

5308 STUDENT HEALTH RECORDS

The school district shall maintain mandated student health records for each student pursuant to N.J.A.C. 6A:16-2.4. The district will document student health records using a form approved by the Commissioner of Education.

The maintenance and security of student health records shall be in accordance with N.J.A.C. 6A:32-7.4 and 6A:16-2.4. Student health records may be stored electronically or in paper format and shall be maintained separately from other student records in a secure location accessible to authorized personnel while school is in session. The health history and immunization record shall be removed from the student's health record and placed in the student's mandated record upon graduation or termination and kept according to the schedule set forth in N.J.A.C. 6A:32-7.8.

The transfer of student health records when a student transfers to or from a school district shall be in accordance with N.J.A.C. 6A:16-7.1 et seq.

Any Board of Education employee with knowledge of, or access to, information that identifies a student as having HIV infection or AIDS; information obtained by the school's alcohol or drug program which would identify the student as an alcohol or drug user; or information provided by a secondary school student while participating in a school-based alcohol or drug counseling program that indicates a parent, guardian, or other person residing in the student's household is dependent upon or illegally using a substance shall comply with restrictions for sharing such information in accordance with N.J.A.C. 6A:16-2.4(b) through (e) and as required by Federal and State statutes and regulations.

Access to and disclosure of information in a student's health record shall meet the requirements of the Family Education Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, and 34 CFR Part 99, incorporated herein by reference, as amended and supplemented, and N.J.A.C. 6A:32-7, Student Records.

The school district shall provide access to the student's health record to licensed medical personnel not holding educational certification who are working under contract with or as employees of the school district only to the extent necessary to enable the licensed medical personnel to perform their duties. Secretarial or clerical personnel under the supervision of the certified school nurse shall be permitted access to those portions of the student health record necessary for entry and recording of data and for conducting routine clerical tasks as outlined in N.J.S.A. 18A:40-3.4 and N.J.A.C. 6A:32-7.5.



Nothing in N.J.A.C. 6A:16-2.4 or in Policy and Regulation 5308 shall be construed to prohibit school personnel from disclosing to students or adults in connection with an emergency the information contained in the student health record if the release is necessary to protect the immediate health or safety of the student or other persons pursuant to N.J.A.C. 6A:32-7.5.

N.J.A.C. 6A:16-2.4 et seq.; 6A:32-7.4 et seq.; 6A:32-7.5 et seq.

Adopted: 19 June 2019



R 5308 STUDENT HEALTH RECORDS

Student health records shall be maintained for each student pursuant to N.J.A.C. 6A:16-2.4. Maintenance and security of student health records shall be in accordance with N.J.A.C. 6A:32-7.4.

A. Mandated Student Health Records

1. The following mandated student health records shall be maintained:
 - a. Findings of health histories, medical examinations, and health screenings pursuant to N.J.A.C. 6A:16-2.2 and 4.3; and
 - b. Documentation of immunizations against communicable diseases or exemption from these immunizations pursuant to N.J.A.C. 8:57-4.1, 4.3, and 4.4.
2. The district will document the findings of student health histories, health screenings, and required medical examinations that are relevant to school participation on the student's health record using a form approved by the Commissioner of Education.

B. Maintenance of Student Health Records

1. The school district shall maintain student health records in accordance with N.J.A.C. 6A:32-7.4 as follows:
 - a. Student health records may be stored electronically or in paper format. When records are stored electronically, proper security and backup procedures shall be administered;
 - b. Student health records, whether stored on paper or electronically, shall be maintained separately from other student records, until such time as graduation or termination whereupon the health history and immunization record shall be removed from the student's health record and placed in the student's mandated record; and
 - c. Student health records shall be accessible during the hours in which the school program is in operation.



C. Transferring Student Health Records

The school district shall ensure compliance with the requirements of N.J.A.C. 6A:32-7 – Student Records and Policy and Regulation 8330 when transferring student health records.

D. Restrictions for Sharing Student Health Information

1. Any Board of Education employee with knowledge of, or access to, the following health information shall comply with restrictions for sharing information as required by Federal and State statutes and regulations.
 - a. Information that identifies a student as having HIV infection or AIDS shall be shared only with prior written informed consent of the student age twelve or greater, or of the student's parent as required by N.J.S.A. 26:5C-1 et seq. and only for the purpose of determining an appropriate educational program for the student.
 - b. Information obtained by the school's alcohol and other drug program which would identify the student as an alcohol or other drug user may be disclosed only for those purposes and under those conditions permitted by 42 CFR Part 2.
 - c. Information provided by a secondary school student while participating in a school-based alcohol or other drug counseling program that indicates a parent, guardian, or other person residing in the student's household is dependent upon or illegally using a substance shall be shared only for those purposes and conditions permitted by N.J.S.A. 18A:40A-7.1.

E. Access to Student Health Records

1. Access to and disclosure of information in the student's health record shall meet the requirements of the Family Education Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g and 34 CFR Part 99, incorporated herein by reference, as amended and supplemented, and N.J.A.C. 6A:32-7 et seq., Student Records.
2. The school district shall provide access to the student health records to licensed medical personnel not holding educational certification who are working under contract with or as employees of the school district only to the extent necessary to enable the licensed medical personnel to perform their duties.



- a. Secretarial or clerical personnel under the supervision of the certified school nurse shall be permitted access to those portions of the student's health record necessary for entry and recording of data and for conducting routine clerical tasks as outlined in N.J.S.A. 18A:40-3.4 and N.J.A.C. 6A:32-7.5.

