

**CHAPTER 16
PROGRAMS TO SUPPORT STUDENT
DEVELOPMENT**

Authority

N.J.S.A. 2A:4A-60, 2C:33-19, 18:36-5.1, 18A:4-15, 18A:17-46, 18A:25-2, 18A:36-5.1, 18A:36-19, 18A:36-19a, 18A:37-1 through 5, 18A:37-2.1, 18A:37-13 et seq., 18A:38-25 through 31, and 18A:40A-7.1; P.L. 2001, c. 246; 20 U.S.C. §1232g, 20 U.S.C. §1232h and 20 U.S.C. §1400; Section 504 of the Rehabilitation Act of 1973, P.L. 107-110 (Title IV, Part A, Subpart 4, Section 415, and Title IX, Part E, Subpart 2, Section 9532); and 34 CFR Part 98; 34 CFR Part 99, 42 CFR Part 2, 45 CFR §160.

Source and Effective Date

R.2006 d.366, effective September 15, 2006.
See: 38 N.J.R. 2294(a), 38 N.J.R. 4411(c).

Chapter Expiration Date

Chapter 16, Programs to Support Student Development, expires on September 15, 2011.

Chapter Historical Note

Chapter 16, Programs to Support Student Development, was adopted by R.2001 d.138, effective May 7, 2001. See: 33 N.J.R. 399(a), 33 N.J.R. 1443(a).

Subchapter 7, Student Conduct, adopted as new rules. Former Subchapter 7, Intervention and Referral Services, recodified as Subchapter 8; Subchapter 8, Alternative Education Programs, recodified as Subchapter 9; Subchapter 9, Home or Out-of-School Instruction for General Education Students, recodified as Subchapter 10; Subchapter 10, Reporting Allegations of Child Abuse and Neglect, recodified as Subchapter 11 by R.2005 d.297, effective September 6, 2005. See: 37 N.J.R. 1570(a), 37 N.J.R. 3295(b).

Chapter 16, Programs to Support Student Development, was re-adopted as R.2006 d.366, effective September 15, 2006. As a part of R.2006 d.366, Subchapter 3, Comprehensive Substance Abuse Programs, was renamed Comprehensive Alcohol, Tobacco and Other Drug Abuse Programs; Subchapter 4, Procedures for Substance Abuse Intervention, was renamed Procedures for Alcohol and Other Drug Abuse Intervention; Subchapter 5, School Safety, was renamed School Safety and Security; Subchapter 6, Law Enforcement Operations for Substances, Weapons and Safety, was renamed Law Enforcement Operations for Alcohol, Other Drugs, Weapons and Safety; Subchapter 10, Home or Out-of-School Instruction for General Education Students, was renamed Home or Out-of-School Instruction; and Subchapter 11, Reporting Allegations of Child Abuse and Neglect, was repealed and Subchapter 11, Reporting Potentially Missing or Abused Children, was adopted as new rules, effective October 16, 2006. See: Source and Effective Date. See, also, section annotations.

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SUBCHAPTER 1. GENERAL PROVISIONS

6A:16-1.1 Purpose

These rules specify minimum standards for district boards of education in establishing policies and procedures and in operating programs to support the social, emotional and physical development of students. Programs to support student development include school health services, athletic programs, intervention and referral services, programs of substance use prevention, intervention and treatment referral, school safety and security, student discipline, reporting of potentially missing, abused or neglected child situations, home instruction and approved alternative education programs. Included in these rules are standards for the delivery of home instruction and school health services to nonpublic schools.

Amended by R.2006 d.366, effective October 16, 2006.
 See: 38 N.J.R. 2294(a), 38 N.J.R. 4411(c).
 Rewrote the section.

6A:16-1.2 Scope

These rules apply to the provision of programs and services for all students in kindergarten through grade 12 by New Jersey public school districts, charter schools, jointure commissions, educational services commissions and approved private schools for the disabled acting under contract to provide educational services on behalf of New Jersey public school districts, unless otherwise indicated. Throughout this chapter "district board of education" refers to the governing authority for all of the agencies identified in N.J.A.C. 6A:16-1.2, unless otherwise indicated.

Amended by R.2005 d.297, effective September 6, 2005.
 See: 37 N.J.R. 1570(a), 37 N.J.R. 3295(b).

Added " , unless otherwise indicated. Throughout this chapter, 'district board of education' refers to the governing authority for all of the agencies identified in N.J.A.C. 6A:16-1.2, unless otherwise indicated" following "Juvenile Justice Commission".

Amended by R.2006 d.366, effective October 16, 2006.
 See: 38 N.J.R. 2294(a), 38 N.J.R. 4411(c).
 Rewrote the section.

6A:16-1.3 Definitions

The following words and terms, when used in this chapter, shall have the following meanings unless the context clearly indicates otherwise.

"Abused children" means the categories of children enumerated in N.J.S.A. 9:6-8.21.

"Advanced practice nurse" means a person who holds current certification as nurse practitioner/clinical nurse specialist from the State Board of Nursing.

"Alternative education program" means a comprehensive educational program delivered in a non-traditional learning environment that is distinct and separate from the existing general or special education program. The alternative education program shall fulfill the program criteria pursuant to N.J.A.C. 6A:16-9.2 and be approved by the district board of education, pursuant to N.J.A.C. 6A:16-9.1(a), or by the Commissioner of Education pursuant to N.J.A.C. 6A:16-9.1(b), for the purpose of addressing the individual learning, behavior and health needs of students determined by the school district to be at risk of school failure or who have been mandated for removal from general education, pursuant to N.J.A.C. 6A:16-5.5, 5.6 and, as appropriate, 5.7.

"Assessment" means those procedures used by school staff to make a preliminary determination of a student's need for educational programs, supportive services or referral for outside services which extend beyond the general school program by virtue of learning, behavioral or health difficulties of the student or the student's family.

"Asthma Action Plan" means a form approved by the Commissioner of Education, completed by the medical home, that is specifically designed to indicate differentiated symptoms and appropriate action to be taken by school staff to manage the care of a student that suffers from asthma-related illnesses. The Asthma Action Plan shall serve as an accompaniment to the student's Individualized Healthcare Plan. N.J.S.A. 18A:40-12.8(b) refers to the asthma action plan as the asthma treatment plan.

"Automated external defibrillator" means a device that automatically detects shockable cardiac arrhythmia and can provide defibrillation as part of basic life support in non-health-care settings.

"Case management" means advocacy for and coordination of services to students including, but not limited to, counseling, health services, referrals to community-based agencies and monitoring of academic progress.

"Certified school nurse" means a person who holds a current license as a registered professional nurse from the State Board of Nursing and an Educational Services Endorsement, school nurse or school nurse/non-instructional from the Department of Education pursuant to N.J.A.C. 6A:9-13.3 and 13.4.

“Code of student conduct” means standards, policies and procedures established by district boards of education for positive student development and student behavioral expectations on school grounds, including on school buses or at school-sponsored functions, and, as appropriate, conduct away from school grounds, in accordance with N.J.A.C. 6A:16-7.6.

“Commissioner” means the Commissioner of Education or his or her designee.

“Delegation” means the transfer of responsibility for performance of an activity from one individual to another, with the former retaining accountability for the outcome.

“Do Not Resuscitate order” or “DNR order” means a written directive signed by the parent or guardian of a student who, after consultation with the pediatrician and other advisors, declines emergency administration of cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) to the student.

“Evaluation” means those procedures used by a certified or licensed professional to make a positive determination of a student’s need for programs and services which extend beyond the general school program by virtue of learning, behavior or health difficulties of the student or the student’s family.

