

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

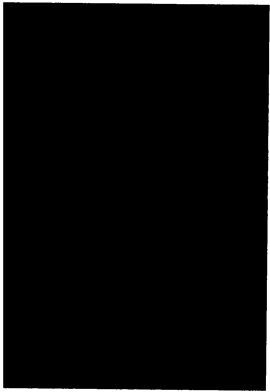
i. The records shall be recorded on forms provided by the New Jersey Department of Health and Senior Services; and

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.

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(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.

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.

(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.

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;

11. While the student is at home because of the medical examination or after the student returns to school, a substance awareness coordinator or individuals who hold school nurse, school psychologist, school social worker, or student personnel services endorsements on the Educational Services Certificate and are trained to assess alcohol and other drug abuse shall:

i. Conduct an alcohol and other drug assessment of the student and a reasonable investigation of the situation for the purpose of making a preliminary determination of the student's need for educational programs, supportive services or treatment which extend beyond the general school program by virtue of the use of alcohol or other drugs by the student. The findings of the assessment alone shall not be used to prevent a student from attending school; and

ii. Cooperate with community agencies as defined in N.J.A.C. 6A:16-4.1(b) and juvenile justice officials in providing evaluation, referral and continuity of care for substance abuse treatment.

12. While the student is at home because of the medical examination or after his or her return to school, the principal or chief school administrator may recommend or require alcohol and other drug assessment of the student or evaluation by appropriately certified or licensed professionals to make a positive determination of a student's need for programs and services which extend beyond the general school program, as necessary. The findings of these additional evaluations alone shall not be used to prevent a student from attending school.

13. If at any time it is determined that the student's use of substances presents a danger to the student's health and well-being, the substance awareness coordinator or individuals who hold school nurse, school psychologist, school social worker, or student personnel services endorsements on the Educational Services Certificate and are trained in alcohol and other drug abuse treatment referral shall initiate a referral for substance abuse treatment.

14. The district board of education may provide additional intervention and referral services for the student according to the requirements of N.J.S.A. 18A:40A-10 and N.J.A.C. 6A:16-7.1 through 7.3.

(b) In instances involving the suspected use of anabolic steroids, the following shall apply according to the requirements of N.J.S.A. 18A:40A-12(b):

1. Whenever any teaching staff member, certified or noncertified school nurse or other educational personnel shall have reason to believe that a student has used or may be using anabolic steroids, that person shall report the matter as soon as possible to the principal (or, in his or her absence, to his or her designee) and to the certified or noncertified school nurse or school physician or to the substance awareness coordinator.

2. The principal or designee shall immediately notify the parent and the chief school administrator and shall arrange for an examination of the student by a physician licensed to practice medicine or osteopathy selected by the parent.

i. If the physician chosen by the parent is not available to perform the examination, the examination shall be conducted by the school physician.

ii. The student shall be examined as soon as possible for the purpose of determining whether the student has been using anabolic steroids.

3. The examining physician shall provide a written report of the examination to the parent and to the chief school administrator.

4. If it is determined that the student has used anabolic steroids, a substance awareness coordinator or individuals who hold school nurse school psychologist, school social worker, or student personnel services endorsements on the Educational Services Certificate and are trained to assess alcohol and other drug abuse shall interview the student and others, as necessary, for the purpose of determining the extent of the student's involvement with and use of these substances and the possible need for referral for treatment.

i. To make this determination, the school staff members identified in (b)4 above may conduct a reasonable investigation which may include interviews with the student's teachers and parent.

ii. The school staff members identified in (b)4 above may also consult with physicians and such experts in the field of substance abuse as may be appropriate.

5. If the results of a referral for evaluation have positively determined that the student's involvement with and use of these substances represents a danger to the student's health and well-being, the substance awareness coordinator or individuals who hold school nurse, school psychologist, school social worker, or student personnel services endorsements on the Educational Services Certificate and are trained to assess alcohol and other drug abuse shall initiate a referral for treatment to appropriate community agencies as defined in N.J.A.C. 6A:16-4.1(b), to out-of-State agencies licensed by the appropriate State regulatory agency for alcohol and other drug services, or to private practitioners certified by the appropriate drug and alcohol licensing board.