Nothing in N.J.A.C. 6A:16-2.4 or in Policy and Regulation 5308 shall be construed to prohibit school personnel from disclosing to students or adults in connection with an emergency the information contained in the student health record if the release is necessary to protect the immediate health or safety of the student or other persons pursuant to N.J.A.C. 6A:32-7.4.

Issued: 19 June 2019



5310 HEALTH SERVICES

The Board of Education shall develop and adopt the following written policies, procedures, and mechanisms in accordance with N.J.A.C. 6A:16-2.1(a) for the provision of health, safety, and medical emergency services, and shall ensure staff are informed as appropriate:

1. The review of immunization records for completeness pursuant to N.J.A.C. 8:57-4.1 through 4.20 (Policy and Regulation 5320);
2. The administration of medication to students in the school setting in accordance with N.J.A.C. 6A:16-2.1(a)2. (Policy and Regulation 5330);
3. The review of Do Not Resuscitate (DNR) orders received from the student's parent or medical home (Policy 5332);
4. The provision of health services in emergency situations, including:
 - a. The emergency administration of epinephrine via Epi-pen auto-injector pursuant to N.J.S.A. 18A:40-12.5 (Policy and Regulation 5330);
 - b. The emergency administration of glucagon pursuant to N.J.S.A. 18A:40-12.14 (Policy and Regulation 5338);
 - c. The care of any student who becomes injured or ill while at school or participating in school-sponsored functions (Policy and Regulation 8441);
 - d. The transportation and supervision of any student determined to be in need of immediate care (Policy and Regulation 8441);
 - e. The notification to parents of any student determined to be in need of immediate medical care (Policy and Regulation 8441); and
 - f. The establishment and implementation of an emergency action plan for responding to a sudden cardiac event, including the use of an automated external defibrillator (AED), pursuant to N.J.S.A. 18A:40-41b (Policy and Regulation 5300).
5. The treatment of asthma in the school setting in accordance with the provisions of N.J.A.C. 6A:16-2.1(a)5 (Policy 5335);



6. Administration of student medical examinations, pursuant to N.J.S.A. 18A:40-4, N.J.S.A. 18A:35-4.8, and N.J.A.C. 6A:16-2.2 (Policy and Regulation 5310);
7. Utilization of sanitation and hygiene when handling blood and bodily fluids pursuant to N.J.A.C. 12:100-4.2, Safety and Health Standards for Public Employees, and in compliance with 29 CFR 1910.1030, Public Employees Occupational Safety and Health Program (PEOSH) Bloodborne Pathogens Standards (Policy and Regulation 7420);
8. Provision of nursing services to nonpublic schools located in the school district as required by N.J.S.A. 18A:40-23 et seq. and N.J.A.C. 6A:16-2.5 (Policy and Regulation 5306);
9. Self-administration of medication by a student for asthma or other potentially life-threatening allergic reaction pursuant to N.J.S.A. 18A:40-12.3, 12.5, and 12.6, and the self-management and care of a student's diabetes as needed pursuant to N.J.S.A. 18A:40-12.15 (Policy and Regulation 5330);
10. Development of an individual healthcare plan and individualized emergency healthcare plan for students with chronic medical conditions, including life-threatening allergies, diabetes, and asthma, requiring special health services in accordance with N.J.S.A. 18A:40-12.11.c, 12.12, 12.13, and 12.15; and N.J.A.C. 6A:16-2.3(b)3xii (Policies and Regulations 5331 and 5338 and Policy 5335); and
11. Management of food allergies in the school setting and the emergency administration of epinephrine to students for anaphylaxis pursuant to N.J.S.A. 18A:40-12.6a through 12.6d (Policy and Regulation 5331).

The Board of Education shall annually adopt the school district's nursing services plan at a regular meeting.

The Board of Education shall comply with the following required health services as outlined in N.J.A.C. 6A:16-2.2:

1. Immunization records shall be reviewed and updated annually pursuant to N.J.A.C. 8:57-4.1 through 4.24.
2. A Building Principal or designee shall not knowingly admit or retain in the school building any student whose parent has not submitted acceptable evidence of the child's immunization, according to the schedule specified in N.J.A.C. 8:57-4, Immunization of Pupils in School.



3. The school district shall perform tuberculosis tests on students using methods required by and when specifically directed to do so by the New Jersey Department of Health based upon the incidence of tuberculosis or reactor rates in specific communities or population groups pursuant to N.J.S.A. 18A:40-16.
4. The school district shall immediately report by telephone to the health officer of the jurisdiction in which the school is located any communicable diseases identified as reportable pursuant to N.J.A.C. 8:57-1, whether confirmed or presumed.
5. The school district shall have and maintain for the care of students at least one nebulizer in the office of the school nurse or a similar accessible location, pursuant to N.J.S.A. 18A:40-12.7.
6. Each student medical examination shall be conducted at the medical home of the student. If a student does not have a medical home, the school district shall provide the examination at the school physician's office or other comparably equipped facility pursuant to N.J.S.A. 18A:40-4.
7. The findings of required examinations under 8.b., c., d., and e. below shall include the following components:
 - a. Immunizations pursuant to N.J.A.C. 8:57-4.1 through 4.24;
 - b. Medical history, including allergies, past serious illnesses, injuries, operations, medications, and current health problems;
 - c. Health screenings including height, weight, hearing, blood pressure, and vision; and
 - d. Physical examinations.
8. The school district shall ensure that students receive medical examinations in accordance with N.J.A.C. 6A:16-2.2(f) and 6. above and:
 - a. Prior to participation on a school-sponsored interscholastic or intramural team or squad for students enrolled in any grades six to eight in accordance with N.J.A.C. 6A:16-2.2(h)1;
 - b. Upon enrollment in school in accordance with N.J.A.C. 6A:16-2.2(h)2;