“Expulsion” means the discontinuance of educational services or the discontinuance of payment of educational services for a student.

“Firearms” means those items enumerated in N.J.S.A. 2C:39-1(f) and 18 U.S.C. §§921.

“General education” means the educational programs and services provided to students other than students determined to be eligible for special education and related services pursuant to N.J.A.C. 6A:14-3.5 and 3.6.

“Guided learning experiences” mean structured learning tasks assigned to the student to perform without the teacher being present that are aligned to the school district curriculum and State Core Curriculum Content Standards and designed to help the student to learn new or reinforce prior knowledge, practice skills, integrate knowledge and skills or demonstrate mastery.

“Harassment, intimidation or bullying” means any gesture or written, verbal or physical act that is reasonably perceived as being motivated either by any actual or perceived characteristic, such as race, color, religion, ancestry, national origin, gender, sexual orientation, gender identity and expression, or a mental, physical or sensory disability, or by any other distinguishing characteristic, that takes place on school property, at any school-sponsored function or on a school bus and that a reasonable person should know, under the circumstances, will have the effect of harming a student or damaging the student’s property or placing a student in reasonable fear of harm to his or her person or damage to his or her property;

or has the effect of insulting or demeaning any student or group of students in such a way as to cause substantial disruption in, or substantial interference with, the orderly operation of the school.

“Health history” means the record of a person’s past health events obtained by school staff from the individual, a parent or guardian or health care provider.

“Health screening” means procedures designed to detect previously unrecognized conditions as early as possible in order to provide early intervention and remediation and to limit potential disability or negative impact on scholastic performance.

“HIV” means human immunodeficiency virus, the cause of AIDS (Acquired Immunodeficiency Syndrome).

“Home instruction” means the provision of one-to-one or small group instruction in the student’s place of residence or other appropriate setting due to a health condition, need for treatment, court order or exclusion from general education for disciplinary or safety reasons.

“Independent contractor” means an individual whose employment criteria satisfy those requirements necessary for treatment as an independent contractor for Federal employment tax purposes.

“Individualized emergency healthcare plan” means a personalized healthcare plan written by the certified school nurse that specifies the delivery of accommodations and services needed by a student in the event of an emergency.

“Individualized healthcare plan” means a plan written by the certified school nurse that details accommodations and/or nursing services to be provided to a student because of the student’s medical condition based on medical orders written by a physician in the student’s medical home.

“Individualized Program Plan” (IPP) means a written plan developed for a general education student who has been assigned by the district board of education to home instruction, an alternative education program or who is being provided other educational services either in or out of school that are comparable to those provided in the public schools for students of similar grades and attainments, pursuant to N.J.S.A. 18A:38-25. The IPP sets forth the student’s present level of performance, measurable goals and short-term objectives or benchmarks that encompass behavioral and social competency as well as curriculum, and individually designed instructional activities to achieve the goals and objectives.

“Informal hearing” means a discussion between a school administrator and a student regarding the alleged misconduct of the student, pursuant to N.J.A.C. 6A:16-7.2, Short-term suspensions, in which the student is informed of his or her alleged violation of the district board of education’s code of student conduct, pursuant to N.J.A.C. 6A:16-7.1, Code of student conduct, and the basis for the accusation, and the student

is given the opportunity to explain his or her version of the facts and events regarding the alleged violation.

“Intern” means a postsecondary or graduate student in a professional field gaining supervised practical experience.

“Intervention” means those programs, services and actions taken to identify and offer help to a student at risk for learning, behavior or health difficulties.

“Long-term suspension” means removal of a student for more than 10 consecutive school days from the general education program, or the special education program when the appropriate procedures set forth in N.J.A.C. 6A:14-2.8 have been followed, but not the cessation of the student’s educational services.

“Medical home” means a health care provider and that provider’s practice site chosen by the student’s parent or guardian for the provision of health care.

“Medical staff” means employees of the district board of education serving as school physician, certified school nurse, noncertified nurse, advanced practice nurse, registered nurse, licensed practical nurse, or certified athletic trainer.

“Medical examination” means the assessment of an individual’s health status.

“Medication” means a drug approved by the Federal Food and Drug Administration for preventing, caring for and assisting in the cure of disease and injury that has a written order from a physician licensed in medicine, dentistry or osteopathy or an advanced practice nurse. Medication does not include herbal remedies.

“Noncertified nurse” means a person who holds a current license as a registered professional nurse from the State Board of Nursing and is employed by a district board of education or nonpublic school, and who is not certified as a school nurse by the Department of Education.

“Nursing Services Plan” means a plan that describes in detail the nursing services to be provided throughout the school district based on the needs of its students, potential emergency situations, basic nursing services requirements and the assignment of medical staff to provide those services.

“Parent” means the natural parent(s) or adoptive parent(s), legal guardian(s), foster parent(s) or parent surrogate(s) of a student. Where parents are separated or divorced, “parent” means the person or agency who has legal custody of the student, as well as the natural or adoptive parent(s) of the student, provided such parental rights have not been terminated by a court of appropriate jurisdiction.

“Parent surrogate(s)” means an individual or individuals approved by the district board of education in accordance with N.J.A.C. 6A:32 to act on behalf of a student whose parent(s) is not available to assure the student’s education rights.

“Physical examination” means the examination of the body by a professional licensed to practice medicine or osteopathy or an advanced practice nurse. The term includes very specific procedures required by statute as stated in N.J.A.C. 6A:16-2.2.

“Referral for evaluation” means those programs and services offered to a student or his or her family in order to make a positive determination regarding a student’s need for services which extend beyond the general school program.

“Referral for treatment” means those programs and services offered to a student or to his or her family to help implement the recommendations of an evaluation or in response to the family’s request for assistance with a learning, behavior or health difficulty.

“Registered professional nurse” means a person with a current license for this level of practice from the State Board of Nursing.

“School complex” means a group of two or more buildings.

“School grounds” means and includes land, portions of land, structures, buildings, and vehicles, when used for the provision of academic or extracurricular programs sponsored by the school district or community provider and structures that support these buildings, such as school district wastewater treatment facilities, generating facilities, and other central service facilities including, but not limited to, kitchens and maintenance shops. School grounds also includes other facilities as defined in N.J.A.C. 6A:26-1.2, playgrounds, and recreational places owned by local municipalities, private entities or other individuals during those times when the school district has exclusive use of a portion of such land.

“School physician” means a physician with a current license to practice medicine or osteopathy from the New Jersey Board of Medical Examiners who works under contract or as an employee of a New Jersey school district. This physician is referred to as the medical inspector in N.J.S.A. 18A:40-1.

“School-sponsored function” means any activity, event or program occurring on or off school grounds, whether during or outside of regular school hours, that is organized and/or supported by the school.

“Short-term suspension” means removal of a student for 10 consecutive school days or fewer from the general education program or the special education program, in accordance with N.J.A.C. 6A:14-2.8, but not the cessation of the student’s educational services.

“Standing orders” means directives and protocols written by the school physician to carry out medical procedures for all students and staff.

“Student health record” means documented information relevant to the health of the student in order to manage the

routine and emergency care of the student while school is in session.

“Substitute school nurse” means a person who holds a current license as a registered professional nurse from the State Board of Nursing and who has been issued a county substitute certificate to serve as a substitute for a certified school nurse in accordance with N.J.A.C. 6A:9-6.5(i).

“Supervision” means the active process of directing, guiding and influencing the outcome of an individual’s performance of an activity.

