs B-D, above apply.

The Superintendent shall assure that the District maintains immunization records in accordance with NHDHHS regulations.

District Policy History:

First reading: _____

Second reading/adopted: _____

District revision history:**Legal References:**

RSA 141-C:20-a, Immunization

RSA 141-C:20-c, Exemptions

RSA 141-C:20-d, Exclusion During Outbreak of Disease

RSA 200:38, Control and Prevention of Communicable Diseases: Duties of School Nurse

NH Code of Administrative Rules, Ed. 311.01, Immunization Program

NH Code of Administrative Rules, He-P 301, Communicable Diseases

42 U.S.C. § 11432(g)(3)(C)(iii) – McKinney-Vento Act

IMMUNIZATIONS OF STUDENTS

Legal References Disclaimer: These references are not intended to be considered part of this policy, nor should they be taken as a comprehensive statement of the legal basis for the Board to enact this policy, nor as a complete recitation of related legal authority. Instead, they are provided as additional resources for those interested in the subject matter of the policy.

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NHSBA history: Revised – June 2020, February 2007, November 1999, July 1998

NHSBA revision notes, June 2020, NHSBA revised JLCB as part of a health policy overhaul with assistance from the NH School Nurses Association. Revisions to JLCB included clarification of statutory exemptions, formatting, and addition of exceptions under the McKinney-Vento Act for homeless children or unaccompanied youth.

w/p-update/2020/spring//JLCB - Immunizations of Students (d1) 2020-U2

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HEAD LICE / PEDICULOSIS*Category: Recommended**Related Policy: JLCG***ADOPTION NOTES –**

This text box, and all highlights within the policy should be removed prior to adoption.

- (a) *As with all sample policies, NHSBA recommends that each district carefully review this sample policy prior to adoption to assure suitability with the district's own specific circumstances, organizational structures, etc., and current policies. Highlighted language or blank, underscored spaces indicate areas which Boards must change/complete to reflect local personnel titles, policy code references, duty assignments etc.*
- (b) *Withdrawn and earlier versions of revised policies should be maintained separately as permanent records of the District.*

Pediculosis/Lice: Screening. Based on recommendations from the American Academy of Pediatrics, the National Association of School Nurses, and the Centers for Disease Control and Prevention, the Board recognizes that head lice or nit infestation poses little risk to others and does not result in additional health problems, and that students with nits and/or head lice or nits should not be excluded from school. The Board recognizes that school-wide screening for nits alone is not an accurate way of predicting which children will become infested with head lice, and screening for live lice has not been proven to have a significant decrease on the incidence of head lice in a school community.

Parents are encouraged to check their children's heads for lice if the child is symptomatic.

The school nurse will periodically provide information to families of all children on the diagnosis, treatment, and prevention of head lice.

Management on the Day of Diagnosis. The management of pediculosis should proceed so as to not disrupt the education process. Nonetheless, any staff member who suspects a student has head lice will report this to the school nurse or in her/his absence the Principal.

The school nurse may check a student's head if the student is demonstrating symptoms. Students known to have head lice will remain in class provided the student is comfortable. If a student is not comfortable, he/she may report to the school nurse or principal's office. Students with demonstrating symptoms, or who are found to have lice will be discouraged from close direct head contact with others and from sharing personal items with other students.

Siblings of students found with lice may also be checked if there is suspicion that infestation may exist.

The school nurse or Principal/designee will notify the parent/guardian by telephone or other available means if their child is found to have head lice. Verbal and/or written instructions for treatment will be given to the family of each identified student. Instructions will include recommendations for treatment that are consistent with New Hampshire Department of Health and Human Services recommendations. In addition, the school nurse may offer extra help or information to families of children who are repeatedly or chronically infested.

HEAD LICE / PEDICULOSIS

Criteria for Return to School. Once a student with “live lice” has left the school, he/she will not be allowed until after treatment with an anti-parasitic drug or other proper treatment as recommended by the school nurse has begun. The school nurse may recheck a child's head for live infestation.

District Policy History:

First reading: _____

Second reading/adopted: _____

District revision history:

Legal References:

RSA 189:15, Regulations

RSA 200:32, Physical Examination of Pupils

RSA 200:38, Control and Prevention of Communicable Diseases: Duties of School Nurse

RSA 200:39, Exclusion from School

American Academy of Pediatrics, “Clinical Report on Head Lice”, Pediatrics Vol. 135 No. 5, May 2015

Legal References Disclaimer: *These references are not intended to be considered part of this policy, nor should they be taken as a comprehensive statement of the legal basis for the Board to enact this policy, nor as a complete recitation of related legal authority. Instead, they are provided as additional resources for those interested in the subject matter of the policy.*

When adopting this sample or variation of the same, a district should not include the NHSBA history or NHSBA policy notes. The district should, to the extent possible, include its own adoption/revision history.

NHSBA revision history: Revised – June 2020, July 2019, February 2007, November 1999, and July 1998;

NHSBA note, June 2020, NHSBA revised JLCC as part of a health policy overhaul with assistance from the NH School Nurses Association. Revisions to JLCC generally reflect the most current advice and recommendations from the American Association of Pediatrics, and the National School Nurses Association relative to minimal health risk from lice/nits, and detrimental effects of exclusion.

w/p-update/2019 Spring /JLCC Head Lice - Pediculosis 2019-7 (d)

DISCLAIMER: This sample policy is copyrighted to the New Hampshire School Boards Association and is intended for the sole and exclusive use of NHSBA Policy Service Subscribers. This sample is provided for general information only and as a resource to assist subscribing Districts with policy development. **School Districts and boards of education should consult with legal counsel and revise all sample policies and regulations to address local facts and circumstances prior to adoption.** NHSBA continually makes revisions based on school Districts' needs and local, state and federal laws, regulations and court decisions, and other relevant education activity.

JLCC – Head Lice Policy

Screening

Based on recommendations from the National Association of School Nurses, American Academy of Pediatrics, and the Centers for Disease Control and Prevention, students with nits and/or head lice should not be excluded from school. School-wide screening for nits alone is not an accurate way of predicting which children will become infested with head lice. Conducting screenings for live lice has not been proven to have a significant decrease on the incidence of head lice in a school community. Head lice infestation poses little risk to others and does not result in additional health problems. The school nurse may check a student's head if the student is demonstrating symptoms.

When a student has been identified as having live lice or nits, the school nurse, principal or principal's designee will provide the family with two handouts, the brochure "ConVal District Guidelines on Head Lice" and the Head Lice Checklist for Home. This information will be available to all families in the school student handbook. Each year, all schools will send these two handouts home with report cards, in electronic or paper format. In addition, should an infestation be identified, the individual school will re-send the handouts.

Management on the Day of Identification

The management of pediculosis (head lice infestation) should proceed so as to not disrupt the education process. Nonetheless, any staff member who suspects a student has head lice will report this to the school nurse, principal or principal's designee. District employees will act to ensure that student confidentiality is maintained so the child is not embarrassed.

Students known to have head lice will remain in class provided the student is comfortable. If the student is not comfortable, he/she may be sent home by the school nurse, principal, or principal's designee.

Students will be discouraged from close direct head contact with others and from sharing personal items with other students. The school nurse, principal, or principal's designee will notify the parent/guardian if their student is found to have head lice and/or nits, and will recommend to the parent/guardian to contact the primary health care provider or pharmacist for treatment advice. The school nurse, principal, or principal's designee will also recommend to the assessed student's parent/guardian/adult student that they should inform all close contacts the student may have had in the previous month. Based upon the school nurse's professional judgement, known close contacts of the assessed student may be screened.