- c. When applying for working papers in accordance with N.J.A.C. 6A:16-2.2(h)3;
 - d. For the purposes of the comprehensive Child Study Team evaluation pursuant to N.J.A.C. 6A:14-3.4 in accordance with N.J.A.C. 6A:16-2.2(h)4; and
 - e. When a student is suspected of being under the influence of alcohol or controlled dangerous substances, pursuant to N.J.S.A. 18A:40A-12 and N.J.A.C. 6A:16-4.3 in accordance with N.J.A.C. 6A:16-2.2(h)5.
- 9. The school shall have available and maintain an AED, pursuant to N.J.S.A. 18A:40-41a.a(1) and (3), and in accordance with N.J.A.C. 6A:16-2.2(i).
 - 10. The Board of Education shall make accessible information regarding the New Jersey FamilyCare Program to students who are knowingly without medical coverage pursuant to N.J.S.A. 18A:40-34.
 - 11. Information concerning a student's HIV/AIDS status shall not be required as part of the medical examination or health history pursuant to N.J.S.A. 26:5C-1 et seq.
 - 12. The Board of Education shall ensure that students receive health screenings as outlined in N.J.A.C. 6A:16-2.2(l).
 - 13. The school nurse or designee shall screen to ensure hearing aids worn by students who are deaf and/or hard of hearing are functioning properly. The school nurse or designee will ensure any FM hearing aid systems in classrooms or any school equipment in the school building used to assist students hear are functioning properly.

N.J.S.A. 18A:40-4 et seq.

N.J.A.C. 6A:16-1.3; 6A:16-2.1; 6A:16-2.2

Adopted: 19 June 2019



5320 IMMUNIZATION

In order to safeguard the school community from the spread of certain communicable diseases and in recognition that prevention is a means of combating the spread of disease, the Board of Education requires the immunization of students against certain diseases in accordance with State statute and rules of the New Jersey State Department of Health and Senior Services.

A student shall not knowingly be admitted or retained in school if the parent(s) or legal guardian(s) has not submitted acceptable evidence of the child's immunization, according to schedules specified in N.J.A.C. 8:57-4 – Immunization of Pupils in School.

Medical or religious exemptions to immunizations shall be in accordance with the requirements as outlined in N.J.A.C. 8:57-4.3 and 4.4. A child may be admitted to school on a provisional basis in accordance with the requirements as outlined in N.J.A.C. 8:57-4.5.

No immunization program, other than that expressly required by the rules of the New Jersey State Department of Health and Senior Services or by order of the New Jersey State Commissioner of Health and Senior Services, may be conducted in the district school without the express approval of the Board.

N.J.S.A. 18A:40-20

N.J.S.A. 26:4-6

N.J.A.C. 8:57-4.1 et seq.

Adopted: 19 June 2019



R 5310 HEALTH SERVICES

A. Definitions – N.J.A.C. 6A:16-1.3

1. Advanced practice nurse (APN) – means a person who holds a current license as nurse practitioner/clinical nurse specialist from the State Board of Nursing.
2. Certified school nurse – means a person who holds a current license as a registered professional nurse from the State Board of Nursing and an Educational Services Certificate, school nurse or school nurse/non-instructional endorsement from the Department of Education pursuant to N.J.A.C. 6A:9B-12.3 and 12.4.
3. Medical home – means a health care provider, including New Jersey FamilyCare providers as defined by N.J.S.A. 30:4J-12 and the provider's practice site chosen by the student's parent for the provision of health care.
4. Non-certified nurse – means a person who holds a current license as a professional nurse from the State Board of Nursing and is employed by a Board of Education or nonpublic school, and who is not certified as a school nurse by the Department of Education.
5. Parent – means the natural parent(s), adoptive parent(s), legal guardian(s), foster parent(s), or parent surrogate(s) of a student. When parents are separated or divorced, "parent" means the person or agency who has legal custody of the student, as well as the natural or adoptive parent(s) of the student, provided parental rights have not been terminated by a court of appropriate jurisdiction.
6. Physician assistant (PA) – means a health care professional licensed to practice medicine with physician supervision.
7. Physical examination – means the examination of the body by a professional licensed to practice medicine or osteopathy, or an advanced practice nurse, or physician assistant. The term includes specific procedures required by statute as stated in N.J.A.C. 6A:16-2.2.
8. School physician – means a physician with a current license to practice medicine or osteopathy from the New Jersey Board of Examiners who works under a contract or as an employee of the school district. The physician is also referred to as the medical inspector as per N.J.S.A. 18A:40-1.



B. Medical Examinations – General Conditions

1. Each student medical examination shall be conducted at the medical home of the student. If a student does not have a medical home, the school district shall provide the examination at the school physician's office or other comparably equipped facility pursuant to N.J.S.A. 18A:40-4.
2. The findings of required examinations under D. through G. below shall include the following components:
 - a. Immunizations pursuant to N.J.A.C. 8:57-4.1 through 4.24;
 - b. Medical history, including allergies, past serious illnesses, injuries, operations, medications, and current health problems;
 - c. Health screenings including height, weight, hearing, blood pressure, and vision; and
 - d. Physical examinations.
3. The school shall have available and maintain an automated external defibrillator (AED), pursuant to N.J.S.A. 18A:40-41a.a(1) and (3), that is:
 - a. In an unlocked location on school property, with an appropriate identifying sign;
 - b. Accessible during the school day and any other time when a school-sponsored athletic event or team practice is taking place in which students of the school district or nonpublic school are participating; and
 - c. Within a reasonable proximity of the school athletic field or gymnasium, as applicable.
4. The Board of Education shall make accessible information regarding the New Jersey FamilyCare Program for students who are knowingly without medical coverage pursuant to N.J.S.A. 18A:40-34.
5. Pursuant to N.J.S.A. 18A:40-4.4, a student who presents a statement signed by his/her parent that required examinations interfere with the free exercise of his/her religious beliefs shall be examined only to the extent necessary to determine whether the student is ill or infected with a communicable disease or under the influence of alcohol or drugs or is disabled or is fit to participate in any health, safety, or physical education course required by law.