“Suspension” means either a removal of a student for 10 school days or fewer, pursuant to the definition of “short-term suspension” in this section and N.J.A.C. 6A:16-7.2, Short-term suspensions, or a removal of a student for more than 10 school days, pursuant to the definition of “long-term suspension” in this section and N.J.A.C. 6A:16-7.3, Long-term suspensions.

“Truancy” means 10 or more cumulative unexcused student absences, as determined by the district board of education pursuant to N.J.A.C. 6A:16-7.8(a)3 and the definition of a school day, pursuant to N.J.A.C. 6A:32-8.3.

“Universal precautions” means a set of procedures designed to prevent transmission of human immunodeficiency virus (HIV), hepatitis B virus, and other bloodborne pathogens. Universal precautions involve the use of protective barriers such as gloves, masks or eyewear and procedures for use of sharps and needles to prevent exposure to human blood, other body fluids containing visible blood, semen, vaginal secretions, tissue and cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids. Universal precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine and vomitus unless they contain visible blood. Universal precautions do not apply to saliva except in the dental setting where blood contamination of saliva is predictable.

“Weapon” means items that are enumerated in N.J.S.A. 2C:39-1(r), except a firearm as defined by N.J.S.A. 2C:39-1(f).

“Written order” means a directive and protocol written by the student’s medical home to address a healthcare need or provide a medical service for a specific student.

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

In “School complex”, substituted “one building or a group of” for “two or more” preceding “buildings identified”.

Amended by R.2002 d.396, effective December 16, 2002.

See: 34 N.J.R. 3157(a), 34 N.J.R. 4433(a).

Added “School grounds”.

Amended by R.2003 d.175, effective May 5, 2003.

See: 34 N.J.R. 4336(a), 35 N.J.R. 1893(a).

Rewrote “School grounds”.

Amended by R.2005 d.297, effective September 6, 2005.

See: 37 N.J.R. 1570(a), 37 N.J.R. 3295(b).

Added the definitions “Code of student conduct”, “Commissioner”, “Expulsion”, “General education”, “Harassment, intimidation or bully-

ing”, “Long-term suspension”, “Short-term suspension”, and “Truancy”; rewrote definitions “Individual Program Plan”, and “Suspension”; amended N.J.A.C. cite in “Alternative education program,” and “Substitute school nurse;” amended “School grounds;” deleted “Removal.”

Administrative correction.

See: 38 N.J.R. 2797(a).

Amended by R.2006 d.366, effective October 16, 2006.

See: 38 N.J.R. 2294(a), 38 N.J.R. 4411(c).

Deleted definition “AIDS”; rewrote definitions “Alternative education program”, “Certified school nurse”, “Home instruction”, “School Complex” and “Standing orders”; added definitions “Asthma Action Plan”, “Case management”, “Guided learning experiences”, “HIV”, “Individualized emergency healthcare plan”, “Individualized healthcare plan”, “Informal hearing”, “Nursing Services Plan”, “School-sponsored function”, “Student health record” and “Written order”; substituted definition “Automated external defibrillator” for definition “Automatic external defibrillator”; in definition “Do Not Resuscitate order”, substituted “automated” for “automatic”; in definitions “Long-term suspension” and “Short-term suspension”, inserted “consecutive”; in definition “Medical staff”, substituted “school nurse, noncertified nurse” for “or noncertified school nurse”; substituted definition “Noncertified nurse” for definition “Noncertified school nurse”; in definitions “Parent surrogate(s)” and “Truancy”, updated N.J.A.C. references; and in definition “Physical examination”, deleted “, except N.J.A.C. 6A:16-2.2(g)” from the end.

Amended by R.2007 d.184, effective June 4, 2007.

See: 39 N.J.R. 294(a), 39 N.J.R. 2243(a).

Added definitions “Abused children” and “Intern”; and substituted definition “Firearms” for definition “Firearm”.

6A:16-1.4 School district policies and procedures

(a) Each district board of education shall develop and adopt written policies, procedures, mechanisms or programs governing the following school functions:

1. Care of any student who becomes injured or ill while at school or during participation in school sponsored activities;
2. Transportation and supervision of any student determined to be in need of immediate medical care;
3. Isolation, exclusion, and readmission of any student or employee suspected of having a communicable disease as required by N.J.S.A. 18A:40-7 to 12 and 18A:40-16 to 18;
4. Provision of health services including immunization, administration of medication, treatment of asthma, medical examinations, nursing services and emergency medical situations as required in N.J.A.C. 6A:16-2;
5. An annual Nursing Services Plan that details the provision of nursing services based upon student need in the school district pursuant to N.J.A.C. 6A:16-2.1(b);
6. Administration of medication to students under the written order of a school physician or medical home pursuant to N.J.A.C. 6A:16-2.3(a)3vii;
7. Emergency administration of epinephrine via epipen to a student for anaphylaxis pursuant to N.J.S.A. 18A:40-12.5;
8. Provision of medical and nursing services to meet requirements for health history, medical examination, and health screening as an alternative for students who do not

have a medical home or have a religious objection to the required examinations pursuant to N.J.S.A. 18A:35-4.8;

9. Provision of nursing services to non-public schools located in the school district as required by N.J.S.A. 18A:40-23 through 31 and N.J.A.C. 6A:16-2.5;

10. Comprehensive substance abuse prevention, intervention and treatment referral programs pursuant to N.J.S.A. 18A:40A-8 through 18 and N.J.A.C. 6A:16-3 and 4;

11. Confidentiality related to juvenile justice proceedings pursuant to N.J.S.A. 2A:4A-60 and N.J.A.C. 6A:16-5.4, HIV identifying information pursuant to N.J.S.A. 26:5C-5 et seq., and drug and alcohol use information pursuant to 42 CFR Part 2, N.J.S.A. 18A:40A-7.1 through 7.2, and N.J.A.C. 6A:16-3.2;

12. School safety plans as required by N.J.A.C. 6A:16-5.1;

13. Removal of students from school for firearms offenses, assaults with weapon offenses and assaults on district board of education members or employees as required by N.J.A.C. 6A:16-5.5 through 5.7, and N.J.A.C. 6A:16-7.4, including removal of students for these offenses from receiving schools, pursuant to N.J.A.C. 6A:14-7.1(a);

14. Prohibition of remotely activating paging devices pursuant to N.J.S.A. 2C:33-19 and N.J.A.C. 6A:16-5.8;

15. Cooperation with law enforcement operations for substances, weapons and safety pursuant to N.J.A.C. 6A:16-6;

16. Development and implementation of a code of student conduct pursuant to N.J.A.C. 6A:16-7.1;

17. Provision of intervention and referral services in each building in which general education students are served, that meet the requirements of N.J.A.C. 6A:16-8;

18. The falsification of the annual report on violence and vandalism, pursuant to N.J.A.C. 6A:16-5.3(g);

19. Student attendance pursuant to N.J.A.C. 6A:16-7.8;

20. Intimidation, harassment and bullying pursuant to N.J.A.C. 6A:16-7.9; and

21. Notification of the appropriate law enforcement and child welfare authorities when a potential missing or abused child situation is detected pursuant to N.J.S.A. 18A:36-25 and N.J.A.C. 6A:16-11.1.

