

### 5331 MANAGEMENT OF LIFE-THREATENING ALLERGIES IN THE SCHOOL

The Board of Education recognizes students may have allergies to certain foods and other substances and may be at risk for anaphylaxis. Anaphylaxis is a sudden, severe, serious, systemic allergic reaction that can involve various areas of the body (such as the skin, respiratory tract, gastrointestinal tract, and cardiovascular system). Anaphylaxis is a serious allergic reaction that may be rapid in onset and may cause death. Policy 5331 has been developed in accordance with the Guidelines for the Management of Life-Threatening Food Allergies in Schools developed by the New Jersey Department of Education.

An Individualized Healthcare Plan (IHP) and an Individualized Emergency Healthcare Plan (IEHP) will be developed for each student at risk for a life-threatening allergic reaction. Self-administration of medication, the placement and the accessibility of epinephrine, and the recruitment and training of designees who volunteer to administer epinephrine during school and at school-sponsored functions when the school nurse or designee is not available shall be in accordance with N.J.S.A. 18A:40-12 and Board Policy and Regulation 5330. School staff will be appropriately trained by the school nurse or designee to understand the school's general emergency procedures and steps to take should a life-threatening allergic reaction occur.

The school district will develop and implement appropriate strategies and prevention measures for the reduction of risk of exposure to food allergens throughout the school day, during before- and after-school programs, at all school-sponsored activities, in the cafeteria, or wherever food is present.

A description of the roles and responsibilities of parent(s) or legal guardian(s), staff, and students to prevent allergic reactions and during allergic reactions are outlined in Regulation 5331.

Every incident involving a life-threatening allergic reaction and/or whenever epinephrine is administered throughout the school day, during before- and after-school programs, and/or at all school-sponsored activities shall be reported to the school nurse or designee. The school nurse or designee shall be responsible to notify emergency responders, the Principal or designee, the school physician, and the Superintendent. The Superintendent shall inform the Board of Education after every incident including a life-threatening allergic reaction or whenever epinephrine is administered by the school nurse or designee. In addition, in accordance with the provisions of N.J.S.A. 18A:40-12.5.e.(3), the school nurse or designee shall arrange for the transportation of a student to the hospital emergency room by emergency services personnel after the administration of epinephrine, even if the student's symptoms appear to have resolved.



### Management of Life-Threatening Allergies in the School

There will be occasions where food and/or beverages will be served as part of a classroom experience, field trip, and/or celebration. Because the ingredients of these food and beverage products may be unknown to the food preparation person and/or server, a student with anaphylaxis to food should not consume any food products that he/she is unsure of the ingredients. The teacher will provide, whenever possible, advance notice of the classroom experience, field trip, or celebration in order for the student to bring a food or beverage product from their home so they may participate in the activity.

When a parent(s) or legal guardian(s) informs the Building Principal and the school nurse the student may have an anaphylactic reaction to a substance other than food, the Building Principal will work with school staff to determine if these substances are on school grounds. The Building Principal will inform and work with the parent(s) or legal guardian(s) and the student to avoid the student's exposure to these substances if present on school grounds.

School staff will be appropriately trained by the school nurse or designee to understand the school's general emergency procedures and steps to take should a life-threatening allergic reaction occur. The school nurse or designee will provide appropriate training to school staff to understand allergies to food and other substances, to recognize symptoms of an allergic reaction, and to know the school's general emergency procedures and steps to take should a life-threatening allergic reaction occur. The school nurse will work with appropriate school staff to eliminate or substitute the use of allergens in the allergic student's meals, educational/instructional tools and materials, arts and crafts projects, or incentives.

Policy and Regulation 5331 should be annually reviewed, evaluated, and updated where needed. Policy and Regulation 5331 will be disseminated and communicated to all parent(s) or legal guardian(s) of students in the school in the beginning of each school year and when a student enters the school after the beginning of the school year.

