

FIRST AID AND HEALTH CARE

Section 7-401 of the Public School Laws of Maryland states that each county board of education, with the assistance of the county health department, shall provide adequate school health services, instruction in health education, and a healthful school environment.

Emergency care rendered in the school setting is limited to immediate and appropriate assistance necessary for the prevention of further suffering or injury and includes expeditious transport for definitive treatment in the best available setting.

Although the responsibility for children's health and safety during school hours has been delegated to the school by the community, parents/legal guardians are considered to have primary responsibility for children's health. Therefore, the plan for health care of children in school should be governed by parental concerns, local policies, and should be in compliance with COMAR 13A.05.05.

In order to meet these conditions the Carroll County Board of Education has adopted Policy JLCE and the administrative regulations to implement it. It is the principal's responsibility to assure that this policy and its administrative regulations are followed.

I. Policy JLCE and Regulations - First Aid and Health Care

A. Board policy JLCE states, "Carroll County Board of Education is committed to provide a safe and healthful environment for their students. In order to maintain this environment the Board will employ trained, licensed personnel to administer first aid and health maintenance care. The Superintendent shall develop regulations and procedures to implement this policy."

B. Health Personnel for Schools

Each school in Carroll County will have a trained licensed nurse assigned to provide first aid and health care to students. The licensed person assigned to each school will be trained at least as a licensed practical nurse. For schools where medical assessments are required due to the nature of the health status of one or more students, the trained licensed person will be a registered nurse.

C. Emergency Procedure Card

No less than annually, a parent/legal guardian will be required to complete and submit to the school an accurate emergency procedure card for each child enrolled. The emergency procedure card will include pertinent health information as well as identification of appropriate contacts for the school personnel for incidents involving their child. A copy of this card shall accompany the student in the event he/she needs to be transported to a health care facility unless he/she is transported by the parent/legal guardian.

D. Health Manual

The Supervisor of Health Services, with input from the staff of the school system and the Carroll County Health Department, will develop, maintain and revise a health manual. This manual will contain procedures for the delivery of first aid and health maintenance for students.

E. First Aid

1. Injuries and illnesses will be referred to the school nurse for assessment.
2. Appropriate health care will be administered by the school nurse.* If there is any doubt regarding the implication of the care, the nurse shall seek the advice of the principal.
3. Appropriate documentation shall be maintained for health care administered.
4. A parent/legal guardian will be notified of all illnesses and injuries, which affect his/her child while at school.
5. In the event of an emergency transport to a medical care facility, the principal/designee will be promptly notified. The principal/designee will notify the Superintendent's office. The nurse will notify the office of the Supervisor of Health Services.
6. The nurse will send the appropriate documentation of all serious injuries and illnesses to the Supervisor of Health Services.

F. Health Maintenance

1. Treatments and medications will be administered by the school nurse or delegated by the nurse to an appropriately trained staff member.*
2. Prior to administering any treatment or medications, the parent/legal guardian shall have provided the school with the appropriately signed physician's order and/or parent's permission form. The order and/or the form shall be completed at least annually.
3. Parents/Legal Guardians will supply the medications, health supplies and/or equipment needed for the care of their child. (Prescription and over-the-counter medications are not to be transported to and from school by the student).
4. Parents/Legal Guardians and/or administrator will be notified should there be a problem in delivering the health care.

II. Emergency Contacts

The following phone numbers should be referred to when needed:

- Ambulance, Fire, Police - 911 or 410-848-4343
- Carroll Hospital Center 410-848-3000, Emergency Room ext. 6706 or 6700
- Poison Control Center 1-800-222-1222
- Carroll County Health Department 410-857-5000, 410-876-2152, or 410-875-3390
- The 911 emergency assistance service is in operation throughout Carroll County. Use the 911 service for fire and ambulance assistance in all schools. Also, police assistance from the Westminster City Police can be obtained through 911.

* Specific procedures regarding notification, delivery, and documentation of health care can be found in the CCPS Health Manual. Each school has a minimum of 2 copies of the current manual.

MARYLAND TEMPERATURE RESTRICTIONS

- I. During the winter months, the State of Maryland will set thermostats in all public buildings at 65°F resulting in a colder environment as compared to previous years. The following recommendations are offered to avoid discomfort to occupants of public buildings who are restricted to 65°F, particularly schools.
 - A. Dress: Dress warmly. Layers of light clothing have better insulating effect than a single thick layer. Undergarments should be of natural fiber. Garments that become wet due to rain or snow should be removed to avoid chilling. In schools, spare clothing should be kept available for such emergencies.
 - B. Activities and Exercises: Increased activities and exercise increase metabolic heat and help maintain comfort. In schools, a short period of 5 to 10 minutes of mid-morning active games or exercises in the classroom will achieve this end.
 - C. Diet: A well-balanced diet starting with a good breakfast will provide fuel for the production of metabolic heat. Warm beverages at breakfast and lunch are helpful.
 - D. Ventilation: Adequate ventilation is necessary for maintenance of a healthy environment. Cold environments do not of themselves contribute to communicable diseases but poor ventilation or overcrowding does increase risk.
 - E. Special Problems
 1. Physically or mentally handicapped children: Most facilities providing care exclusively to handicapped individuals are exempt from the regulations. These exemptions, however, apply primarily to special education centers and not to children who have been mainstreamed.
 2. Areas which may need higher temperatures, such as swimming pools and changing rooms, are exempt from the regulations.
 3. Poorly Insulated Areas: Areas with poor insulation, drafts around doors and windows, etc., may need to be repaired to avoid inefficiency and discomfort. Checking temperatures at different points throughout the building may help to pinpoint these problems. During summer months, the regulations generally require thermostats to be set no lower than 78°F for cooling. Once again, there are many exemptions available for special populations.
- II. The following recommendations are offered to avoid discomfort during summer months when thermostats are set no lower than 78°F for cooling.
 - A. Drink plenty of water and liquids particularly during periods of strenuous activity.
 - B. Dress lightly. Loose fitting, absorbent, natural fibers reduce body temperatures by allowing the cooling effect of evaporation of perspiration. Light colors reflect heat away from the body.
 - C. Get plenty of rest and sleep and avoid overexertion during periods of extreme heat and humidity.