Criteria for Return to School

If a student is sent home, the student will be allowed to return to school after the parent/guardian/adult student and the school nurse have had contact regarding proper treatment, as recommended in the ConVal School District Guidelines On Head Lice brochure. The school nurse, principal, or principal's designee will re-check the student's head. In

alignment with these recommendations, no student will be excluded from attendance solely based on grounds that nits may be present. In addition, the school nurse or school social worker may offer extra help or information to families of children who are repeatedly or chronically infested.

Legal References/Resources:

RSA 200:39, Exclusion from School

JLCC-R: Head Lice Procedure

www.nasn.org, www.cdc.gov, www.aap.org

First Read: November 7, 2017

Second Read: November 21, 2017

Adopted: November 21, 2017

< JLCA - Physical Examinations Of Students

JLCC-R Head Lice Checklist for the Home (<https://schoolboard.convalsd.net/district-policies/jlcc-r-head-lice-checklist-home/>)

ADMINISTERING MEDICATION TO STUDENTS**Category: Priority/Required by Law****Related Policies: EHB, JLC & JLCE
Related Forms: JLCD-R, JLCD-F1, JLCD-F2 & JLCD-F3****REVISION/ADOPTION NOTES –*****This text box, and all highlights within the policy should be removed prior to adoption.***

- (a) General – As with all sample policies, NHSBA recommends that each district carefully review this sample prior to adoption to assure suitability with the district's own specific circumstances, internal coding system, current policies, and organizational structures. Highlighted language or blank, underscored spaces indicate areas which Boards must change/complete to reflect local personnel titles, policy references, duty assignments etc.*
- (b) {**} indicates a reference to another NHSBA sample policy. A district should check its own current policies and codes to assure internal consistency.*
- (c) Withdrawn and earlier versions of revised policies should be maintained separately as part of the permanent records of the District.*

A. General Provisions for Administration of Medication.

Medication whether prescription or over-the-counter (“OTC”), shall only be administered to or taken by students during the school day in accordance with this policy, and the corresponding administrative procedures record-keeping found in {**}JLCD-R.

This policy shall extend to any school-sponsored activity, event, or program.

Medication is to be administered by a school nurse, as defined in RSA 200:29 (“the school nurse”). The school nurse may delegate the administration of medication to others only as permitted under the New Hampshire Nurse Practice Act, and N.H. Code of Administrative Regulations Nur 404. If no such person is available, the building principal or the principal's designee is permitted to assist students in taking required medications by:

- i. making such medications available to the student as needed;
- ii. observing the student as he/she takes or does not take his/her medication; and
- iii. recording whether the student did or did not take his/her medication.

Whenever possible, medications, should not be taken during the school day. Upon receiving a request from the parent, guardian, or physician relative to a particular student's need for medication during school hours, the school nurse may contact the parent, or guardian to discuss whether the student should remain at home, or whether the medication should be taken before, during, and/or after school. The nurse may also inquire about any other medical conditions requiring medications and any special side effects, contraindications, and adverse reactions to be observed.

1. Prescription Medication will be only be administered in school only after receiving and filing in the student's health record the following:

ADMINISTERING MEDICATION TO STUDENTS

- a. A written statement from the licensed prescriber conforming to the requirements of N.H. Department of Education Rule 311.02 (i)(1) (included in District procedures {**}JLCD-R).
 - b. A written authorization from the parent/guardian as provided in N.H. Department of Education Rule 311.02 (i)(2) & (3) (included in District procedures {**}JLCD-R).
2. Over-the-Counter Medication may be administered to a student with previous written authorization from the parent/guardian. The school nurse may, however, require a licensed prescriber's order, or further information/direction from a licensed health care provider (i.e., physician, advanced registered nurse practitioner, licensed physician's assistant or dentist), before administering an OTC medication to a student. The authorization shall contain the same information, with the same access, as is required relative to prescription medications.

To the extent consistent with New Hampshire's Nurse Practices Act, RSA 326-B, the school nurse may at his/her discretion accept verbal instructions from a licensed health care provider relative to administration of a prescription medication, and verbal instructions from a parent/guardian with respect to an OTC medication. In both instances, the verbal instructions shall be followed by written statements as provided above.

B. Emergency Administration of Medication.

The school nurse or other properly designated personnel may administer other medications to students in emergency situations provided such personnel has all training as is required by law, and is consistent with the provisions of Board policy {**}JLCE.

C. Field Trips and School Sponsored Activities

A single dose of medication may be transferred by the school nurse from the original container to a newly labeled container for the purposes of field trips or school sponsored activities. For trips or activities necessitating more than one dose, special arrangements for administering medication must be approved by the school nurse or, in the school nurse's absence, the Principal.

D. Other Uses/Administration Prohibited.

No person shall share or otherwise administer any prescription or over-the counter medication with any student except as provided in this policy. Notice of this prohibition will be provided in student handbooks. Students acting in violation of this prohibition will be subject to discipline consistent with applicable Board policies.

E. Delivery, Storage and Disposal of Medication.

Medications provided by the student's parent/guardian may only be delivered to the school nurse or principal/principal's designee. All such medication should be delivered in its original container. The school nurse is directed to keep such medications in a locked cabinet or refrigerator. No more than a 30-day supply will be kept and maintained by the school. The school nurse will contact the parent/guardian regarding any unused medication. Such

ADMINISTERING MEDICATION TO STUDENTS

medication shall be picked up by parent/guardian within ten days after its use is discontinued. If the parent/guardian does not pick up the medication within ten days, the school nurse may dispose of the unused medication and record as such in the student's health record file.

The school nurse may maintain a supply of asthma related rescue medication and the emergency medication epinephrine.

F. Administration and Self-Administration of Epinephrine Auto-Injectors and Inhalers.

Students may possess and self-administer an epinephrine auto-injector if the student suffers from potentially life-threatening allergies. Both the student's parent/guardian and physician must authorize such self-possession and self-administration. If a student finds it necessary to use his/her auto-injector, s/he shall immediately report to the nearest supervising adult. The school nurse or building principal may maintain at least one epinephrine auto-injector, provided by the student, in the nurse's office or other suitable location. Additionally, students may possess and self-administer a metered dose inhaler or a dry powder inhaler to alleviate or prevent asthmatic symptoms, auto-injectors for severe allergic reactions, and other injectable medications necessary to treat life-threatening allergies. Both the student's parent/guardian and physician must authorize such self-possession and self-administration. Such authorization must include the same information required under A.1 of this policy.

Other emergency medications, such as insulin, may be carried and self-administered by the student only with prior approval by the school nurse and written statements from a licensed health care provider and a parent/guardian and in the same manner as described in A.1 of this Policy, and subject to other conditions as the school nurse may require.

G. Medication Records.

The school nurse is responsible for keeping accurate records regarding the administration of medication to students. Such records shall be retained as required under Board policy {**}EHB, Data/Records Retention.

H. Implementation: Procedures and Protocols.

The Superintendent, in consultation with the school nurse(s), shall be responsible for establishing specific procedures necessary and appropriate to control (e.g., delivery, storage, authorization, record-keeping, reporting, etc.) medications in the schools. Such procedures shall be in writing, and coded as {**}JLCD-R. The procedures should be reviewed no less than every two years.

