

Category: **STUDENTS**

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Subject: SCHOOL HEALTH SERVICES

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SUMMARY OF CHANGES

This regulation supersedes Chancellor's Regulation A-701 dated June 19, 2008.

Changes:

- Routine hearing screening of students in kindergarten and first grade will be discontinued effective the start of school year 2009-10. This change was recommended by the New York City Department of Health and Mental Hygiene. The United States Preventive Services Task Force does not recommend hearing screening in school age children.

ABSTRACT

The New York City Department of Health and Mental Hygiene is responsible for providing health services pursuant to the New York City Charter and the New York City Health Code. The Department of Education of the City of New York is responsible for overseeing the provision of school health programs and services that are required by the New York State Education Law ("Ed Law") and New York State Public Health Law ("PHL"), and New York City Health Code. This regulation describes procedures for compliance with these laws and regulations.

This regulation incorporates provisions of and supersedes previously issued Regulations of the Chancellor including the following: A-701, *School Health Service Requirements*, issued on April 2, 1996, A-705, *School-Based Health Centers and Other School Health Service Projects*, issued on April 2, 1996, A-710, *Immunization/Mantoux (PPD)*, issued on June 19, 1998, A-720, *Medical Examinations*, and A-725, *Health Services for Pupils in Special Classes*, both of which were issued on October 1, 1979, and A-730, *Accidents and the Administration of Oral Medication in School*, issued on September 23, 1987.

I. BACKGROUND

A. School Health Programs

1. School Health Programs support student education and development.
2. Delivery of specific health services to individual students is the joint responsibility of the Department of Education ("DOE") and the Department of Health and Mental Hygiene ("DOHMH").
3. The Office of School Health ("OSH") is a joint program of the DOE and the DOHMH and is responsible for the development and monitoring of school health programs, policies and procedures.

B. Student Health Records

1. Student health records provide ongoing student health information for a school's daily health service provider, facilitate communication among different health service providers, and alert school staff to important health issues that may affect a student's well-being and learning. A student's health record includes:
 - a. Information maintained on ATS (Automate the Schools), the student-specific computerized system maintained by the DOE regarding immunizations, tuberculosis testing, vision/hearing screening, health services, 504 plans, health alerts, and health insurance coverage.
 - b. Form CH 205 - Child and Adolescent Health Examination Form (formerly known as the 211S - new admission physical exam).
 - c. Form 103S - School Medical Record, the DOHMH comprehensive health record of the student, maintained and reviewed by the daily health service provider in the school.
 - d. Form 104S - Cumulative Health Records, the DOE classroom teacher's record of observations, screenings and other specific health information.
 - e. The OSH Automated Student Health Record ("ASHR"), which includes data from ATS and additional information entered by school nurses and other school health providers.

- f. Certificate of immunization and other records relating to student immunization.
2. Access to information
 - a. Student health records are confidential documents.
 - b. OSH staff shall inform the principal and other appropriate school staff of health information that may affect a student's participation in school activities or that is needed to comply with specific health mandates. Information will be shared in a manner that is consistent with principles of medical record confidentiality.

II. MEDICAL EVALUATIONS

A. Physical Examinations

1. New Entrants
 - a. All students entering a public school for the first time must receive a comprehensive medical examination conducted by a licensed medical provider (physician, nurse practitioner, or physician assistant with physician signoff) within one year of school entry.
 - i. New entrants in pre-kindergarten must submit a CH 205 that has been completed by their medical provider. This form must be returned as soon after enrollment as possible. A CH 205 must also be submitted by new entrants in K-12. Pre-kindergarten students who remain enrolled in school must submit a new CH 205 in kindergarten.
 - b. A student may not be excluded from school for lack of a medical evaluation. If the parent¹ cannot present documentation of such an evaluation, a DOHMH School Health physician will evaluate the student in accordance with Article 49.05 of the New York City Health Code and complete a CH 205. The parent will be notified of and strongly encouraged to attend the exam. In the absence of a parent, a chaperone assigned by the DOHMH, or the principal/designee must be present during the physical examination.

2. Annual Physical Examinations

Schools should encourage students to have periodic medical evaluations in accordance with the recommendations of the American Academy of Pediatrics. DOHMH staff does not provide these services.