(b) Each district board of education shall develop and adopt policies and procedures that fulfill the rules and regulations of the New Jersey Department of Health and Senior Services, New Jersey Department of Human Services, New Jersey Department of Agriculture, and local boards of health which include the following requirements:

1. Exclusion of any student from the school setting for failure to meet requirements for immunization against communicable disease as required in N.J.A.C. 8:57-4, Immunization of Pupils in School;

2. Exclusion of any person from the school setting if the person has uncovered weeping skin lesions as required in N.J.A.C. 8:61-2.1, Attendance at school by students or adults with HIV infection;

3. Procedures for sanitation and hygiene when handling blood and bodily fluids pursuant to N.J.A.C. 8:61-2, Participation and Attendance at School by Individuals with HIV Infection, and conforming to Centers for Disease Control and Prevention guidelines that schools implement universal precautions;

4. Assurance that any student with HIV infection or AIDS or who lives with or is related to someone with HIV or AIDS is not excluded from general education, transportation services, extra-curricular activities, athletic activities, assigned to home instruction or classified as eligible for special education for reason of HIV infection pursuant to N.J.A.C. 8:61-2.1;

5. Creation of wellness policies pursuant to 7 CFR Parts 210, 215, 220 and 245 and N.J.A.C. 2:36-1.7, Local school nutrition policy; and

6. Ensuring accessibility of the NJ FamilyCare program for students who are knowingly without medical coverage pursuant to N.J.S.A. 18A:40-34.

(c) Each district board of education that engages in student testing, studies or surveys shall assure that its procedures and materials meet the Federal requirements of 20 U.S.C. §1232h, and N.J.S.A. 18A:36-34, School survey, parent consent required before administration.

Amended by R.2005 d.297, effective September 6, 2005.
See: 37 N.J.R. 1570(a), 37 N.J.R. 3295(b).

Rewrote (a); in (c), substituted “, entitled” for “titled” following “Part 98”.

Amended by R.2006 d.366, effective October 16, 2006.
See: 38 N.J.R. 2294(a), 38 N.J.R. 4411(c).

Section was “District policies and procedures”. Rewrote the section.
Amended by R.2007 d.184, effective June 4, 2007.
See: 39 N.J.R. 294(a), 39 N.J.R. 2243(a).

In (b)4, deleted “and” from the end; in (b)5, substituted “; and” for the period at the end; and added (b)6.

6A:16-1.5 (Reserved)

Recodified to N.J.A.C. 6A:16-2.4 by R.2006 d.366, effective October 16, 2006.

See: 38 N.J.R. 2294(a), 38 N.J.R. 4411(c).
Section was “Student health records”.

SUBCHAPTER 2. GENERAL PROVISIONS FOR
SCHOOL HEALTH SERVICES**6A:16-2.1 Health services policy and procedural requirements**

(a) Each district board of education shall develop and adopt the following written policies, procedures and mechanisms for the provision of health, safety and medical emergency services and ensure staff are informed as appropriate:

1. The review of immunization records for completeness pursuant to N.J.A.C. 8:57-4.1 through 4.20;
2. The administration of medication to students in the school setting by the following authorized individuals:
 - i. The school physician;
 - ii. A certified school nurse or noncertified nurse;
 - iii. A substitute school nurse employed by the school district;
 - iv. The student's parent;
 - v. The student approved to self-administer medication 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;
3. The review of Do Not Resuscitate (DNR) Orders received from the student's parent or medical home;
4. The provision of health services in emergency situations, including:
 - i. The emergency administration of epinephrine via epipen pursuant to N.J.S.A. 18A:40-12.5;
 - ii. The care of any student who becomes injured or ill while at school or during participation in school-sponsored functions;
 - iii. The transportation and supervision of any student determined to be in need of immediate care;
 - iv. The notification to parents of any student determined to be in need of immediate medical care; and
 - v. The administration of medication for students requiring epinephrine;
5. The treatment of asthma in the school setting which shall include, but not be limited to, the following:
 - i. A requirement that each school nurse shall be authorized to administer asthma medication through use of a nebulizer pursuant to N.J.S.A. 18A:40-12.8(a);
 - ii. 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 pursuant to N.J.S.A. 18A:40-12.8(a); and

iii. A requirement that each student authorized to use asthma medication pursuant to N.J.S.A. 18A:40-12.3 or a nebulizer shall have an Asthma Action Plan (AAP) prepared by the student's medical home and submitted to the certified school nurse. The AAP shall identify, at a minimum, asthma triggers and information to be included in the individualized healthcare plan and individualized emergency healthcare plan, pursuant to N.J.A.C. 6A:16-2.3(b) for meeting the medical needs of the student while attending school or a school-sponsored function;

6. The administration of student medical examinations, pursuant to N.J.S.A. 18A:40-4, N.J.S.A. 18A:35-4.8 and N.J.A.C. 6A:16-2.2;

7. Procedures for sanitation and hygiene when handling blood and bodily fluids pursuant to N.J.A.C. 8:61-1.1(f) and in compliance with the Centers for Disease Control and Prevention guidelines which advise that schools implement Universal Precautions titled Universal Precaution for Prevention of Transmission of HIV and Other Bloodborne Infections (1987, updated 1996), incorporated herein by reference, as amended and supplemented, which is available from the Centers for Disease Control and Prevention, Division of Healthcare Quality Promotion, 1600 Clifton Road, Atlanta GA 30333; and

8. Provision of nursing services to nonpublic schools located in the school district as required by N.J.S.A. 18A:40-23 et seq. and N.J.A.C. 6A:16-2.5.

(b) Each district board of education shall annually adopt the school district's Nursing Services Plan at a regular meeting and submit it to the county superintendent of education for review and approval.

1. The chief school administrator or his or her designee shall develop the Nursing Services Plan in consultation with the school physician and certified school nurse.

2. The Nursing Services Plan shall include:

i. A description of the basic nursing services to be provided to all students;

ii. A summary of the specific medical needs of individual students, if any, and the nursing services required to address those needs;

iii. A description of how nursing services will be provided in emergency situations;

iv. Detailed nursing assignments sufficient to provide the services to students in all of its school buildings as outlined in N.J.A.C. 6A:16-2.3(b) through (d); and

v. Nursing services and additional medical services provided to nonpublic schools pursuant to N.J.A.C. 6A:16-2.5.

3. Each district board of education, in its determination of the number of certified school nurses and non-certified nurses needed to perform all of the required services in this subchapter, shall consider the following:

i. Geographic size including the number and location of school buildings;

ii. The general and special education enrollment;

iii. The number of children with medical involvement and extent of nursing services required;

iv. The requirement that non-certified nurses be assigned to the same school building or school complex as the supervising certified school nurse, to ensure that the certified school nurse can provide required supervision pursuant to N.J.A.C. 6A:16-2.3(b) and (d) and pursuant to N.J.S.A. 18A:40-3.3; and

v. Nursing services and additional medical services provided to nonpublic schools pursuant to N.J.A.C. 6A:16-2.5.

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.

Repeal and New Rule, R.2006 d.366, effective October 16, 2006.
See: 38 N.J.R. 2294(a), 38 N.J.R. 4411(c).

Section was "Health services personnel".

Amended by R.2007 d.184, effective June 4, 2007.

See: 39 N.J.R. 294(a), 39 N.J.R. 2243(a).

In (a)4ii, substituted "functions" for "activities".

6A:16-2.2 Required health services

(a) Each school district shall ensure that immunization records are reviewed and updated annually pursuant to N.J.A.C. 8:57-4.1 through 4.16.

(b) Each school district shall ensure that a principal or his or her designee does not knowingly admit or retain in the school building any student whose parent has not submitted acceptable evidence of the child's immunization, according to the schedule specified in N.J.A.C. 8:57-4, Immunization of Pupils in School.

(c) Each school district shall perform tuberculosis tests on students using methods required by and when specifically directed to do so 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 pursuant to N.J.S.A. 18A:40-16.

