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STUDENT HEALTH SERVICES AND REQUIREMENTS

Administration

- A. The Superintendent has the legal responsibility for the administration of the total health program and personnel. Authority for the program grows from the Board to the Superintendent and subsequently to the school physician and school nurses.
- B. The school nurses shall have the fiscal responsibility for developing the school health budget and for administering that budget once adopted.
- C. Student health information is confidential information.

Procedures

- A. Emergency Procedures
 - 1. Emergency cards must be completed and signed by the parents annually. These cards are due at the beginning of the school year. Principals will attempt to collect all cards through reminders and letters to parents. On October 1, the principals will notify the Superintendent of missing cards. Coaches shall have duplicated emergency cards in their possession at all athletic events.
 - 2. A list of students with special health concerns will be maintained by the school nurse. This list, medical plans and/or emergency treatment plans will be provided to school personnel, in a confidential manner, on a need to know basis. In addition, teachers should be responsible for notifying substitutes of such health concerns.
 - 3. Minor first aid may be given by a trained teacher or other trained school personnel.
 - 4. For illnesses or more complex injuries the following procedures shall be followed:
 - a. Notify parent; and
 - b. Follow emergency procedure on card.

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5. Parents should transport students or make arrangements for them to be transported, if possible.
6. The school nurse shall be involved as far as necessary.

B. Exclusion and Re-admission

1. A child may be excluded from school for filth, communicable disease, nits, lice, or other parasites, or suspicion of the same in conjunction with the state law.
2. The principal, in conjunction with the school nurse or a teacher, and under the direction of the Superintendent of Schools, shall exclude students.
3. Parents must be at home or notified if a student is sent home.
4. Written excuses are recommended for all absences from school.
5. Re-admission of students with communicable diseases should be based on Rules and Regulations for Control of Communicable Disease, State of Maine Department of Health and Welfare.
6. An Administrator or school nurse has the authority to request a doctor's slip at any time for a child to return or stay in school.

C. Parental Responsibility

1. Parental responsibility and release for the school to act in emergency situations should be indicated on the emergency cards.
2. Parents of students participating in school sponsored athletics shall be required to sign the athletic contract.

D. School Physicians

1. The school physician shall be appointed by the Superintendent and coordinated by the school nurses.
2. The school physician may be asked for a consultation or to make a recommendation regarding the medical management of a student. The school physician is not on call for general school emergencies.
3. The school physician will sign annual orders supporting school protocols for management of emergency situations. This includes protocols for the following:
 - a. Acute shortness of breath, wheezing and respiratory distress-use of emergency inhaler.
 - b. Anaphylaxis-use of an Epi Pen.
 - c. AED-use of Automated External Defibrillator (where available) for cardiac arrest.

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E. Medications and Treatments (Excluding Medical Marijuana)

1. Medications will be given at school only when it is absolutely necessary and meets one of the following:

a. Medication is part of a physician established medical plan of care -- this applies to prescription medications and over the counter medications such as Acetaminophen, Ibuprofen and cough medications.

b. The need is based on an acute or long term health problem.

c. The medication is required on a schedule that cannot be adjusted to outside school hours (i.e., three times a day medications can be given before school, after school and at bedtime).

- Medication is to be given by school personnel only with written permission from the parent and a written order from a licensed physician.
- Prescribed medication must be provided by the parent/guardian with an appropriate pharmaceutical label. A pharmaceutical label includes the name of the student, the name of the medication, the dosage, and the time or schedule for medication administration. For example: "Give 1 tab at Noon" or, "Give 1 tab every 4 hours"
- Over the counter medications (OTC) including Acetaminophen and Ibuprofen, will be provided by parents/guardian in original medication bottle. Medication must not be expired.

2. Written orders will be attached to the MAR or medication administration record.

MAR's are to be initialed, with appropriate time, every time a medication is given. The MAR is placed on the health record when medication is discontinued or at the end of each school year.

3. All non-licensed personnel responsible for giving medications shall participate in annual training provided by licensed school nurses and will have access to continuing consultation.

4. All prescription medications shall be delivered to school by parents /guardians.

5. Controlled substances such as narcotics, are not appropriate measures of pain management in schools. The school nurse will work with the student, parent/guardian and physician in cases requiring pain management to develop an appropriate plan.

6. Medication must be stored in a secured area at school.

7. No medication shall be provided by the school.

8. At no time shall a student have medication in his/her possession in school except in a medically directed need for a self-carried inhaler or epi-pen.

a. The parent or student, if 18 years of age or older, will sign a self-carry authorization form, as provided by the school nurse.