- a. Height and Weight

Students must have their height and weight measured and recorded during each school year. This must be done by the classroom teacher or the physical education teacher (as part of the NYC FITNESSGRAM measurement process) in a manner that ensures the confidentiality of the results and is respectful of student privacy. Results must be recorded on the teacher's classroom health record (Form 104S) and ultimately entered into the NYC FITNESSGRAM online application by the physical education teacher or principal's designee. In schools with a school nurse, the results must also be recorded on the OSH record (Form 103S). NYC FITNESSGRAM results will be used to establish a body mass index (BMI) for each student and the results will be communicated to parents.

- b. Oral Health

An oral health examination is strongly recommended for all new entrants and for students in Grades 5, 7, and 10.

¹ The term "parent," whenever used in this regulation, means the student's parent(s) or guardian(s), or any persons in a parental or custodial relationship to the student, or the student, if he/she is an emancipated minor or has reached 18 years of age.

3. Special Circumstances

a. Special Education Evaluations

As part of its initial evaluation of a student, the Committee on Special Education, with parental consent, must obtain a complete medical evaluation of the student performed within the previous year. Where appropriate, the medical screening should include vision and/or hearing screening.

b. Interscholastic Sports

- i. Prior to participation in interscholastic sports, a student must present proof of a physical examination.
- ii. A physician, nurse-practitioner or physician's assistant must examine the student and certify on the specific DOE interscholastic sports physical examination form that there are no health conditions that preclude safe participation in sports events or training in accordance with Public Schools Athletic League ("PSAL") rules. A new evaluation is required each year.
- iii. If the student is unable to obtain this examination from his/her physician, a DOHMH School Health Physician will perform the examination at school. The parent must provide written consent for the exam. If the parent cannot be present for the exam, a chaperone assigned by the DOHMH or the principal/designee must be present. Physicians must document the evaluation on the specific DOE interscholastic sports physical exam form.

B. Vision and Hearing Screening

1. Vision Screening

- a. All new entrants into a New York City public school must be screened within six (6) months of entry. In addition, all pre-kindergarten, kindergarten, and grades 1, 3 and 5 students must be screened. School staff may recommend that the school conduct a vision screening of a student or recommend to a parent that the parent have the child's vision tested if they suspect the student may have vision problems that impact school performance.
- b. Conducting Screening
 - i. DOHMH teams will conduct vision screening for pre-kindergarten, kindergarten and grade 1 students. The principal is responsible for ensuring that screening is completed of students in all other grades as well as students who were not screened by the DOHMH.
 - ii. The OSH will assist in providing training and screening materials to schools.
 - iii. The principal shall ensure that the results of screening tests conducted by the school (not conducted by the DOHMH) are entered into ATS.
- c. Where schools conduct vision screening, the following tests shall be conducted: distance visual acuity and near visual acuity. DOHMH screening may also include Fusion (pre-kindergarten, kindergarten and first grade) and Color (new entrants only) in addition to near and distance visual acuity.
- d. Notification
 - i. All screening results recommending follow up must be communicated to parents. If a vision follow up is needed, parents are to be provided a letter recommending that the student see an eye doctor (optometrist or ophthalmologist). Parents will also be provided a DOHMH E-12S form for the doctor to complete.
 - ii. The DOHMH will report to the principal the names of students in pre-kindergarten, kindergarten and grade 1 who were not screened.

iii. When the DOHMH conducts vision screenings, the DOHMH will be responsible for any follow up with parents.

2. Hearing Screening

- a. A teacher may recommend to a parent that a child be given a hearing test based on a concern that the student has hearing issues that impact school performance.

III. IMMUNIZATION MANDATES

A. Immunization Requirements – New York State Public Health Law (PHL) §2164 requires immunization against poliomyelitis, mumps, measles, diphtheria, tetanus, pertussis, rubella Haemophilus influenza type (Hib), hepatitis B, varicella and Tdap for all New York State students.

1. Record Keeping

Immunization data must be entered into ATS by the school. The school must maintain in the student's cumulative record all records relating to immunization requirements, including certificates of immunizations, requests for exemptions and decisions on exemption requests.