6. Information concerning a student's HIV/AIDS status shall not be required as part of the medical examination or health history pursuant to N.J.S.A. 26:5C-1 et seq.
- C. Medical Examinations - Prior to Participation on a School-Sponsored Interscholastic or Intramural Team or Squad for Students Enrolled in Any Grades Six to Eight
1. The school district shall ensure that students receive medical examinations prior to participation on a school-sponsored interscholastic or intramural team or squad for students enrolled in any grades six to eight. The examination shall be conducted within 365 days prior to the first day of official practice session in an athletic season and shall be conducted by a licensed physician, APN, or PA.
 2. The physical examination shall be documented using the Preparticipation Physical Evaluation (PPE) form developed jointly by the American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine and is available online at <http://www.state.nj.us/education/students/safety/health/records/athleticphysicalsform.pdf> in accordance with N.J.S.A. 18A:40-41.7.
 - a. Prior to performing a preparticipation physical examination, the licensed physician, APN, or PA who performs the student-athlete's physical examination shall complete the Student-Athlete Cardiac Screening professional development module and shall sign the certification statement on the PPE form attesting to the completion, pursuant to N.J.S.A. 18A:40-41d.
 - (1) If the PPE form is submitted without the signed certification statement and the school district has confirmed that the licensed physician, APN, or PA from the medical home did not complete the module, the student-athlete's parent may obtain a physical examination from a physician who can certify completion of the module or request that the school physician provides the examination.
 - b. The medical report shall indicate if a student is allowed or not allowed to participate in the required sports categories and shall be completed and signed by the original examining physician, APN, or PA.



- c. An incomplete form shall be returned to the student's medical home for completion unless the school nurse can provide documentation to the school physician that the missing information is available from screenings completed by the school nurse or physician within the prior 365 days.
- 3. Each student whose medical examination was completed more than ninety days prior to the first day of official practice in an athletic season shall provide a health history update questionnaire completed and signed by the student's parent. The completed health history update questionnaire shall include information listed below as required by N.J.S.A. 18A:40-41.7.b. The completed health history update questionnaire shall be reviewed by the school nurse and, if applicable, the school athletic trainer and shall include information as to whether, in the time period since the date of the student's last preparticipation physical examination, the student has:
 - a. Been advised by a licensed physician, APN, or PA not to participate in a sport;
 - b. Sustained a concussion, been unconscious, or lost memory from a blow to the head;
 - c. Broken a bone or sprained, strained, or dislocated any muscles or joints;
 - d. Fainted or blacked out;
 - e. Experienced chest pains, shortness of breath, or heart racing;
 - f. Had a recent history of fatigue and unusual tiredness;
 - g. Been hospitalized, visited an emergency room, or had a significant medical illness;
 - h. Started or stopped taking any over the counter or prescribed medications; or
 - i. Had a sudden death in the family, or whether any member of the student's family under the age of fifty has had a heart attack or heart trouble.
- 4. The school district shall provide to the parent written notification signed by the school physician stating approval of the student's participation in athletics based upon the medical report or the reasons for the school physician's disapproval of the student's participation.



5. The Board of Education will not permit a student enrolled in grades six to eight to participate on a school-sponsored interscholastic or intramural team or squad unless the student submits a PPE form signed by the licensed physician, APN, or PA who performed the physical examination and, if applicable, a completed health history update questionnaire, pursuant to N.J.S.A. 18A:40-41.7.c.
 6. The school district shall distribute to a student-athlete and his or her parent the sudden cardiac arrest pamphlet developed by the Commissioner of Education, in consultation with the Commissioner of Health, the American Heart Association, and the American Academy of Pediatrics, pursuant to N.J.S.A. 18A:40-41.
 - a. A student-athlete and his or her parent annually shall sign the Commissioner-developed form that they received and reviewed the pamphlet, and shall return it, to the student's school pursuant to N.J.S.A. 18A:40-41.d.
 - b. The Commissioner shall update the pamphlet, as necessary, pursuant to N.J.S.A. 18A:40-41.b.
 - c. The Commissioner shall distribute the pamphlet, at no charge, to all school districts and nonpublic schools, pursuant to N.J.S.A. 18A:40-41.b.
- D. Medical Examinations - Upon Enrollment in School
1. The school district shall ensure that students receive medical examinations upon enrollment in school. The school district requires a parent to provide within thirty days of enrollment entry-examination documentation for each student.
 2. When a student transfers to another school, the sending school district shall ensure the entry-examination documentation is forwarded to the receiving school district pursuant to N.J.A.C. 6A:16-2.4(d).
 3. Students transferring into this school district from out-of-State or out-of-country may be allowed a thirty-day period to obtain entry-examination documentation.
 4. The school district shall notify parents through its website or other means about the importance of obtaining subsequent medical examinations of the student at least once during each developmental stage: at early childhood (pre-school through grade three), pre-adolescence (grades four through six), and adolescence (grades seven through twelve).