(d) Each school district shall immediately report any communicable diseases that are identified as reportable pur-

suant to N.J.A.C. 8:57-1, whether confirmed or presumed, by telephone to the health officer of the jurisdiction in which the school is located.

(e) 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, pursuant to N.J.S.A. 18A:40-12.7.

(f) Each student medical examination shall be conducted at the medical home of the student. If a student does not have a medical home, the school district shall provide this examination at the school physician's office or other comparably equipped facility.

1. For the purpose of the physical examination required in (h)1 below, the student's parent may choose either the school physician or their own private physician.

2. A full report of the examination shall be maintained as part of the student's health record.

(g) The findings of required examinations under (h)1 through 5 below shall be documented on a form that is approved by the Commissioner of Education and shall 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 examinations.

(h) Each school district shall ensure that students receive medical examinations:

1. Prior to participation on a school-sponsored inter-scholastic or intramural athletic team or squad for students enrolled in any of grades six to 12;

i. The examination, in accordance with (g) above, shall be conducted within 365 days prior to the first practice session.

ii. The medical examination shall be reported pursuant to (g) above and shall include a health history questionnaire, completed and signed by the parent.

(1) The report of health findings of the medical examination for participation shall be documented on the Athletic Preparticipation Physical Examination Form approved by the Commissioner of Education to determine whether the student had or currently has any of the following conditions since their last physical:

(A) Injuries;

v. Provision of written notification to the parent stating approval or disapproval of the student's participation in athletics based upon the medical report;

vi. Direction for professional duties of other medical staff;

vii. Written standing orders that shall be reviewed and reissued before the beginning of each school year;

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

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

x. Review, as needed, of reports and orders from a student's medical home regarding student health concerns;

xi. Authorization of tuberculin testing for conditions outlined in N.J.A.C. 6A:16-2.2(c);

xii. Review, approval or detail of reasons for denial of a student's physician's determination of anticipated confinement and resulting need for home instruction; and

xiii. Consultation with the school district certified school nurse(s) to obtain input for the development of the school Nursing Services Plan, pursuant to N.J.A.C. 6A:16-2.1.

(b) The district board of education shall employ a certified school nurse to provide nursing services while school is in session pursuant to N.J.S.A. 18A:40-1 and 3.3.

1. The certified school nurse shall work under the direction of the school physician and chief school administrator.

2. The certified school nurse shall possess an educational certificate for school nurse or school nurse/non-instructional pursuant to N.J.S.A. 18A:40-3.2 and N.J.A.C. 6A:9-13.3 and 13.4.

3. The certified school nurse shall possess a current license as a registered nurse from the State Board of Nursing and valid, current Providers Cardiopulmonary Resuscitation/Automated External Defibrillator (AED) certification as issued by the American Heart Association, the American Red Cross, the National Safety Council or other entities determined by the Department of Health and Senior Services to comply with the American Heart Association's CPR guidelines.

4. The certified school nurse shall 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.

5. The role of the certified school nurse shall include, but not be limited to:

i. Carrying out written orders of the medical home and standing orders of the school physician;

ii. Conducting health screenings which include height, weight, blood pressure, hearing, vision and scoliosis pursuant to N.J.A.C. 6A:16-2.2 and monitoring vital signs and general health status for emergent issues for students suspected of being under the influence of alcohol and controlled dangerous substances pursuant to N.J.S.A. 18A:40-4;

iii. Maintaining student health records, pursuant to N.J.S.A. 18A:40-4 and N.J.A.C. 6A:16-2.4;

iv. Recommending to the school principal those students who shall not be admitted to or retained in the school building based on a parent's failure to provide evidence of the child's immunization according to the schedules specified in N.J.A.C. 8:57-4;

v. Annually reviewing student immunization records to confirm with the medical home that the medical condition for the exemption from immunization continues to be applicable, pursuant to N.J.A.C. 8:57-4.3;

vi. Recommending to the school principal exclusion of students who show evidence of communicable disease, pursuant to N.J.S.A. 18A:40-7 and 8;

vii. Directing and supervising the emergency administration of epinephrine and training school staff designated to serve as delegates, pursuant to N.J.S.A. 18A:40-12.6;

viii. Administering asthma medication through use of a nebulizer;

ix. Directing and supervising the health services activities of any school staff to whom the certified school nurse has delegated a nursing task;

x. Classroom instruction in areas related to health pursuant to N.J.A.C. 6A:9-13.3;

xi. Reviewing and summarizing available health and medical information regarding the student and transmitting a summary of relevant health and medical information to the Child Study Team for the meeting pursuant to N.J.A.C. 6A:14-3.4(h);

xii. Writing and updating, at least annually, the individualized health care plan and the individualized emergency healthcare plan for students' medical needs and instructing staff as appropriate;

xiii. Writing and updating, at least annually, any written healthcare provisions required under Section 504

of the Rehabilitation Act of 1973, 29 U.S.C. §794(a), for any student who requires them;

xiv. Implementing and assisting in the development of healthcare procedures for students in the event of an emergency;

xv. Instructing teachers on communicable disease and other health concerns, pursuant to N.J.S.A. 18A:40-3; and

xvi. Providing other nursing services consistent with the nurse's educational services certification endorsement as a school nurse issued by the State Board of Examiners and current license approved by the State Board of Nursing.

(c) A certified school nurse who possesses the school nurse/non-instructional certificate is not authorized to teach in areas related to health pursuant to N.J.A.C. 6A:9-13.4.

(d) School districts may appoint a noncertified nurse under the supervision of a certified school nurse to supplement the services of a certified school nurse as outlined in N.J.S.A. 18A:40-3.3.

1. The noncertified nurse shall be assigned to the same school building or complex as the certified school nurse pursuant to N.J.S.A. 18A:40-3.3.

2. A noncertified nurse shall possess a current license as a registered nurse from the State Board of Nursing and a valid, current Providers Cardiopulmonary Resuscitation/AED certification as issued by the American Heart Association, the American Red Cross, the National Safety Council or other entities determined by the Department of Health and Senior Services to comply with American Heart Association CPR guidelines.

3. A noncertified nurse is limited to providing the following services:

i. Carrying out written orders of the medical home and standing orders of the school physician;

ii. Conducting health screenings pursuant to N.J.A.C. 6A:16-2.2 which includes height, weight, blood pressure, hearing, vision and scoliosis;

iii. Maintaining student health records, pursuant to N.J.S.A. 18A:40-4 and N.J.A.C. 6A:16-2.4;

iv. Recommending to the school principal those students who shall not be admitted to or retained in the school building based on a parent's failure to provide evidence of the student's immunization according to the schedules specified in N.J.A.C. 8:57-4;

v. Recommending to the school principal exclusion of students who show evidence of communicable disease, pursuant to N.J.S.A. 18A:40-7 and 8;

vi. Implementing school district healthcare procedures for students in the event of an emergency;

vii. Instructing teachers on communicable disease and other health concerns, pursuant to N.J.S.A. 18A:40-3; and

viii. Providing other nursing services consistent with the nurse's current license approved by the State Board of Nursing.

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).

Repeal and New Rule, R.2006 d.366, effective October 16, 2006.

See: 38 N.J.R. 2294(a), 38 N.J.R. 4411(c).

Section was "Required school health services".

Amended by R.2007 d.184, effective June 4, 2007.

See: 39 N.J.R. 294(a), 39 N.J.R. 2243(a).

In (d)3viii, deleted "educational services certification endorsement as a school nurse issued by the State Board of Examiners and" following "nurse's".