2. Provisional Immunization Requirements for New Entrants

- a. New entrants may register but may not attend school unless they provide documentation that they meet the provisional immunization requirements set forth at <http://schools.nyc.gov/Offices/Health/ImmunizationInfo/default.htm>. When a student does not meet immunization requirements for school attendance, the principal/designee must inform the parents that their child will be excluded from school if he/she does not present documentation of additional immunizations within 14 days of notification. A warning letter must be sent to the parents informing them of this requirement. If the documentation is not received in the required 14 day time period, the principal must send the parent a written notice of exclusion from school. If the student is excluded, attendance code 17 should be entered as a reason code for non-attendance. Note that if there is some evidence of immunizations, a principal may permit a student transferring from another state or country to attend school for up to 30 days (this includes the 14 day time period referred to above). Written confirmation from a licensed medical provider must be received within the 30 days or the student must be excluded from school.
- b. Pursuant to the McKinney-Vento Act, a homeless student may not be denied admission or excluded from school because he/she lacks documentation verifying that immunizations have taken place. The school must assist the parent to help obtain documents. If a student lacks such documentation, the school must provide assistance to the student to obtain the necessary immunizations. If the student does not meet immunization requirements, the student may be excluded from school in accordance with the procedures set forth above.

3. Full Immunization Requirements

a. Specific Immunizations Required

The immunizations requirements for students up to age 18 are available at: <http://schools.nyc.gov/NR/rdonlyres/26D35D93-81EC-4175-ACAC-A06B13120F48/62345/MedReq2009.pdf>

- b. Students must meet full immunization requirements in a period of time determined by law. The ATS system will automatically flag the records of students admitted with provisional status who are not making the required progress toward full immunization.

- c. The immunization requirements set forth above do not apply to students 18 years and over. However, these students are strongly encouraged to be immunized in accordance with recommendations for immunization practice as set forth by the Advisory Committee on Immunization Practices (ACIP).
 4. Exemptions from Immunization Requirements

NYS Public Health Law (PHL) § 2164 and the New York City Health Code allow for medical or religious exemptions for immunizations as follows:

 - a. Medical Exemptions

Parents must submit a statement signed by a New York State licensed physician or nurse practitioner indicating a valid medical contraindication to specific vaccine(s). School officials shall forward the request for an exemption to the ISC Health Director, who will submit it to the DOHMH. A DOHMH school physician will review and approve or deny requests for medical exemptions. Exemptions must be renewed at the start of each school year. The physician's statement shall be attached to the student's school health record, and the exemption entered into ATS.
 - b. Religious Exemptions
 - i. A parent may request an exemption from immunization requirements based on the parent or guardian's "genuine and sincere religious beliefs."
 - ii. Procedure

The parent must submit a personally written letter stating the basis for the request. The school will forward the letter to the ISC Health Director who will in turn forward to the central OSH, 49-51 Chambers Street, Room 600. The OSH will approve or deny the request and inform the parent, principal and ISC Health Director. Students will be permitted to attend school until this initial determination is made.

If the exemption request is denied, the parent may appeal the denial by arranging for a personal interview with the ISC Health Director within 10 school days of receipt of the letter of denial. At the interview, the parent will have an opportunity to offer further evidence to support the request. The OSH will make a final decision based on the entirety of the evidence. The OSH will enter all approved religious exemptions into ATS and keep a permanent file of each request. Students will be permitted to remain in school during this appeal period.
 - c. Exclusions during Outbreaks of Diseases Preventable by Vaccination
 - i. The DOHMH has the right to require a school to exclude a student from the school if a student is granted either a medical or religious exemption and another student in the school is diagnosed with a vaccine preventable disease (e.g. chickenpox, measles, mumps).
 - ii. Such exclusion may be for a period of up to three (3) weeks after the student with a vaccine preventable illness is no longer contagious.
 5. Appeal to the New York State Commissioner of Education

A parent, guardian or any other person in parental relationship to a student denied entrance or attendance because of immunization requirements or whose request for an exemption from immunization requirements was denied may appeal by petition to the Commissioner of Education in accordance with the provisions of Section 310.6-a of the NYS Education Law. Students will not be permitted to remain in school during this appeal period.