- D. Eat a well-balanced diet. Do not increase salt except under medical advice.
- E. School children exercising outdoors in extremes of heat and humidity must be provided with ample opportunity for rest in cool areas, as well as an ample supply of water. Refer to CCPS Health Manual for signs, symptoms and treatment of heat exhaustion and heat stroke.
- F. Food Storage: School lunches and other prepared foods should not be allowed to stand at room temperature for long periods of time. All foods should be refrigerated as soon as the meal is over. Additionally, foods that are heated should be kept hot and foods that are meant to be cold should be kept cold.

COMMUNICABLE DISEASE

I. Board of Education Policy EA states:

The Carroll County Board of Education recognizes its responsibility to provide educational programs and services for all children residing in Carroll County, and further recognizes its responsibility to provide a safe and healthful environment for both students and staff.

With appropriate assistance from the Carroll County Health Department, and based on the best current information from the Center for Disease Control and the Maryland State Department of Health and Mental Hygiene, the Superintendent of Schools shall establish administrative regulations to assist school personnel in controlling the spread of communicable diseases within the school environment. The Superintendent shall also establish enrollment and employment procedures which meet all legal and statutory standards.

II. Regulation

- A. The teacher of any public...school...shall report an occurrence of a reportable disease, condition, outbreak or unusual manifestation to the principal...or designee, who immediately shall transmit to the health officer a report of... a child who appears to be affected with a reportable communicable disease or has been exposed to a reportable communicable disease. (COMAR 10.06.01.04)
- B. It shall be the duty of the Director of Student Services or the Director's designee, through the power delegated by the Carroll County Health Officer (letter dated August 5, 1997) to exclude from the Carroll County Public School System any child or person affected or suspected to be affected with a communicable disease. Each principal may determine when persons should be excluded because of a communicable disease. Where a question exists to exclude a person or not, the principal shall consult with the Director of Student Services.
- C. The Carroll County Health Officer or the Officer's designee shall be notified of all persons excluded from school due to a communicable disease and take such steps as deemed necessary for the prevention of the spread of the disease.
- D. Standard precautions should be used when handling the body fluids of any individual to help to prevent the spread of any communicable disease.
- E. Certain communicable diseases are transmitted by blood, i.e. HIV and Hepatitis B.
 1. When accidental exposure to body fluids containing blood occurs between a student and another individual during a school sponsored activity, the school administrator or his/her designee shall notify the parent/legal guardian of the exposure.
 - a. This information shall include:
 - nature of the incident
 - injury to their child
 - treatment given
 - recommendation to possibly seek medical follow-up
 - names(s) of other students(s) involved

- b. The names, phone numbers and addresses of students will be shared with prior parental approval.
 2. When accidental exposure to body fluids containing blood occurs between a staff member and another individual, exposure guidelines outlined in Carroll County Public Schools Exposure Control Plan shall be followed.
- F. More information is included in the Health Manual, Section II - Communicable Disease.

III. Regulations for Students Who Have AIDS or Who are HIV+

- A. Human Immunodeficiency Virus (HIV) is the viral agent responsible for Acquired Immune Deficiency Syndrome (AIDS). Symptomatic HIV refers to the clinical symptoms observed in people infected with HIV. AIDS refers to specific diseases, as defined by CDC, seen in persons who have been infected with HIV. The best available medical and scientific evidence indicates that HIV is transmitted through blood and certain other body fluids. Practicing standard precautions as mentioned in II. above and described in MINIMIZING THE TRANSMISSION OF COMMUNICABLE DISEASES helps to prevent the spreading of any communicable disease, including HIV. Casual person-to-person contact, such as occurs among students and staff members in the Carroll County Public Schools, poses no risk of transmitting HIV.

Several federal and state laws, most notably § 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA), govern treatment of HIV-positive (HIV+) students. An HIV+ student is considered an "individual with a disability" under the ADA.

B. General Rule

An HIV+ student who, with reasonable accommodations, if necessary, (1) meets the essential eligibility requirements for the receipt of services and participation in programs, and (2) does not pose a direct threat to others, must be given the same access to such services and programs as students who are not disabled. No student shall be denied the opportunity to attend school or take part in school activities solely because such student has been diagnosed as having AIDS or HIV.

1. Eligibility requirements must not contain criteria that tend to screen out HIV+ students from fully and equally enjoying access to all programs, unless such criteria can be shown necessary for the provision of the program.
2. Reasonable accommodations include adjustments to rules, policies, or practices; removal of architectural, communication, or transportation barriers; and the provision of auxiliary aids and services.
3. When determining the reasonable accommodations necessary for an HIV+ student, an individualized inquiry should be conducted. This inquiry should include contact with the student's parents/legal guardians and physician, public health officials, or others concerning reasonable accommodations that might be implemented. The process of investigating and deciding all matters of reasonable accommodations shall be conducted only by the Director of Student Services or persons designated by the Director. All decisions shall be made according to the most current medical and scientific evidence.

4. Direct threat means a significant risk of substantial harm to the health or safety of the individual or others that cannot be eliminated or reduced by reasonable accommodation.
 - a. If it appears that a direct threat may exist, the Director of Student Services or persons designated by the Director should make direct inquiries to the student's parents/legal guardians, physician, public health authorities, or others who can help determine the risk according to the most current medical and scientific evidence.
 - b. If a direct threat does exist, it is necessary to investigate whether reasonable accommodations can prevent the risk. If reasonable accommodation brings the risk within acceptable limits, no further action is permitted or required. If no reasonable accommodation is possible, the student should be removed from the position in which he/she poses a direct threat to others.