N.J.S.A. 18A:40-12.3 through 18A:40-12.6

New Jersey Department of Education - Guidelines for the Management of Life-Threatening Food Allergies in Schools – September 2008

Adopted: 19 June 2019



## R 5331 MANAGEMENT OF LIFE-THREATENING ALLERGIES IN THE SCHOOL

### A. Definitions

1. Anaphylaxis - A serious allergic reaction that is rapid in onset and may cause death.
2. Epinephrine (adrenaline) - A drug that can be successfully utilized to counteract anaphylaxis.
3. Food Allergy - A group of disorders characterized by immunologic responses to specific food proteins. In the United States, the most likely common allergens in adults and children are cow's milk, eggs, peanuts, wheat, soy, fish, shellfish, and nuts.
4. Individualized Emergency Healthcare Plan (IEHP) - 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.
5. Individualized Healthcare Plan (IHP) - 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 health care provider in the student's medical home.
6. School-Sponsored Function - 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.

### B. Policy and Regulation Development

1. Policy and Regulation 5331 address different allergens, varying ages and maturity levels of students, and the physical properties and organizational structures of school. The components below were critical in developing Policy and Regulation 5331.
  - a. The school district nursing staff, in consultation with the school physician, if needed:
    - (1) Assessed the overall health needs of the student population at risk for anaphylaxis, particularly students with food allergies; and



- (2) Assessed current and relevant policies and/or protocols regarding the care of students with life-threatening allergies and identified areas in need of development or improvement.
2. Policy and Regulation 5331 were developed using a multidisciplinary team that included various school district administrators, teachers, and support staff members.
3. Additional factors need to be regarded at the secondary school level in order to provide the best care for food-allergic teens. The multidisciplinary team should consider the factors below when developing Policy and Regulation 5331 as it pertains to food-allergic teens.
  - a. Students move to different classrooms, frequently in larger buildings and campuses, presenting needs for updated avoidance strategies, epinephrine availability, and designated assistance.
  - b. Students may have open lunch periods and accompany friends to local eateries.
  - c. Students may have access to vending machines.
  - d. Certain classes give rise to new avoidance issues, e.g., chemistry/biology labs, home economics/culinary class, etc.
  - e. The number of off-site school-sponsored functions increases, e.g., travel, sometimes to other States and foreign countries; athletic games and competitions, sometimes in other towns; dances; etc.
  - f. Risk-taking behaviors frequently accompany the independence of adolescent years.
  - g. N.J.S.A. 18A:40-12.6 provides for a delegate for the emergency administration of epinephrine even when a student is able to self-administer life-saving medication. Although teenage students will more than likely be permitted to carry and self-administer emergency medications, those students are not to be expected to have complete responsibility for the administration of epinephrine. A severe allergic reaction can completely incapacitate a student and inhibit the ability to



self-administer emergency medication. Therefore, the school nurse or volunteer delegate shall be available during school and school-sponsored functions to administer epinephrine in an emergency in accordance with the provisions of N.J.S.A. 18A:40-12.5.e.(2).

4. The Principal and/or the school nurse will educate staff and the community regarding Policy and Regulation 5331; obtain feedback on the implementation and effectiveness of the Policy and Regulation; and annually review, evaluate, and update the Policy and Regulation, as needed or required by law.

C. Prevention Measures

1. Considerations for the Cafeteria

The Principal, in consultation with the school nurse, teaching staff members, food service staff members, and other appropriate staff members, will work to make the cafeteria environment as safe as possible for food-allergic students. This process includes making determinations about serving foods with known allergens and identifying steps that can be taken to reduce the chance of accidental exposure. The steps may include:

- a. Training to food service personnel on food label reading and safe handling, as well as safe meal substitutions for food-allergic children.
- b. Educating cafeteria staff and monitors about food-allergy management and make them aware of the students who have life-threatening food allergies.
- c. Developing and implementing standard procedures for cleaning tables, chairs, and trays, particularly those designated as allergen-safe, after lunch periods using dedicated and disposable supplies to avoid cross contact.
- d. When possible, sharing ingredient/allergen information for food provided by the school to students and parent(s) or legal guardian(s).
- e. Making allergen-safe table(s) an available option for allergic students.
- f. Considering allergen-full table(s) (i.e., all those eating peanut butter sit together).



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- g. Discouraging students from sharing or trading food/snack items, drinks, straws, or utensils.
  - h. Encouraging students to wash hands before and after eating.
  - i. Considering the benefits and ramifications of serving and/or removing allergen-containing foods or removing a particular food item from the school menu.
  - j. Making accommodations in the event a student cannot be in direct proximity to certain allergens that are being cooked/boiled/steamed.
2. Considerations for the Classroom

Provisions will be made to develop safeguards for the protection of food-allergic students in the classroom. The school nurse will work with the classroom teacher(s) so the teacher understands and is able to initiate the student's IEHP, as necessary.