Additionally, and pursuant to N.H. Administrative Rule Ed. 311.02(k), each school nurse shall also develop and implement building specific protocols regarding receipt and safe storage of prescription medications.

District Policy History:

First reading: _____

ADMINISTERING MEDICATION TO STUDENTS

Second reading/adopted: _____

District revision history:

Legal References:

.RSA 200:40-b, Glucagon Injections

RSA 200:42, Possession and Use of Epinephrine Auto-Injectors Permitted

RSA 200:43, Use of Epinephrine Auto-Injector

RSA 200:44, Availability of Epinephrine Auto-Injector

RSA 200:44-a, Anaphylaxis Training Required

RSA 200:45, Student Use of Epinephrine Auto-Injectors - Immunity

RSA 200:46, Possession and Self-Administration of Asthma Inhalers Permitted

RSA 200:47, Use of Asthma Medications by Students - Immunity

RSA 200:54, Supply of Bronchodilators, Spacers or Nebulizers

RSA 200:55, Administration of Bronchodilator, Space or Nebulizer

RSA 326-B, Nurse Practices Act

N.H. Code of Administrative Rules, Ed. 306.12(b)(2), Special Physical Health Needs of Students

N.H. Code of Administrative Rules, Ed. 311.02(d); Medication During School Day

N.H. Code of Administrative Rules, Nur 404; Ongoing Requirements

Legal References Disclaimer: *These references are not intended to be considered part of this policy, nor should they be taken as a comprehensive statement of the legal basis for the Board to enact this policy, nor as a complete recitation of related legal authority. Instead, they are provided as additional resources for those interested in the subject matter of the policy.*

When adopting this sample or variation of the same, a district should not include the NHSBA history or NHSBA policy notes appearing below. The district should, to the extent possible, include its own adoption/revision history, as well as the legal references and disclaimer as indicated above.

NHSBA history: Revised – July 2020, September 2016, September 2015, February 2007

NHSBA revision notes, June 2020, amendments, made with the assistance of the New Hampshire School Nurses Association, included general organization, removal of redundant provisions and clarification of respective authority, and better alignment with other policies; **June 2016,** Amended to reflect enactment of RSA 200:44-a, 200:53-57, all regarding self- administration of certain medications.

w/p-update/2020/spring//JLCD - Administering Medication to Students (d1) 2020-U1

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JLCD – Administration of Medication in Schools

The ConVal School Board, with the advice of the ConVal professional registered nurses (herein referred to as the school nurse) shall establish specific policies and procedures to give protection and controls to the matter of medications in schools (Ed 311.02)(JLCD-R).

The intent of this policy is to provide general standards for the administration of necessary medication to students during school hours and school-sponsored activities.

The following policy will be adhered to when a student requires medication administration during school hours and scheduled school-sponsored activities, events or programs. In addition, the school nurse and principal are responsible for ensuring the provisions of Ed. 311.02, Medication During the School Day, are followed.

Obligations of the District

All medication to be administered shall be kept in a securely-locked cabinet. Controlled medications must be double-locked. If at any time the cabinet is broken into resulting in missing medication, school administration and the police will be notified immediately. The parent/guardian/adult student will be notified of the incident and must replenish the supply of medication.

If the school nurse is not available, the building principal or the principal's designee is permitted to **assist** students in taking required medications by: (1) making such medications available to the student as needed; and (2) observing the student as he/she takes or does not take his/her medication; and (3) recording whether the student did or did not take his/her medication.

The school nurse will maintain all necessary records relative to the emergency administration of medication and will file all such reports as may be required.

The School Board hereby authorizes the school nurse to maintain a supply of emergency medications, i.e.; bronchodilators and epinephrine.

It is the policy of this District that its school nurses and all Health Office Delegates (HODs) shall be properly trained in the administration of medication in a manner consistent with this policy. HODs shall be trained on an annual basis and the school nurse shall document that training to the Director of Student Services. The HOD shall hold and maintain current American Heart Association or American Red Cross CPR/AED/FA Adult and Child certification. This training shall include a practicum.

School personnel shall not provide his/her personal medication to students.

Obligations of the School Nurse

Only the school nurse or the HOD may **administer** medication. If the student requires a comprehensive nursing assessment and/or evaluation, this must be done by the school nurse and cannot be delegated. A school nurse alone has the authority to delegate medication administration and may delegate only if appropriate under the Nurse Practice Act and follows the *Standards of Delegation for School Nurses in New Hampshire*.

The School Nurse may stock epinephrine in the Health Office per RSA 318:42 for the emergency treatment of anaphylaxis of a student, as determined by the school nurse.

Storage of Medication

It is the policy of the District that all medications, both school, and parent-provided, shall be securely and properly stored, in a manner consistent with all applicable laws, as well as safe and prudent school nursing practices.

At the discretion of the school nurse, other medications, such as insulin, may be carried and self-administered by the student.

A single dose of medication may be transferred by the school nurse from the original container to a newly labeled container for the purposes of field trips or school sponsored activities.

Verbal orders from a licensed health care provider may be accepted by the school nurse only and shall be followed with a written order. Faxed or e-mailed orders are acceptable.

The school nurse is responsible for keeping accurate records regarding the administration of medication to students. The school nurse shall maintain medication records of inventory, storage and administration in accord with ED 311.02 (Medication During the School Day).

Obligations of the Parent/Guardian/Adult Student

Prescribed/OTC (over the counter) medication should not be taken during the school day, if at all possible, to achieve the medical regime during hours at home.

A parent/guardian/adult student, or their designated responsible adult, shall deliver all medication to be administered by school personnel to the school nurse or other responsible person designated by the school nurse as follows: (1) the prescription/OTC medication shall be delivered and kept in a pharmacy or manufacturer labeled container (2) the school nurse or principal's designee receiving the prescription medication shall document the quantity of the prescription medication delivered and have the adult delivering the medication co-sign the documented amount (3) the medication may be delivered by the parent/guardian/adult student or a designated adult, provided that the nurse is notified in advance by the parent/guardian/adult student of the delivery and the quantity of prescription medication being delivered to school is specified (4) the parent/guardian/adult student must ensure that the life-saving medication (Diasat, asthma metered dose inhalers, Epi-Pen, Glucagon) or any other emergency medication be available to the student at all times. If the student's life-saving medication is not provided by the parent/guardian/adult student, the student shall not

be permitted to attend any school-sponsored activities (5) it is the responsibility of the parent/guardian/adult student to notify the health office of any changes in student health, allergy status or medication changes.

Students requiring prescription medication administration must have a ConVal District medication permission form completed by parent/guardian/adult student and a licensed health care provider and placed on file in the health office. The forms shall comply with standards set forth in NH Code of Administrative Rules Section Ed 311.02. The school nurse, with written authorization of parent/guardian/adult student shall administer non-prescription/OTC medication. At the discretion of the school nurse, a written licensed prescriber's order may be required. If the school nurse is not available and written parent/guardian/adult student permission is on file, the principal or principal's designee is permitted to **assist** students in taking OTCs after consultation with the parent/guardian.

Furthermore, any student with a health condition requiring treatment with herbals, homeopathics, essential oils, or other complementary forms of therapeutic interventions shall have a school medication permission form completed by the parent/guardian/adult student as well as a licensed healthcare provider.