C. Implementation

1. Each school must adhere to federal and state law regarding the privacy rights of students and parents/legal guardians. Information concerning students who are known or suspected to be HIV+ will be treated confidentially, and only those persons who need such information to insure proper care for the child will be told. Questions about the possible presence in school of an HIV+ child should be referred to the Director of Student Services.
2. When administrators or supervisors are unsure about any of the following factual and legal issues, they should direct the appropriate inquiry to the Director of Student Services:
 - a. Whether particular eligibility criteria tend to impermissibly screen out HIV+ students;
 - b. Whether a particular accommodation is reasonable;
 - c. Whether a particular student poses a direct threat to others;
 - d. Any other factual or legal issue about which the staff member is unsure.
3. All inquiries about a student's HIV status, including all questions concerning (1) an HIV+ student's ability to meet eligibility requirements and (2) whether a student poses a direct threat to others, shall be made only by the Director of Student Services or persons designated by the Director. Questions about the possible presence in school of an HIV+ child should be referred to the Director of Student Services.
4. The Director of Student Services and/or the Director's designee will make decisions regarding students who are HIV+ or have AIDS. Consultations will occur as needed. Topics may include reasonable accommodation, eligibility requirements, threat to the student or others, and confidentiality issues. Persons to be consulted may include one or more of the following: the student's physician, the student's parent/legal guardian, the Chief Health Officer from the Carroll County Health Department, the Assistant Superintendent and others as appropriate.

5. All decisions regarding HIV+ students shall be made on the basis of the most current medical and scientific information.
6. No action of any kind, based on knowledge of suspicion HIV infection, shall be taken except with the prior approval of the Director of Student Services or person designated by the Director.
7. The name and address of any symptomatic HIV+ student must be reported within 48 hours in writing by the Director of Student Services to the Carroll County Public Health Officer on a form provided by the Officer. HIV infection alone shall not be reported.
8. Any decision to exclude a student from participation in any program should be reviewed by the Carroll County Public Health Officer. In the event of a disagreement, legal counsel should be consulted to determine the effect of COMAR 10.06.01.06D, which confers upon the Carroll County Health Officer authority to grant or deny approval for a carrier of communicable disease to attend schools.

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MINIMIZING THE TRANSMISSION OF COMMUNICABLE DISEASE

Reference: Board of Education Policy EA

- A. In order to promote a safe and healthy environment in the school, it is important to observe standard precautions when dealing with blood and other body fluids. Standard precautions dictate the need to consider all persons and all body fluids potentially infective. In order to prevent the spread of disease, certain precautions need to be observed. Hand washing is the single most important technique for preventing the spread of communicable disease and should be done frequently and thoroughly.

Essential Steps

Key Points and Precautions

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| 1. Remove all jewelry | Jewelry should not be worn when working with students who are ill or who require repeated physical contact and care. Microorganisms can become lodged in settings of stones of rings. |
| 2. Wet hands with running water | Combine soap and water to wash hands. Running water carries away dirt and debris. Although warm water may be more comfortable and thus conducive to more thorough washing, it is no more effective than cold water in the cleansing process. |
| 3. Apply liquid, powder or dispensable machine soaps and lather well | Liquid soap or powder is preferred as bacteria can grow on bar soap and soap dishes. |
| 4. Wash hands, using a circular motion for 15 to 30 seconds | Include front and back surfaces, between fingers, around nails and the entire hand area. Avoid harsh scrubbing to prevent skin breaks. |
| 5. Rinse hands well under running water | Hold hands under water so that water drains from the wrists to the fingertips. |
| 6. <u>Important</u> – REPEAT steps 3 – 5 | All remaining bacteria and soil should now be removed. |
| 7. Dry hands well with paper towel and discard towel immediately | Because frequent hand washing is advised, it is important to dry hands thoroughly and gently to avoid chapping and abrasions which might permit bacteria to enter one's system. |
- B. Each school that has in attendance a known or suspected carrier of a communicable disease should make provisions for personal and environmental cleanliness.
1. Provide ready access to hand washing facilities.
 2. Provide disposable paper towels and dispose of used items promptly.

3. Provide custodial staff with a cleaning schedule based upon individual school needs.
 4. Hand washing must be done:
 - a. prior to direct contact with student;
 - b. before eating or drinking;
 - c. before handling clean utensils or equipment;
 - d. before and after handling student's food;
 - e. before and after assisting or training the student in toileting and feeding;
 - f. before and after going to the bathroom;
 - g. after contact with body secretions such as blood (including menstrual), urine, feces, mucus, saliva or open wounds;
 - h. after handling soiled diapers, menstrual pads, garments or equipment;
 - i. after caring for a student with nose, mouth or ear discharges; and
 - j. after removal of disposable gloves.
 5. All school staff members are encouraged to practice certain hygienic principles which, if followed, will help protect themselves and others from infection.
 - a. Maintain high personal standards of health practice such as good nutrition, rest, regular exercise and appropriate medical supervision.
 - b. Avoid rubbing or touching eyes.
 - c. Wash hands frequently.
 - d. Remove jewelry such as rings, dangling bracelets and earrings during working hours.
 - e. Use only one's own personal care items such as combs, lipsticks, etc.
 - f. Keep fingernails short and clean.
 - g. Do not kiss students.
- C. Specific precautions should be taken whenever there is potential for contact with the blood or body fluids of children:
1. Disposable gloves should be worn.
 2. Surfaces soiled with blood or body fluids should be immediately and thoroughly cleaned. It is advisable to cover the blood/body fluids with paper towels, flood with a solution of one cup of household bleach in 9 cups of water, and allow it to remain for at least 15 minutes before disposing of paper towels.
 3. Disposable materials, i.e., gloves, paper towels, sanitary napkins, should be promptly discarded into sealable plastic bags.
 4. All medical waste (i.e. disposable items contaminated with bloody or other potentially infective body fluids) should be disposed of in a special covered trashcan in the health room. These items should be chemically treated, disinfected, double bagged and disposed of in the regular trash.
 5. Mops and other non-disposable cleaning materials are not recommended but if used, should be rinsed in OSHA approved disinfectant.
 6. Hands should be washed thoroughly after contact with the blood or body fluids, including after removing disposable gloves.

