

**BOARD OF EDUCATION
AGENDA
November 12, 2019
Elementary School**

6:00 p.m. Executive Session (Library)
7:30 p.m. Regular Business Meeting (LGR)

I. PLEDGE OF ALLEGIANCE

II. ROLL CALL OF BOARD MEMBERS

III. RECOGNITION

IV. MINUTES

The Board approves the minutes of the following meetings:

Regular Meeting held October 15, 2019

Special Meeting held October 29, 2019

V. PUBLIC COMMENT *(limited to 15 minutes - priority given to Agenda related items)*

VI. REPORTS

- A. Student Representative
- B. Superintendent of Schools
 - Secondary Program Modifications – Eric Haruthunian/Christine Austen
- C. Board President
- D. Committees
- E. Other

VII. BOARD CONSENT AGENDA

As recommended by the Superintendent of Schools, the Board approves the following resolutions appearing on the November 12, 2019 consent agenda:

- A. Personnel - resolutions numbered 1-7
- B. Finance – resolutions numbered 1-7
- C. Facilities and Operations – resolutions numbered 1-2
- D. Education – resolutions numbered 1-5

VIII. OLD BUSINESS

IX. NEW BUSINESS

- A. Policy
 - 1. Policy 8121.1 & 8121.1R, Opioid Overdose Prevention – first reading
 - 2. Policy 5420 & Policy 5420R, Student Health Services – first reading
 - 3. Policy 5421, Administering Medication to Students – delete policy
 - 4. Policy 9520.2 Family & Medical Leave – first reading & adoption

X. PUBLIC COMMENT

XI. ADJOURNMENT

CONSENT AGENDA

A. Personnel

1. Appointment – Substitutes

The Board approves the following substitute appointments for the 2019-2020 school year:

Teacher
Charles Pidgeon

Teaching Assistant
Jeanine Regini
Patricia Doyle

Teacher Aide
Jade Lawrence

2. Leave Extension – Teacher of Language Arts

The Board approves the request of Kayleen Everitt, teacher of English Language Arts, for an extension of her present leave of absence from on or about November 8, 2019 to on or about June 30, 2019, in accordance with the negotiated agreement with the Port Jefferson Teachers' Association.

3. Leave Replacement – Teacher of Language Arts

The Board extends the leave replacement appointment of Taylor Thomas, as a teacher of English Language Arts (for Kayleen Everitt), on a substitute basis from on or about November 8, 2019 to on or about June 30, 2020, at Level BA Step 1, in accordance with the negotiated agreement with the Port Jefferson Teachers' Association.

4. Additional Class Assignment

The Board approves the following extra class assignment for the 2019-2020 school year in accordance with the negotiated agreement with the Port Jefferson Teachers' Association:

Mary Lyons - ES – ENL, Full Year, Every Day, effective October 17, 2019

5. Appointment – PSAT/SAT/ACT Proctor

The Board approves the following as PSAT/SAT/ACT Proctor appointment for the 2019-2020 school year at the rate of \$38.58 per hour, on an as needed basis:

Jesse Rosen

6. Appointment – Coaches

The Board approves the appointment of the following coaches for the 2019-2020 school year, in accordance with the negotiated agreement with the Port Jefferson Teachers' Association, contingent upon possession of Temporary Coaching License, First Aid, and CPR certifications:

Appoint - Jeffrey Trelewicz - Volunteer MS Girls Volleyball Coach
Appoint - David Kamen - JV Boys Basketball Coach
Appoint - John Poulianos - Substitute MS Boys Soccer Coach from
10/24/19 to on or about 10/31/19

7. Settlement Agreement – Non Instructional Employee

The Board of Education approves the following resolution:

BE IT RESOLVED, that the Board of Education of the Port Jefferson Union Free School District, having reviewed in executive session a settlement agreement involving a non-instructional employee of the District, hereby approves such settlement agreement; and

BE IT FURTHER RESOLVED that the Board of Education hereby authorizes and directs the President of the Board of Education to execute such settlement agreement on behalf of the Board.

B. Finance

1. Financial Reports

The Board approves the following financial reports:

Claims Audit Report - Month of August
Cash Flow Analysis - Month of August
New Budget Transfers
August Warrants & Treasurer Reports

<u>Fund Name</u>	<u>Warrant #</u>
General Fund	5, 8-10
School Lunch Fund	2-3
Federal Fund	No Warrants
Capital Fund	1-2
Trust & Agency	1-2
Payroll	3-4
Scholarship Fund	No Warrants
CD Investment	No Warrants

Trial Balance - July 2019 – August 2019
Revenue Budget Status - July 2019-June 2020
Appropriation Status Report - July 2019-June 2020
Budget Transfers - Month of August
Approved Fundraisers

2. Financial Reports

The Board approves the following financial reports:

Claims Audit Report - Month of September

Cash Flow Analysis - Month of September

New Budget Transfers

September Warrants & Treasurer Reports

<u>Fund Name</u>	<u>Warrant #</u>
General Fund	12-16
School Lunch Fund	4-6
Federal Fund	1
Capital Fund	3-4
Trust & Agency	3-6
Payroll	5-6
Scholarship Fund	No Warrants
CD Investment	No Warrants

Trial Balance - July 2019 - September 30, 2019

Revenue Budget Status - July 2019-June 2020

Appropriation Status Report - July 2019-June 2020

Budget Transfers - Month of September

Approved Fundraisers

ExtraClassroom Activity Report – July-September 2019

3. Budget Development Calendar

The Board approves the attached 2020-2021 Budget Development Calendar.

4. Donation

The Board gratefully accepts the donation of \$1,000.00 from Long Island Salt Savages, Mr. John Gaudio, to the Port Jefferson School District Fishing Club.