6A:16-2.4 Required student health records

(a) Each school district shall maintain student health records for each student, which include the following mandated records:

1. Findings of health histories, medical examinations and health screenings pursuant to N.J.A.C. 6A:16-2.2 and 4.3; and

2. Documentation of immunizations against communicable diseases or exemption from these immunizations pursuant to N.J.A.C. 8:57-4.

(b) Each school district shall document the findings of student health histories, health screenings and required medical examinations that are relevant to school participation on the student health record using a form approved by the Commissioner of Education.

(c) The school district shall maintain student health records in accordance with N.J.A.C. 6A:32-7.4 as follows:

1. Student health records shall be maintained separately from other student records in a secure location;

2. Student health records kept in electronic form shall be both accessible and secure according to N.J.A.C. 6A:32-7.4(d);

3. Student health records shall be located in the school building or complex to which the student is assigned;

4. Student health records shall be accessible to authorized personnel while school is in session; and

5. The health and immunization record shall be removed from the student's health record and placed in the student's mandated record until such time as graduation or termination and kept according to the schedule set forth in N.J.A.C. 6A:32-7.8.

the district board of education meeting approving the contract, which describes the methods by which the health services to nonpublic school students will be provided for the ensuing year, including a rationale for the distribution of funds; and

3. A description of the type and number of services that were provided during the previous school year on a form approved by the Commissioner of Education.

New Rule, R.2006 d.366, effective October 16, 2006.
See: 38 N.J.R. 2294(a), 38 N.J.R. 4411(c).

SUBCHAPTER 3. COMPREHENSIVE ALCOHOL, TOBACCO AND OTHER DRUG ABUSE PROGRAMS

6A:16-3.1 Establishment of comprehensive alcohol, tobacco and other drug abuse programs

(a) Each district board of education shall establish a comprehensive program of prevention, intervention, referral for evaluation, referral for treatment and continuity of care for student alcohol, tobacco and other drug abuse in the public elementary and secondary schools of the district according to the requirements of N.J.S.A. 18A:40A-10.

1. The purpose of the prevention component of the program shall be to:

- i. Keep students from using alcohol, tobacco or other drugs;
- ii. Reduce or eliminate the incidence and prevalence of student alcohol, tobacco and other drug abuse;
- iii. Increase the age of onset of students' first use of alcohol, tobacco or other drugs;
- iv. Reduce the factors that place students at risk for involvement with alcohol, tobacco or other drugs through school and community-based planning processes;
- v. Contribute to the development of school environments and alternative activities that are alcohol, tobacco and other drug-free;
- vi. Increase the knowledge and skills of students, staff and community members for avoiding the harmful effects of alcohol, tobacco and other drug use; and
- vii. Actively involve staff, parents and other community members in the development and implementation of prevention program plans.

2. The purpose of the intervention, referral for evaluation and referral for treatment components of the program shall be to:

i. Identify students who are at risk for, or who have exhibited, alcohol, tobacco or other drug abuse or related problems;

ii. Help students or their parents who have requested assistance for alcohol, tobacco or other drug abuse problems;

iii. Make a preliminary assessment of a student's need for educational programs, supportive services or treatment which extends beyond the general school program by virtue of the use of alcohol, tobacco or other drugs by the student or the student's parents;

iv. Refer students for evaluation to make a positive determination regarding a student's need for alcohol, tobacco or other drug treatment; and

v. Help a student or a student's parents follow through on the recommendations of an evaluation which has positively determined the harmful use of alcohol, tobacco or other drugs by the student or the student's parents.

3. The purpose of the continuity of care component of the program shall be to:

i. Assist with the provision of educational programs and services for students in treatment; and

ii. Plan and provide supportive services for students who are returning from treatment.

4. Each district board of education shall ensure that all educational staff members receive in-service training in alcohol, tobacco and other drug abuse prevention and intervention according to the requirements of N.J.S.A. 18A:40A-3 and 15.

i. The in-service training shall be updated annually in order to ensure educational staff members have the most current information available on the subject of substance abuse and the school district's comprehensive alcohol, tobacco and other drug abuse program, policies and procedures.

5. Substance awareness coordinators employed by district boards of education shall assist local school districts in the effective implementation of the requirements of N.J.S.A. 18A:40A-1 through 18 and N.J.A.C. 6A:9-13.2.

6. Each district board of education shall establish educational programs on alcohol, tobacco and other drug abuse for parents according to the requirements of N.J.S.A. 18A:40A-16 and 17(a) and offered at times and places convenient to the parents of enrolled students.

7. Each district board of education shall make and enforce regulations to prohibit the smoking of any substance and the use of tobacco products anywhere in its buildings or on school grounds, except as part of a classroom instruction or theatrical production, according to the requirements of N.J.S.A. 26:3D-17.

Amended by R.2002 d.396, effective December 16, 2002.

See: 34 N.J.R. 3157(a), 34 N.J.R. 4433(a).

In (a)7, substituted "smoking of any substance and the use of tobacco products anywhere in its buildings or on school grounds, except" for "smoking of tobacco anywhere in its buildings except".

Amended by R.2006 d.366, effective October 16, 2006.

See: 38 N.J.R. 2294(a), 38 N.J.R. 4411(c).

In (a)1ii, inserted "or eliminate"; in (a)1iii, substituted "Increase" for "Reduce"; in (a)2, substituted "parents" for "family" throughout; in (a)2ii, substituted "parents" for "families"; in (a)4, inserted "school"; added designation for (a)4i; in (a)5, updated the N.J.A.C. reference; and in (a)6, deleted "and guardians" following "parents" two times.

Amended by R.2007 d.184, effective June 4, 2007.

See: 39 N.J.R. 294(a), 39 N.J.R. 2243(a).

In (a)2ii, deleted "an" preceding "alcohol" and substituted "problems" for "problem".

6A:16-3.2 Confidentiality of student alcohol and other drug information

(a) Each district board of education shall assure compliance with the following confidentiality requirements:

1. Confidentiality of alcohol and drug abuse patient records, pursuant to 42 CFR Part 2; and
2. Confidentiality of information provided by an elementary or secondary school student while participating in a school-based drug and alcohol counseling program which indicates that the student's parent or other person residing in the student's household is dependent upon or illegally using substances pursuant to N.J.S.A. 18A:40A-7.1 and 7.2.

SUBCHAPTER 4. PROCEDURES FOR ALCOHOL AND OTHER DRUG ABUSE INTERVENTION

6A:16-4.1 Adoption of policies and procedures for the intervention of student alcohol and other drug abuse

(a) Each district board of education shall adopt and implement policies and procedures for the assessment, intervention, referral for evaluation, referral for treatment and discipline of students whose use of alcohol or other drugs has affected their school performance, or for students who consume or who are suspected of being under the influence of the following substances on school grounds, including on school buses or at school-sponsored functions, according to the requirements of N.J.S.A. 18A:40A-9, 10 and 11:

1. Alcoholic beverages;
2. Any controlled dangerous substance, including anabolic steroids, as defined in N.J.S.A. 24:21-2 and 2C:35-2;
3. Any chemical or chemical compound which releases vapor or fumes causing a condition of intoxication, inebriation, excitement, stupefaction or dulling of the brain or nervous system, including, but not limited to, glue containing a solvent having the property of releasing toxic vapors or fumes, as defined in N.J.S.A. 2C:35-10.4; and

4. Over-the-counter and prescription medications which are improperly used to cause intoxication, inebriation, excitement, stupefaction or dulling of the brain or nervous system.