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- b. A written order for the epi-pen or inhaler will be obtained from the physician warranting the need and ability of the student to use the inhaler/epi-pen.
- c. The school nurse shall evaluate the student's technique to ensure proper and effective use of an epinephrine pen or asthma inhaler taking into account the maturity and capability of the student and the circumstances under which the student will or may have to self-administer the medication.
- d. The parent will be informed that the school cannot accurately monitor the frequency and appropriateness of use when the student self-administers medication, and that the school unit will not be responsible for any injury arising from the student's self-medication.
- e. A student's authorization to possess and self-administer medication from an epinephrine pen or asthma inhaler may be limited or revoked by the building principal after consultation with the school nurse and the student's parents if the student demonstrates inability to responsibly possess and self-administer such medication.

F. Medication Administration on School Field Trips (Excluding Medical Marijuana)

1. When appropriate, field trip personnel will receive directions regarding the administration of student medication from the school nurse.
2. There must be written permission from the parent/guardian providing consent to administer the medication in school and a written physicians order and/or an appropriately labeled original medication container.
3. It is the responsibility of the school nurse to clarify any medication order that he/she believes to be inappropriate or ambiguous. In accordance with Department of Education Rule Chapter 40 § 2(B), the school nurse may decline to administer a medication if he/she believes such administration would jeopardize student safety. In this case, the school nurse must notify the parent, the student's health care provider and the school administrator (i.e., building principal or designated administrator).
4. Either a standardized preprinted medication label or preprinted envelope containing the information described below or medication in its original container will be used for students attending a field trip.
5. When using a preprinted label or preprinted envelope, the school nurse shall transfer the prescribed amount of medication needed for the field trip from the original medication container into the approved envelope and fill in the appropriate information on the envelope.
6. The envelope will be provided to the trained personnel for administration during the trip. The school nurse will provide a review of the medication and its administration

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to the trained personnel on an as needed basis. All trained personnel administering medication must understand what to do in an emergency.

7. The medication will be transported and stored in compliance with any special directions for the medication and will be secured as safely as possible.
8. The administration of medication on a field trip will duplicate as much as possible, the guidelines found in the “Guidelines for Training of Non-Licensed Personnel in Medication Administration”. This will include consideration of student privacy and cleanliness of area where medications are administered.
9. Medication will be administered to the student to assure that the right student receives the right medication, with the right dose, at the right time, by the right route.
10. The trained personnel administering the medication will double check the student with the medication label and will double check the dose. The medication will be given within 30 minutes either side of the prescribed time.
11. Personnel administering medication during the field trip will note when the medication was administered, record any unexpected occurrences and return any unused medication to the school nurse.

The medication envelope or label will contain the following information:

1. Date to be administered.
2. Name of the student.
3. Name of medication.

G. ADMINISTRATION OF MEDICAL MARIJUANA IN SCHOOLS

The following procedure must be followed for the administration of medical marijuana to students at school. In accordance with the applicable law, this section only applies to students under the age of 18. Students 18 years of age and older may not use medical marijuana at school.

1. The student’s designated primary caregiver (who must be a parent, guardian or legal custodian) shall obtain a copy of the M.S.A.D. #54 Request/Permission to Administer Medical Marijuana in School Form and Board Policy JLCD from the district website or school office.
2. The primary caregiver and the student’s authorized medical provider (physician or certified nurse practitioner) shall complete and sign the Request/Permission Form, and attach a copy of the current written certification for the use of medical marijuana.
3. Arrangements will be made between the school administration and the primary caregiver to schedule the administration of medical marijuana in a manner that

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will minimize disruption to school operations and the student's educational program.

4. Medical marijuana must be brought to school by the primary caregiver, and may not be held, possessed or administered by anyone other than the primary caregiver. The student may only possess the medical marijuana during the actual administration process. Medical marijuana administered in school must be in non-smokeable form.
5. The primary caregiver must check-in at the school office upon arrival for the administration of medical marijuana. Medical marijuana may only be administered in the following locations: principal's office or a place so designated by the principal.
6. The primary caregiver must check-out at the school office following administration of the medical marijuana and transport any remaining medical marijuana with him/her off school premises.

H. School Health Records

1. School health records are the basic responsibility of the school nurses.
2. The records may be initiated at pre-school registration in the spring or in September of the new school year.
3. The records are to be centrally located in each school, and entries should be made by the teacher or educational technician, school nurse, secretary, or trained volunteer.
4. All entries are to be signed by the person making the entry.

Health Appraisal

A. Medical Examinations

1. Students entering kindergarten shall be requested to have pre-school physicals dated within one year of entrance. The school nurses will furnish resources of clinics and physicians available for physicals.
2. Students who are candidates for interscholastic sports teams must have a physical examination by a licensed physician (medical doctor, doctor of osteopathy, nurse practitioner or physician's assistant) and proof of medical insurance prior to the tryouts of the sport. Physical examinations are effective for two years, unless stipulated by the physician that the student athlete's clearance expires sooner than two years.
3. A report of physical findings and recommendations will be written and signed by the licensed physician (medical doctor, doctor of osteopathy, nurse practitioner or physician's assistant). The school nurse will be responsible for notifying the trainer and coaches of

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any recommendations. All physicals will be filed in the school health record. All physicals presented to coaches must be turned in to the athletic director or school nurse by the next day.