E. Medical Examinations - When Students Apply for Working Papers

1. Pursuant to N.J.S.A. 34:2-21.7 and 34:2-21.8(3) the school district may provide for the administration of a medical examination for a student pursuing a certificate of employment.
2. The school district shall not be held responsible for the costs for examinations at the student's medical home or other medical provider(s).

F. Medical Examinations - For the Purposes of the Comprehensive Child Study Team Evaluation Pursuant to N.J.A.C. 6A:14-3.4

1. The school district shall ensure that students receive medical examinations for the purposes of the comprehensive Child Study Team evaluation pursuant to N.J.A.C. 6A:14-3.4.

G. Medical Examinations - When a Student is Suspected of Being Under the Influence of Alcohol or Controlled Dangerous Substances pursuant to N.J.S.A. 18A:40A-12 and N.J.A.C. 6A:16-4.3

1. If a student who is suspected of being under the influence of alcohol or controlled dangerous substances is reported to the certified school nurse, the certified school nurse shall monitor the student's vital signs and general health status for emergent issues and take appropriate action pending the medical examination pursuant to N.J.A.C. 6A:16-4.3.
2. No school staff shall interfere with a student receiving a medical examination for suspicion of being under the influence of alcohol or controlled dangerous substances pursuant to N.J.A.C. 6A:16-4.3.

H. Health Screenings

The Board of Education shall ensure that students receive health screenings in accordance with N.J.A.C. 6A:16-2.2(l).

1. Screening for height, weight, and blood pressure shall be conducted annually for each student in Kindergarten through grade eight.
2. Screening for visual acuity shall be conducted biennially for students in Kindergarten through grade eight.



REGULATION

CALIFON BOARD OF EDUCATION

STUDENTS
R 5310/page 7 of 7
Health Services

3. Screening for auditory acuity shall be conducted annually for students in Kindergarten through grade three and in grade seven pursuant to N.J.S.A. 18A:40-4.
4. Screening for scoliosis shall be conducted biennially for students between the ages of ten and eighteen pursuant to N.J.S.A. 18A:40-4.3.
5. Screenings shall be conducted by a school physician, school nurse, or other school personnel properly trained.
6. The school district shall notify the parent of any student suspected of deviation from the recommended standard.

Issued: 19 June 2019



R 5320 IMMUNIZATION

A. Immunizations on Admission

1. No Principal shall knowingly admit or retain any student who has not submitted acceptable evidence of immunization according to the schedule set forth in section E, unless the student is provisionally admitted as provided in paragraph A.2. or exempted as provided in section B., N.J.A.C. 8:57-4.3, and 8:57-4.4.
2. A student shall be admitted to preschool or school on a provisional basis if a physician, an advanced practice nurse, (a certified registered nurse practitioner or clinical nurse specialist) or health department can document that at least one dose of each required age-appropriate vaccine(s) or antigen(s) has been administered and that the student is in the process of receiving the remaining immunizations.
 - a. A child under five years of age lacking all required vaccines shall have no more than seventeen months to meet all immunization requirements in accordance with N.J.A.C. 8:57-4.5(b).
 - b. A child five years of age or older lacking all required vaccines shall have no more than one year to complete all immunization requirements in accordance with N.J.A.C. 8:57-4.5(c).
 - c. Provisional status shall only be granted one time to students entering or transferring into schools in New Jersey. If a student on provisional status transfers, information on their status will be sent by the original school to the new school. Provisional status may be extended by a physician for medical reasons as indicated in N.J.A.C. 8:57-4.3.
 - d. Students transferring into this district from another State or country shall be allowed a thirty day grace period in order to obtain past immunization documentation before provisional status shall begin. The thirty day grace period does not apply to students transferring from within the State of New Jersey.
 - e. The Principal or designee shall ensure the provisionally admitted student is receiving required immunizations on schedule. If the student has not completed the immunizations at the end of the provisional period, the Principal shall exclude the student from school until appropriate documentation of completion has been presented.



- f. Students on provisional status may be temporarily excluded from school during a vaccine-preventable disease outbreak or threatened outbreak, as determined by the State Commissioner of Health and Senior Services or his/her designee.

B. Exemptions from Immunization

- 1. A student shall not be required to have any specific immunization(s) that are medically contraindicated.
 - a. A written statement from any physician licensed to practice medicine or osteopathy or an advanced practice nurse (certified registered nurse practitioner or clinical nurse specialist) in any jurisdiction in the United States indicating that an immunization is medically contraindicated for a specific period of time and the reasons for the medical contraindication, based on valid reasons as enumerated by the Advisory Committee on Immunization Practices (ACIP) standards or the American Academy of Pediatrics (AAP) guidelines, will exempt a student from the specific immunization requirements by law for the period of time specified in the physician's statement.
 - b. The physician's or an advanced practice nurse's (certified registered nurse practitioner or clinical nurse specialist) statement shall be retained by the school as part of the immunization record of the student and shall be reviewed annually.
 - c. When the student's medical condition permits immunization, this exemption shall thereupon terminate, and the student shall be required to obtain the immunizations from which he/she has been exempted.
- 2. A student shall be exempted from mandatory immunization if the parent(s) or legal guardian(s) submits a signed statement that explains how the administration of immunizing agents conflicts with the student's exercise of bona fide religious tenets or practices. General philosophical or moral objection to immunization shall not be sufficient for an exemption on religious grounds.
 - a. The written statement signed by the parent(s) or legal guardian(s) will be kept by the school as part of the student's immunization record.