(b) In adopting and implementing policies and procedures for the assessment, intervention, referral for evaluation and referral for treatment of alcohol or other drug-affected students, district boards of education shall consult with community agencies licensed by the New Jersey Department of Human Services, Division of Addiction Services, out-of-State agencies licensed by the appropriate State regulatory agency for alcohol and other drug services or private practitioners certified by the appropriate drug and alcohol licensing board.

(c) Each district of education's policies for students using alcohol and other drugs, as defined in (a) above, shall include the following components:

1. The role of appropriate school staff when handling a variety of possible alcohol or other drug-related situations involving students on school grounds, including on school buses or at school-sponsored functions;
2. Specific procedures, sanctions and due process provisions, consistent with N.J.A.C. 6A:16-7, for violations of the alcohol and other drug policy requiring disciplinary action by the district board of education, including consequences for not following through on the recommendations of an evaluation for alcohol or other drug abuse and related behaviors.
 - i. The sanctions shall be graded according to the severity of the offenses, the nature of the problems and the students' individual needs;
3. Appropriate steps for ameliorating student problems related to alcohol and other drug use;
4. Appropriate steps for providing support for student transitions to and from health and social service agencies;
5. Specific procedures to govern instances where emergency room services are required in treating alcohol- or other drug-affected students;
6. The provision of assessment or evaluation services for students who are affected by alcohol or other drug use. These services shall include any of the following:
 - i. Assessments by an individual who holds the Educational Services Certificate with the substance awareness coordinator endorsement issued by the New Jersey State Board of Examiners or by an individual who holds one of the following endorsements on the Educational Services Certificate: school nurse, school nurse/non-instructional, school psychologist, school counselor, school social worker or student personnel services and is trained to assess alcohol and other drug abuse;
 - ii. Examinations by a physician for the purpose of determining whether alcohol or other drug use interferes

with students' physical and mental abilities to perform in school or students are under the influence of alcohol or other drugs;

iii. Referrals for evaluation to community agencies, as defined in (b) above, or to out-of-State agencies licensed by the appropriate State regulatory agency for alcohol and other drug services, or private practitioners certified by the appropriate alcohol or other drug licensing board; and

iv. Evaluations by the child study team to determine students' eligibility for special education and related services, pursuant to N.J.A.C. 6A:14-3.5 and 3.6;

7. The provision of intervention, referral for evaluation and referral for treatment services for students who are affected by alcohol or other drug use.

i. The intervention, referral for evaluation and referral for treatment services shall be provided by an individual who holds the Educational Services Certificate with the substance awareness coordinator endorsement issued by the State Board of Examiners or by an individual who holds the following endorsement on the Educational Services Certificate: school nurse, school nurse/non-instructional, school psychologist, school counselor, school social worker or student personnel services and is trained in alcohol and other drug abuse intervention, assessment, referral for evaluation and referral for treatment skills.

ii. The intervention, referral for evaluation and referral for treatment services shall include any of the following:

(1) Provisions for a program of instruction, counseling and related services provided by the district board of education while a student is receiving medical treatment for a diagnosed alcohol or other drug dependency problem;

(2) Referral to a community agency as defined in (b) above or to out-of-State agencies licensed by the appropriate State regulatory agency for alcohol and other drug services, or private practitioners authorized by the appropriate drug and alcohol licensing board;

(3) Provisions for support services for students who are in, or returning from, medical treatment for alcohol and other drug dependency; and

(4) A special class, course or educational program designed to meet the needs of students with alcohol or other drug use problems;

8. Provisions for assisting parents who believe that their child may be involved with alcohol or other drug use, in accordance with the requirements of N.J.S.A. 18A:40A-17(b); and

9. Provisions, pursuant to N.J.A.C. 6A:16-4.3(a)3 and (b)3 and 6.3(a)4, for when law enforcement officials will be contacted to disclose the identities of students reasonably believed to be in possession of a controlled dangerous substance, including anabolic steroids, or related paraphernalia or students reasonably believed to be involved or implicated in distribution activities regarding controlled dangerous substances, including anabolic steroids.

Amended by R.2006 d.366, effective October 16, 2006.

See: 38 N.J.R. 2294(a), 38 N.J.R. 4411(c).

Rewrote (a) and (c); and in (b), substituted "Human Services" for "Health and Senior Services".

Amended by R.2007 d.184, effective June 4, 2007.

See: 39 N.J.R. 294(a), 39 N.J.R. 2243(a).

In the introductory paragraph of (a), substituted "on school grounds, including on school buses or at school-sponsored functions," for "in school or at school functions"; and in (c)1, substituted "grounds, including on school buses or at school-sponsored functions" for "property or at school functions".

6A:16-4.2 Review and availability of policies and procedures for the intervention of student alcohol or other drug abuse

(a) Each district board of education shall establish a process for the annual review of the effectiveness of its policies and procedures on student alcohol and other drug abuse. The district board of education shall solicit parent, student and community input, as well as consult in the review process with local alcohol and other drug abuse prevention, intervention and treatment agencies licensed by the New Jersey Department of Human Services.

(b) Each district board of education shall annually disseminate to all school staff, students and parents its adopted policies and procedures for implementing N.J.A.C. 6A:16-4.

Amended by R.2006 d.366, effective October 16, 2006.

See: 38 N.J.R. 2294(a), 38 N.J.R. 4411(c).

In (a), substituted "the" for "an" preceding "annual", "alcohol and other drug" for "substance" two times, "Human" for "Health and Senior", and inserted "parent, student and"; and in (b), substituted "disseminate" for "make available" and deleted the comma following "students".

6A:16-4.3 Reporting, notification and examination procedures for students suspected of being under the influence of alcohol or other drugs

(a) In instances involving alcoholic beverages, controlled dangerous substances other than anabolic steroids, or any other chemical compound as identified in N.J.S.A. 18A:40A-9 and N.J.A.C. 6A:16-4.1(a), the following shall apply:

1. Any educational staff member or other professional to whom it appears that a student may be currently under the influence of alcohol or other drugs on school grounds, including on a school bus or at a school-sponsored function, shall report the matter as soon as possible to the principal and either the certified school nurse, the noncertified nurse, the school physician or the substance awareness coordinator, pursuant to N.J.S.A. 18A:40A-12.