7. If an exposure to contaminated body fluids has occurred despite precautions, report this to the appropriate administrator and follow the post-exposure management plan. (Refer to Exposure Manual.)

Note: The wearing of disposable gloves is not a substitute for hand washing. Hands must be washed thoroughly after removing gloves.

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HEARING AND VISION SCREENING TESTS

Section 7-404 of the Public School Laws of Maryland

- I. Each county board or county health department shall provide hearing and vision screenings for all students in the public schools. Each county health department shall provide and fund hearing and vision screening for all students: 1) in any private school that has received a certificate approval under Section 2-206 of this article; and 2) in any nonpublic educational facility in this state approved as a special education facility by the department.

Unless evidence is presented that a student has been tested within the past year, the screenings required under subsection (A) of this section shall be given in the year that a student enters a school system, enters the fourth, fifth, or sixth grade, and enters the ninth grade. Further screening shall be done in accordance with the bylaws adopted by the State Board.

The results of the hearing and vision screenings required by this section shall be: 1) made a part of the permanent record file of each student; 2) given to the parents/legal guardians of any student who fails the screenings; and 3) reported to the county board or the county health department.

The county board or the county health department shall report to the Department of Health and Mental Hygiene the results of the hearing and vision screenings and, to the extent practicable, the number of students receiving the recommended services.

In cooperation with the Department of Health and Mental Hygiene, the Department of Education shall adopt standards, rules, and the regulations to carry out the provisions of this section.

A student whose parent/legal guardian objects in writing to hearing and vision screening on the ground that it conflicts with the tenets and practice of a recognized church or religious denomination of which he/she is an adherent or member may not be required to take these screenings.

II. Implementation

A. Hearing and vision tests will be administered by the hearing and vision technicians to pupils in grades K, 4, 6 and 8 and others when they first enter the school system. In addition to the grades specified, students at any grade level should be referred whenever there is a concern for vision or hearing problems. If there is a question or concern about grade 1 students, they should be included when screening is done in K and 4. The results of these tests are recorded and kept with the pupil's cumulative folder. Parents/legal guardians will be notified of failures by health room personnel. Students with no record of follow up will be referred to the Carroll County Health Department.

B. Additional details are included in the Health Manual, Section VI.

IMMUNIZATIONS

Section 7-403 of the Public School Laws of Maryland

Immunization of the student population shall be according to the regulations prescribed in COMAR Section 10.06.04.01-.10, of the Maryland State Department of Health and Mental Hygiene which states: Pursuant to the authority conferred by The Public School Laws of Maryland, 7-403, the following regulations governing required immunizations prior to entry into a Maryland school are hereby established.

COMAR 10.06.04.03 states that except as provided in Regulations .04-.06 of this chapter, a preschool or school principal or other person in charge of a preschool or school, public or private, may not knowingly admit a student to or retain a student in a:

1. Preschool program unless the student's parent or guardian has furnished evidence of age-appropriate immunity against Haemophilus influenzae, type b, and pneumococcal disease;
2. Preschool program or kindergarten through the second grade of school unless the student's parent or guardian has furnished evidence of age-appropriate immunity against pertussis; and
3. Preschool program or kindergarten through the 12th grade unless the student's parent or guardian has furnished evidence of age-appropriate immunity against:
 - a. Tetanus;
 - b. Diphtheria;
 - c. Poliomyelitis;
 - d. Measles (rubeola);
 - e. Mumps;
 - f. Rubella;
 - g. Hepatitis B; and
 - h. Varicella.

A. First Time /Out-of-State/and Private School Enrollee

1. *Prior to a student entering school, the parent/legal guardian shall provide evidence that the child is immunized per the immunization schedule. This information must have a date completed and the signature and job title of the person who completed the form (stamped signatures are acceptable; a parent/legal guardian signature is not acceptable.) If information is on any other form than DHMH 896, it must be copied to that form and the original attached. If any identifying information is missing from the top two sections of the DHMH 896, it shall be completed at the time of entry. This completed record shall be kept in the student's health folder.
2. If parents/legal guardians do not have evidence of proper immunization and a student has been attending another school, a representative of the enrolling school shall call the previous school to obtain verification of the student's immunization status. Dates of all immunizations must be obtained and recorded by the enrolling school representative on a DHMH 896 form. The person obtaining this information shall sign and date the DHMH 896 and indicate the source of the information. This will temporarily admit the student for twenty days, pending receipt of the official records. This shall be done prior to admitting the student to the school. At this time, a release of information form should be signed by the parent/legal guardian to facilitate obtaining the written records from the previous school. Parents/legal guardians

should also be made aware that if the records are not received from the previous school within the twenty-day time limit, the student will be excluded from school at that time. It is the parent's/legal guardian's responsibility to supply immunization records. The school nurse or other school official will work closely with the parent/legal guardian to facilitate obtaining these records.

B. Maryland Public School Transfer Students

1. All students shall present official certification of age-appropriate immunization or certification of exemption in order to enroll in school. Homeless students shall be admitted even without records. All attempts should be made to obtain records or recreate them, but the student shall not be excluded due to lack of records. Carroll County Health Department can assist with recreation of Immunization records. Contact the Pupil Personnel Worker for assistance, if necessary.
2. If the student does not have written certification, a representative of the enrolling school shall call the previous school to obtain verification of immunization status. This shall be done prior to admitting the student to school.
3. If unable to verify through the previous school a release of information form shall be signed by the parent/guardian authorizing the school to obtain the information from the health care provider.
4. If verification cannot be obtained, the student shall not be admitted even for one day. The parent/legal guardian should be directed to call the Carroll County Health Department if the records have been lost or destroyed. The CCHD will help to recreate the records and/or administer the needed immunizations. An appointment must be made within the twenty-day time frame to recreate the records. The student may be temporarily admitted once the school has written proof of an appointment
5. If official records have not been received after 15 days, the parent/legal guardian should be notified and informed of this.
6. If records are not received, the student shall be excluded on the 21st day. Once written verification is obtained, the student may return to school.