IV. TUBERCULOSIS TESTING

- A. All students attending a NYC secondary school for the first time must have a Mantoux Tuberculin Skin Test (also known as PPD) with a documented reading date between 48 – 72 hours of the test. An approved blood-based tuberculosis diagnostic test may also be used.
1. A documented positive Mantoux Test or an approved blood-based tuberculosis test result is acceptable regardless of date as set forth at <http://schools.nyc.gov/Offices/Health/TuberculosisTesting/default.htm>. A normal chest X-ray with a prior positive Mantoux Test is also acceptable regardless of date. A documented negative test is only acceptable if performed within one year prior to admission to school or within 14 school days after admission to school. Students with a history of BCG vaccination must be tested.
 2. A positive Mantoux test is acceptable even if performed within four weeks of administration of an MMR or varicella immunization. However, a negative test is not clinically valid and therefore, not acceptable if performed between one and 28 days after an MMR or varicella immunization. A student may continue to attend school during this four week period when administering a Mantoux Test is not clinically reliable.
- B. Students with a positive Mantoux Test are required to have a medical evaluation and a chest X-ray within 14 school days but may be allowed to attend school in the interim unless otherwise determined by the medical provider administering and reading the student's PPD.
- C. If the tuberculosis test is not given before or on the same day as the MMR then the student must wait six (6) weeks before receiving the tuberculosis test. However, the student may be allowed to attend school in the interim.
- D. Exclusion from School
- Students not in compliance upon admission will receive a warning notice of exclusion from school and will be excluded from school if 1) they do not have a documented Mantoux Test as outlined above or within 14 school days of the exclusion notice, or 2) they are new entrants with a positive Mantoux Test reaction and do not have a documented chest X-ray within 14 school days.
- E. Exemptions
- Medical and religious exemptions (see Section III. A (4) and (5) of this regulation) from Immunization Requirements are also applicable with respect to Tuberculosis testing.

V. MEDICATION AND ACCOMMODATIONS

- A. Epinephrine (Epi-Pen)
- About 1% of students are at risk of severe (life threatening) allergic reaction to foods (especially peanuts and tree nuts) and insect stings. Such reactions are best treated with injectable epinephrine (in the form of an Epi-pen). The DOHMH stocks Epi-pen in its medical rooms for emergency administration by its staff. The OSH will train teachers, paraprofessionals assigned to work with students with severe allergies, and other staff in the use of Epi-pen on request. See Chancellor's Regulation A-715.
- B. Other Medication
1. Medication may be administered in school if it is needed to permit the student to participate in his/her educational program. A health care provider (physician, nurse practitioner, or physician assistant with physician signoff) licensed to prescribe in New York, New Jersey or Connecticut must complete a Medication Administration Form ("MAF"), prescribing the medication to be administered during the school day. This form may be obtained by parents at their child's school, or on the DOE website. Any changes to the MAF must be in writing and signed by a licensed health care provider. A new MAF must be supplied at the start of the school year.

2. All medication must be hand-delivered to the school in the original pharmacy container. The school nurse or principal/designee will store the medication in a locked cabinet or refrigerator. The nurse or school designee will maintain a medication log (and other documentation as indicated) for each student approved to receive medication in school. Junior High School and High School students may self-medicate where there is physician and parent approval documented on the MAF.
3. A student may also need or request accommodations under Section 504 of the Rehabilitation Act of 1973 in addition to needing medication. Refer to Chancellor's Regulation A-710 for applicable procedures.

VI. **EMERGENCY MEDICAL SITUATIONS**

A. Emergency Home Contact Information

Emergency contact information must be maintained in each student's ATS file, and on an emergency home contact card, known as the blue card (see NYC Health Code § 45.19). The blue card must be completed as students enter school and must be updated each school year or more frequently, if needed.

B. First Aid

1. When a student is injured or becomes ill and needs immediate medical care, the principal shall obtain the necessary emergency medical care and notify the parent (see NYC Health Code § 49.15). First aid in school is limited to addressing the student's immediate medical needs.
2. If the condition warrants more emergency care than can be given in the school, 911 must be called. The principal and the parent/guardian must be notified that 911 has been contacted. If the parent is not present when ambulance arrives, the principal must designate someone to go with the student in the ambulance and remain until the parent arrives or at least until the end of the school day. If this person must leave the hospital before the parent arrives, he/she shall contact the principal and arrange with the hospital administration to place the student in the hospital's care.
3. In administering first aid, universal precautions and infection-control practices must be followed to prevent transmission of infectious diseases.