- b. Students enrolled in school before September 1, 1991 and who have previously been granted a religious exemption to immunization, shall not be required to reapply for a new religious exemption under N.J.A.C. 8:57-4.4(a).
 - 3. Students exempted on medical or religious grounds may be temporarily excluded from school during a vaccine-preventable disease outbreak or threatened outbreak, as determined by the State Commissioner of Health and Senior Services or designee.
- C. Documentation of Immunization
 - 1. Any of the following documents shall be accepted as evidence of a student's immunization history, provided that the document lists the type of immunization and the specific date (month, day and year) when each immunization was administered.
 - a. An official school record from any school or preschool indicating compliance with immunization requirements,
 - b. A record from any public health department indicating compliance with immunization requirements,
 - c. A certificate signed by a physician licensed to practice medicine or osteopathy or an advanced practice nurse (certified registered nurse practitioner, or clinical nurse specialist) in any jurisdiction in the United States indicating compliance with immunization requirements, or
 - d. The official record of immunization from the New Jersey Immunization Information System indicating compliance with immunization requirements.
 - 2. All immunization records submitted by a parent(s) or legal guardian(s) in a language other than English shall be accompanied by a translation sufficient to determine compliance with the immunization requirements of this regulation.
 - 3. Parental verbal history or recollection or previous immunization is unacceptable documentation or evidence of immunization.



D. Immunization Records

1. The school shall maintain an official State of New Jersey Immunization Record for every student which shall include the date of each individual immunization.
 - a. When a child withdraws, is promoted, or transfers to another school, preschool or child care center, the immunization record, or a certified copy thereof, along with statements pertaining to religious or medical exemptions and laboratory evidence of immunity, shall be sent to the new school by the original school or shall be given to the parent(s) or legal guardian(s) upon request, within twenty-four hours of such a request.
 - b. The immunization record shall be kept separate and apart from the student's other medical records for the purpose of immunization record audit.
 - c. Child care centers, preschools, and elementary schools are to retain immunization records, or a copy thereof, for at least one year after the student has left the school. For children who are promoted from elementary to middle school or from middle school to high school within the same school system, this record retention requirement is not applicable in accordance with Department of Education rules and policies on transfer of student records.
 - d. Each student's immunization record, or a copy thereof, shall be retained by a secondary school for a minimum of four years after the student graduates from the secondary school.
 - e. When a student graduates from secondary school, the record, or a certified copy thereof, shall be sent to an institution of higher education or may be given to the parent(s) or legal guardian(s) upon request.
 - f. Any computer-generated document or list developed to record immunization information shall be considered a supplement to, not a replacement of, the official New Jersey Immunization Record.



2. A report of the immunization status of the students in the school shall be sent each year to the State Department of Health and Senior Services by the Principal or other person in charge of a school. The form for the report will be provided by the State Department of Health and Senior Services. The report shall be submitted by January 1 of the respective academic year. A copy of this report shall be sent to the local Board of Health in whose jurisdiction the school is located. Failure by the school district to submit such report by January 1 may result in a referral to the New Jersey Department of Education and the local health department.
3. The Principal or other person in charge of a school shall make immunization records available for inspection by authorized representatives of the State Department of Health and Senior Services or the local Board of Health in whose jurisdiction the school is located, within twenty-four hours of notification.

E. Immunization Requirements

1. The immunization requirements for school age children shall be in accordance with the requirements of N.J.A.C. 8:57-4 – Immunization of Pupils in School as outlined below:

MINIMAL IMMUNIZATION REQUIREMENTS FOR SCHOOL ATTENDANCE IN NEW JERSEY N.J.A.C. 8:57-4: Immunization of Pupils in School		
DISEASE(S)	REQUIREMENTS	COMMENTS
DTaP	(AGE 1-6 YEARS): 4 doses, with one dose given on or after the 4th birthday, OR any 5 doses. (AGE 7-9 YEARS): 3 doses of Td or any previously administered combination of DTP, DTaP, and DT to equal 3 doses.	Any child entering pre-school, pre-Kindergarten, or Kindergarten needs a minimum of four doses. Students after the seventh birthday should receive adult type Td. DTP/Hib vaccine and DTaP also valid DTP doses. Laboratory evidence of immunity is also acceptable.
Tdap	GRADE 6 (<i>or comparable age level special education program with an unassigned grade</i>): 1 dose	For students entering Grade 6 on or after 9-1-08 and born on or after 1-1-97. A child does not need a Tdap dose until FIVE years after the last DTP/DTaP or Td dose.



REGULATION

CALIFON BOARD OF EDUCATION

STUDENTS
R 5320/page 6 of 10
Immunization

DISEASE(S)	REQUIREMENTS	COMMENTS
POLIO	(AGE 1-6 YEARS): 3 doses, with one dose given on or after the 4th birthday, OR any 4 doses. (AGE 7 or OLDER): Any 3 doses.	Either Inactivated Polio Vaccine(IPV) or Oral Polio Vaccine (OPV) separately or in combination is acceptable. Polio vaccine is not required of students 18 years of age or older. Laboratory evidence of immunity is also acceptable.
MEASLES	If born before 1-1-90, 1 dose of a live Measles- containing vaccine. If born on or after 1-1-90, 2 doses of a live Measles- containing vaccine. If entering a college or university after 9-1-95 and previously unvaccinated, 2 doses of a live Measles- containing vaccine.	Any child over 15 months of age entering child care, pre-school, or pre-Kindergarten needs a minimum of 1 dose of measles vaccine. Any child entering Kindergarten needs 2 doses. Previously unvaccinated students entering college after 9-1-95 need 2 doses of measles- containing vaccine or any combination containing live measles virus administered after 1968. Documentation of 2 prior doses is acceptable. Laboratory evidence of immunity is also acceptable. Intervals between first and second measles/MMR/MR doses cannot be less than 1 month.