4. Each athlete needs to report injuries to their coach and/or trainer. Accident reports need to be completed and given to the athletic director by the next day.

5. Any athlete with an illness or injury requiring care by a medical facility or physician, needs to present a completed and signed RETURN TO PARTICIPATION FORM to the coach or athletic director. These forms need to be forwarded to the school nurse immediately to be filed in the school health file.

6. Each year student athletes and their parents/guardians will be required to complete a health questionnaire form to be filed in the student health record.

7. Heights and weights are done in grades K, 1, 3 and 5. The school nurse will be responsible for gathering/obtaining that information.

B. Hearing and Vision Screening

1. Hearing and vision screening are done in accordance with current state recommendations.

2. The health assistant, if trained in use of equipment and accepted testing standards, may screen students for hearing and vision.

3. All retests are to be done by the school nurse.

4. The school nurse has the responsibility for the equipment used in the school health program.

5. Maintenance and repair of equipment should be arranged annually.

C. Immunizations

1. All students attending school, grades K-12, must meet minimum immunization standards as required by state law. Students that do not meet legal standards as established by the Maine Board of Immunization and by Maine State Law, must have an exemption, signed by a parent/guardian annually and filed in the health record.

D. Scoliosis

1. Scoliosis screening will be done in accordance with current state recommendations.

2. Screening may be done by any state certified personnel.

3. School nurses will notify parents of any recommendations.

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E. Allergies

An allergy is an immune response to a foreign antigen resulting in inflammation and organ dysfunction. The more common allergies found in a school setting are to food, insect bites, and latex, and to indoor allergens such as chalk, dust, pesticides, animal dander, indoor mold.

Role of the School/School Nurse:

a. Obtain from parents/physician documentation of the allergy, permission forms to administer medication if needed, medicine (i.e., epi-pens, benadryl), emergency contact information, and physician contact information.

b. The student individual health record must be current with the physician's verification of the allergy, severity of the allergy and recommended treatment.

c. Develop school guidelines commensurate with the severity of the student's allergy.

d. Eliminate the exposure to allergens as much as possible.

e. Establish a 504 plan as needed.

f. An emergency plan should be prepared for students with severe allergies.

g. Provide education and training on allergies to all staff in contact with the student.

h. Students with allergies should be included in school activities and not excluded because of an allergy.

i. Latex balloons will not be allowed in the schools or outside on school property.

j. Deliveries:

Students and staff are only allowed to accept delivery of small gifts, small floral arrangements and mylar balloons (no latex balloons) at school. School deliveries should be made on a very limited basis (home is preferred) as they may cause disruptions in both the school office and the classroom. In addition, they can pose health and safety issues within the school. Deliveries will be held in the school office until the end of the day.

Legal Reference: Title 20A MRSA Sec. 6301; Title 20A MRSA Sec. 6451

**M.S.A.D. #54
PARENT/PROVIDER REQUEST TO ADMINISTER MEDICAL MARIJUANA
AT SCHOOL**

Student's Name: _____ DOB*: _____

****Note: Medical marijuana can only be administered at school or on a school bus to a student under the age of 18.***

School: _____ Grade: _____ Teacher: _____

A. To be completed by Physician or Certified Nurse Practitioner:

Reason for use of medical marijuana:

Form of medical marijuana:

Note: Medical marijuana may only be administered at school in non-smokeable form.

Dosage (amount): _____

The medical marijuana must be administered during school hours:

Yes No

If yes, time to be administered: _____

Restrictions and/or important side effects: None anticipated

Yes. Please describe in detail: _____

Date prescribed: _____

Date to be discontinued: _____

Any other necessary instructions or information:

NOTE: THE SCHOOL NURSE MAY CONTACT YOU IF THERE ARE FURTHER QUESTIONS CONCERNING THIS REQUEST.

Provider's Signature: _____ Date: _____

Printed Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Note: Any changes to the information above shall require a new request/permission form.

B. To be completed by parent/guardian/legal custodian (designated “primary caregiver” under Maine law for medical use of marijuana purposes):

I understand and agree that if the school nurse has questions regarding the provider’s order, that the nurse may contact the child’s provider and obtain additional information about the medication. I consent to the provider releasing that information.

I have read Board Policy JLCD – Administration of Medical Marijuana in Schools and understand that I must comply with all the requirements concerning the administration of medical marijuana.

Signature: _____ Relationship: _____
Date: _____

NOTE: A COPY OF THE CURRENT WRITTEN CERTIFICATION FOR THE USE OF MEDICAL MARIJUANA MUST BE ATTACHED TO THIS FORM.

C. To be completed by school:

Date received: _____ By whom: _____
Date reviewed: _____ Reviewed by: _____

Notes:

