

1. Student immunization records shall be maintained as required by N.J.A.C. 8:57-4.7(a).

i. The records shall be recorded on forms provided by the New Jersey Department of Health and Senior Services; and

ii. The forms shall be filed separately from other student health records for the purpose of immunization record review by local or State health officials.

2. Findings of student health histories, health screenings and required medical examinations that are relevant to school participation shall be recorded on a form as specified by the Commissioner of Education.

(c) Any district board of education employee with knowledge of, or access to, the following health information shall comply with restrictions for sharing that information as required by Federal and State statutes and regulations.

1. Information that identifies a student as having HIV infection or AIDS shall be shared only with prior written informed consent of the student age 12 or greater, or of the student's parent or guardian as required by N.J.S.A. 26:5C-1 et seq. and only for the purpose of determining an appropriate educational program for the student.

2. Information obtained by the school's alcohol and other drug program which would identify the student as an alcohol or other drug user may be disclosed only for those purposes and under those conditions permitted by 42 CFR Part 2.

3. Information provided by a secondary school student while participating in a school-based alcohol or other drug counseling program that indicates that a parent, guardian or other person residing in the student's household is dependent upon or illegally using a substance shall be shared only for those purposes and conditions permitted by N.J.S.A. 18A:40A-7.1.

(d) Each district shall provide access to the student health record to licensed medical personnel, not holding educational certification, who are working under contract with or as employees of the district only to the extent necessary to enable the licensed medical personnel to perform their duties.

(b) The district shall conduct a criminal history background check on any physician before entering into an agreement for delivery of services.

(c) The school physician must be a physician currently licensed by the New Jersey Board of Medical Examiners in medicine or osteopathy whose training and scope of practice includes child and adolescent health and development.

(d) The school physician shall provide, at a minimum, the following services:

1. Consultation and review in the development of district policies and procedures related to health, safety and emergency medical procedures;

2. Consultation to the district board of education, administrators and staff;

3. Consultation to school district medical staff regarding the delivery of school health services, which includes special health care needs of technology supported and medically fragile children, including those covered by the Individuals with Disabilities Education Act, 20 U.S.C. Chapter 33;

4. Physical examinations conducted in an appropriately equipped facility for students who do not have a medical home;

5. Direction for professional duties of other medical staff;

6. Written standing orders;

i. Standing orders shall be reviewed and reissued before the beginning of each school year;

7. Establishment of standards of care for emergency situations and medically related care involving students and school staff;

8. Assistance to the certified or noncertified school nurse in conducting health screenings of students and staff and assistance with the delivery of school health services;

9. Review, as needed, of reports and orders from private physicians regarding student health concerns;

10. Authorization of tuberculin testing;

11. Review and approval of Do Not Resuscitate (DNR) orders and instruction to school staff; and

12. Consultation with the school district certified nurse(s) to obtain input for the development of the school nursing services plan, pursuant to (f) below.

(e) Each district board of education shall appoint at least one full time equivalent certified school nurse to provide nursing services.

SUBCHAPTER 2. GENERAL PROVISIONS FOR SCHOOL HEALTH SERVICES

6A:16-2.1 Health services personnel

(a) Each district board of education shall appoint at least one school physician pursuant to N.J.S.A. 18A:40-1. In districts where there is more than one school physician, a lead physician shall be appointed to serve as health services director.

1. Under the direction of the school physician and the chief school administrator, the duties of the certified school nurse shall include, but not be limited to:

- i. Conducting health screenings in accordance with N.J.A.C. 6A:16-2.2;
- ii. Maintaining student health records, pursuant to N.J.S.A. 18A:40-4 and N.J.A.C. 6A:16-2.2;
- iii. Assessing and recommending to the school principal the exclusion of students who show evidence of communicable disease, pursuant to N.J.S.A. 18A:40-7 and 8, or who have not submitted acceptable evidence of immunizations, pursuant to N.J.A.C. 8:57-4;
- iv. Instructing teachers on communicable diseases and other health concerns, pursuant to N.J.S.A. 18A:40-3;
- v. Training, direction and supervision of the emergency administration of epinephrine for school staff designated by the certified school nurse to serve as delegates, pursuant to N.J.S.A. 18A:40-12.6;
- vi. Directing and supervising the health services activities of any school staff to whom the certified school nurse has delegated a nursing task;
- vii. Providing appropriate response to DNR orders;
- viii. Maintaining a valid, current Providers Cardiopulmonary Resuscitation certification from the American Heart Association or the equivalent from the American Red Cross;
- ix. Reviewing and summarizing available health and medical information regarding the student and transmitting the summary to the Child Study Team for the meeting according to N.J.A.C. 6A:14-3.4(h); and
- x. Writing and updating, at least annually, the accommodation plan including the individualized health care plan required under Section 504 of the Rehabilitation Act of 1973 for any student who requires them.

(f) Each district board of education shall develop a plan for the provision of school nursing services, including, but not limited to, the assignment of school nurses. The school nursing services plan may assign one or more noncertified school nurses to perform duties permitted under their license from the State Board of Nursing and those described in (e) above with the exception of (e)iv through vi, ix and x above provided that each noncertified school nurse is assigned to the same school building or school complex as a certified school nurse.