- a. If possible, consider prohibiting the use or consumption of allergen-containing foods in the classroom.
- b. Conduct training for teachers, aides, volunteers, substitutes, and students about food allergies.
- c. Develop and implement a procedure that will alert substitute teachers to the presence of any students with food allergies and any accompanying instructions.
- d. Develop and implement a letter to parent(s) or legal guardian(s) of classmates of the food-allergic student (without identifying the student), particularly in lower grades, explaining any prohibitions on food in the classroom.
- e. Discourage the use of food allergens for classroom projects/activities, classroom celebrations, etc.
- f. Encourage the use of non-food items for all classroom events/activities, as a way to avoid the potential presence of major food allergens.



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- g. Notify parent(s) or legal guardian(s) of classroom celebrations that involve food with particular attention to notification of parent(s) or legal guardian(s) of food-allergic children.
  - h. Encourage students to wash hands before and after eating.
  - i. Develop and implement standard procedures for cleaning desks, tables, and the general classroom area.
3. General Considerations for the School Environment

The Principal, in consultation with the school nurse, teaching staff members, food service staff members, and other appropriate staff members, will work to make the school environment as safe as possible for the food-allergic student to include:

- a. Developing and implementing cleaning procedures for common areas (i.e., libraries, computer labs, music and art rooms, hallways, etc.).
  - b. Developing and implementing guidelines for food fundraisers (i.e. bake sales, candy sales, etc.) that are held on school grounds.
  - c. Avoiding the use of food products as displays or components of displays in hallways.
  - d. Developing protocols for appropriate cleaning methods following events held at the school, which involve food.
4. Field Trips and Other School Functions

N.J.S.A. 18A:40-12.6 requires a nurse or delegate to be available during school and school-sponsored functions in the event of anaphylaxis. Students with food allergies should participate in all school activities and will not be excluded based on their condition. The appropriate school staff member(s) should:

- a. Communicate (with parent(s) or legal guardian(s) permission) relevant aspects of the IEHP to staff, as appropriate, for field trips, school-sponsored functions, and before- and after-school programs.
- b. Encourage long-term planning of field trips in order to ensure that food-allergic students receive needed services while away from school.



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- c. Evaluate appropriateness of trips when considering the needs of students e.g., a trip to a dairy farm should not be scheduled for a class with a milk-allergic student.
- d. Encourage, but do not require, parent(s) or legal guardian(s) of food-allergic students to accompany their child on school trips.
- e. Implement the district's procedure for the emergency administration of medications.
- f. Implement the district's procedure for emergency staff communications on field trips.
- g. Inform parent(s) or legal guardian(s), when possible, of school events at which food will be served or used.

### 5. Bus Transportation

The district administrative staff and transportation personnel will consider the needs of students with life-threatening allergies while being transported to and from school and to school-sponsored activities. The appropriate school staff member(s) should:

- a. Advise bus drivers of the students that have food allergies, symptoms associated with food-allergic reactions, and how to respond appropriately.
- b. Assess the emergency communications systems on buses.
- c. Consider assigned bus seating i.e., students with food allergies can sit at the front of the bus or can be paired with a "bus buddy."
- d. Assess existing policies regarding food on buses.

### 6. Preparing for an Emergency

The Principal and school nurse will establish emergency protocols and procedures in advance of an emergency. These protocols and procedures should:

- a. Provide training for school personnel about life-threatening allergic conditions.





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- b. Create a list of volunteer delegates trained by the nurse in the administration of epinephrine, and disseminate the list appropriately.
- c. Ensure that epinephrine is quickly and readily accessible in the event of an emergency. If appropriate, maintain a backup supply of the medication.
- d. Coordinate with local EMS on emergency response in the event of anaphylaxis.
- e. Consider conducting anaphylaxis drills as part of the district or school-wide emergency response plan.
- f. Ensure access to epinephrine and allergy-free foods when developing plans for fire drills, lockdowns, etc.
- g. Ensure that reliable communication devices are available in the event of an emergency.
- h. Adhere to Occupational Safety and Health Administration (OSHA) and Universal Precautions Guidelines for disposal of epinephrine auto-injectors after use.