Alternative medications should, whenever practicable, be taken at home. Parents/guardians should inform the school nurse of any such alternative medications. The school nurse shall not administer alternative medications, such as herbal medication, homeopathic medication, essential oils, or other similar forms of alternative medication unless the parent/guardian/adult student has completed and placed on file in the school health office a school medication permission form naming the specific alternative medicine and providing evidence that it has been prescribed by a licensed prescriber. The School Nurse shall not administer an alternative medicine that is prohibited by State or Federal law, or which is unlawful to possess in school.

Students may possess and self-administer a metered dose inhaler or a dry powder inhaler to alleviate or prevent asthmatic symptoms, an auto-injector for severe allergic reactions, and other injectable medications necessary to treat life-threatening conditions. The parent/guardian/adult student and physician must authorize such self-possession and self-administration by completing a school self-administration form in accordance with RSA 200:42 and RSA 200:46. Inhalers and epinephrine auto injectors must be properly labeled with the student's name and type of medication. The student will be held responsible to keep self-carried medication in a safe place that is not accessible to other students. When a student finds it necessary to use his/her auto-injector, s/he shall immediately report it to the nearest supervising adult.

Students shall not share any prescription or over-the-counter medication with another student. Notice of this prohibition shall be published in student handbooks. Students acting in violation of this prohibition will be referred to school administration and may be subject to discipline consistent with applicable Board policies (JICH – Drug and Alcohol Use By Students, JIH – Student Searches and Their Property).

Student medications may be retrieved from the health office by the parent/guardian/adult student or a designated adult at any time during regular school hours. Medication will be discarded if not picked up within 10 days after the medication is discontinued. All medication must be picked up by the last day of school or it will be discarded.

Civil Immunity

Nothing set forth in this policy or JLCD-R shall be deemed to abrogate or diminish the civil immunity available under New Hampshire law or either the District or its employees.

Definitions

The “**school day**” means any time during the day, afternoon, or evening when a child is attending school or other school-sponsored activity (Ed 311.02).

Health Office Designee (HOD) (school nurse delegatee) – unlicensed assistive personnel – receives annual training by a school nurse.

Assist – Consists of providing the medication to the student and observing and documenting that the student took the medication.

Administration – Giving medication to the student via the appropriately ordered route by preparing, giving and evaluating the effectiveness of prescription and non-prescription drugs. If the student is unable to administer the medication to his/her self, with **assistance**, only the school nurse or HOD may administer the medication.

Legal References:

RSA 200:42, Possession and Use of Epinephrine Auto-Injectors Permitted

RSA 200:43, Use of Epinephrine Auto-Injector

RSA 200:44, Availability of Epinephrine Auto-Injector

RSA 200:44-a, Anaphylaxis Training Required

RSA 200:45, Student Use of Epinephrine Auto-Injectors – Immunity

RSA 200:46, Possession and Self-Administration of Asthma Inhalers Permitted

RSA 200:47, Use of Asthma Medications by Students – Immunity

RSA 200:53, Bronchodilators, spacers, and nebulizers in schools

RSA 200:54, Supply of Bronchodilators, Spacers or Nebulizers

RSA 200:55, Administration of Bronchodilator, Space or Nebulizer

RSA 318:42, Dealing in or possessing prescription drugs (VII-b)

N.H. Code of Administrative Rules – Section Ed. 306.12(b)(2), Special Physical Health

Needs of Students

N.H. Code of Administrative Rules – Section Ed. 311.02(d); Medication During School Day

NH Board of Nursing-Nurse Practice Act – www.nh.gov/nursing/nurse-practice-act/

Standards of Delegation for School Nurses in New Hampshire

Category: P – Required by Law

See also: JICH, JIH, JLCD-R, JLCE

First Read: November 21, 2017

Second Read: December 5, 2017

Adopted: December 5, 2017

◀ JLCC-R: Head Lice Procedure

JLCE - First Aid and Emergency Care (<https://schoolboard.convalsd.net/district-policies/jlce-emergency-care-and-first-aid/>)

WELLNESS*Category: Priority/Required by Law**Related Policies: EF, IMAH, JLC, JLCF & JLCI***ADOPTION NOTES –*****This text box, and all highlights within the policy should be removed prior to adoption.***

- (a) The contents of this policy are largely proscribed by applicable federal regulations or mandatory guidelines. The sample has been reviewed by the NH DOE Bureau of Student Wellness for compliance with their policy audit standards. While there is flexibility for individual districts and schools to modify this sample (see generally the notations regarding “measurable goals”), districts should take care when making those modifications, and review the applicable rules and/or consult with district counsel.*
- (b) Footnotes – Unlike most NHSBA sample policies, this JLCF has several footnotes which each district should review when tailoring the sample. The NHSBA footnotes should be removed before final adoption.*
- (c) General – As with all sample policies, NHSBA recommends that each district carefully review this sample prior to adoption to assure suitability with the district’s own specific circumstances, internal coding system, current policies, and organizational structures. Highlighted language or blank, underscored spaces indicate areas which Boards must change/complete to reflect local personnel titles, policy references, duty assignments etc.*
- (d) {**} indicates a reference to another NHSBA sample policy. A district should check its own current policies and codes to assure internal consistency.*
- (e) Withdrawn and earlier versions of revised policies should be maintained separately as part of the permanent records of the District.*

The Board recognizes the importance of proper nutrition and developmentally appropriate physical activity as ways of promoting healthy lifestyles, minimizing childhood obesity, and preventing other diet-related chronic diseases. The Board also recognizes that health and student success are inter-related. It is, therefore, the goal of the Board that the learning environment positively influences a student's understanding, beliefs, and habits as they relate to good nutrition and physical activity.

This policy outlines the District’s approach to ensuring environments and opportunities for all students to practice healthy eating and physical activity behaviors throughout the school day while minimizing commercial distractions. This policy applies to all students, staff and schools in the District.

I. DISTRICT WELLNESS COMMITTEE.

The Superintendent, in consultation with [the Director of Food Services, other _____], will facilitate development of updates to the District Wellness Policy, subject to School Board approval, and will oversee compliance with the policy. In addition, the Superintendent shall designate a Building Wellness Coordinator for each school to help ensure compliance with this policy at the building level.

The Superintendent shall convene a representative “District Wellness Committee” (or “Wellness Committee”), whose functions will include review and recommendations regarding

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implementation of and updates to this policy, and establishment of specific goals for nutrition promotion, education and physical activity.¹

The Superintendent or his/her designee shall serve as the Chairperson of the District Wellness Committee, and shall maintain an updated roster of Building Wellness Coordinators and other persons serving on the Committee.

The District Wellness Committee shall meet no less than three times per school year.

The District Wellness Committee should represent each school and the diversity of the community, and to the extent feasible include the Superintendent or her/his designee, *[the Food Services Director/Director of School Nutrition _____]*, each Building Wellness Coordinator, parents, students, physical education teachers, health education teachers, school counselors, school administrators, a school board member, outside health professionals, individual school building representatives, and members of the public.

Staff appointments to the Wellness Committee will be made by the Superintendent. The School Board Chair shall appoint the School Board member. Remaining members, other than those who are ex officio, shall be appointed and approved by the Wellness Committee.

As a statutory committee, the Wellness Committee shall comply with the requirements of RSA 91-A regarding meetings.