5. Donation

The Board gratefully accepts the following donations made to the Port Jefferson School District Fishing Club:

Ryan Simmons	7 fishing poles
Thomas Ford	4 fishing poles, 5 reels, 7 pole/reel combos & 20 lb. mono test line
Kevin Florindo	3 surf casting poles & a fishing net
David Guzzetta	fly rod, 3 reels, and fishing gear
John Monaco	20 bags of gulp, 2 pole/reel combos, & fishing gear
Frankie Denicola	2 fishing rods & 2 reels
AllPro	Care package of fishing gear
Dennis Glynn	2 fishing rods & 2 reels

6. Audited Financial Statements

The Board approves the following resolution: That the Port Jefferson Union Free School District accepts the audited 2018-2019 Financial Statements from the external auditor, R.S. Abrams for the fiscal year ended June 30, 2019; and further, the Deputy Superintendent is authorized to submit the corrective action plan to the New York State Comptroller's Office.

7. Elementary School Co-curricular Club

The Board approves the creation and implementation of the Science Club at the Elementary School.

C. Facilities & Operations

1. Surplus – Textbooks

The Board declares the attached list of Middle School textbooks as surplus property and directs the Deputy Superintendent to dispose of the same in the best interest of the School District.

2. Appointment – Alternate Title IX Compliance Agent

The Board approves the appointment of the Business Office Operations Supervisor as the alternate Title IX Compliance Officer for the 2019-2020 school year.

D. Education

1. Committees on Special Education

The Board accepts the recommendations of the Committees on Special Education for the following meetings: August 21, 2019, September 26, 2019, October 3, 7, 8, 10, 15, 16, 18, 21, 22, 2019.

2. Special Education Provider

The Board approves the contract with the Developmental Disabilities Institute for the placement of one special education student, for the 2019-2020 school year, and authorizes the Board President to execute such agreement.

3. Contract Amendment – New York Therapy Placement Services

The Board of Education approves the contract amendment to the 2019-2020 contract between New York Therapy Placement Services and Port Jefferson UFSD.

November 11, 2019

4. Scoring NYS Assessments

The Board of Education approves the services of Educational Vistas, Inc. (EVI) for scoring of the NYS assessments for grades 3-8 ELA & Math, and grades 4 & 8 Science, for April - June of 2020.

5. Stipulation Agreement

The Board approves the stipulation agreement between the District and the parents of a student for the provision of related services through the Marra & Glick from July 1, 2019 through December 31, 2019, and authorizes the Board President to execute said agreement.

Surplus Textbooks

1 message

Robert Neidig <rneidig@portjeffschools.org>

Fri, Oct 11, 2019 at 10:06 AM

To: Sean Leister <sleister@portjeffschools.org>, Natalie Pego <npego@portjeffschools.org>, Kathleen Hanley <khanley@portjeffschools.org>

Mr. Leister, Ms. Pego and Mrs. Hanley,

I am writing to recommend to the Board of Education the surplus of the following textbooks which are antiquated and utilizing space in the middle school. I have included the name of the textbook and the reason for them needing to be discarded.

SUBJECT	TEXTBOOK NAME	PUBLISHER (YEAR)	REASON FOR SURPLUS	NUMBER OF BOOKS
Social Studies	The World: Past and Present / East and West	McMillan/McGraw-Hill (1995)	Not aligned with the New York State Learning Standards	36
Social Studies	The World: Past and Present	Harcourt Brace Jovanovich (1985)	Not aligned with the New York State Learning Standards	32

Thanks.

Bob

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Robert Neidig, Ed.D.
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Port Jefferson, New York 11777
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8121.1 OPIOID OVERDOSE PREVENTION

The Board of Education recognizes that the use of opioids can lead to overdose and death of district students and staff. The Board wishes to minimize these deaths by the use of opioid overdose prevention measures.

Administration of Opioid Antagonist Pursuant to Non-Patient Specific Order

The Board of Education approves the following program for use of opioid antagonists on students or staff suspected of having opioid overdose whether or not there is a previous history of opioid abuse.

Opioid antagonist shall be limited to naloxone and other medications approved by the Department of Health for such purposes, and administered only to students and staff.

The District Participates in a NYSDOH Registered Opioid Overdose Prevention Program Operated by Another Organization

The school district will participate in an existing New York State Department of Health (NYSDOH) registered opioid overdose prevention program operated by another organization. The NYSDOH registered opioid overdose prevention program will have its own clinical director who will issue a non-patient specific order and be responsible for prescribing naloxone kits for the school. The district will collaborate with the registered program's clinical director to follow protocol and procedures related to management of an opioid antagonist in the school.

The district shall designate the Superintendent or designee to the NYSDOH registered opioid overdose prevention program.

Naloxone will be stored in secure but accessible locations consistent with the district's emergency response plan. Such locations shall be designed to provide ready and appropriate access for use during emergencies, consistent with the district's emergency response plan.

Any school staff member may volunteer to participate in the program. Once trained by using a NYSDOH approved training program, staff members who volunteer may administer intranasal (in the nose) naloxone in the event of an emergency, on-site during the school day or at any on-site school sponsored activity.

Staff members will not be penalized by the district if they choose not to participate in this program.

School nurses may also participate in the program. Pursuant to a non-patient specific order and protocol issued by a NYS licensed physician or certified nurse practitioner, school nurses may administer intranasal naloxone or, if allowable per their training, intramuscular (in the muscle) naloxone, on school premises or at any school-sponsored activities occurring off school grounds. The non-patient specific order and

protocols must meet the criteria established pursuant to the regulations of the commissioner of education (8 NYCRR §64.7).

The Superintendent of Schools or designee, will ensure the school district will comply with the requirements of Public Health Law section 3309 including, but not limited to, appropriate clinical oversight, recordkeeping and reporting.

Documentation and Other Provisions

School nurses will document the administration of naloxone in accordance with the non-patient specific order and protocol that authorized the nurse or staff member to administer the naloxone, and report the administration of the naloxone to the district's medical director.