(c) Any educational or non-educational school staff member who in good faith reports a student to the principal or his or her designee in compliance with the provisions of this subsection shall not be liable in civil damages as a result of making such a report, as specified in N.J.S.A. 18A:40A-13 and 14.

(d) Refusal or failure by a parent to comply with the provisions of N.J.S.A. 18A:40A-12 and this section shall be

treated as a policy violation of the Compulsory Education Act, pursuant to N.J.S.A. 18A:38-25 and 31, and child neglect laws, pursuant to N.J.S.A. 9:6-1 et seq.

(e) Refusal or failure of a student to comply with the provisions of N.J.S.A. 18A:40A-12 and this section shall be treated by the district as a policy violation and handled in accordance with N.J.A.C. 6A:16-4.1(c)2.

SUBCHAPTER 5. SCHOOL SAFETY

6A:16-5.1 Code of student conduct

(a) Each district board of education shall develop and implement a code of student conduct for establishing school standards and rules which define acceptable student behavioral expectations and which govern student behavior. The content of the code, at a minimum, shall include:

1. Student responsibilities and rights;
2. Disciplinary sanctions and due process; and
3. Positive reinforcement for good conduct and academic success.

(b) The code shall be based on broad community involvement and accepted local core ethical values.

(c) Each district board of education shall establish a process for an annual review and update of the code.

(d) The code shall be disseminated annually to all school staff, students and parents.

(e) The chief school administrator shall report annually a numerical summary of all out-of-school suspensions, expulsions and removal of students for violations of the code of student conduct to the district board of education at a public meeting.

6A:16-5.2 Emergency and crisis management plans

(a) Each district board of education shall establish plans, procedures and mechanisms for responding to emergencies and crises. The plans, at a minimum, shall provide for:

1. The protection of the health, safety and welfare of the school population; and
2. Supportive services for staff, students and their families.

(b) The chief school administrator shall consult with law enforcement agencies, health and social services agencies and emergency management planners in the development of district plans, procedures and mechanisms for responding to emergencies and crises.

(c) The district shall develop and provide an in-service training program for school staff to enable them to recognize and appropriately respond to crises, consistent with the district's plans, procedures and mechanisms for managing crises.

1. The in-service training program shall be reviewed and updated on an annual basis.

6A:16-5.3 Incident reporting of violence, vandalism and substance abuse

(a) Any school employee who observes or has direct knowledge from a participant or victim of an act of violence or the possession or distribution of substances, and any school employee who reports a student for being under the influence of alcohol or other drugs, according to the requirements of N.J.S.A.18A:40A-12 and N.J.A.C. 6A:16-4.3, shall file a report describing the incident to the school principal on a form adopted for such purposes by the district board of education.

(b) The principal shall:

1. Review the incident report for accuracy in indicating the incident type, offender information, victim information, student demographics, and location of the incident;
2. Forward a copy of the incident report to the chief school administrator; and
3. Notify the chief school administrator of the action taken regarding the incident.

(c) The district board of education shall not discharge or subject to any manner of discrimination any school employee who files a report pursuant to this section.

(d) The chief school administrator annually shall:

1. Submit a report to the Commissioner of Education of each incident of violence, vandalism and substance abuse in the school district utilizing the Electronic Violence and Vandalism Reporting System (EVVRS); and
2. Verify that the data entered onto the EVVRS are correct.

(e) The chief school administrator annually shall report a numerical summary of all acts of violence and vandalism and incidents of substance abuse to the district board of education at a public meeting.

6A:16-5.4 Access to juvenile justice information

Each district board of education shall adopt and implement policies and procedures protecting access to information related to juvenile justice proceedings, according to the requirements of N.J.S.A. 2A:4A-60.