REGULATION

CALIFON BOARD OF EDUCATION

STUDENTS
R 5320/page 7 of 10
Immunization

DISEASE(S)	REQUIREMENTS	COMMENTS
RUBELLA and MUMPS	1 dose of live Mumps- containing vaccine. 1 dose of live Rubella- containing vaccine.	Any child over 15 months of age entering child care, pre-school, or pre-Kindergarten needs 1 dose of rubella and mumps vaccine. Each student entering college for the first time after 9-1-95 needs 1 dose of rubella and mumps vaccine or any combination containing live rubella and mumps virus administered after 1968. Laboratory evidence of immunity is also acceptable.
VARICELLA	1 dose on or after the first birthday.	All children 19 months of age And older enrolled into a child care/pre-school center after 9-1-04 or children born on or after 1-1-98 entering a school for the first time in Kindergarten, Grade 1, or comparable age entry level special education program with an unassigned grade, need 1 dose of varicella vaccine. Laboratory evidence of immunity, physician's statement or a parental statement of previous varicella disease is also acceptable.
HAEMOPHILUS INFLUENZAE B (Hib)	(AGE 2-11 MONTHS) ⁽¹⁾ : 2 doses (AGE 12-59 MONTHS) ⁽²⁾ : 1 dose	Mandated only for children enrolled in child care, pre- school, or pre-Kindergarten. ⁽¹⁾ Minimum of 2 doses of Hib vaccine is needed if between the ages of 2-11 months. ⁽²⁾ Minimum of 1 dose of Hib vaccine is needed after the first birthday. DTP/Hib and Hib/Hep B also valid Hib doses.



REGULATION

CALIFORNIA BOARD OF EDUCATION

STUDENTS
R 5320/page 8 of 10
Immunization

DISEASE(S)	REQUIREMENTS	COMMENTS
HEPATITIS B	(K-GRADE 12): 3 doses or 2 doses ⁽¹⁾	⁽¹⁾ If a child is between 11-15 years of age and has not received 3 prior doses of Hepatitis B then the child is eligible to receive 2-dose Hepatitis B Adolescent formulation. Laboratory evidence of immunity is also acceptable.
PNEUMOCOCCAL	(AGE 2-11 MONTHS) ⁽¹⁾ : 2 doses (AGE 12-59 MONTHS) ⁽²⁾ : 1 dose	Children enrolled in child care or pre-school on or after 9-1-08. ⁽¹⁾ Minimum of 2 doses of Pneumococcal vaccine is needed if between the ages of 2-11 months. ⁽²⁾ Minimum of 1 dose of Pneumococcal vaccine is needed on or after the first birthday.
MENINGOCOCCAL	(Entering GRADE 6 <i>(or comparable age level Special Ed program with an unassigned grade)</i>): 1 dose ⁽¹⁾ (Entering a four-year college or university, previously unvaccinated and residing in a campus dormitory): 1 dose ⁽²⁾	⁽¹⁾ For students entering Grade 6 on or after 9-1-08 and born on or after 1-1-97. ⁽²⁾ Previously unvaccinated students entering a four-year college or university after 9-1-04 and who reside in a campus dormitory, need 1 dose of meningococcal vaccine. Documentation of one prior dose is acceptable.
INFLUENZA	(AGES 6-59 MONTHS): 1 dose ANNUALLY	For children enrolled in child care, pre-school or pre-Kindergarten on or after 9-1-08. 1 dose to be given between September 1 and December 31 of each year.



AGE APPROPRIATE VACCINATIONS (FOR LICENSED CHILD CARE CENTERS/PRE-SCHOOLS)	
CHILD'S AGE	NUMBER OF DOSES CHILD SHOULD HAVE (BY AGE):
2-3 Months	1 dose DTaP, 1 dose Polio, 1 dose Hib, 1 dose PCV7
4-5 Months	2 doses DTaP, 2 doses Polio, 2 doses Hib, 2 doses PCV7
6-7 Months	3 doses DTaP, 2 doses Polio, 2-3 doses Hib, 2-3 doses PCV7, 1 dose Influenza
8-11 Months	3 doses DTaP, 2 doses Polio, 2-3 doses Hib, 2-3 doses PCV7, 1 dose Influenza
12-14 Months	3 doses DTaP, 2 doses Polio, 1 dose Hib, 2-3 doses PCV7, 1 dose Influenza
15-17 Months	3 doses DTaP, 2 doses Polio, 1 dose MMR, 1 dose Hib, 1 dose PCV7, 1 dose Influenza
18 Months – 4 Years	4 doses DTaP, 3 doses Polio, 1 dose MMR, 1 dose Hib, 1 dose Varicella, 1 dose PCV7, 1 dose Influenza

PROVISIONAL ADMISSION:

Provisional admission allows a child to enter/attend school but must have a minimum of one dose of each of the required vaccines. Students must be actively in the process of completing the series. If a student is less than 5 years of age, they have 17 months to complete the immunization requirements.

If a student is 5 years of age and older, they have 12 months to complete the immunization requirements.

GRACE PERIODS:

- 4-day grace period: All vaccines doses administered less than or equal to four days before either the specified minimum age or dose spacing interval shall be counted as valid and shall not require revaccination in order to enter or remain in a school, pre-school or child care facility.
- 30-day grace period: Those children transferring into a New Jersey school, pre-school, or child care center from out of State/out of country may be allowed a 30-day grace period in order to obtain past immunization documentation before provisional status shall begin.