If there is a patient specific order for a particular student, the district will refer to the current New York State Education Department Guidelines for Medication Management in Schools as appropriate.

This policy, regulation, and any related procedures will be reviewed annually, to ensure they continue to meet the needs of the district and are consistent with recommended best practice.

Those trained as volunteer responders in the administering of naloxone will be required to review training every year.

Ref:

Education Law §§902 (requires public schools to employ medical director); 922 (volunteer naloxone responder); 6527 (emergency treatment of anaphylaxis and opioid overdose); 3023 (liability coverage); 6509-d (protection from liability for professional misconduct); 6909 (administration of naloxone by nurses)

Public Health Law §3309 (volunteer naloxone responder)

8 NYCRR §64.7 (administration of naloxone); Part 136 (school health services program, including naloxone)

10 NYCRR §80.138 (volunteer naloxone responder)

Guidance for Implementing Opioid Overdose Prevention Measures in Schools, New York State Education Department, updated 3/2019,

https://www.schoolhealthny.com/cms/lib/NY01832015/Centricity/Domain/85/NYSED_%20OpioidGuidance_3.2019.pdf

Opioid Overdose Prevention: Guidelines for Policies and Procedures, New York State Department of Health, March 2014,

www.health.ny.gov/diseases/aids/general/opioid_overdose_prevention/docs/policies_and_procedures.pdf

Presented for 1st reading: 11-12-19

8121.1-R OPIOID OVERDOSE PREVENTION REGULATION - Administration of Opioid Antagonist Pursuant to Non-Patient Specific Order

The on-site inventory and placement of naloxone will be accounted for weekly, and counted by personnel designated by the school administrator. Accounting for naloxone in AED cabinets may occur at the same time the check of the AED is performed. This count should be included and recorded on the AED log. The log must include the date, time and signature of the designated personnel performing the count. The log will be kept with whatever naloxone has not yet been deployed in the school health office, with the log being maintained for no less than 7 years. When new naloxone is placed in the locked storage cabinet or AED cabinet, the lot number, date of receipt, expiration date, and location of the naloxone must be recorded on the log. The designated personnel placing the naloxone in the storage area will sign the log and will need to monitor expiration dates.

Naloxone will be documented in the individual's cumulative health record for students, or consistent with applicable policies for care administered to staff. Documentation must include the date and time and route of administration noting the anatomical location if intramuscular was administered; the signs and symptoms displayed by the student or staff member prior to administration; the student or staff member's response to naloxone administration, if CPR/rescue breathing/AED was administered; the name of the EMS agency providing transport, along with the name of the health care facility the student/staff person was transported to; and signed by the person completing the documentation. Incident reports will be completed as per school district policy.

5420 STUDENT HEALTH SERVICES

The Board of Education recognizes that good student health is vital to successful learning and acknowledges its responsibility, along with that of parent(s) or guardian(s), to protect and foster a safe and healthful environment for the students.

The school shall work closely with students' families to provide detection and preventive health services. In accordance with law, the school will provide vision, hearing, dental inspection and scoliosis screening. Results shall be referred to the parent(s) or guardian(s) who shall be encouraged to have their family physician/dentist provide appropriate care.

In order to enroll in school a student must have a health exam and submit a health certificate within 30 calendar days after entering school, and upon entering prekindergarten or kindergarten, and first, third, fifth, seventh, ninth and eleventh grades. The examination, which must conform to state requirements, must have been conducted no more than 12 months before the first day of the school year in question. If a student is unable to furnish the health certificate, the school will provide a physical examination by a licensed provider. A request for exemption from the physical examination, or the requirement to provide a health certificate, must be made in writing to the school principal or designee, who may require documents supporting the request. The only basis for exemption is a claim that the physical examination is in conflict with the parent or guardian's genuine and sincere religious belief.

In order to enroll in school, students must also furnish documentation of required immunizations against certain communicable diseases, as set forth in state law and regulations, unless exempted from immunizations for medical or religious reasons as permitted by state law and regulation.

Homeless students shall be admitted to school even if they do not have the required health or immunization records, but may be temporarily excluded if they show actual symptoms of a communicable disease that poses a significant risk of transmission to others (see "Communicable Diseases" below).

The McKinney-Vento liaison shall assist homeless students covered by that law in accessing health services described in this policy and accompanying regulation.

The Board recognizes that the State of New York may authorize and require the collection of data from health certificates in furtherance of tracking and understanding health care issues that affect children. The Board supports these efforts and expects administrators to cooperate and to observe the appropriate laws and regulations in carrying out those responsibilities, including those that relate to student privacy.

In addition, students will be asked to provide a dental health certificate when they enroll in school and in accordance with the same schedule as the health certificate.

A permanent student health record shall be part of a student's cumulative school record and should follow the student from grade to grade and school to school along with his/her academic record. This record folder shall be maintained by the school nurse.

Emergency Care

Each school in the district will include in its emergency plan a protocol for responding to health care emergencies, including anaphylaxis, and head injury. Parents/guardians will be notified of any emergency medical situation as soon as is practicable. Parents/guardians will receive notification of non-emergent medical situations that have been reported to the nurse in a timely manner.

Schools shall also provide emergency care for students in accidental or unexpected medical situations. The district will stock epinephrine auto-injectors for non-patient specific use. The district shall ensure that designated staff are properly trained.

The district permits the administration of opioid antagonists, such as naloxone, to prevent opioid overdose, pursuant to policy 8121.1, Opioid Overdose Prevention. District staff shall follow all regulations regarding the storage, accessibility, administration, recordkeeping, and reporting of naloxone use.

Communicable Diseases

It is the responsibility of the Board to provide all students with a safe and healthy school environment. To meet this responsibility, it is sometimes necessary to exclude students with contagious and infectious diseases, as defined in the Public Health Law, from attendance in school.

During an outbreak of these communicable diseases, if the Commissioner of Health or his/her designee so orders, the district will exclude students from school who have an exemption from immunization or who are in the process of obtaining immunization.