1. For the purposes of assigning school nurses, a district board of education shall determine whether one building or a group of buildings constitute a school complex based on the following criteria:

- i. Grade levels;
- ii. General education enrollment;

- iii. Special education enrollment;
- iv. Number of children with severe medical involvement;
- v. Distance between the buildings; and
- vi. Type of communication system in place.

2. The chief school administrator, in consultation with the school physician, shall submit the school nursing services plan to the district board of education for approval at a regularly scheduled public meeting.

3. The assignment plan for certified and noncertified nurses working in this capacity and the reasons for the assignments based on the criteria in (f)1 above shall be submitted to the county superintendent for review and approval annually as part of the Quality Assurance Annual Report pursuant to N.J.A.C. 6:8-2.1 with evidence of public discussion and the district board of education approval.

Amended by R.2001 d.309, effective September 4, 2001.
See: 33 N.J.R. 1253(a), 33 N.J.R. 3032(b).

In (f), rewrote the introductory paragraph, substituted "one building or a group of" for "two or more" in 1, added a new 2, recodified former 2 as 3 and rewrote the paragraph.

Amended by R.2001 d.472, effective December 17, 2001.

See: 33 N.J.R. 2936(a), 33 N.J.R. 4330(a).

In (d), added 12.

6A:16-2.2 Required student medical examinations

(a) Each district board of education shall adopt policies regarding the content and procedures for the administration of student medical examinations, pursuant to N.J.S.A. 18A:40-4.

(b) Each student medical examination shall be conducted at the medical home of the student, and a full report sent to the school. If a student does not have a medical home, the district shall provide this examination at the school physician's office or other appropriately equipped facility.

(c) Information concerning a student's HIV/AIDS status shall not be required as part of the physical examination or health history.

(d) Each student shall be examined as required below.

1. Each student shall be examined upon entry into school. Each district board of education shall notify parents of the importance of obtaining subsequent medical examinations of the student at least one time during each developmental stage at early childhood (pre-school through grade three), pre-adolescence (grades four through six), and adolescence (grades seven through 12).

2. A student shall be examined pursuant to a comprehensive child study team evaluation as required by N.J.A.C. 6A:14-3.4.

3. A student shall be examined when applying for working papers pursuant to N.J.S.A. 34:2-21.8.

(e) The examination shall be documented on a form approved by the Commissioner of Education and include the following components:

1. Immunizations pursuant to N.J.A.C. 8:57-4.1 through 4.16;
2. Medical history including allergies, past serious illnesses, injuries and operations, medications and current health problems;
3. Health screenings including height, weight, hearing, blood pressure, and vision; and
4. Physical examination.

(f) A biennial scoliosis screening shall be conducted for every student between the ages of 10 and 18 pursuant to N.J.S.A. 18A:40-4.3.

1. The examination shall be conducted by a school physician, school nurse, physical education instructor or other school personnel properly trained in the screening process for scoliosis.
2. Each district board of education shall provide for the notification of the parents or guardian of any student suspected of having scoliosis.

(g) Students shall be examined who are suspected of being under the influence of alcohol and controlled dangerous substances, in accordance with N.J.S.A. 18A:40A-12 and N.J.A.C. 6A:16-4.3.

(h) An examination of each candidate for a school athletic squad or team shall be conducted within 365 days prior to the first practice session with examinations being made available by the school physician for those students who do not have a medical home.

1. The medical examination shall include a health history questionnaire, completed and signed by the parent to determine whether the student:
 - i. Has been medically advised not to participate in any sport, and the reason for such advice;
 - ii. Is under a physician's care and the reasons for such care;
 - iii. Has experienced loss of consciousness after an injury;
 - iv. Has experienced a fracture or dislocation;
 - v. Has undergone any surgery;
 - vi. Takes any medication on a general basis, the names of such medication and the reasons for such medications;
 - vii. Has allergies including, but not limited to: hives, asthma or reactions to bee stings;
 - viii. Has experienced frequent chest pains or palpitations;

- ix. Has a recent history of fatigue and undue tiredness;
- x. Has a history of fainting with exercise; and
- xi. Has a history of a family member who died suddenly.

2. The medical examination shall include a physical examination which includes, at a minimum, the following:

- i. Measurement of weight, height, and blood pressure;
- ii. Examination of the skin to determine the presence of infection, scars from previous surgery or trauma, jaundice and purpura;
- iii. Examination of the eyes to determine visual acuity, use of eyeglasses or contact lenses, and examination of the sclera for the presence of jaundice;
- iv. Examination of the ears to determine the presence of acute or chronic infection, perforation of the eardrum and gross hearing loss;
- v. Examination of the nose to assess the presence of deformity which may affect endurance;
- vi. Assessment of the neck to determine range of motion and the presence of pain associated with such motion;
- vii. Examination of chest contour;
- viii. Auscultation and percussion of the lungs;
- ix. Assessment of the heart with attention to the presence of murmurs, noting rhythm and rate;
- x. Assessment of the abdomen with attention to the possible presence of hepatomegaly, splenomegaly or abnormal masses;
- xi. Assessment of the back to determine range of motion or abnormal curvature of the spine;
- xii. Examination of extremities to determine abnormal mobility or immobility, deformity, instability, muscle weakness or atrophy, surgical scars and varicosities;
- xiii. Examination of the testes to determine the presence and descent of both testes, abnormal masses or configurations, or hernia;
- xiv. Assessment of physiological maturation; and
- xv. Neurological examination to assess balance and coordination.

