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5305 HEALTH SERVICES PERSONNEL

The Board of Education shall appoint at least one school physician pursuant to N.J.S.A. 18A:40-1. The Board may appoint a lead school physician to serve as health services director if more than one school physician is contracted by the Board. The school physician(s) shall be currently licensed by the New Jersey Board of Medical Examiners in medicine or osteopathy and shall have a training and scope of practice that includes child and adolescent health and development. The contract between the Board and the school physician(s) appointed pursuant to N.J.S.A. 18A:40-1 shall include a statement of assurance that the school physician(s) has completed the Student-Athlete Cardiac Screening professional development module developed pursuant to N.J.S.A. 18A:40-41d and has read the sudden cardiac arrest pamphlet developed pursuant to N.J.S.A. 18A:40-41. The school district shall conduct a criminal history background check on any physician before entering into an agreement for delivery of services pursuant to N.J.A.C. 6A:16-2.3.

The school physician(s) shall provide, at a minimum, the following services:

1. Consultation in the development and implementation of school district policies, procedures, and mechanisms related to health, safety, and medical emergencies, pursuant to N.J.A.C. 6A:16-2.1(a) and Policy and Regulation 5310;
2. Consultation to school district medical staff regarding the delivery of school health services, which includes special health care needs of technology-supported and medically fragile children, including students covered by 20 U.S.C. §1400 et seq., Individuals with Disabilities Education Act;
3. Physical examinations conducted in the school physician's office or other comparably equipped facility for students who do not have a medical home;



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4. Provision of written notification to the parent stating approval or disapproval of the student's participation in athletics based upon the medical report;
5. Direction for professional duties of other medical staff;
6. Written standing orders that shall be reviewed and re-issued before the beginning of each school year;
7. Establishment of standards of care for emergency situations and medically-related care involving students and school staff;
8. Assistance to the certified school nurse or non-certified nurse in conducting health screenings of students and staff and assistance with the delivery of school health services;
9. Review, as needed, of reports and orders from a student's medical home regarding student health concerns;
10. Authorization of tuberculin testing for conditions outlined in N.J.A.C. 6A:16-2.2(c) and Policy and Regulation 5310;
11. Review, approval, or denial with reasons of a medical home determination of a student's anticipated confinement and resulting need for home instruction; and
12. Consultation with the school district certified school nurse(s) to obtain input for the development of the school nursing services plan, pursuant to N.J.A.C. 6A:16-2.1(b) and Policy and Regulation 5310.

The Board shall employ a certified school nurse to provide nursing services while school is in session pursuant to N.J.S.A. 18A:40-1 and 3.3. The certified school nurse shall work under the direction of the school physician and Superintendent of Schools.

The certified school nurse shall possess a standard educational services certificate with a school nurse endorsement or school nurse/non-instructional endorsement pursuant to N.J.A.C. 6A:9B-14.3 or 14.4. The certified school nurse shall possess a current New Jersey registered professional nurse license issued by the New Jersey State Board of Nursing; a bachelor's degree from a regionally accredited college or university; a current Cardiopulmonary Resuscitation (CPR) and



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Automated External Defibrillators (AED) certification as issued by the American Heart Association, the American Red Cross, the National Safety Council, or other entities determined by the Department of Health to comply with the American Heart Association's CPR guidelines; and complete 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.

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

1. Carrying out written orders of the medical home and standing orders of the school physician;
2. Conducting health screenings which include height, weight, blood pressure, hearing, vision, and scoliosis pursuant to N.J.A.C. 6A:16-2.2 and Policy and Regulation 5310 and monitoring vital signs and general health status for emergent issues for students suspected of being under the influence of alcohol and controlled dangerous substances, pursuant to N.J.S.A. 18A:40-4 and 18A:40A-12 and Policy and Regulation 5530;
3. Maintaining student health records, pursuant to N.J.S.A. 18A:40-4 and N.J.A.C. 6A:16-2.4, and Policy and Regulation 5308;
4. Recommending to the Principal students who shall not be admitted to or retained in the school building based on a parent's failure to provide evidence of the child's immunization according to the schedules specified in N.J.A.C. 8:57-4;
5. Annually reviewing student immunization records to confirm with the medical home that the medical condition for the exemption from immunization continues to be applicable, pursuant to N.J.A.C. 8:57-4.3;
6. Recommending to the Principal exclusion of students who show evidence of communicable disease, pursuant to N.J.S.A. 18A:40-7, 8, and 10;