It is the responsibility of the Superintendent of Schools, working through district health personnel, to enforce this policy and to contact the county or local health department when a reportable case of a communicable disease is identified in the student or staff population.

Administering Medication to Students

Neither the Board nor district staff members shall be responsible for the diagnosis or treatment of student illness. The administration of prescribed medication to a student during school hours shall be permitted only when failure to take such medicine would jeopardize the health of the student, or the student would not be able to attend school if the medicine were not made available to him/her during school hours, or where it is done pursuant to law requiring accommodation to a student's special medical needs (e.g., Section 504 of the Rehabilitation Act of 1973). "Medication" will include all medicines prescribed by an authorized medical provider.

Before any medication may be administered to or by any student during school hours, the Board requires:

1. the written request of the parent(s) or guardian(s), which shall give permission for such administration and relieve the Board and its employees of liability for administration of medication;
2. the written order of the prescribing authorized medical provider, which will include the purpose of the medication, the dosage, the time at which or the special circumstances under which medication shall be administered, the period for which medication is prescribed, and the possible side effects of the medication; and
3. that in order for a student to carry and use a rescue inhaler, an epinephrine auto-injector, insulin, or glucagon and associated testing supplies, written permission must be provided both by the parent and the prescribing authorized medical provider in accordance with state law and regulation.

Students are allowed to carry and apply parentally provided sunscreen without a prescription from a medical provider, assuming that the sunscreen is FDA approved and that the sunscreen is not treating a medical condition. Parents need to provide the district with written permission for students to use sunscreen.

Permission slips and medical orders shall be kept on file in the office of the school nurse.

The school stocks liquid albuterol for the nebulizer for students who are in need of emergency dosing when their personal prescription is empty. The district will develop procedures in collaboration with school health personnel that is approved by the district medical director and the Board of Education.

Life-Threatening Allergies and Anaphylaxis Management

The Board recognizes its role and responsibility in supporting a healthy learning environment for all students, including those who have, or develop, life-threatening allergies. The district will work cooperatively with the student, their parent/guardian and healthcare provider to allow the child to participate as fully and as safely as possible in school activities. When a student has a known life-threatening allergy reported on their health form or if the district has been informed by the parent of the presence of a life-threatening allergy, the district will assemble a team, which may include the parent, the school nurse, the child's teacher, the building principal and other appropriate personnel, which will be charged with developing an individual health care plan and/or an emergency action plan. The plan(s) will be maintained by the school nurse. The plan(s) will guide prevention and response. If the student is eligible for accommodations based upon the IDEA, Section 504 or the Americans with Disabilities Act, the appropriate procedures will be followed regarding identification, evaluation and implementation of accommodations.

Training

Training to support the fulfillment of staff responsibilities in regard to student health services will be provided as part of the district's ongoing professional development plan and in conformity with Commissioner's regulations.

Regulations

The Superintendent shall develop comprehensive regulations governing student health services. Those regulations shall include the provision of all health services required by law, procedures for the maintenance of health records, and procedures for the administering of medication to students. The Superintendent shall also develop protocols, in consultation with the district medical director and other appropriate district staff, for the management of injury, with particular attention to concussion.

Cross-ref:

4321, Programs for Students with Disabilities
5020.3, Students with Disabilities and Section 504
5151, Homeless Students
5280, Interscholastic Athletics
5550, Student Privacy
8121.1, Opioid Overdose Prevention
8130, School Safety Plans and Teams
9700, Staff Professional Development

Ref:

Education Law §§310 (provisions for appeal of child denied school entrance for failure to comply with immunization requirements); 901 et seq. (medical, dental and health services, BMI reporting); 916 (student self-administration of rescue inhalers); 916-a (student self-administration of epinephrine); 916-b (students with diabetes); 919 (provide and maintain nebulizers); 921 (epinephrine auto-injectors; training of unlicensed personnel); 922 (naloxone); 6527 (emergency treatment: anaphylaxis; naloxone); 6909 (emergency treatment: anaphylaxis; naloxone)

Public Health Law §§613 (annual survey); 2164 (immunization requirements); 3000-c (emergency epinephrine); 3309 (naloxone)

8 NYCRR §§ 64.7 (anaphylaxis; naloxone); 135.4 (Physical Education); Part 136 (school health services program; concussion, anaphylaxis, medication, naloxone)

10 NYCRR Part 66-1 (immunization requirements); § 80.138 (naloxone)

Guidelines for Medication Management in Schools, State Education Department, December 2017, www.p12.nysed.gov/sss/documents/MedicationManagement-DEC2017.pdf

Immunization Guidelines: Vaccine Preventable Communicable Disease Control, State Education Department, revised August 2000

Making the Difference: Caring for Students with Life-Threatening Allergies, New York State Department of Health, New York State Education Department, New York Statewide School Health Service Center, June 2008

Concussion Management Guidelines and Procedures, www.nysphsaa.org

New Policy for Stocking Albuterol Metered Dose Inhalers (MDIs), State Education Department, August 2011,

www.p12.nysed.gov/sss/schoolhealth/schoolhealthservices/Albuterol2011memo.pdf.

Presented for revisions & 1st reading: 11-12-19

5420-R STUDENT HEALTH SERVICES REGULATION

This regulation provides specific details about major areas of the district's student health services, such as immunization, medications, medical exams, medical care, emergency records, and return to school after injury/illness. For purposes of this regulation, the McKinney-Vento liaison shall assist homeless students covered by that law in accessing school health services.

A. Immunization Against Communicable Diseases

Under state Public Health Law 2164, in order to be enrolled in or attend district schools, children must be fully immunized against certain communicable diseases. Those diseases are: poliomyelitis, mumps, measles, diphtheria, rubella, varicella (chicken pox), hepatitis B, pertussis, tetanus, and, where applicable, Haemophilus influenza type b (Hib), pneumococcal disease, and meningococcal disease.