### 7. Sensitivity and Bullying

A food-allergic student may become victim to threats of bullying related to his/her condition. N.J.A.C. 6A:16-7.9 requires each Board of Education to develop, adopt, and implement a policy prohibiting harassment, intimidation, or bullying on school grounds, including on a school bus or at a school-sponsored function, pursuant to N.J.S.A. 18A:37-15. The appropriate school staff member(s) should:

- a. Remind students and staff that bullying or teasing food-allergic students will not be tolerated and violators should be disciplined appropriately.
- b. Offer professional development for faculty and staff regarding confidentiality to prevent open discussion about the health of specific students.
- c. Discourage needless labeling of food-allergic students in front of others. A food-allergic student should not be referred to as “the peanut kid,” “the bee kid” or any other name related to the student’s condition.



## D. Roles and Responsibilities for Managing Food Allergies

The risk of accidental exposure to foods can be reduced in the school setting if the school, students, parent(s) or legal guardian(s), and physicians work together to minimize risks of exposure to allergens and provide a safe educational environment for food-allergic students.

### 1. Family's Role

- a. Notify the school of the student's allergies.
- b. Work with the school team to develop a plan that accommodates the student's needs throughout the school, including the classroom, the cafeteria, after-care programs, during school-sponsored activities, and on the school bus, as well as an IEHP.
- c. Provide written medical documentation, instructions, and medications as directed by a physician, using the Food Allergy Action Plan as a guide. Include a photo of the child on written form.
- d. Provide properly labeled medications and promptly replace medications after use or upon expiration.
- e. Educate the child in the self-management of their food allergy including: safe and unsafe foods; strategies for avoiding exposure to unsafe foods; symptoms of allergic reactions; how and when to tell an adult they may be having an allergy-related problem; and how to read food labels (age appropriate).
- f. Review policies and procedures with the school staff, the child's physician, and the child (if age appropriate) after a reaction has occurred.
- g. Provide current emergency contact information and update regularly.

### 2. School's Role

- a. Review the health records submitted by parent(s) or legal guardian(s) and physicians.



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- b. Identify a core team including the school nurse, teacher, Principal, and school food service and nutrition manager/director to work with parent(s) or legal guardian(s) and the student (age appropriate) to establish an IEHP. Changes to the IEHP that promote food allergy management should be made with core team participation.
- c. Assure that all staff who interact with the student on a regular basis understand food allergies, can recognize symptoms, know what to do in an emergency, and work with other school staff to eliminate the use of food allergens in the allergic student's meals, educational tools, arts and crafts projects, or incentives.
- d. Coordinate with the school nurse to ensure medications are appropriately stored and ensure an emergency kit is available that contains a physician's standing order for epinephrine. Epinephrine should be kept in a secure but unlocked location that is easily accessible to delegated school personnel.
- e. Students who are permitted to self-administer should be permitted to carry their own epinephrine in accordance with State regulations and district policy.
- f. Designate school personnel who volunteer to administer epinephrine in an emergency.
- g. Be prepared to handle a reaction and ensure there is a staff member available who is properly trained to administer medications during the school day, regardless of time or location.
- h. Review policies and prevention plans with the core team members, parent(s) or legal guardian(s), student (age appropriate), and physician after a reaction has occurred.
- i. Work with the transportation administrator to insure that school bus drivers receive training that includes symptom awareness and what to do if a reaction occurs and assess the means by which a bus driver can communicate during an emergency, including proper devices and equipment.



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- j. Discuss field trips with the family of the food-allergic child to decide appropriate strategies for managing the food allergy.
  - k. Follow Federal and/or State laws and regulations regarding sharing medical information about the student.
  - l. Take threats or harassment against an allergic child seriously.
3. Student's Role
- a. Students should not trade food with others.
  - b. Students should not eat anything with unknown ingredients or known to contain any allergens.
  - c. Students should be proactive in the care and management of their food allergies and reactions based on their developmental level.
  - d. Students should notify an adult immediately if they eat something they believe may contain the food to which they are allergic.