C. Foreign Exchange Students or Foreign Students: Shall not be admitted, even for 1 day, without official certification of immunization.

D. Students whose immunization records are present, but not in compliance with the immunization requirements for the state of Maryland, must present the school with written proof of an appointment to obtain the necessary immunizations. This appointment must be within the allowed 20-day grace period. Students shall not begin school without this proof of appointment. If the student cannot receive these immunizations within the 20-day time frame, an appropriate time line must be set up to assure that immunizations are obtained by a health professional. Failure to adhere to this time line will result in immediate exclusion from school. If lack of adherence is due to an acute illness verified by a physician, a new appointment shall be made. Written proof of this must be presented to the school. Failure to keep the subsequent appointments will result in immediate exclusion.

- E. Military Children - In compliance with House Bill 306, effective July 1, 2009, students of parent(s) on active duty who have been relocated due to the frequent movement and/or deployment of their parent(s) shall be given thirty (30) days from the date of enrollment for the student to obtain any immunizations required by the receiving state. For a series of immunizations, the initial vaccination must be obtained within this thirty (30) day time frame with proof of a follow-up appointment for the next immunization in the series. Enrollment shall not be delayed due to lack of such immunizations.

II. **.04 Medical Contraindications**

Any pupil who presents a written statement from a licensed health care provider indicating that immunization against any or all of the above mentioned diseases is considered medically contraindicated, detrimental to, or not in the best interest of the child's health shall be considered in compliance with the regulations. The statement shall indicate whether the contraindication is permanent or temporary. If temporary, the statement shall provide assurance when the child will receive the immunization(s) and furnish evidence of their completion.

III. **.03 Religious Conflict**

- A. Any parent/legal guardian who objects to immunizations upon the grounds that they conflict with the parent's/legal guardian's bona fide religious beliefs and practices will not be required to present a physician's certificate of immunization in order that the child be admitted to school. The parent/legal guardian shall sign the DHMH 896 in the section designated "Religious Objection." This exception will not apply in case of an emergency or epidemic of disease which is declared by the Secretary, or a designee of the Secretary of Health and Mental Hygiene. The student may be excluded from school, if deemed necessary by the county health officer.
- B. Each school, public or private, shall maintain a current list of all students enrolled who have an exemption to immunizations on religious grounds.
- C. Annually, by November 15th, each school, public or private, shall report to the Secretary of Health and Mental Hygiene the number of students enrolled, in all grades, with a religious exemption.

IV. **.07 Vaccine Provision**

- A. If for any reason a parent/legal guardian is not able to obtain the service of a private physician, he/she may take his/her child to the local health department where such immunizations will be provided.

V. **.10 Responsible Agencies**

Responsibility for carrying out the provision of this chapter is delegated jointly to the local superintendents of schools, and state health officers.

IMMUNIZATION REQUIREMENTS FOR SCHOOL ENTRANCE

Subject to the exceptions set forth in Maryland School Immunization Regulations (10.06.04) Sections .04 and .05, students shall present evidence of age-appropriate immunizations. Students not exempt from these regulations shall continue to receive age appropriate immunizations until all immunizations are complete.

I. The following are the immunization requirements for students in any grade through twelfth in a Maryland public or private school.

A. **Student in Preschool.** In order for the immunization status of a student enrolled in a preschool to be complete, the student shall provide proof of the following immunizations:

Pevnar, Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, Hepatitis B, and Varicella — Minimum Number of Doses Required, see Health Services Manual – Immunizations

B. **Student in Kindergarten through Twelfth Grade.** In order for the immunization status of a student enrolled in kindergarten through twelfth grade to be complete, the student shall provide proof of the following immunizations:

1. **Diphtheria:** Four doses for a student less than 7 years old; three doses for a student 7 years old and older.
2. **Tetanus:** Four doses for a student less than 7 years old; three doses for a student 7 years old and older.
3. **Pertussis:** Four doses for a student less than 7 years old; no doses for a student 7 years old and older.
4. **Polio (Oral or Injectable):** Three doses for a student less than 18 years old; no doses for a student 18 years old or older.
5. **Rubella:** One dose of live virus vaccine received before or after the first birthday or proof of immunity by blood test.
6. **Measles (Rubeola):** Two doses of live virus vaccine received on or after the student's first birthday, or proof of immunity by blood test
7. **Mumps:** One dose of live virus vaccine on or after the student's first birthday, or proof of immunity by blood test.
8. **Hepatitis B:** Three doses. See schedule of implementation .
9. **Varicella:** One dose of varicella (chickenpox) is required for a student younger than 13 years old. Two doses of varicella vaccine are required for a previously unvaccinated student 13 years of age or older. Medical diagnosis of varicella disease is acceptable in lieu of vaccination. Documentation must include month and year. In the absence of documentation a medical provider or local health department may verify immunity via blood test, **but revaccination may be more expedient.** See schedule of implementation.

II. Schedule of Implementation

Hepatitis B and Varicella Effective Immunization Dates for a Student in Preschool through Twelfth Grade.

- A. In the table in §E(3)(b) of this regulation, by the dates listed in column 1, a student entering the grade or grades listed in column 2 shall provide proof of receipt of three doses of hepatitis B vaccine and one or two doses of varicella vaccine, or blood test, or tests showing immunity.
- B. Immunization Dates for a Student in Preschool Through Twelfth Grade.

| <u>Date (Month/Year)</u> | <u>Grade</u> |
|--------------------------|--|
| • September 2000..... | PreK |
| • September 2001..... | PreK, K |
| • September 2002..... | PreK, K, 1 |
| • September 2003..... | PreK, K, 1, 2 |
| • September 2004..... | PreK, K, 1, 2, 3 |
| • September 2005..... | PreK, K, 1, 2, 3, 4 |
| • September 2006..... | PreK, K, 1, 2, 3, 4, 5, 6, 7, 8, 9 |
| • September 2007..... | PreK, K, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 |
| • September 2008..... | PreK, K, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 |
| • September 2009..... | PreK, K, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 |