"Fully immunized" means that the child has either (1) received the required vaccinations for these diseases as set forth in state regulations; (2) for measles, mumps, rubella, hepatitis B, poliomyelitis, or varicella only, shown immunity with a positive blood test for those disease antibodies; or (3) for varicella only, has had the disease, verified by a physician, nurse practitioner, or physician's assistant.

Children who are not fully immunized may only be admitted to school if they (1) are in the process of receiving immunization or obtaining blood tests (as described in state law and regulations); or (2) have been granted a medical ~~or-religious~~ exemption.

Medical exemptions may be issued if immunization is detrimental to a child's health. Medical exemptions must either be (1) the medical exemption form issued by the New York State Department of Health or the New York City Department of Health and Mental Hygiene, or (2) a statement signed by a physician licensed to practice medicine in New York State indicating the specific immunization, the medical contraindication, and the length of time the exemption is for. Medical exemptions must be reissued annually to remain valid. The Building Principal may require supporting documents for medical exemptions.

All students must present appropriate documentation of their immunization status, as set forth in the Regulations of the Commissioner of Health 10 NYCRR Subpart 66-1. Homeless students shall be admitted to school even if they do not have the required immunization records, but may be temporarily excluded if they show actual symptoms of a communicable disease that poses a significant risk of transmission to others.

The Building Principal may permit students without adequate documentation to attend school up to 14 calendar days while the parent/guardian furnishes the necessary documents. This time period may be extended to 30 days for students transferring from another state or country, as long as they show a good faith effort to obtain the necessary documentation, or the child has received at least the first dose in an immunization series and has scheduled appointments to complete the series according to the recommended age schedules.

District schools may access the New York State Immunization Information System (NYSIIS) or the New York City Citywide Immunization Registry (CIR) to verify the immunization history of students entering or registered in that school.

When a child is excluded from school for immunization reasons, the Building Principal shall notify the parent/guardian of their responsibility to have the child immunized, and the public resources available for doing so. The Principal shall also notify the local health authority of the child's name and address and the immunization(s) the child lacks, and shall cooperate with that authority to provide a time and place for the required immunization(s) to be administered.

The district will maintain a list of all students who have been exempted from immunization for medical ~~or religious~~ reasons, or who are in the process of receiving immunization, and shall exclude such students from school when so ordered by the Commissioner of Health, in the event of an outbreak in school of the vaccine-preventable diseases listed in Public Health Law 2164 and the first paragraph of this section.

When a student transfers out of the district, the parent/guardian will be provided with an immunization transfer record showing the student's current immunization status which will be signed by the school nursing personnel or the school physician. A transcript or photocopy of the immunization portion of the cumulative health record will be provided to the new educational institution upon request.

B. Administering Medication to Students in School

The administration of prescribed medication to a student during school hours is permitted only when the medication is necessary to allow the student to attend school or failure to administer the medication would seriously affect the student's health.

Parent(s) or guardian(s) must present the following information:

1. a written order from a NYS licensed health care provider (e.g. physician, nurse practitioner or physician assistant) containing the following: student's name, the date and name of the medicine, dosage and time to be administered, and list of possible side effects; and
2. A written note from the parent/guardian giving appropriate licensed school personnel permission to administer the medication to their child during school or for trained unlicensed personnel to assist their child in taking their own medication.

Students who may carry and use certain medications.

Students are permitted to self-administer medication under certain circumstances, in accordance with state law and regulation. A student is authorized to carry and use the following medications: rescue inhaler, epinephrine auto-injector, insulin, glucagon (and associated diabetes testing supplies), if the following conditions are met:

1. An authorized medical provider must provide written permission that includes an attestation that the student's diagnosis requires the medication; the student has demonstrated that he/she can self-administer the prescribed medication effectively; the

name of the medication, the dose, the times when it is to be taken, the circumstances which may warrant use and the length of time during which the student may use it.

2. Written parental permission.

If a student is authorized to carry and use medication as described above, the parent/guardian is permitted to give extra medication and supplies that the district will maintain in accordance with the written directions submitted by the authorized medical provider. Such extra medication and supplies shall be readily accessible to the student.

All documents pertaining to student medication will be kept on file in the nurse's office.

The school nurse shall develop procedures for the administration of medication, which require that:

1. all medications will be administered by a licensed person unless the child is a "supervised student" (able to self-administer with assistance and supervision) or an "independent student" (able to self-administer and self-carry);
2. medications, other than as noted above, shall be securely stored in the office and kept in their original labeled container, which specifies the type of medication, the amount to be given and the times of administration;
3. the school nurse shall maintain a record of the name of the student to whom medication may be administered, the prescribing physician, the dosage and timing of medication, and a notation of each instance of administration; and
4. all medications shall be brought to school by the parent(s) or guardian(s) and shall be picked up by the parent(s) or guardian(s) at the end of the school year or the end of the period of medication, whichever is earlier. If not picked up within five days of the period of medication, the medication shall be discarded.

An adult must bring the medication to school in the original container. The administering staff member should clearly label the medication with the time to be given and dosage.

Sunscreen. Students are permitted to carry and apply sunscreen without a medical provider's order under the following conditions:

1. the sunscreen is used to avoid overexposure to the sun and not for medical treatment of an injury or illness, if sunscreen is required to treat a medical condition, the procedures for administering medication (above) apply;
2. the sunscreen is FDA approved for over the counter use;
3. the student's parents or guardians provide written permission annually for the student to carry and use the sunscreen.

The school nurse will keep written permission for students on file and develop procedures pertaining to this policy.

Administering medication on field trips and at after-school activities.