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### 5332 DO NOT RESUSCITATE ORDERS

Federal and State legislation entitles every student to a free, appropriate public education in the least restrictive environment. Due to the high risk of medically fragile students and students with chronic illnesses, who in the past would not have survived to be able to attend school, families, professionals, and school personnel are challenged with new issues in caring for these students in the school setting. Some families may wish not to pursue life-saving medical protocols for their child due to the lack of benefit to the student's condition or quality of life that is likely to result from following these protocols. In accordance with N.J.A.C. 6A:16-2.1(a)3, all Do Not Resuscitate (DNR) orders received for a student will be thoroughly and carefully reviewed.

"Do Not Resuscitate order" or "DNR order" means a written directive signed by the parent or legal guardian of a student who, after consultation with the student's pediatrician and other advisors, declines emergency administration of cardiopulmonary resuscitation (CPR) and automatic external defibrillator (AED) to the student. "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. "Medical home" means a health care provider and that provider's practice site chosen by the student's parent or legal guardian for the provision of health care.

A family desiring to pursue a DNR order must submit a written order, which should be developed after a meeting with the parent(s) or legal guardian(s), the student, if appropriate, the school physician, the school nurse, the student's family healthcare provider, and the local emergency medical services provider. The written order shall include specific written emergency orders and shall specifically meet the goals for the student. Community emergency medical services protocols must be clearly defined in the written order.

The school nurse is responsible for providing an appropriate response to DNR orders. The school nurse will coordinate the school district's review of the written order with the Building Principal or designee, the school physician, and the Superintendent or designee. The Superintendent or designee will review the written order with the Board of Education and the school Board Attorney. The school physician shall be responsible for instructing school staff in DNR orders.

The existence of a DNR written order and plan shall be referenced on the student's health form that is approved for use by the Commissioner of Education. A copy of the DNR written order shall be placed with the student's individualized health record and a copy should be kept with the local emergency medical services provider. The DNR written order shall be reviewed whenever a change occurs in the student's condition and at least once every six months.

N.J.A.C. 6A:16-1.3; 6A:16-2.1(a)3

New Jersey Department of Education – School Health Services Guidelines, July 2001

Adopted: 19 June 2019



## 5335 TREATMENT OF ASTHMA

The Board of Education recognizes the primary goal for children with asthma is to allow the child to live as normal a life as possible. The child should be able to participate in normal childhood activities, experience exercise tolerance similar to peers, and attend school to grow intellectually and develop socially. In accordance with N.J.A.C. 6A:16-2.1(a)5, the Board adopts this Policy that includes procedures for the treatment of asthma in the school setting.

The school shall have and maintain for the use of students at least one nebulizer in the office of the school nurse or a similar location. The 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 pursuant to N.J.S.A. 18A:40-12.8(a). The school nurse, upon receiving this training, is authorized to administer asthma medication through the use of a nebulizer pursuant to N.J.S.A. 18A:40-12.8(a).

Each student authorized to use self-administered asthma medication pursuant to N.J.S.A. 18A:40-12.3 and Policy 5330 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.

N.J.S.A. 18A:40-12.3; 18A:40-12.7  
N.J.A.C. 6A:16-2.1(a)5

Adopted: 19 June 2019



## 5338 DIABETES MANAGEMENT

Diabetes is a serious chronic disease and must be managed twenty-four hours a day in order to avoid the potentially life-threatening short-term consequences of blood sugar levels that are either too high or too low the serious long-term complications of high blood sugar levels. In order to manage their diabetes, students must have access to the means to balance food, medications, and physical activity level while at school and at school-related activities.

The parent or legal guardian of a student with diabetes who seeks diabetes care for the student while at school shall inform the school nurse who shall develop an individualized health care plan and an individualized emergency health care plan for the student. The individualized health care plan and individualized emergency health care plan shall be updated by the school nurse prior to the beginning of each school year and as necessary in the event there is a change in the health status of the student.

The school nurse assigned to a particular school shall coordinate the provision of diabetes care at that school and ensure that appropriate staff members are trained in the care of students with diabetes, including staff members working with school-sponsored programs outside of the regular school day, as provided in the individualized health care plan and the individualized emergency health care plan. The school nurse shall have the primary responsibility for the emergency administration of glucagon to a student with diabetes who is experiencing severe hypoglycemia.

The school nurse shall designate, in consultation with the Superintendent or designee, additional employees of the school district who volunteer to administer glucagon to a student with diabetes who is experiencing severe hypoglycemia. The designated employees shall only be authorized to administer glucagon, following training by the school nurse or other qualified health care professional, when a school nurse is not physically present at the scene.