- i. In the absence of the principal, his or her designee shall be notified.
 - ii. In instances where the principal and either the certified school nurse, non-certified nurse, the school physician or the substance awareness coordinator are not in attendance, the staff member responsible for the school function shall be immediately notified.
 - iii. The referring staff member shall complete the Violence, Vandalism and Substance Abuse Incident Report, in accordance with N.J.S.A. 18A:17-46 and N.J.A.C. 6A:16-5.3.
2. In response to every report by an educational staff member or other professional of suspected student alcohol or other drug use, the principal or his or her designee shall:
- i. Immediately notify the parent and the chief school administrator or his or her designee; and
 - ii. Arrange for an immediate medical examination of the student for the purposes of providing appropriate health care for the student and for determining whether the student is under the influence of alcohol or other drugs, other than anabolic steroids.
3. The chief school administrator or designee may, but need not, disclose to law enforcement authorities the identity of a student suspected to be under the influence of alcohol or other drugs, pursuant to (a)1 above.
- i. The chief school administrator shall disclose to law enforcement authorities the identity of a student reasonably believed to be in possession of a controlled dangerous substance or related paraphernalia or a student reasonably believed to be involved or implicated in distribution activities regarding controlled dangerous substances.
4. The medical examination, pursuant to N.J.A.C. 6A:16-4.3(a)2ii, shall be performed by a physician licensed to practice medicine or osteopathy that is selected by the parent.
- i. The school district, in cooperation with medical professionals licensed to practice medicine or osteopathy, shall establish the minimum requirements for the medical examination.
 - ii. When the medical examination is conducted by a physician selected by the parent, the examination shall be at the expense of the parent and shall not be at the expense of the district board of education.
5. If the physician chosen by the parent is not immediately available, the medical examination shall be conducted by the school physician.
- i. If the school physician is not available, the student shall be accompanied by a member of the school staff, designated by the principal, to the emergency room of the nearest hospital for examination.
 - ii. The student's parent, if available, also shall accompany the student.
 - iii. When the medical examination is conducted by the school physician or a physician at the emergency room of the nearest hospital, such examination shall be at the expense of the district board of education.
6. Each district board of education shall have a plan in place for the appropriate supervision of the student:
- i. While waiting for a parent to take the student to the physician selected by the parent, or while the student is waiting for and receiving the medical examination by the school physician or a physician in an emergency room; and
 - ii. Provisions shall be made for the appropriate care of the student while awaiting the results of the medical examination.
7. A written report of the medical examination shall be furnished to the parent of the student, the principal and the chief school administrator by the examining physician within 24 hours of the referral of the student for suspected alcohol or other drug use.
- i. The school district, in cooperation with the school physician or medical professionals licensed to practice medicine or osteopathy, shall establish the minimum requirements for the medical report.
 - ii. The findings of the report shall verify whether the student's alcohol or other drug use interferes with his or her physical and mental ability to perform in school.
8. When the medical examination is performed by a physician other than the school physician or a physician at the emergency room of the nearest hospital, the school district shall require the parent to verify within 24 hours of the notification that the student is suspected of alcohol or other drug use that a medical examination was performed in compliance with (a)7i above.
- i. The verification shall include, at a minimum, the signature, printed name, address and phone number of the examining physician, the date and time of the medical examination and the date by which the report required by (a)7 above will be provided.
 - ii. Refusal or failure by a parent to comply with this requirement shall be treated as a policy violation and handled in accordance with (d) below.
9. If the written report of the medical examination is not submitted to the parent, principal and chief school administrator within 24 hours of the referral of the student for suspected alcohol or other drug use, the student shall be allowed to return to school until such time as a positive determination of alcohol or other drug use is received from the physician.

10. If the written report of the medical examination verifies that alcohol or other drugs do not interfere with the student's physical and mental ability to perform in school, the student shall be immediately returned to school.

11. If there is a positive determination from the medical examination, indicating that the student's alcohol or other drug use interferes with his or her physical or mental ability to perform in school:

i. The student shall be returned to the care of a parent as soon as possible;

ii. Attendance at school shall not resume until a written report has been submitted to the parent, the principal and chief school administrator from a physician licensed to practice medicine or osteopathy who has examined the student to determine whether alcohol or other drug use interferes with his or her physical or mental ability to perform in school;

(1) The report shall verify that the student's alcohol or other drug use no longer interferes with his or her physical and mental ability to perform in school; and

iii. Removal of a student with a disability shall be made in accordance with N.J.A.C. 6A:14.

12. While the student is at home because of the medical examination or after the student returns to school, an individual who holds the Educational Services Certificate with the substance awareness coordinator endorsement issued by the New Jersey State Board of Examiners or an individual who holds either a school nurse, school nurse/non-instructional, school psychologist, school counselor, school social worker or student personnel services endorsement on the Educational Services Certificate and is 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, which may include interviews with the student's teachers and parents and consultation with experts in student alcohol or other drug abuse as may be appropriate and necessary, 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.

(1) 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 alcohol or other drug abuse treatment.

13. 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.

i. The findings of these additional evaluations alone shall not be used to prevent a student from attending school.

14. If at any time it is determined that the student's use of alcohol or other drugs presents a danger to the student's health and well-being, an individual who holds the Educational Services Certificate with the substance awareness coordinator endorsement or an individual who holds either a school nurse, school nurse/non-instructional, school psychologist, school counselor, school social worker or student personnel services endorsement on the Educational Services Certificate and is trained in alcohol and other drug abuse treatment referral shall initiate a referral for alcohol or other drug abuse treatment.

15. 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:16-8.

(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 non-certified 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 and either the certified or non-certified school nurse, the school physician or the substance awareness coordinator.

i. In the absence of the principal, his or her designee shall be notified.

2. The principal or his or her 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 or other physician identified by the principal.

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 chief school administrator or designee may, but need not, disclose to law enforcement authorities the identity of a student suspected to have used or who may be using anabolic steroids, pursuant to (b)1 above.

i. The chief school administrator shall disclose to law enforcement authorities the identity of a student reasonably believed to be in possession of anabolic steroids or related paraphernalia or a student reasonably believed to be involved or implicated in distribution activities involving anabolic steroids.

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

5. If it is determined that the student has used anabolic steroids, an individual who holds the Educational Services Certificate with the substance awareness coordinator endorsement issued by the New Jersey State Board of Examiners or an individual who holds either the school nurse, school nurse/non-instructional, school psychologist, school counselor, school social worker or student personnel services endorsement on the Educational Services Certificate and is 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 anabolic steroids and the possible need for referral for treatment.

i. To make this determination, the school staff members identified in (b)5 above may conduct a reasonable investigation, which may include interviews with the student's teachers and parents and consultation with experts in student alcohol or other drug abuse, as may be appropriate and necessary.

6. If the results of a referral for evaluation have positively determined that the student's involvement with and use of anabolic steroids represents a danger to the student's health and well-being, an individual who holds the Educational Services Certificate with the substance awareness coordinator endorsement issued by the New Jersey State Board of Examiners or an individual who holds either a school nurse, school nurse/non-instructional, school psychologist, school counselor, school social worker or student personnel services endorsement on the Educational Services Certificate and is 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. and N.J.A.C. 6A:16-11.

(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 school district as a policy violation and handled in accordance with N.J.A.C. 6A:16-4.1(c)2.

Amended by R.2006 d.366, effective October 16, 2006.

See: 38 N.J.R. 2294(a), 38 N.J.R. 4411(c).

Rewrote (a) and (b); and in (e), inserted "school" preceding "district".

Amended by R.2007 d.184, effective June 4, 2007.

See: 39 N.J.R. 294(a), 39 N.J.R. 2243(a).

In (a)1, substituted "the noncertified" for "non-certified"; in (a)5ii, substituted "also shall" for "shall also"; and in (d), inserted "and N.J.A.C. 6A:16-11".

SUBCHAPTER 5. SCHOOL SAFETY AND SECURITY

6A:16-5.1 School safety and security plans

(a) Each school district shall develop and implement comprehensive plans, procedures and mechanisms that provide for safety and security in the public elementary and secondary schools of the school district. The plans and procedures, which shall be in written form, and the mechanisms, at a minimum, shall provide for:

1. The protection of the health, safety, security and welfare of the school population;
2. The prevention of, intervention in, response to and recovery from emergency and crisis situations;
3. The establishment and maintenance of a climate of civility; and
4. Support services for staff, students and their families.

(b) The chief school administrator shall consult with law enforcement agencies, health and social services provider agencies, emergency management planners and school and other community resources, as appropriate, in the development of the school district's plans, procedures and mechanisms for school safety and security.

1. The plans, procedures and mechanisms shall be consistent with the provisions of this section and the format and content established by the Domestic Security Preparedness Task Force, pursuant to N.J.S.A. App. A:9-64 et seq., and the Commissioner of Education.
2. The plans, procedures and mechanisms shall be reviewed annually and updated, as appropriate.

(c) The district board of education shall disseminate a copy of the school safety and security plan to all district board of education employees.