Taking medication on field trips and at after-school activities is permitted if a student is an "independent student" described above in administering their own medication. On field trips or

at other after-school activities, teachers or other school staff may carry the medication (if the student does not need it on hand for rapid administration) so that the independent student can take it at the proper time. If a student is a "supervised student" described above, unlicensed school personnel who have been trained by a licensed school health professional may assist the student in taking his/her medication. The student's parent/guardian, if attending the trip, may also perform these activities, but may not be required to do so.

If a student is "nurse dependent" (i.e., requires a licensed health professional to administer their medication), then the student must have their medication administered by a licensed health professional, or the district may:

- permit the parent or guardian to attend the activity and administer the medication.
- permit the parent to personally request another adult friend or family member to voluntarily administer the medication on the field trip or activity and inform the school district in writing of such request.
- allow the student's health care provider to be consulted and, if he/she permits, order the medication time to be adjusted or the dose eliminated.

If no other alternative can be found, a school nurse or licensed person must administer the medication.

Administering epi-pen in emergency situations.

The administration of epinephrine by epi-pen has become an accepted and extremely beneficial practice in protecting individuals subject to serious allergic reactions (e.g., individual has an anaphylactic reaction to a wasp sting or the ingestion of peanut butter).

Pursuant to Commissioner's regulations, registered professional nurses may carry and administer agents used in non-patient specific emergency treatment of anaphylaxis.

Additionally, the district will stock epinephrine auto-injectors to be used on any student or staff member having symptoms of anaphylaxis, whether or not there is a previous history of severe allergic reaction. The medical director shall oversee use of the auto-injectors, ensuring that designated staff are appropriately trained. However, any school personnel may be directed in a specific instance to use an auto-injector by the nurse or medical director.

In addition, pursuant to SED guidelines, school nurses may provide training to unlicensed school staff in administering epi-pens, epinephrine auto-injectors and glucagon prescribed by a licensed medical provider, to a child who has been diagnosed with the associated disease in accordance with the process described in this policy and regulation.

Use of Liquid Albuterol for Nebulizer/Metered-Dose Inhalers. Students diagnosed with asthma whose personal albuterol prescription is empty may receive an emergency dose of school-stocked albuterol under the following conditions:

- The student has a prescription ordering albuterol MDI or nebulized albuterol from their licensed health care provider which must include an order allowing the student to use the school's stocked albuterol MDI if their personal prescription is empty;

- The student's parent/guardian must provide written permission for the student to be administered dosing from the school's stocked albuterol MDI if their personal prescription is empty;
- The school's stock supply of albuterol is not to be used in place of the parent/guardian providing the medication for their child to the school. The school's stock supply is for use only in the event that the student's personal supply is empty while awaiting the parent/guardian to provide the school with a new one; and
- ~~The student must have their own labeled spacer, tubing and facemask, or mouthpiece provided by the parent/guardian that is used when administering their own or the school's stock albuterol MDI.~~

Specific procedures will be developed by school health personnel that will outline the following:

1. The process for obtaining and replacing the stock albuterol;
2. The maintenance and cleaning of the school's stock MDI and nebulizer; individual students' MDIs and spacers; and/or students nebulizer tubing, facemask or mouthpiece;
3. The protocol for informing parents that the school stock albuterol was used; and
4. The protocol for informing parents/guardians of the need for replacement of their child's albuterol medication along with any district imposed deadlines for doing so.

This procedure will be approved by both the district medical director and the Board of Education.

C. Student Medical Exams

In accordance with Sections 903 and 904 of the state Education Law, each student shall have a physical exam given by the school doctor or licensed health provider (including a physician, physician assistant or nurse practitioner) upon entrance to school and upon entering pre-kindergarten or kindergarten, and first, third, fifth, seventh, ninth, and eleventh grades. Findings are to be kept on record at the school on forms that can be obtained from the school nurse. In addition, the school will request a dental health certificate according to the same schedule.

A student may be excluded from the medical examination requirements because the child's parent/guardian holds a genuine and sincere religious belief which is contrary to medical examinations. The request for exemption must be in writing to the principal or his/her designee.

In the event that the student's medical history reveals that they have a known life-threatening allergy, the school nurse, in conjunction with the family, student, child's teacher, and other appropriate staff, will develop and implement an individual health care plan which will guide prevention and response.

The district will work with students in the self-management of their life-threatening allergy, or other chronic health conditions, by:

1. Adequately training staff involved in the care of the child.
2. Assuring the availability of the necessary equipment and/or medications.

3. Providing appropriately licensed and trained persons on school premises, as required by law.
4. Providing ongoing staff and student education.

D. Illness or Injury in School

If a student becomes ill or injured in school:

1. The nurse will determine if the student should receive further medical attention, remain in the health office or return to class.
2. The nurse will call the parent, guardian or designated emergency contact if he/she feels the student should go home. In general, a parent or guardian will pick up the student from school.
3. If no parent, guardian or designated emergency contact picks up the student at school, or if no parent/guardian or designated emergency contact will be home, the student will remain in the nurse's office until such time as a parent, guardian or designated emergency contact becomes available to assume responsibility for the child.

The district permits the administration of opioid antagonists, such as naloxone, to prevent opioid overdose, pursuant to policy 8121.1, Opioid Overdose Prevention. District staff shall follow all regulations regarding the storage, accessibility, administration, recordkeeping, and reporting of naloxone use.

E. Communication with parents/guardians

If a student becomes ill or exhibits any of the following conditions the school nurse (or designee) will call home:

- When a student does not feel better after resting for 20 minutes
- Any scrape/injury that requires more than a regular-sized band aid
- Nosebleeds lasting longer than 15 minutes
- Temperature over 100.0
- General malaise, or any other symptom that prohibits a student from being able to concentrate and/or participate in class
- Wheezing/congested lungs, or difficulty breathing
- Bee sting
- Reddened throat/swollen glands or tonsils
- Any unusual, strong pain
- Allergic reaction
- Burn
- Vomiting or diarrhea
- Cracked tooth/problem with braces
- Head injury
- Frequent trips to the nurse
- Rash
- Sprains with unusual swelling
- Any injury involving the eye(s) or teeth
- Other conditions which in the nurses or principal's judgment, warrant parent contact

F. Medical Emergency Record

Emergency contacts are housed in PowerSchool. All students shall have on file a medical emergency record which shall state the name and telephone numbers of the following:

1. the student's parent(s) or guardian(s) at home and work;
2. the student's next of kin;
3. a neighbor;
4. the student's licensed health care provider;
5. preferred hospital;
6. any allergies or serious health conditions.