III. The following features of the regulations should be of interest:

- A. The requirements will be enforced for all children enrolled in pre-school centers through twelfth grade programs.
- B. Children will be excluded from school on opening day if they have not received at least one dose each of the required vaccines.
- C. A clinical history of rubeola or rubella will not satisfy the requirements. Antibody levels must be demonstrated through an HAI blood test, which is performed by the Maryland State Laboratory to support a clinical diagnosis. This blood test, as well as the immunizations, may be obtained from your family physician or the local health department.
- D. All doses of measles, mumps, rubella and varicella vaccines should be given on or after the first birthday. However, upon record review for students in Preschool through 12th grade, a preschool or school may count as valid vaccine doses administered less than or equal to four (4) days before first birthday. Recipients of these vaccines before this time must be re-immunized or furnish results of an HAI test, which indicates detectable antibodies.
- E. It is currently recommended that measles vaccine be administered at 15 months of age and again between 4 and 5 years of age.
- F. If immunizations are not given due to medical contraindication, the physician must state the reason for the exemption and the length of time the restriction will apply.

- G. A health officer can require exclusion of a student (K-12) without proof of two measles immunizations when a diagnosed or suspected case of measles is in a school.
- H. Homeless students may not be denied entrance to school due to lack of records. (see Determining Homeless).

Please note: There are two letters available to notify parents/legal guardians of lack of compliance with state requirements. (See Health Manual, Section V.).

Letter #1: To be sent to parents/legal guardians when immunizations are found to be incomplete, at the time of registration.

Letter #2: To be sent to parents/legal guardians when immunizations are found to be incomplete by the immunization representative of the Maryland State Immunization Program.

Revised 8/95, 8/97, 7/01, 7/06

MEDICAL APPOINTMENTS

I. Regulation

Students will be permitted to leave school to keep medical and dental appointments.

II. Implementation

Students and/or parents/legal guardians who request that a student be absent from school for either a part of a day or an entire day of school must conform with established procedures devised by the school administration.

Such absences should require a note with the signature of a parent/legal guardian and be coded properly as would any other absences.

Revised 8/91, 7/05

MEDICATION FOR STUDENTS

I. In School

The Carroll County Board of Education feels that, if possible, alternative plans should be made to avoid the administration of medications in schools. Parents/Legal Guardians should be encouraged to consult with their physician to discuss the possibility of administering medication either before or after school. In most cases, these arrangements can and should be made. If alternative plans cannot be made, parental consent and instructions must be obtained before any medication can be given. Prescription medications also require a physician's written order. Medications must be in their original container and clearly marked for the particular student.

All medications must be transported to and from school by a responsible adult. Unauthorized transport of medication by a student is a violation of our drug procedure (See Health Manual, Section IV).

II. Out of School or Non-School Hours

The Board of Education will make every effort to provide personnel to administer medications to the student during non-school hours, while away from the building for field trips, or athletic events including practices, etc. If a trained member of the school staff is with the students then routine medication procedures will continue. If no trained staff is available to administer medication, parents/legal guardians should be informed and given the following options:

- A. To attend the event with the child (this should be strongly encouraged especially with younger children). The parent/legal guardian will be responsible for their child's medication needs.
- B. Allow the student to self-administer their medication. This can only be done with written permission from the parent/legal guardian and the student's physician. (Child's level of maturity and physical readiness, as well as the seriousness of the consequences of the medical condition must be considered before this option is suggested.)
- C. If a staff member will administer the medication, the staff member will be trained in the use of the medication.
- D. Routine oral medications will be individually packaged with appropriate directions and will contain the following information:
 1. Student's name
 2. Name of medication
 3. Dose
 4. Time to be given

- E. Routine inhalers (MDI) will be in the original container and marked for that student. A copy of the physician's order will accompany the medication. These orders will contain:
 - 1. Student's name
 - 2. Name of medication
 - 3. Dose
 - 4. Time to be given

- F. Emergency medications (i.e. EpiPen for severe allergy) will be in the original container and marked for that student. A copy of the physician's order will accompany the medication. Emergency medications will be administered according to physician's order and immediate medical care sought, i.e. 911 or follow-up by on-site medical personnel. School and parents/legal guardians will be notified at the time of the incident, if possible. If not notified immediately, notification must take place as soon as possible.

- G. In the absence of a parent/legal guardian, the responsibility for medication administration, if delegated, shall only be to an employee of the Carroll County Public Schools.

III. Students may carry and self administer inhalers and other emergency medications for the treatment of asthma and other airway constricting diseases. Appropriate documentation must be on file. The school nurse must assess the student's knowledge and ability to self-administer the medication. Non compliance by the student may result in disciplinary consequences.

NOTE: Except for EpiPen administration, no medication by injection, or via tube into a body cavity may be delegated to non-licensed staff.

Revised 8/96, 8/98, 8/02, 8/03, 8/04, 7/05

RAPE and SEXUAL ASSAULT

I. Definition: Sexual assault is any act involving unwanted sexual contact by one person to another which may include sexual touching through one's clothing up to and including rape.

II. Guidelines:

Person to whom report was made:

- A. Stay with the victim. Offer support and reassurance and avoid making any value judgment regarding the incident.
- B. Notify the school administrator immediately.

Administrator:

- A. Contact the Coordinator of School Security and the appropriate law enforcement agency and the Department of Social Services 410-386-3434.
- B. If the offense occurred on school property or at a school function by a student or visitor, the administrator should conduct an investigation and determine appropriate disciplinary consequences. (If the offense was committed by a parent, legal guardian or staff member, see Child Abuse and Neglect Guidelines).
- C. Consult with the law enforcement agency to determine when the parent/legal guardian will be notified and by whom.
- D. In the case of rape, advise the parent/legal guardian to seek medical attention immediately for the child. This may be done at the Carroll Hospital Center, phone 410-848-3000 (the only designated evidence collection site for the county), or through a private physician. If the assault was a rape, make every effort to preserve physical evidence on the victim or in the area where the alleged rape occurred. Inform the victim and/or the family of the Rape Crisis Intervention Service. The 24-hour hotline number is 410-857-7322. Counseling is provided to victims of rape and other sexual assaults.
- E. Assure the provision of appropriate follow-up services for the student.
- F. Provide written notice to the Superintendent, the Assistant Superintendent, the Director of Student Services and the appropriate level Director.