II. WELLNESS POLICY IMPLEMENTATION, MONITORING, ACCOUNTABILITY AND COMMUNITY ENGAGEMENT.

A. Implementation Plan.

Each Building Wellness Coordinator, with the assistance of the Wellness Committee, will conduct a school level assessment based on the Centers for Disease Control and Prevention's School Health Index, using tools available through such programs as the Alliance for a Healthier Generation *Healthy Schools Program*, and to create an action plan and generate an annual progress report. The school-level assessment/report should be completed by September 30th of each school year and provided to the Superintendent.

B. Annual Notification of Policy.

The District will annually inform families and the public of basic information about this policy, including its content, any updates to the policy, and implementation status. The District will make this information available via the district website. This information will include the contact information of the District official(s) chairing the Wellness Committee

¹ Districts with more than 1-2 schools might also consider building level wellness committees, to assist the district committee in the assessment & implementation functions. *[Remove entire footnote before finalizing]*

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(i.e., the Superintendent or his/her designee) and any Building Wellness Coordinator(s), in addition to on how the public can get involved with the District Wellness Committee.

C. Triennial Progress Assessments.

Every three years, the *[Food Services Director/Director of School Nutrition _____]* will assess:

- The extent to which each of the District's schools are in compliance with the wellness policy;
- The extent to which the District Wellness Policy compares to model wellness policies; and
- A description of the progress made in attaining the goals of the District's Wellness Policy.

The Wellness Committee will make recommendations to update the District Wellness Policy based on the results of the annual School Health Index and triennial assessments and/or as District priorities change; community needs change; wellness goals are met; new health science, information, and technology emerges; and new Federal or state guidance or standards are issued. The Board will review and act upon such assessments as required or as the Board deems appropriate.

D. Recordkeeping.

The Superintendent will retain records related to this Policy, to include at least the following:

- The District Wellness Policy;
- The most recent assessment on the implementation of the local school wellness policy;
- Documentation on how the District Wellness Policy and Policy assessments are/were made available to the public;
- Documentation confirming annual compliance with the requirement that District Wellness Policy, including updates, and the most recent assessment on the implementation of the Policy have been made available to the public; and
- Documentation of efforts to review and update the District Wellness Policy; including who is/was involved in each update and methods the District uses to make stakeholders aware of opportunities to participate on the District Wellness Committee.

E. Community Involvement, Outreach and Communications.

The District will communicate ways in which representatives of DWC and others can participate in the development, implementation and periodic review and update of the wellness policy through a variety of means appropriate for that district. The District will also inform parents/guardians of the improvements that have been made to school meals and

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compliance with school meal standards, availability of child nutrition programs and how to apply, and a description of and compliance with Smart Snacks in School nutrition standards.

III. NUTRITION.**A. School Meals.**

All schools within the District participate in USDA child nutrition programs, including the National School Lunch Program (NSLP)[*and the School Breakfast Program (SBP)*]. District schools are committed to offering school meals that:

- Are accessible to all students;
- Are appealing and attractive to children;
- Are served in clean and pleasant settings;
- Promote healthy food and beverage choices; and
- Meet or exceed current nutrition requirements established by local, state, and Federal statutes and regulations. The District offers reimbursable school meals that meet USDA nutrition standards, which may be found at:

<https://www.fns.usda.gov/school-meals/nutrition-standards-school-meals>

B. Staff Qualifications and Professional Development.

All school nutrition program directors, managers and staff will meet or exceed hiring and annual continuing education/training requirements in the USDA professional standards for school nutrition professionals, which may be found at:

<https://www.fns.usda.gov/school-meals/professional-standards>

C. Water.

To promote hydration, free, safe, unflavored drinking water will be available to all students at every school [throughout the school day, including mealtimes,] {OR}[at all places and times that school meals are served mealtimes, at every school].²

D. Competitive Foods and Beverages and Marketing of Same in Schools.

“Competitive foods and beverages” (i.e., foods and beverages sold and served or marketed during the school day, but outside of the school meal programs) must meet the USDA Smart Snacks in School nutrition standards, which may be accessed at:

<https://www.fns.usda.gov/school-meals/smart-snacks-school>

² The Healthy Hunger-Free Kids Act of 2010 requires that schools participating in the NSLP make potable (i.e. drinkable) water available at no charge to students in the places and times that school meals are served. Alliance for a Healthier Generation advocates that such water be available at all times during the school day. Districts are required only to meet the free water during meal time standard, but may adopt a more liberal one.

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These standards will apply in all locations and through all services where foods and beverages are sold, which may include, but are not limited to, à la carte options in cafeterias and vending machines.

Except as may be provided elsewhere in this Policy, any foods and beverages marketed or promoted to students on the school campus during the school day will meet or exceed the USDA Smart Snacks in School nutrition standards. Food and beverage marketing is defined as advertising and other promotions in schools, including, but is not limited to:

- Brand names, trademarks, logos or tags, except when placed on a physically present food or beverage product or its container.
- Displays, such as on vending machine exteriors.
- Corporate brand, logo, name or trademark on school equipment, such as marquees, message boards, scoreboards or backboards (*note: immediate replacement of these items are not required; however, districts will replace or update scoreboards or other durable equipment when existing contracts are up for renewal or to the extent that is in financially possible over time so that items are in compliance with the marketing policy.*).
- Corporate brand, logo, name or trademark on cups used for beverage dispensing, menu boards, coolers, trash cans and other food service equipment; as well as on posters, book covers, pupil assignment books or school supplies displayed, distributed, offered or sold by the District.
- Advertisements in school publications or school mailings.
- Free product samples, taste tests or coupons of a product, or free samples displaying advertising of a product.

Corporate brand names, logos, and trademarks for companies that market products that comply with the USDA Smart Snacks in School nutrition standards will not be prohibited because they offer some non-compliant food or beverage items in their product line. Likewise, the marketing restrictions do not apply to clothing or other examples of expression which include brand information for non-compliant food or beverage items.

As the District, school athletic department, and parent teacher associations review existing contracts and consider new contracts, equipment and product purchasing (and replacement) decisions should reflect the applicable marketing guidelines established by the District wellness policy.

E. Celebrations and Rewards.

All foods offered during the school day on the school campus will meet or exceed the USDA Smart Snacks in School nutrition standards.³ Foods and beverages will not be used as a

³ Federal law encourages, but does not require, Smart Snack standards to apply to foods or snacks that are NOT promoted or offered for sale during the school day. Individual districts may use alternative standards that are

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reward or withheld as punishment for any reason. The District's School Nutrition Services will make available a list of healthy party ideas to parents and teachers, including non-food celebration ideas, and a list of foods and beverages which meet Smart Snack nutrition standards.

F. Food Sale Fundraising.

Foods and beverages that meet or exceed the USDA Smart Snacks in Schools nutrition standards may be sold through fundraisers on the school campus during the school day. Fundraising groups are encouraged to choose non-food fundraisers, and to consider healthy fundraising ideas. Notwithstanding this provision, each school may allow up to nine⁴ bake sales or other fundraising food sales of non-compliant foods (i.e., that do not meet Smart Snack standards), which are no more than one day in duration each.

G. Nutrition Promotion.

The District will promote healthy food and beverage choices for all students throughout the school campus, as well as encourage participation in school meal programs. This promotion will include.⁵

- Implementation of at least ____ or more evidence-based healthy food promotion techniques in the school meal programs using methods included in the Smarter Lunchroom Movement, which may be found at:

<https://www.smarterlunchrooms.org/scorecard-tools/smarter-lunchrooms-strategies>

- Ensuring 100% of foods and beverages promoted to students during the school day meet the USDA Smart Snacks in School nutrition standards. Additional promotion techniques that the District and individual schools may use are available through the Smart Food Planner of the Alliance for a Healthier Generation, available at:

<https://www.healthiergeneration.org/our-work/business-sector-engagement/improving-access-to-address-health-equity/smart-food-planner>.