C. Automated External Defibrillators (AEDs)

1. Every school must have and maintain at least one Automated External Defibrillator ("AED") and ensure the presence of personnel trained to use the AED and administer Cardiopulmonary Resuscitation ("CPR") at all school sponsored or school approved curricular or extracurricular events or activities. Schools are also required to make AED(s) available with the presence of trained AED/CPR personnel at any school sponsored athletic contest regardless of location of site or time. AEDs are not required for most class trips.
2. Public school facilities and staff are considered "public access defibrillation providers", and are subject to the requirements, limitations and liability as defined in Public Health Law ("PHL") § 3000 (a), (b) and (c). The principal is responsible for ensuring accessibility of the AED and the presence of staff trained in its use as well as in CPR for all school programs and events in that school as required by this legislation. The OSH staff (with the agency under contract to the DOE for management of the AED program) maintains records of AED placement, oversees the periodic testing of the AEDs and provides ongoing training for staff.
3. For more details about the AED requirement, refer to <http://www.emsc.nysed.gov/sss/HealthServices/AEDs>.

D. Do Not Resuscitate ("DNR") Orders

A parent may submit a request for the DOE to honor an out-of-hospital DNR order to the student's principal. The principal will forward the request to the OSH for review. The OSH will consult with the DOE's Office of Legal Services, make a determination and inform the

principal and other appropriate staff.

VII. SCHOOL-BASED MEDICAL FACILITIES

A. School Facilities for Health Staff

1. Medical Rooms

In order to promote safety and privacy, and medical confidentiality, school medical rooms should have, to the extent possible, the following characteristics:

- a. Adequate size (generally at least 200 square feet)
- b. A sink with hot and cold running water
- c. Floor to ceiling walls
- d. No through traffic
- e. Telephone
- f. Internet access

Additional important features include a designated student waiting area, a nearby student bathroom, adequate heat, light and ventilation, and an appropriate location in the school.

B. School-Based Health Centers

1. School-Based Health Centers ("SBHC") provide preventive and primary health care services for students whose parents have completed an enrollment package for the center. SBHC medical records are the property of the SBHC as an Article 28 provider. The NYS Department of Health ("NYSDOH") must approve all SBHCs.
2. Procedures for Establishing School-Based Health Centers

An application to establish a SBHC in NYS should be completed and forwarded to the NYSDOH'S Bureau of Child and Adolescent Health. A standardized agreement Memorandum of Understanding ("MOU") must be obtained from the OSH. Attachment F of the MOU, "School Information & Approval Form," and for Empowerment schools, Attachment F-2 "School Information & Approval Form-Empowerment Schools" must be signed by the appropriate authorities. The OSH Director, as the Chancellor's designee, and the health care provider executes the MOU by providing notarized signatures to the contract. Finally, a fully executed copy of the MOU must accompany the application to the NYSDOH. The NYSDOH will conduct an on-site assessment of the SBHC facility. No SBHC may commence services on any school site prior to approval by the NYSDOH's Bureau of Child and Adolescent Health and DOE. A copy of the completed and approved application to the DOE must be forwarded to: Manager of School-Based Health Centers, Office of School Health, 49-51 Chambers Street, Room 600, New York, NY 10007.

VIII. OTHER SCHOOL HEALTH PROJECTS

School health projects that provide health services or health promotion activities may supplement the School Health Program. Proposals for such projects may be initiated by DOE staff, other government units or private organizations. The projects may include special screening tests, the distribution of health information, pamphlets, or similar materials, or the collection of data from the student records or questionnaires. Active parental consent is generally needed before student specific information can be provided.

The OSH must review such projects before they are approved. If the project has a research design, the DOE's Division of Assessment and Accountability Proposal Review Committee must approve it. Additional information on research guidelines may be obtained from the Division of Assessment and Accountability, Research and Policy Support, NYC Department of Education, 52 Chambers Street, New York, New York, 10007.

At the end of the project, an evaluation of the project must be submitted to the appropriate parties.

IX. INQUIRIES

Questions regarding this regulation should be addressed to:

Telephone: (212) 374-6097	<i>Office of School Health</i> NYC Department of Education 49-51 Chambers Street - Room 600 New York, NY 10007	Fax: (212) 374-9435
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