III. Disciplinary Consequences:

- A. Sexual assaults of any nature should be handled sensitively, seriously, and immediately.
- B. Consequences may range from a one day suspension up to and including expulsion.
- C. Supportive consequences may include parent conference, behavioral contract, referral to the school counselor/crisis counselor, written assignment, apology letter, etc.

Revised 8/97, 6/00, 8/04, 3/05, 6/05, 3/06

PHYSICAL EXAMINATION - STUDENT

Reference: Section 7-401.1 of the Public School Laws of Maryland

As of July 1, 1990, students entering Maryland Public Schools for the first time are required to receive a physical examination by a licensed physician or a certified nurse practitioner. This physical shall be performed no earlier than nine (9) months before starting school or no later than six (6) months after entering the public school system. (There is no exclusion penalty for non-compliance.)

A record shall be kept of all physicals received by new students. A report shall be sent to the Carroll County Health Department listing the number of new students not receiving a physical, noting the reason for lack of compliance.

Revised 8/92

SERIOUSLY ILL STUDENTS AND PHYSICIANS' ORDERS REGARDING RESUSCITATION

I. Background

Due to advances in medical technology, more medically fragile children are attending our schools. An issue with some of these students may be a physician's order and a parent's/legal guardian's request not to resuscitate such a student in a time of medical crisis.

II. Board Policy JLCG states:

In meeting its primary focus to provide an education for all students, the Carroll County Board of Education is committed to a safe and orderly climate. Although the schools are not health care facilities, the Board recognizes that students with potentially life-threatening health problems may attend the Carroll County Public Schools and that some parents/legal guardians or guardians may present the school system with "Do Not Resuscitate" (DNR) orders asking the schools to deliberately withhold Cardiopulmonary Resuscitation (CPR) from their children. Pursuant to an opinion of the Maryland Attorney General issued May 13, 1995, the Board of Education will accept DNR Orders, which are consistent with the Attorney General's opinion and refrain from medical interventions pursuant to the orders. Parents/legal guardians and physicians will be required to provide a complete explanation of the exact scope of DNR Orders and will be required to renew or update the orders on a regular basis. Appropriate school personnel will be made aware of students with DNR Orders.

The Superintendent will develop procedures to implement this policy.

* *A copy of the Attorney General's opinion regarding DNR's, issued May 13, 1994, will be available upon request.*

Approved: 7/93

Revised: 9/94

III. Definitions

- A. "Do Not Resuscitate" Order - A written physician order on the Maryland Emergency Medical Services Palliative Care/Do Not Resuscitate (DNR) order form stating that Cardiopulmonary Resuscitation and other invasive medical procedures are not to be administered in the event of life-threatening medical episode with an individual.
- B. Health Services Professional - A physician, certified nurse practitioner, or registered nurse with experience and/or special training in working with children and families in school health programs.
- C. EMS Palliative Care/DNR Medical Protocol - Standardized health care guidelines from the Maryland Institute for Emergency Medical Services Systems within the State of Maryland to provide reassurance and comfort to an individual who is experiencing a life-threatening medical episode. The guidelines do not include the use of CPR or other invasive life-sustaining medical procedures. The individual is provided with comfort measures.

- D. Maryland Emergency Medical Services Palliative Care/Do Not Resuscitate (DNR) Order Form - An official, numbered order form with a coinciding numbered personal identification bracelet that is used to identify an individual with a valid DNR Order. If 911 is called and the order form or bracelet is shown, life support will not be given by emergency personnel. Comfort measures will be administered.

IV. Administrative Regulations

The following procedures will be followed when parents/legal guardians present a school with an EMS Palliative Care/Do Not Resuscitate (DNR) Order (hereafter referred to as a DNR Order):

- A. A time will be set as soon as possible for the parents/legal guardians to meet with school representatives to discuss the DNR Order for their child. Representatives should include but not be limited to the Supervisor of Health Services, the principal of the school and the school nurse. The parents/legal guardians will be requested to bring a copy of the DNR Order and clarification in writing about the exact scope of the DNR Order, including an explanation of which medical treatments are authorized to be given in school. The parent/legal guardian will be asked to sign a release of information form to allow school representatives and the physician(s) to share information or seek clarification of orders. It is the responsibility of the parents/legal guardians to provide the school with DNR Orders. No DNR Order shall be followed until an official DNR Order is presented to the school.
- B. The designated school health services professional will make appropriate school and central office personnel aware of the DNR Order and the procedures for dealing with the child in the event of cardiac arrest. In most situations, the personnel who should be provided with notice of the DNR Order are the child's teacher(s), classroom assistant(s), school nurse, school counselor, administrator(s), and transportation personnel.
- C. An individualized nursing care plan for emergency and routine care consistent with the DNR Order shall be prepared by the designated school health services professional. This plan shall be attached to the DNR Order. All persons who are involved in the care of the student should be aware of the locations of the entire plan, and have a copy of the section for which they are responsible. A copy of the plan shall be sent to the parents/legal guardians and the attending physician. The DNR Order shall be effective when all documentation is present, approved and appropriately signed.
- D. If the student has a private duty nurse present during school hours, that nurse must follow the Carroll County Public School procedures for DNR/Palliative Care orders. He/she must also follow the nursing care plan developed by the Carroll County Public School health services professional. It is the responsibility of the principal or his/her designee to assure this information is shared with the private duty nurse.
- E. Parents/Legal Guardians are responsible also to inform the local emergency personnel of DNR Orders. (Emergency personnel will not honor DNR Orders without an EMS Palliative Care/DNR Order or valid bracelet. Parents/Legal Guardians may wish to discuss this with their physician.)
- F. Students with EMS Palliative Care/DNR Orders and valid bracelets need to carry one or both of these with them at all times.