Upon the written request of the parent or legal guardian and as provided in a student's individualized health care plan, the student will be permitted to manage and care for his/her diabetes as needed in the classroom, in any area of the school or school grounds, or at any school-related activity provided the student has been evaluated and determined to be capable of doing so as reflected in the student's individualized health care plan.



The Principal or school nurse shall, for each student with diabetes whom a school bus driver transports, provide the driver with a notice of the student's condition, how to treat hypoglycemia, who to contact in an emergency, and parent(s) or legal guardian(s) contact information. Designated areas of the school building shall have posted, in plain view, a reference sheet identifying signs and symptoms of hypoglycemia in students with diabetes.

A student's school choice, if there is a choice option, shall not be restricted due to the fact the student has diabetes.

N.J.S.A. 18A:40-12.11 through 18A:40-12.21

Adopted: 19 June 2019





## R 5338 DIABETES MANAGEMENT

### A. Definitions

1. "Individualized emergency health care plan" means a document developed by the school nurse, in consultation with the parent of a student with diabetes and other appropriate medical professionals, which is consistent with the recommendations of the student's health care provider(s) and which outlines a set of procedural guidelines that provide specific directions about what to do in a particular emergency situation and is signed by the parent and the school nurse.
2. "Individualized health care plan" means a document developed by the school nurse, in consultation with the parent of a student with diabetes and other appropriate medical professionals who may be providing diabetes care to the student, which is consistent with the recommendations of the student's health care provider(s) and which sets out the health services needed by the student at school and is signed by the parent and the school nurse.
3. "Parent" means parent or legal guardian.

### B. Health Care Plans for Students with Diabetes

1. The parent of a student with diabetes who seeks diabetes care for the student while at school shall inform the school nurse who shall develop an individualized health care plan and an individualized emergency health care plan for the student.
  - a. The parent of the student with diabetes shall annually provide to the Principal and the school nurse a signed written request and authorization for the provision of diabetes care as may be outlined in the individualized health care plan, which shall include authorization for the emergency administration of glucagons and, if requested by the parent, authorization for the student's self-management and care of his/her diabetes; and
  - b. If such a request is made by a student's parent, the student's physician or advanced practice nurse must provide a signed written certification to the Principal and the school nurse that the student is capable of, and has been instructed in, the management and care of his/her diabetes.



2. The individualized health care plan and individualized emergency health care plan shall be updated by the school nurse prior to the beginning of each school year and as necessary in the event that there is a change in the health status of the student.
3. Each individualized health care plan shall include, and each individualized emergency health care plan may include, the following information:
  - a. The symptoms of hypoglycemia for that particular student and the recommended treatment;
  - b. The frequency of blood glucose testing;
  - c. Written orders from the student's physician or advanced practice nurse outlining the dosage and indications for insulin administration and the administration of glucagon, if needed;
  - d. Times of meals and snacks and indications for additional snacks or exercise;
  - e. Full participation in exercise and sports, and any contraindications to exercise, or accommodations that must be made for that particular student;
  - f. Accommodations for school trips, after-school activities, class parties, and other school-related activities;
  - g. Education of all school personnel who may come in contact with the student about diabetes, how to recognize and treat hypoglycemia, how to recognize hyperglycemia, and when to call for assistance;
  - h. Medical and treatment issues that may affect the educational process of the student with diabetes; and
  - i. How to maintain communications with the student, the student's parent and health care team, the school nurse, and the educational staff.
4. The school nurse assigned to a particular school shall coordinate the provision of diabetes care at that school and ensure that appropriate staff members are trained in the care of students with diabetes, including staff members working with school-sponsored programs outside of the regular school day, as provided in the individualized health care plan and the individualized emergency health care plan.



