

(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; and

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

(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.

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) An annual 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.

(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;