H. Nutrition Education.

The District will teach, model, encourage and support healthy eating by all students.⁶

"more or less stringent" than the Smart Snack standards, but the Policy must include the guidelines for those snacks. Accordingly, if the district chooses to loosen the restrictions on food for such things as class celebrations or snacks, the policy should clearly articulate the alternative standards.

⁴ The nine bake sale exemption is found in a N.H. Dept. of Education Technical Advisory dated September 13, 2017. Districts may adopt more stringent limitations.

⁵ The policy is required to have at least one "measurable goal for nutrition promotion in the school". The second bullet in this Section G articulates one such goal.

⁶ The policy is required to have at least one "measurable goal for nutrition education". Included in the policy text above are examples.

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- Nutrition education shall be included in the health curriculum so that instruction is sequential and standards-based and provides students with the knowledge, attitudes, and skills necessary to lead healthy lives.
- Nutrition education posters will be displayed in [each school cafeteria] **{OR if no cafeteria}** [each room in which students regularly eat their lunches].
- Consistent nutrition messages shall be disseminated throughout the school.

Schools should provide additional nutrition education that⁷:

- Is designed to provide students with the knowledge and skills necessary to promote and protect their health;
- To the extent practicable is integrated into other classroom instruction through subjects such as math, science, language arts, social sciences and elective subjects;
- May include enjoyable, developmentally-appropriate, culturally-relevant and participatory activities, such as cooking demonstrations or lessons, promotions, taste-testing, farm visits and school gardens;
- Promotes fruits, vegetables, whole-grain products, low-fat and fat-free dairy products and healthy food preparation methods;
- Emphasizes caloric balance between food intake and energy expenditure (promotes physical activity/exercise);
- Links with school meal programs, cafeteria nutrition promotion activities, school gardens, Farm to School programs, other school foods and nutrition-related community services;
- Teaches media literacy with an emphasis on food and beverage marketing; and
- Includes nutrition education training for teachers and other staff.

IV. PHYSICAL ACTIVITY.

The District will provide physical education consistent with national and state standards. Physical activity⁸ during the school day (including but not limited to recess, classroom physical activity breaks or physical education) **will not be withheld** as punishment for any reason.

A. Classroom Physical Activity Breaks.

⁷ These bulleted items may be refashioned into measurable goals and included immediately above.

⁸ The policy is required to have at least one "measurable goal for physical activity". Classroom physical activity breaks are one such example. Before and after school activities are more likely to meet the "measurable goal" requirement if the provision includes specific activities. Other examples include such things as community use of school athletic facilities and equipment, "walk to school" days. Further suggestions, as well as more comprehensive and coordinated physical activity programs, may be found in materials on the Alliance for a Healthier Generation site: <https://www.healthiergeneration.org/resources/physical-activity>

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In addition to any recess periods provided in the ordinary daily schedule, students will be offered **periodic opportunities** to be active or to stretch throughout the day. The District recommends teachers provide short ([_____ 3-5]-minute) physical activity breaks to students during and between classroom time at least three days per week. These physical activity breaks will complement, not substitute, for physical education class, recess, and class transition periods.

B. Before and After School Activities.

The District offers opportunities for students to participate in physical activity after school through interscholastic and intramural sports and clubs.

C. Walking and Biking to School.

The District will support walking or biking to school by students or faculty only if determined safe by the building principal.

V. OTHER ACTIVITIES TO PROMOTE STUDENT WELLNESS.

The District will endeavor to integrate wellness activities across the entire school setting, not just in the cafeteria or physical education and athletic facilities.⁹ In furtherance of this objective, each school in the District will *[identify at least one activity or list of options with a requirement to engage in one or more]* each school year.

VI. PROFESSIONAL LEARNING.

When feasible, the District will offer annual professional learning opportunities and resources for staff to increase knowledge and skills about promoting healthy behaviors in the classroom and school (e.g., increasing the use of kinesthetic teaching approaches or incorporating nutrition lessons into math class).

District Policy History:

First reading: _____

Second reading/adopted: _____

District revision history:

⁹ The policy is required to include at least one measurable goal for "other school-based wellness activities". The range of options here is extremely broad, but the policy must state at least one measurable goal. Examples include information dissemination, family engagement, farm-to-table, health fairs, school gardens, partnerships with community health/nutrition organizations. Again, additional resources are available through the Alliance for a Healthier Generation site.

WELLNESS**Legal References:**

42 U.S.C. 1751, Richard B. Russell National School Lunch Act
42 U.S.C. 1771, Child Nutrition Act of 1966
Section 204 of Public Law 108-265, Child Nutrition and WIC Reauthorization Act of 2004
The Healthy Hunger-Free Kids Act of 2010
7 C.F.R 210, National School Lunch Program
7 C.F.R 220, School Breakfast Program
RSA 189:11-a, Food and Nutrition Programs
N.H. Dept. of Education Administrative Rule – Ed 306.04 (a)(20), Wellness
N.H. Dept. of Education Administrative Rule – Ed 306.11 (g), Food and Nutrition Services
N.H. Dept. of Education Administrative Rule – Ed 306.38 (b)(1)b, Family and Consumer Science
Education Program (middle schools)
N.H. Dept of Education Administrative Rule – Ed 306.40, Health Education Program

Legal References Disclaimer: These references are not intended to be considered part of this policy, nor should they be taken as a comprehensive statement of the legal basis for the Board to enact this policy, nor as a complete recitation of related legal authority. Instead, they are provided as additional resources for those interested in the subject matter of the policy.

When adopting this sample or variation of the same, a district should not include the NHSBA history or NHSBA policy notes appearing below. The district should, to the extent possible, include its own adoption/revision history, as well as the legal references and disclaimer as indicated above.

NHSBA history: Revised – June 2020, May 2014, September 2009, February 2006

NHSBA revision notes, JLCF was completely revised to conform to current federal regulations pertaining to school lunch and school breakfast programs, and N.H. Department of Education guidelines.

w/p-update/working/J/JLCF Wellness 2020-1 (d5)

DISCLAIMER: This sample policy is copyrighted to the New Hampshire School Boards Association and is intended for the sole and exclusive use of NHSBA Policy Service Subscribers. This sample is provided for general information only and as a resource to assist subscribing Districts with policy development. School Districts and boards of education should consult with legal counsel and revise all sample policies and regulations to address local facts and circumstances prior to adoption. NHSBA continually makes revisions based on school Districts' needs and local, state and federal laws, regulations and court decisions, and other relevant education activity.

JLCF – Wellness

The Contoocook Valley School District is committed to providing a school environment that enhances learning and the development of lifelong wellness practices.