Students diagnosed with diabetes shall have a written diabetes management plan maintained as part of the student's cumulative health record. The management plan shall be developed in accordance with state regulation and district procedures. Students diagnosed with asthma or other respiratory disease requiring a rescue inhaler, students diagnosed with life-threatening allergy or diabetes may have an emergency action plan maintained as part of the student's cumulative medical record. The emergency action plan will be developed in accordance with state regulation and district procedures.

G. Student Return to School after Illness/Injury

In general, students should be symptom-free before returning to school and resuming normal activities. In some instances, students may be asked to provide a note from their licensed health care provider before they return to school or participate in the full range of school activities. The final decision to permit participation rests with the school physician. The Superintendent, in consultation with the school physician, nurse and other appropriate staff, will develop protocols to address a student's return to activities when there has been a serious illness or injury.

~~5421 ADMINISTERING MEDICATION TO STUDENTS~~

~~Neither the Board nor district staff members shall be responsible for the diagnosis or treatment of student illness. The administration of prescribed medication to a student during school hours shall be permitted only when failure to take such medicine would jeopardize the health of the student, or the student would not be able to attend school if the medicine were not made available to him/her during school hours, or where it is done pursuant to law requiring accommodation to a student's special medical needs (e.g., Section 504 of the Rehabilitation Act of 1973). "Medication" will include all medicines prescribed by an authorized medical provider.~~

~~Administering Medication to Students in School~~

~~The administration of prescribed medication to a student during school hours is permitted only when the medication is necessary to allow the student to attend school or failure to administer the medication would seriously affect the student's health.~~

~~The school nurse shall develop procedures for the administration of medication, which require that:~~

~~1. all medications will be administered by a licensed person unless the child is self-directed;~~

~~2. medications shall be securely stored in the office and kept in their original labeled container, which specifies the type of medication, the amount to be given and the times of administration; the school nurse shall maintain a record of the name of the student to whom medication may be administered, the prescribing physician, the dosage and timing of medication, and a notation of each instance of administration; and~~

~~3. all medications shall be brought to school by the parent(s) or guardian(s) and shall be picked up by the parent(s) or guardian(s) at the end of the school year or the end of the period of medication, whichever is earlier. If not picked up within five days of the period of medication, the medication shall be discarded.~~

~~An adult must bring the medication to school in the original container. The administering staff member should clearly label the medication with the time to be given and dosage.~~

~~Before any medication may be administered to or by any student during school hours, the Board requires the following:~~

~~1. the written request of the parent(s) or guardian(s), which shall give permission for such administration and relieve the Board and its employees of liability for administration of medication; and~~

~~2. the written order of the prescribing authorized medical provider which will include the purpose of the medication, the dosage, the time at which or the special circumstances~~

~~under which medication shall be administered, the period for which medication is prescribed, and the possible side effects of the medication.~~

~~3. that in order for a student to carry and use a rescue inhaler, an epinephrine auto-injector, insulin, or glucagon and associated testing supplies, written permission must be provided both by the parent and the prescribing authorized medical provider in accordance with state law and regulation.~~

~~These documents shall be kept on file in the office of the school nurse.~~

~~In addition, in accordance with Education Law 010, the district shall make a nebulizer available on-site in school buildings where nursing services are provided. Students with a patient-specific order, who require inhaled medications, shall have access to the nebulizer. The district will ensure that it is maintained in working order. In addition, schools may stock albuterol for students who are in need of emergency dosing when their personal prescription is empty. The district will develop procedures in collaboration with school health personnel that is approved by the district medical director.~~

~~*Administering medication on field trips and at after-school activities.* Taking medication on field trips and at after-school activities is permitted if a student is self-directed in administering their own medication. On field trips or at other after-school activities, teachers or other school staff may carry the medication so that the self-directed student can take it at the proper time.~~

~~If a student is going on a field trip but is not self-directed (i.e., fully aware and capable of understanding the need and assuming responsibility for taking medicine), then the district may:~~

- ~~• permit the parent or guardian to attend the activity and administer the medication.~~
- ~~• permit the parent to personally request another adult who is not employed by the school to voluntarily administer the medication on the field trip or activity and inform the school district in writing of such request.~~
- ~~• allow the student's health care provider to be consulted and, if he/she permits, order the medication time to be adjusted or the dose eliminated.~~

~~If no other alternative can be found, a school nurse or licensed person must administer the medication.~~

~~*Administering epi-pen in emergency situations.* The administration of epinephrine by epi-pen has become an accepted and extremely beneficial practice in protecting individuals subject to serious allergic reactions (e.g., individual has an anaphylactic reaction to a wasp sting or the ingestion of peanut butter).~~

~~Pursuant to Commissioner's regulations, registered professional nurses may carry and administer agents used in non-patient specific emergency treatment of anaphylaxis.~~

~~In addition, pursuant to SED guidelines, school nurses may provide training to unlicensed school staff in administering epi pens, prescribed by a licensed prescriber, to a child who has been diagnosed with the potential for a severe reaction, in the event of the onset of a serious allergic reaction when a nurse is not available.~~

~~*Administering Narcan in emergency situations.* Naloxone/Narcan is a medication known to reverse the effects of opioids in an emergency situation. The administration of Narcan by a certified trained individual can prevent an opioid/heroin overdose from becoming fatal. Certified individuals may carry and administer Narcan in emergency treatment of opioid/heroin overdose.~~