C. Authorized Employees for Administration of Glucagon

1. The school nurse shall have the primary responsibility for the emergency administration of glucagon to a student with diabetes who is experiencing severe hypoglycemia. The school nurse shall designate, in consultation with the Superintendent or designee, additional employees of the school district who volunteer to administer glucagon to a student with diabetes who is experiencing severe hypoglycemia. The designated employees shall only be authorized to administer glucagon, following training by the school nurse or other qualified health care professional, when a school nurse is not physically present at the scene.
2. In accordance with the provisions of N.J.S.A. 18A:40-12.14, the activities described in C.1. above shall not constitute the practice of nursing and shall be exempted from all applicable statutory or regulatory provisions that restrict the activities that may be delegated to a person who is not a licensed health care professional.
3. In accordance with the provisions of N.J.S.A. 18A:40-12.14, if a licensed athletic trainer volunteers to administer glucagon to a student with diabetes as described in C.1. above, it shall not constitute a violation of the "Athletic Training Licensure Act," P.L.1984, c.203 (C.45:9-37.35 et seq.).

D. Management and Care of Diabetes by Student

1. Upon the written request and authorization from the parent submitted to the Principal and school nurse and as provided in the student's individualized health care plan, the school district shall allow the student to manage care for his/her diabetes as needed in the classroom, in any area of the school or school grounds, or at any school-related activity provided the student has been evaluated and determined to be capable of doing so as reflected in the student's individualized health care plan. The student's management and care of his/her diabetes shall include the following:
  - a. Performing blood glucose level checks;
  - b. Administering insulin through the insulin delivery system the student uses;
  - c. Treating hypoglycemia and hyperglycemia;



- d. Possessing on the student's person at any time the supplies or equipment necessary to monitor and care for the student's diabetes;
- e. Compliance with required procedures for medical waste disposal in accordance with district policies and as set forth in the individualized health care plan; and
- f. Otherwise attending to the management and care of the student's diabetes.

E. Release for Sharing of Certain Medical Information

- 1. The school nurse shall obtain a release from the parent of a diabetic student to authorize the sharing of medical information between the student's physician or advanced practice nurse and other health care providers.
- 2. The release shall also authorize the school nurse to share medical information with other staff members of the school district as necessary.

F. Immunity From Liability

- 1. No school employee, including a school nurse, a school bus driver, a school bus aide, or any other officer or agent of the Board of Education shall be held liable for any good faith act or omission consistent with the provisions of N.J.S.A. 18A:40-12.11 through 18A:40-12.21, nor shall an action before the New Jersey State Board of Nursing lie against a school nurse for any such action taken by a person trained in good faith by the school nurse pursuant to this act. Good faith shall not include willful misconduct, gross negligence, or recklessness.

G. Possession of Syringes

- 1. The possession and use of syringes consistent with the purposes of N.J.S.A. 18A:40-12.11 through 18A:40-12.21 and Policy 5338 shall not be considered a violation of applicable statutory or regulatory provisions that may otherwise restrict or prohibit such possession and use.

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### 5339 SCREENING FOR DYSLEXIA

In accordance with the provisions of N.J.S.A. 18A:40-5.1 et seq., the Board of Education shall ensure each student enrolled in the school district who has exhibited one or more potential indicators of dyslexia or other reading disabilities is screened for dyslexia and other reading disabilities using a screening instrument selected pursuant to the provisions of N.J.S.A. 18A:40-5.2. This screening shall be administered no later than the student's completion of the first semester of the second grade.

In the event a student enrolls in the district in Kindergarten through grade six and has no record of being previously screened for dyslexia or other reading disabilities, pursuant to N.J.S.A. 18A:40-5.2, the Board shall ensure the newly-enrolled student is screened for dyslexia and other reading disabilities using a screening instrument selected pursuant to N.J.S.A. 18A:40-5.2. This screening shall be administered at the same time other students enrolled in the student's grade are screened for dyslexia and other reading disabilities or, if other students enrolled in the student's grade have previously been screened, within ninety calendar days of the date the student is enrolled in the district. The screenings shall be administered by a teacher or other teaching staff member properly trained in the screening process for dyslexia and other reading disabilities.

For the purposes of this Policy, "dyslexia" means a specific learning disability that is neurobiological in origin. It is characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede growth of vocabulary and background knowledge.

For the purposes of this Policy, "potential indicators of dyslexia or other reading disabilities" means indicators that include, but shall not be limited to, difficulty in acquiring language skills; inability to comprehend oral or written language; difficulty in rhyming words; difficulty in naming letters, recognizing letters, matching letters to sounds, and blending sounds when speaking and reading words; difficulty recognizing and remembering sight words; consistent transposition of number sequences, letter reversals, inversions, and substitutions; and trouble in replication of content.