To accomplish these goals, the Board directs the administration to implement rules and regulations aimed at ensuring:

- Child Nutrition Programs will comply with federal, state, and local requirements, and will be accessible to all children.
- Sequential and interdisciplinary nutrition education will be provided and promoted.
- Patterns of meaningful physical activity that connect to students' lives outside of physical education will be encouraged.
- Physical education programs will meet federal and state regulations and standards.
- School-based activities will be consistent with local wellness policy goals.
- All food made available on school grounds during school hours, including vending concessions, a' la carte, student stores, parties, and fund raising will be consistent with Competitive Food Guidelines for K-12 schools.
- At least 75% of all food made available on school grounds after school dismissal, including vending, concessions, a' la carte, student stores, parties, and fundraising will be consistent with the Competitive Food Guidelines for K-12 Schools.
- All beverages made available on school grounds, including vending concessions, a' la carte student stores, parties, and fund raising will be consistent with the Competitive Food Guidelines for K-12 Schools.
- All foods provided by the District will adhere to food safety and security guidelines.
- The school environment will be safe, pleasing, and comfortable, and will allow ample time and space for eating meals.
- Food will not be used as a reward or punishment, unless necessitated by a student's Individualized Education Plan/504 Plan.
- Implementation/monitoring of this policy will be reported to the School Board annually by the Superintendent's designee, with recommendations for guideline changes if necessary or appropriate.

Legal References:

RSA 189:11-a, Food and Nutrition Programs

Section 204 of Public Law 108-265, Child Nutrition and WIC Reauthorization Act of 2004

NH Code of Administrative Rules, Section Ed. 303.01 (g), Duties of School Boards

NH Code of Administrative Rules, Section Ed. 306.11, Food & Nutrition Services

NH Code of Administrative Rules, Section Ed. 306.40, Health Education Program

NH Code of Administrative Rules, Section Ed. 306.41, Physical Education Program

FDA Food Code

Category: P

Adoption: May 17, 2011
Amended: February 5, 2013
Amended: February 4, 2014

< JLCEA - Use Of Automated External Defibrillator(s)

JLCJ - Concussions And Head Injuries (<https://schoolboard.convalsd.net/district-policies/j-students/jlcj-concussions-and-head-injuries/>)

EMERGENCY CARE & FIRST AID*Category: Priority/Required by Law**Identical policy: EBBC†**Related policies: EBBB, JLC & JLCD***REVISION/ADOPTION NOTES –*****This text box, and all highlights within the policy should be removed prior to adoption.***

- (a) †This policy is coded in two sections, *Support Services (EBBC)* and *Students (JLCE)*. The two policies used to be written separately for each section/application, but have now been merged into this one version. Districts may, but need not, maintain both. If choosing to maintain one, NHSBA recommends using JLCE, and further that the board formally withdraw the other policy, with a permanent record of the withdrawn policy. See 2020 NHSBA Spring Update sample JFA-R for what record of a withdrawn policy might look like.
- (b) General – As with all sample policies, NHSBA recommends that each district carefully review this sample prior to adoption to assure suitability with the district's own specific circumstances, internal coding system, current policies, and organizational structures. Highlighted language or blank, underscored spaces indicate areas which Boards must change/complete to reflect local personnel titles, policy references, duty assignments etc.
- (c) {**} indicates a reference to another NHSBA sample policy. A district should check its own current policies and codes to assure internal consistency.
- (d) Withdrawn and earlier versions of revised policies should be maintained separately as part of the permanent records of the District.

All School personnel have responsibilities in connection with injuries and emergencies occurring in school and at school-sponsored events, which may be classified as follows: (1) administering first aid; (2) summoning medical assistance; (3) notifying administration; (4) notifying parents; and (5) filing accident/injury reports.

School personnel must use reasonable judgment in handling injuries and emergencies. Caution should be exercised not to minimize or maximize any injury or illness. All personnel will understand the proper steps to be taken in the event of an injury or emergency.

The Superintendent will ensure that at least one other person on staff, aside from the school nurse, has current first aid and cardiopulmonary certification (CPR). If the school nurse or licensed practical nurse is not available, the person(s) who have current first aid and CPR certification is authorized to administer first aid and CPR as needed.

The school will obtain at the start of each school year emergency contact information of parents/guardians for each student and staff member.

The school physician, school nurse, or specially trained staff members shall assist in the treatment of injuries or emergency situations. Such individuals have the authority to administer oxygen in case of a medical emergency, if available and if appropriate. This authorization extends to administering oxygen to students without prior notification to parents/guardians.

EMERGENCY CARE & FIRST AID

The school nurse or other designated personnel may administer other medications to students in emergency situations, provided such personnel has all training as is required by law. Such medication may also be administered in emergency situations if a student's medical action plan has been filed and updated with the school district to the extent required by law.

Consistent with state law, the school nurse may maintain a supply of asthma related rescue medication and the emergency medication epinephrine. The school physician, if any, the school nurse, or specially trained staff members may also administer epinephrine to any student in case of a medical emergency, if appropriate. This authorization extends to administering epinephrine without prior notification to parents/guardians. The school nurse or other designated personnel may administer or make available to self-administer a bronchodilator, spacer, or nebulizer to a student who has been diagnosed with asthma for use in emergency or other situations as determined by the school nurse.

The district will maintain all necessary records relative to the emergency administration of medication and will file all such reports as may be required under Board policy {**}JLCD, or applicable laws or regulations.

Accident reports must be prepared and filed consistent with Board policy {**}EBBB.

The District makes it possible for parents/guardians to subscribe to student accident insurance at low rates. This program is offered each year during September. The District does not provide student accident insurance.

Records related to the emergency administration of any medication under this policy shall be made and maintained by the school nurse as provided in Board policy {**}JLCD and District procedures {**}JLCD-R. The school nurse will follow other first aid reporting protocols, as may be determined by other Board policy or administrative directive.

Naloxone/Narcan and Opioid Antagonists: footnote¹

The Board authorizes the District to obtain, store and administer naloxone/Narcan and/or other opioid antagonists for emergency use in schools.

The school nurse or other properly trained staff member may administer such medication in emergency situations. Opioid antagonists will be available during the regularly scheduled school day. They may be available at other times at the discretion of the Superintendent.

The Superintendent is authorized to procure such medication on behalf of the District.

All such medication will be clearly marked and stored in a secure space in the school nurse's office or other appropriate location. The school nurse is responsible for storing the medication

¹ Please note this policy is required by law. However, the provisions relative to naloxone/Narcan are not required by law and are provided as guidance only. NHSBA recommends these provisions be reviewed by necessary school district staff and, if necessary, by local legal counsel prior to adoption.

EMERGENCY CARE & FIRST AID

consistent with the manufacturer's instructions and Board policy {**}JLCD and District procedures {**}JLCD-R.

Local law enforcement and emergency medical service personnel will be notified if such medication is administered by the District.

District Policy History:

First reading: _____

Second reading/adopted: _____

District revision history:**Legal References:**

RSA 200:40, Emergency Care

RSA 200:40-a, Administration of Oxygen by School Nurse

RSA 200:44-a, Anaphylaxis Training Required

RSA 200:54, Supply of Bronchodilators, Spacers or Nebulizers

RSA 200:55, Administration of Bronchodilator, Space or Nebulizer

Ed 306.04(a)(21), Emergency Care For Students And School Personnel

Ed 306.12, School Health Services

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w/p-update/2020/spring//JLCE EBBC - Emergency Care and First Aid (d1) 2020-1

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JLCE – First Aid and Emergency Care

All school personnel have responsibilities regarding injuries and emergencies as follows:

1. Administering first aid and/or summoning medical assistance
2. Notifying administration
3. Notifying parents/guardians
4. Filing accident reports

School personnel must use reasonable judgment in handling accident cases. Caution should be exercised not to minimize or maximize any injuries or emergency. Personnel will understand the proper steps to be taken in the event of an injury or emergency, including appropriate activation of EMS and obtaining additional staff assistance when possible. Personnel shall also understand their role as it relates to the District's Emergency Response Plan.