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7. Directing and supervising the emergency administration of epinephrine and glucagon, and training school staff designated to serve as delegates, pursuant to N.J.S.A. 18A:40-12.6 and 12.14 and Policy and Regulation 5330;
8. Administering asthma medication through use of a nebulizer;
9. Directing and supervising the health services activities of any school staff to whom the certified school nurse has delegated a nursing task;
10. Classroom instruction in areas related to health education, pursuant to N.J.A.C. 6A:9B-14.3, if needed;
11. Reviewing and summarizing available health and medical information regarding the student and transmitting a summary of relevant health and medical information to the Child Study Team, pursuant to N.J.A.C. 6A:14-3.4(h);
12. Writing and updating, at least annually, the individualized health care plans and the individualized emergency healthcare plans for students' medical needs, and instructing staff as appropriate;
13. Writing and updating, at least annually, any written healthcare provisions required under Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. §794(a), for any student who requires them;
14. Assisting in the development of and implementing healthcare procedures for students in the event of an emergency;
15. Instructing teachers on communicable disease and other health concerns, pursuant to N.J.S.A. 18A:40-3;
16. Reviewing completed health history update questionnaires and sharing with the school athletic trainer for review, if applicable, pursuant to N.J.S.A. 18A:40-41.7; and
17. Providing other nursing services consistent with the nurse's educational services certification endorsement as a school nurse issued by the State Board of Examiners and current license approved by the State Board of Nursing.



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A certified school nurse who possesses the school nurse/non-instructional certificate is not authorized to teach in areas related to health, pursuant to N.J.A.C. 6A:9B-14.4.

The Board may appoint a non-certified nurse under the supervision of a certified school nurse to supplement the services of a certified school nurse provided a non-certified nurse shall be assigned to the same school building or complex as the certified school nurse pursuant to N.J.S.A. 18A:40-3.3.a. and a noncertified nurse is limited to providing services only as permitted under a non-certified nurse's license issued by the State Board of Nursing in accordance with N.J.A.C. 6A:16-2.3(c).

N.J.S.A. 18A:40-1; 18A:40-3.3; 18A:40-4; 18A:40-7;
18A:40-8; 18A:40-10; 18A:40-12; 18A:40-12.6;
18A:40-12.14; 18A:40-41.7

N.J.A.C. 6A:9B-14.3; 6A:9B-14.4; 6A:14-3.4; 6A:16-2.1;
6A:16-2.2; 6A:16-2.3

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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 and N.J.A.C. 6A:32-7. 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, whether stored on paper or electronically, shall be maintained in accordance with N.J.A.C. 6A:32-7. Student health records shall be maintained separately from other student records. Student health records also shall be maintained according to the requirements of N.J.A.C. 6A:32-7 until such time as graduation or termination from the school district, whereupon the health history and immunization record shall be removed from the student's health record and placed in the student's mandated record. The school district of last enrollment, graduation, or permanent departure of the student shall keep, for 100 years, a mandated record of a student's health history and immunization in accordance with N.J.A.C. 6A:32-7.8(f). No additions shall be made to the record after graduation or permanent departure without prior written consent of the parent or adult student pursuant to N.J.A.C. 6A:32-7.8(e).

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:16-7.9 and N.J.A.C. 6A:32-7.5.

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: 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; information obtained by the school's alcohol and other drug program that would identify the student as an alcohol or other drug user may be disclosed only for those purposes and under conditions permitted by 42 CFR Part 2; information provided by a secondary school student while participating in a school-based alcohol or other drug counseling program that indicates that a parent or other person residing in the student's household is dependent upon or illegally using a substance shall be



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shared only for those purposes and conditions permitted by N.J.S.A. 18A:40A-7.1.

Access to and disclosure of information in a student health record shall meet the requirements of the Family Educational Rights and Privacy Act (FERPA), 20 USC §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 this 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.S.A. 18A:40-3.4

N.J.A.C. 6A:16-2.4; 6A:32-7.1; 6A:32-7.4;
6A:32-7.5; 6A:32-7.8

Adopted: September 12, 2023



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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 by the following authorized individuals (Policy and Regulation 5330):
 - a. The school physician;
 - b. A certified school nurse or noncertified nurse;
 - c. A substitute school nurse employed by the school district;
 - d. The student's parent;
 - e. A student approved to self-administer medication, pursuant to N.J.A.C. 6A:16-2.1(a)5.iii. and 6A:16-2.1(a)9. and N.J.S.A. 18A:40-12.3 and 12.4;
 - f. Other school employees who volunteer to be 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; and
 - g. Other employees who volunteer to be designated as a delegate and trained to administer glucagon, pursuant to N.J.S.A. 18A:40-12.14.
3. The review of Do Not Resuscitate (DNR) orders received from the student's parent or medical home (Policy 5332);



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4. The provision of health services in emergency situations, including:
 - a. The emergency administration of epinephrine via an epinephrine 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, Occupational Safety and Health Bloodborne Pathogens Standards (Policy and Regulation 7420);



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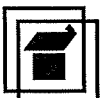
8. Provision of nursing services to nonpublic schools located in the school district as required by N.J.S.A. 18A:40-23 et seq. and N.J.A.C. 6A:16-2.5 (Policy and Regulation 5306);
9. Self-administration of medication by a student for asthma or other potentially life-threatening illness or life-threatening 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 individualized healthcare plan and individualized emergency healthcare plan for students with chronic medical conditions, including diabetes, asthma, and life-threatening allergies 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)3.xii. (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, pursuant to N.J.A.C. 6A:16-2.1(b) and Policy 5307.