In accordance with the provisions of N.J.S.A. 18A:40-5.2(a), the Commissioner of Education shall distribute to each Board of Education information on screening instruments available to identify students who possess one or more potential indicators of dyslexia or other reading disabilities. The Commissioner shall provide information on the screening instruments appropriate for Kindergarten through grade two students and on screening instruments that may



be suitably used for older students. The Board shall select and implement age-appropriate screening instruments for the early diagnosis of dyslexia and other reading disabilities.

In accordance with provisions of N.J.S.A. 18A:40-5.2(b), the Commissioner shall also develop and distribute to each Board of Education guidance on appropriate intervention strategies for students diagnosed with dyslexia or other reading disabilities.

In the event a student is determined, through the screening conducted in accordance with N.J.S.A. 18A:40-5.3, to possess one or more potential indicators of dyslexia or other reading disabilities pursuant to the provisions of N.J.S.A. 18A:40-5.1 et seq., the Board shall ensure the student receives a comprehensive assessment for the learning disorder. In the event a diagnosis of dyslexia or other reading disability is confirmed by the comprehensive assessment, the Board shall provide appropriate evidence-based intervention strategies to the student, including intense instruction on phonemic awareness, phonics and fluency, vocabulary, and reading comprehension.

In accordance with the provisions of N.J.S.A. 18A:6-131, general education teachers in grades Kindergarten through three, special education teachers, basic skills teachers, English as a second language teachers, reading specialists, learning disabilities teacher consultants, and speech-language specialists are required to complete at least two hours of professional development each year on the screening, intervention, accommodation, and use of technology for students with reading disabilities, including dyslexia. The Board may make these professional development opportunities available to other instructional or support staff members as the Board deems appropriate. This requirement for professional development in reading disabilities may be part of the twenty hours of annual professional development required by N.J.A.C. 6A:9C et seq. Documentation of teachers' fulfillment of this professional development requirement shall be maintained in the district.

N.J.S.A. 18A:40-5.1; 18A:40-5.2; 18A:40-5.3; 18A:40-5.4;  
18A:6-131

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### 5350 STUDENT SUICIDE PREVENTION

The Board of Education recognizes that depression and self-destruction are problems of increasing severity among students. Students under severe stress cannot benefit fully from the educational program and may pose a threat to themselves or others.

The Board directs all school district staff members to be alert to a student who exhibits warning signs of self-destruction or who threatens or attempts suicide. Any such warning signs or the report of such warning signs from another student or staff member shall be taken with the utmost seriousness and reported immediately to the Principal or designee.

The Principal or designee shall immediately contact the parent(s) of the student exhibiting warning signs of suicide to inform the parent(s) the student will be referred to the Child Study Team or a Suicide Intervention Team, appointed by the Superintendent or designee, for a preliminary assessment. Upon completion of the preliminary assessment, the Principal or designee shall meet with the parent(s) to review the assessment. Based on the preliminary assessment, the parent(s) may be required to obtain medical or psychiatric services for the student. In the event the parent objects to the recommendation or indicates an unwillingness to cooperate in the best interests of the student, the Principal or designee will contact the New Jersey Department of Children and Families, Division of Child Protection and Permanency to request intervention on the student's behalf.

In the event the student is required to obtain medical or psychiatric services, the parent(s) will be required to submit to the Superintendent a written medical clearance from a licensed medical professional, selected by the parent(s) and approved by the Superintendent, indicating the student has received medical services, does not present a risk to themselves or others, and is cleared to return to school. The written medical clearance may be reviewed by a Board of Education healthcare professional before the student is permitted to return to school. The parent(s) shall be required to authorize their healthcare professional(s) to release relevant medical information to the school district's healthcare professional, if requested.

Any school district staff member, volunteer, or intern with reasonable cause to suspect or believe that a student has attempted or completed suicide, shall immediately report the information to the Principal or designee or their immediate supervisor who will immediately report it to the Superintendent or designee. The Superintendent or designee shall promptly report it online to the New Jersey Department of Children and Families, or as otherwise required by the Department of Children and Families in accordance with N.J.S.A. 30:9A-24. In accordance with N.J.S.A. 30:9A-24i, any person who reports an attempted or completed suicide shall have immunity from any civil or criminal liability on account of the report, unless the person has acted in bad faith or with malicious purpose.