If a school nurse or licensed practical nurse is not available to a school for any reason, at least one other person who has a current first aid and cardiopulmonary certification (CPR), including AED training, (automated external defibrillator) will be available (per Ed 306.12). Also required is annual training of the Health Office delegatee and other authorized staff in assisting in the administration of an Epi-pen, a metered dose inhaler, and/or an opioid antagonist. Being available means they must be on school grounds during school hours or present at scheduled school activities so that they can provide emergency care immediately, without prior notification to parents/guardians. However, parents/guardians shall be promptly notified after emergency assistance has been provided.

All accidents judged to be other than minor require an accident report to be filled out and filed with the Principal and SAU Office within 24 hours of the incident per policy EBBB.

The District makes it possible for parents to subscribe to student accident insurance at low rates. The program is offered each year during September. The District does not provide student accident insurance.

At the beginning of each school year, the Principal shall review the policy on accidents and accident reporting with staff. Each school may adopt procedures consistent with this policy for its effective implementation.

(Include in Staff Handbook)

Legal Reference:

RSA 200:40, Ed 306.12

See also: EBBC

Category: P

1st Read: May 17, 2016

2nd Read: June 7, 2016

Adopted: June 7, 2016

< JLCD - Administration of Medication in Schools

JLCEA - Use Of Automated External Defibrillator(s)

(<https://schoolboard.convalsd.net/district-policies/j-students/jlcea-use-of-automated-external-defibrillators/>)

EBBB – Reporting Accidents Involving Physical Harm of Students

In the case of an accident occurring on school property or at a school-sponsored function, the supervising adult shall fill out an accident report and submit it to the Principal as soon as possible, but within 24 hours of the accident. This reporting obligation shall be in addition to any reporting required by law or other district policies. One copy shall be submitted to the Principal and the other copy shall be submitted to the SAU office. Both reports shall be filed within 24 hours of the incident.

At the beginning of each school year, the Principal shall review the policy on accidents and accident reporting with staff.

Legal Reference:

*NH Code of Administrative Rules – Section Ed. 306.12(b)(1), School Health Services
Appendix KFD-R, NH Department of Safety Incident Report Form*

Category: R

See also Policies EBBC & JLCE

1st Reading: July 16, 2013

2nd Reading: September 17, 2013

Adopted: September 17, 2013

< EBB – Safe Schools

EBBC - Emergency Care and First Aid (Student Accidents and Accident Reports)

(<https://schoolboard.convalsd.net/district-policies/ebbc-first-aid-and-emergency-care-student-accidents-and-accident-reports/>)

EMERGENCY CARE & FIRST AID*Category: Priority/Required by Law**Identical policy: JLCE†**Related policies: EBBB, JLC & JLCD***REVISION/ADOPTION NOTES –*****This text box, and all highlights within the policy should be removed prior to adoption.***

- (a) †This policy is coded in two sections, Support Services (EBBC) and Students (JLCE). The two policies used to be written separately for each section/application, but have now been merged into this one version. Districts may, but need not, maintain both. If choosing to maintain one, NHSBA recommends using JLCE, and further that the board formally withdraw the other policy, with a permanent record of the withdrawn policy. See 2020 NHSBA Spring Update sample JFA-R for what record of a withdrawn policy might look like.
- (b) General – As with all sample policies, NHSBA recommends that each district carefully review this sample prior to adoption to assure suitability with the district's own specific circumstances, internal coding system, current policies, and organizational structures. Highlighted language or blank, underscored spaces indicate areas which Boards must change/complete to reflect local personnel titles, policy references, duty assignments etc.
- (c) {**} indicates a reference to another NHSBA sample policy. A district should check its own current policies and codes to assure internal consistency.
- (d) Withdrawn and earlier versions of revised policies should be maintained separately as part of the permanent records of the District.

All School personnel have responsibilities in connection with injuries and emergencies occurring in school and at school-sponsored events, which may be classified as follows: (1) administering first aid; (2) summoning medical assistance; (3) notifying administration; (4) notifying parents; and (5) filing accident/injury reports.

School personnel must use reasonable judgment in handling injuries and emergencies. Caution should be exercised not to minimize or maximize any injury or illness. All personnel will understand the proper steps to be taken in the event of an injury or emergency.

The Superintendent will ensure that at least one other person on staff, aside from the school nurse, has current first aid and cardiopulmonary certification (CPR). If the school nurse or licensed practical nurse is not available, the person(s) who have current first aid and CPR certification is authorized to administer first aid and CPR as needed.

The school will obtain at the start of each school year emergency contact information of parents/guardians for each student and staff member.

The school physician, school nurse, or specially trained staff members shall assist in the treatment of injuries or emergency situations. Such individuals have the authority to administer oxygen in case of a medical emergency, if available and if appropriate. This authorization extends to administering oxygen to students without prior notification to parents/guardians.

EMERGENCY CARE & FIRST AID

The school nurse or other designated personnel may administer other medications to students in emergency situations, provided such personnel has all training as is required by law. Such medication may also be administered in emergency situations if a student's medical action plan has been filed and updated with the school district to the extent required by law.

Consistent with state law, the school nurse may maintain a supply of asthma related rescue medication and the emergency medication epinephrine. The school physician, if any, the school nurse, or specially trained staff members may also administer epinephrine to any student in case of a medical emergency, if appropriate. This authorization extends to administering epinephrine without prior notification to parents/guardians. The school nurse or other designated personnel may administer or make available to self-administer a bronchodilator, spacer, or nebulizer to a student who has been diagnosed with asthma for use in emergency or other situations as determined by the school nurse.

The district will maintain all necessary records relative to the emergency administration of medication and will file all such reports as may be required under Board policy {**}JLCD, or applicable laws or regulations.

Accident reports must be prepared and filed consistent with Board policy {**}EBBB.

The District makes it possible for parents/guardians to subscribe to student accident insurance at low rates. This program is offered each year during September. The District does not provide student accident insurance.

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EMERGENCY CARE & FIRST AID

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w/p-update/2020/spring//JLCE EBBC - Emergency Care and First Aid (d1) 2020-1

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EBBC – Emergency Care and First Aid (Student Accidents and Accident Reports)

All school personnel have responsibilities regarding injuries and emergencies as follows:

1. Administering first aid and/or summoning medical assistance
2. Notifying administration
3. Notifying parents/guardians
4. Filing accident reports

School personnel must use reasonable judgment in handling accident cases. Caution should be exercised not to minimize or maximize any injuries or emergency. Personnel will understand the proper steps to be taken in the event of an injury or emergency, including appropriate activation of EMS and obtaining additional staff assistance when possible. Personnel shall also understand their role as it relates to the District's Emergency Response Plan.

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(Include in Staff Handbook)

Legal Reference:

RSA 200:40, Ed 306.12

See also: JLCE

Category: P

1st Read: February 16, 2016

2nd Read: April 5, 2016

Adopted: April 5, 2016

< EBBB - Reporting Accidents Involving Physical Harm of Students

EBBD - Indoor Air Quality (<https://schoolboard.convalsd.net/district-policies/ebbd-indoor-air-quality/>)