N.J.S.A. 18A:35-4.8; 18A:40-4; 18A:40-12;
18A:40-12.3; 18A:40-12.5; 18A:40-12.6;
18A:40-12.6a; 18A:40-12.6b; 18A:40-12.6c;
18A:40-12.6d; 18A:40-12.7; 18A:40-12.11;
18A:40-12.15; 18A:40-16; 18A:40-23 et seq.;
18A:40-41a.; 18A:40-41b.

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

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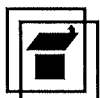
2419 SCHOOL THREAT ASSESSMENT TEAMS

The Board of Education shall establish a threat assessment team at each school in the district pursuant to N.J.S.A. 18A:17-43.4. The purpose of a threat assessment team shall be to provide school teachers, administrators, and other staff with assistance in identifying students of concern, assessing those students' risk for engaging in violence or other harmful activities, and delivering intervention strategies to manage the risk of harm for students who pose a potential safety risk, to prevent targeted violence in the school, and ensure a safe and secure school environment that enhances the learning experience for all members of the school community.

Threat assessment teams established pursuant to N.J.S.A. 18A:17-43.4.a., this Policy, and Regulation 2419 must be multidisciplinary in membership and, to the extent possible, must include the following individuals:

1. A school psychologist, school counselor, school social worker, or other school employee with expertise in student counseling;
2. A teaching staff member;
3. A Principal or other senior school administrator;
4. A safe schools resource officer or school employee who serves as a school liaison to law enforcement; and
5. The school safety specialist designated pursuant to N.J.S.A. 18A:17-43.3. and Policy 7440, in the event that the school safety specialist is not already a school administrator or school employee required to be a part of the threat assessment team pursuant to N.J.S.A. 18A:17-43.4.

Additional school employees may serve as regular members of the threat assessment team or may be consulted during the threat assessment process, as determined to be appropriate by the team.



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Nothing contained in N.J.S.A. 18A:17-43.4 shall be construed as affecting the provisions of any collective bargaining agreement or individual contract of employment in effect on the effective date pursuant to N.J.S.A. 18A:17-43.3 (August 1, 2022).

This Policy and Regulation 2419, pursuant to N.J.S.A. 18A:17-43.5, are aligned with the Guidance on the Establishment of Behavioral Threat Assessment and Management Teams (BTAM) 2023 (Guidance) developed by the New Jersey Department of Education (NJDOE) pursuant to N.J.S.A. 18A:17-43.6.

The school district shall structure the threat assessment teams to best meet the needs and resources available, which may include school-based teams and/or district-level teams.

The Superintendent or designee will build a behavioral threat assessment and management program that will: establish a multi-disciplinary team; define prohibited and concerning behaviors; create a central reporting mechanism; define a threshold for law enforcement intervention; establish threat assessment procedures; develop risk management options; create and promote safe school climates; and conduct training for all stakeholders.

The threat assessment and management process will include: the threat assessment team's actions when first learning of a new report or threat; screening the case; gathering information; organizing and analyzing information; making the assessment; developing and implementing a case management/intervention plan; re-assessing and case monitoring; and documenting and closing the case.

When assessing a student whose behavior may pose a threat to the safety of the school community, in the case of a student with an Individualized Education Program (IEP) or 504 Plan, the threat assessment team shall consult with the IEP team or 504 team to determine whether the aberrant behavior is a threat to school safety and is being properly addressed in a manner that is required by N.J.A.C. 6A:14 and all Federal and State special education laws.

Each member of the threat assessment team must attend training in accordance with N.J.S.A. 18A:17-43.4, this Policy, and Regulation 7440 that is consistent with the Guidance developed by the NJDOE pursuant to N.J.S.A. 18A:17-43.6. Training must be coordinated with the New Jersey Department of Education, Office of School Preparedness and Emergency Planning (OSPEP). The training



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shall ensure the threat assessment team is able to accurately assess student behavior and to ensure that threat assessment teams do not have a disparate impact on students based on their race, ethnicity, homelessness status, religious belief, gender, gender identity, sexual orientation, or socioeconomic status. The training shall, at a minimum, include training on adverse childhood experiences, childhood trauma, cultural competency, and implicit bias.

Should a threat assessment team become aware of an allegation of HIB when considering or conducting assessments, they must follow Policy 5512 – Harassment, Intimidation, or Bullying for addressing allegations of HIB in alignment with the Anti-Bullying Bill of Rights Act.

Should a threat assessment team become aware of a bias-related act, the team should implement Policy and Regulation 8465 – Bias Crimes and Bias-Related Acts on reporting bias-related acts to law enforcement in accordance with the Memorandum of Agreement Between Education and Law Enforcement Officials and Policy and Regulation 9320 – Cooperation With Law Enforcement Agencies.

Questions and concerns about Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA) protections often arise as part of the threat assessment planning process. The threat assessment teams must understand how to balance the safety of the school with the privacy of individual students. These laws should not be an impediment to threat assessment and management.

N.J.S.A. 18A:17-43.3; 18A:17-43.4; 18A:17-43.5; 18A:17-43.6

Guidance on the Establishment of Behavioral Threat Assessment and Management Teams (BTAM) 2023

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