F. Emergency Powers of the Commissioner of Health and Senior Services

1. If a threatened outbreak, or outbreak of disease, or other public health immunization emergency exists, as determined by the State Commissioner of Health and Senior Services or designee, all students with provisional, religious, or medical exemptions (which relate to the specific disease threatening or occurring) shall be excluded from school. If these students become immunized or produce serologic evidence of immunity to the specific disease the student may immediately be readmitted to school.
2. If a threatened outbreak, or outbreak of disease or other public health immunization emergency exists, as determined by the State Commissioner of Health and Senior Services or designee, the State Commissioner or designee may issue either additional immunization requirements to control the outbreak or threat of an outbreak or modify immunization requirements to meet the emergency.
 - a. All children failing to meet the additional immunization requirements of N.J.A.C. 8:57-4.22 shall be excluded from school until the outbreak or threatened outbreak is over. These requirements shall remain in effect as outlined in N.J.A.C. 8:57-4.22(c).
3. The Commissioner of Health and Senior Services or designee may temporarily suspend an immunization requirement in accordance with the reasons as outlined in N.J.A.C. 8:57-4.22(d).

Issued: 19 June 2019



5330 ADMINISTRATION OF MEDICATION

The Board of Education disclaims any and all responsibility for the diagnosis and treatment of an illness of any student. However, in order for many students with chronic health conditions and disabilities to remain in school, medication may have to be administered during school hours. Parents are encouraged to administer medications to children at home whenever possible as medication should be administered in school only when necessary for the health and safety of students. The Board will permit the administration of medication in school in accordance with applicable law.

Medication will only be administered to students in school by the school physician, a certified or noncertified school nurse, a substitute school nurse employed by the district, the student's parent, a student who is approved to self-administer in accordance with N.J.S.A. 18A:40-12.3 and 12.4, and school employees who have been trained and designated by the certified school nurse to administer epinephrine in an emergency pursuant to N.J.S.A. 18A:40-12.5 and 12.6.

Self-administration of medication by a student for asthma or other potentially life-threatening illness or a life threatening allergic reaction is permitted in accordance with the provisions of N.J.S.A. 18A:40-12.3.

Medication no longer required must be promptly removed by the parent.

The school nurse shall have the primary responsibility for the administration of epinephrine. However, the certified school nurse may designate, in consultation with the Board or the Superintendent, additional employees of the district who volunteer to be trained in the administration of epinephrine via a pre-filled auto-injector mechanism using standardized training protocols established by the Department of Education in consultation with the Department of Health and Senior Services when the school nurse is not physically present at the scene.

In accordance with the provisions of N.J.S.A. 18A:40-12.6.d, no school employee, including a school nurse or any other officer or agent of a Board of Education or a physician providing a prescription under a standing protocol for school epinephrine pursuant to N.J.S.A. 18A:40-12.5, shall be held liable for any good faith act or omission consistent with the provisions of N.J.S.A. 18A:40-12.5, nor shall any action before the New Jersey State Board of Nursing lie against a school nurse for any such action taken by a person designated in good faith by the school nurse pursuant to N.J.S.A. 18A:40-12.6. Good faith shall not include willful misconduct, gross negligence, or recklessness.

The school nurse or designee shall be promptly available on site at the school and at school-sponsored functions in the event of an allergic reaction. In addition, the parent must be informed that the school district, its employees and agents shall have no liability as a result of any injury arising from the administration of epinephrine to the student.



The parent of the student must sign a statement acknowledging their understanding the district shall have no liability as a result of any injury arising from the administration of the epinephrine via a pre-filled auto-injector mechanism to the student and the parent shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of the epinephrine via a pre-filled auto-injector mechanism to the student.

The permission for the emergency administration of epinephrine via a pre-filled auto-injector mechanism containing epinephrine to students for anaphylaxis is effective for the school year it is granted and must be renewed for each subsequent school year.

The district shall have and maintain for the use of students at least one nebulizer in the office of the school nurse or a similar accessible location. Each certified school nurse or other persons authorized to administer asthma medication will receive training in airway management and in the use of nebulizers and inhalers consistent with State Department of Education regulations. Every student that is authorized to use self-administered asthma medication pursuant to N.J.S.A. 18A:40-12.3 or a nebulizer must have an asthma treatment plan prepared by the student's physician which shall identify, at a minimum, asthma triggers, the treatment plan, and other such elements as required by the State Board of Education.

All student medications shall be appropriately maintained and secured by the school nurse, except those medications to be self-administered by students. In those instances the medication may be retained by the student with the prior knowledge of the school nurse. The school nurse may provide the Principal and other teaching staff members concerned with the student's educational progress with such information about the medication and its administration as may be in the student's best educational interests. The school nurse may report to the school physician any student who appears to be affected adversely by the administration of medication and may recommend to the Principal the student's exclusion pursuant to law.

The school nurse shall document each instance of the administration of medication to a student. Students self-administering medication shall report each incident to a teacher, coach, or other individual designated by the school nurse who is supervising the student during the school activity when the student self-administers. These designated individuals shall report such incidents to the school nurse within twenty-four hours of the self-administration of medication. The school nurse shall preserve records and documentation regarding the self-administration of medication in the student's health file.

N.J.S.A. 18A:6-1.1; 18A:40-3.1; 18A:40-6; 18A:40-7; 18A:40-12.3; 18A:40-12.4;
18A:40-12.5; 18A:40-12.6; 18A:40-12.7; 18A:40-12.8

N.J.S.A. 45:11-23

N.J.A.C. 6A:16-2.3(b)

Adopted: 19 June 2019