Ref:

~~Education Law §§310(provisions for appeal of child denied school entrance for failure to comply with immunization requirements); 901 of reg. (medical, dental and health services, BMI reporting); 919(provide and maintain nebulizers); 6909(emergency treatment of anaphylaxis)~~

~~Public Health Law §§613(annual survey); 2164(immunization requirements)~~

~~§ NYCRR § 64.7(administration of agents to treat anaphylaxis); Part 136(school health services program)~~

~~Administration of Medication in the School Setting Guidelines, State Education Department, revised April 2002~~

~~Immunization Guidelines: Vaccine-Preventable Communicable Disease Control, State Education Department, revised August 2000~~

~~Making the Difference: Caring for Students with Life-Threatening Allergies, New York State Department of Health, New York State Education Department, New York Statewide School Health Service Center, June 2008~~

~~First reading: 1/13/09~~

~~Second reading & adoption: 2/10/09~~

~~Revisions presented for:~~

~~1st reading & adoption 12/8/15~~

~~Policy deleted and combined with Policy 5420~~

9520.2 FAMILY AND MEDICAL LEAVE

Consistent with the federal Family and Medical Leave Act of 1993, as amended, the Board of Education recognizes the right of eligible employees to unpaid family and medical leave for up to 12 weeks during any 12 month period. For the purposes of family and medical leave, the twelve month period necessary for eligibility shall be a rolling year. A rolling 12 month period is measured backward from the date an employee uses any FMLA leave. The Board shall ensure that all eligible employees who use such leave shall have their health benefits continued during the leave, shall not have any previously accrued benefits altered and except as otherwise authorized by law, shall be returned to their previous position or to an equivalent position according to established Board practices, policies and collective bargaining agreements.

To be eligible for family or medical leave an employee must have been employed for at least twelve months and have worked at least 1,250 hours during the prior twelve months.

Family leave shall be provided when a son or daughter is born to the employee or one is placed with the employee for adoption or foster care. Medical leave shall be provided in order for the employee to take care of a spouse, child, or parent who has a serious health condition or when the employee has a serious health condition rendering him/her unable to perform the functions of the employee's job.

The term "serious health condition" means an illness, injury, impairment, or physical or mental condition that involves: (A) inpatient care in a hospital, hospice, or residential medical care facility; or (B) continuing treatment by a health care provider.

Family leave shall be provided because of a qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a military member on covered active duty status (or has been notified of an impending call or order to covered active duty) in the Armed Forces.

An eligible employee who is the spouse, son, daughter, parent, or next of kin of a covered service member is entitled to a total of 26 workweeks of unpaid leave in a single twelve month period to care for the service member who is seriously ill or injured in the line of duty while on active duty in the Armed Forces.

Under certain circumstances, an eligible employee may choose or be required to substitute accrued or earned paid leave for FMLA unpaid leave. For an employee's own serious health condition, the District requires an employee to use any earned paid time off such as sick, personal or vacation days to be used concurrently for the purpose of FMLA unpaid leave until their healthcare provider certifies that they are no longer disabled/unable to work. Thereafter the duration of FMLA will be unpaid". For the birth of a child or placement of a child for adoption or foster care, the District requires the employee to use vacation, personal days or as restricted by the applicable CBA. For the care of a family member with a serious health condition, the eligible employee may

elect, or the District requires the employee to use vacation or personal days; family illness or family sick days, concurrently for the purpose of FMLA unpaid leave. The employee's own sick days may only be used concurrently with FMLA to care for a family member with a serious health condition as restricted by the applicable Collective Bargaining Agreement.

The employee shall notify the District of his/her request for leave, if foreseeable, at least 30 days prior to the date when the leave is to begin. If such leave is not foreseeable then the employee shall give such notice as is practical. The District may require a certification from a health care provider if medical leave is requested. When an employee returns following a leave, he/she must be returned to the same or equivalent position of employment, except as otherwise authorized by law. The Superintendent of Schools or designee may reassign a teacher consistent with the teacher's collective bargaining agreement to a different grade level, building or other assignment consistent with the employee's certification and tenure area.

Instructional Personnel

As to instructional employees, if the leave begins more than five (5) weeks prior to the end of a semester, the employee may be required to continue the leave until the end of the semester, (A) if the leave is for at least three (3) weeks, and (B) the employee's return to work would occur during the three (3) week period prior to the end of the semester.

If the leave is requested within five (5) weeks of the end of the semester, the instructional employee may be required to continue on leave until the end of the semester, if (A) the leave is longer than two (2) weeks, and (B) the employee would return from leave within two (2) weeks of the end of the semester.

Instructional employees whose family or medical of service member family leave extends past five (5) days and begins during the three (3) week period prior to the end of the semester may be required to take the leave until the end of the semester. This does not apply to medical leave for the employee's own serious health condition.

Special rules apply to an employee who works principally in an instructional capacity who needs intermittent leave or leave on a reduced schedule to care for a family member, or for the employee's own serious health condition or to care for a covered service member and the employee would be on leave for more than twenty percent of the number of working days over the period the leave would extend. These special rules include being required to take leave for periods of a particular duration or to transfer temporarily to an alternative, equivalent position that better accommodates the leave.

The Board shall ensure that family and medical leave, consistent with the Family and Medical Leave Act, is provided to all eligible employees. This policy is a brief summary of the legal requirements of the Family and Medical Leave Act and is intended to be consistent with all the provisions of the Act.

The District shall post a notice in designated areas and include a notice stating the pertinent provisions of the Family and Medical Leave Act, including information concerning enforcement of the law.

Ref:

29 U.S.C. §§2601-2654, the Family and Medical Leave Act

29 CFR Part 825

Update presented for

1st reading: 12/9/14

2nd reading & adoption: 1/13/15

Updated presented for:

1st reading & adoption: 11/12/19

Port Jefferson Union Free School District