3. The medical report shall include a determination concerning the student's participation from the examining physician, nurse practitioner/clinical nurse specialist, or physician's assistant.

4. To participate on a school athletic squad or team, each candidate whose medical examination was completed more than 60 days prior to the first practice session shall

provide a health history update of medical problems experienced since the last medical examination. This shall be completed and signed by the parent. The health history update shall include the following information:

- i. Hospitalization/operations;
- ii. Illnesses;
- iii. Injuries;
- iv. Care administered by a physician of medicine or osteopathy, advanced practice nurse or physician's assistant; and
- v. Medications.

5. Each district shall provide written notification signed by the district school physician to the parent or legal guardian stating approval of the student's participation in athletics based upon the medical report pursuant to (h)3 above or the reasons for the school physician's disapproval of the student's participation. The health findings of the medical examination for participation shall be made part of the student's health record and shall be documented on a form issued by the Commissioner of Education.

6. The health findings of the medical examination shall be maintained as part of the student's health record.

Amended by R.2003 d.326, effective August 4, 2003.

See: 35 N.J.R. 1503(a), 35 N.J.R. 3610(a).

In (f), substituted "A biennial" for "An annual" in the introductory paragraph and added 1 and 2.

6A:16-2.3 Required school health services

(a) Each district shall perform tuberculosis tests on students using methods as specifically directed by the New Jersey Department of Health and Senior Services, based upon the incidence of tuberculosis or reactor rates in specific communities or population groups as required by N.J.S.A. 18A:40-16.

(b) Each district board of education shall develop and adopt written policies and procedures for the administration of medication to students and staff, which shall be developed in consultation with the school physician.

1. The policy shall require that only the following individuals be authorized to administer medication to students in schools:

- i. The school physician;
- ii. A certified or noncertified school nurse;
- iii. A substitute school nurse employed by the district;
- iv. The student's parent or guardian;
- v. The student approved to self-administer pursuant to N.J.S.A. 18A:40-12.3 and 12.4; and

vi. Other school employees trained and designated by the certified school nurse to administer epinephrine in an emergency pursuant to N.J.S.A. 18A:40-12.5 and 12.6.

(c) Reportable, communicable diseases, as identified pursuant to N.J.A.C. 8:57-1, whether confirmed or presumed, shall be immediately reported by telephone to the health officer of the jurisdiction wherein the diagnosis is made.

(d) The certified school nurse shall annually review immunization records to confirm with the medical provider that the medical condition for the exemption from immunization is applicable, pursuant to N.J.A.C. 8:57-4.3.

(e) District boards of education shall develop written policies and procedures for sanitation and hygiene when handling blood and bodily fluids in conformance with N.J.A.C. 8:61-1.1(f) and in compliance with Centers for Disease Control guides which direct schools to implement Universal Precautions.

(f) District boards of education provide for implementation of Do Not Resuscitate orders written in consultation with the student's physician and approved by the school physician.

(g) District boards of education shall develop policies for the treatment of asthma in the school setting which shall include, but not be limited to, the following:

1. A requirement that each school nurse shall be authorized to administer asthma medication through use of a nebulizer;

2. A requirement that each school nurse receive training in airway management and in the use of nebulizers and inhalers consistent with nationally recognized standards, including, but not limited to, those of the National Institutes of Health and the American Academy of Allergy, Asthma and Immunology. Copies of these standards may be obtained by contacting the National Institutes of Health, 1 Center Drive MSC0188, Bethesda, Maryland 20892-0188 and the American Academy of Allergy, Asthma and Immunology, 111 E. Wells Street, Milwaukee, Wisconsin 53202; and

3. A requirement that each student authorized to use asthma medication pursuant to N.J.S.A. 18A:40-12.3, or a nebulizer, have an asthma treatment plan prepared by the student's physician, which shall identify, at a minimum, asthma triggers and an individualized health care plan, pursuant to N.J.A.C. 6A:16-2.1(e)1x, for meeting the medical needs of the student while attending school or a school-sponsored event.

(h) Each public and nonpublic school in the State shall have and maintain for the care of students at least one nebulizer in the office of the school nurse or a similar accessible location.

Amended by R.2002 d.134, effective May 6, 2002.

See: 34 N.J.R. 355(a), 34 N.J.R. 1667(a).

In (e), amended N.J.A.C reference; added (g) and (h).

6A:16-2.4 Nursing services to nonpublic school students

(a) District boards of education having nonpublic schools within their district boundaries shall provide basic nursing

services to nonpublic school students who are enrolled full-time, within the limits of funds appropriated or otherwise made available for this purpose according to N.J.S.A. 18A:40-23.