- G. DNR Orders will be reviewed by appropriate staff members prior to September 1 and February 1 each school year. An additional review will occur prior to the start of summer school, if the student is enrolled in such a program.
- H. The appropriate school staff shall contact the parent/legal guardian at the beginning of each school year to determine if any updates are needed for the nursing care plan.
- I. Information regarding the DNR Order shall follow the student when he/she changes schools.
- J. The EMS Palliative Care/DNR Order may be revoked by the physical cancellation or destruction of the DNR Order form and bracelet with the consent, in writing, of the parent/legal guardian who signed the original order. The parent/legal guardian shall be required to complete and sign a form entitled "Cancellation of EMS Palliative Care/DNR Order and Bracelet" at the time of cancellation or destruction of the EMS Palliative Care/DNR Order and to provide this fully executed cancellation form to the principal of the school. The parent/legal guardian must come to the school to revoke the EMS Palliative Care/DNR Order and bracelet. The original DNR Order form and bracelet will not be mailed from the school in order to effect a revocation.
- K. Should a student with a DNR Order suffer a cardiac arrest at school, the following procedures shall be followed:
 - 1. The school nurse, administrator and/or person in charge shall be called to the site of the emergency.
 - 2. The classroom or area shall be cleared of spectators, including students, or the child moved from the area, depending upon the situation.
 - 3. 911 shall be called. The DNR Order will be presented to them upon arrival and care turned over to the emergency crew.
 - 4. The individualized nursing care plan will be followed. CPR shall not be administered. Child shall be comforted.
 - 5. The parents/legal guardians shall be called. If the parents/legal guardians cannot be reached, the Maryland State Police will be requested to assist in locating the parent/legal guardian.
- L. Should a student with a standing DNR Order suffer a cardiac arrest while under the supervision of Carroll County Public Schools, but not at school, the following procedures shall be followed:
 - 1. DNR Order with individualized nursing care plan attached shall accompany student.
 - 2. The person in charge or the nurse in attendance shall be called to the site of the emergency.
 - 3. The student shall be removed from the area or shielded from the view of others if practicable.
 - 4. The individualized nursing care plan will be followed. 911 shall be called as soon as possible. CPR shall not be administered. The child shall be comforted.

5. The school and parents/legal guardians shall be called. If the parents/legal guardians cannot be reached, the Maryland State Police will be requested to assist in locating the parent/legal guardian.
 6. Once local emergency services personnel arrive, all care will be turned over to the emergency crew.
- M. Should a student with a DNR Order reach the age of majority (18) prior to completion of school enrollment, contact the Student Services Department for further instructions.

Revised 8/98, 7/00, 7/03, 8/03

CANCELLATION OF EMS/PALLIATIVE CARE/DNR ORDER AND BRACELET

I, the undersigned individual, am the authorized decision maker under Health Care Decision Act for _____
(name of student). This will acknowledge that I am revoking the EMS Palliative Care/DNR Order and Bracelet for _____
_____ (name of student) by physical cancellation or destruction of the EMS Palliative Care/DNR Order and Bracelet.

Authorized Decision Maker

Date

Witness (School Official)

Date

Witness (School Personnel)

Date

Revised 8/95

HEALTH SERVICE PRACTICES AND PROCEDURES

Pregnancy

The Annotated Code of Maryland Regulations (COMAR) HG §20-102 states, “A minor has the same capacity as an adult to consent to...(3) treatment for or advice about venereal disease, (4) treatment for or advice about pregnancy and (5) treatment for or advice about contraception other than sterilization...” In light of this regulation and the Attorney General’s Opinion 91-019, 1991 MD AG LEXIS 21, the following procedures will be followed:

- A. Any student who confides that she thinks she may be or is pregnant, will be referred to the school nurse.
- B. Upon referral, the school nurse shall use professional knowledge and judgment in determining if the fact of the pregnancy shall remain confidential.
- C. The nurse will determine if the student is under medical care and/or if her parents/legal guardians are aware of the pregnancy.
 - 1. If under medical care, the nurse will only treat the physical symptoms presented.
 - 2. If the parents/legal guardians are not aware of the pregnancy, the nurse shall encourage the student to involve the parent/legal guardian as soon as possible and offer to assist the student, if necessary. This assistance could include helping the student set a time to inform her parent(s)/legal guardian(s), offering to be present during the meeting, or offering other appropriate support desired by the student to facilitate the parent(s)/legal guardian(s) knowledge of the pregnancy.
 - 3. If the student is not under medical care, the nurse shall encourage involvement with the student’s private physician or the CCHD. The nurse may facilitate this contact.
 - 4. The nurse shall follow-up with the student to assure that the contact with the physician or health department has been made and an appointment has been set up. If no appointment has been made, the nurse should allow student to immediately make the contact from school and offer to assist in the contact.
- D. If the nurse, based upon professional judgment and knowledge, determines that the issue of pregnancy should not remain confidential due to foreseeable harm to the student or fetus, or if the pregnancy is a result of rape or sexual abuse (see Reportable Offenses or Child Abuse), the nurse shall inform the student of the need to disclose her condition and the reason(s) for the disclosure. At this point, the school nurse shall involve additional school staff, physicians, Carroll County Health Department, law enforcement, Department of Social Services and parents/legal guardians as appropriate. The Supervisor of Health Services shall be consulted as needed.

Reasons for disclosure due to foreseeable harm may include but not be limited to: student of middle school age or younger, high school student who lacks the mental or emotional maturity to make appropriate decisions regarding her pregnancy, chronic medical conditions which could have an adverse impact on the student or the fetus, drug or alcohol abuse, advanced pregnancy without medical treatment, or complications of pregnancy.

1. Prior to parental disclosure, the school nurse will “consult with a person who is authorized under HG §20-102 to make that disclosure...” This would include “the attending physician, or on the advice of the attending physician, by a member of the medical staff of a hospital or public clinic.” If the student has not sought treatment for her pregnancy, the nurse shall contact the physician from the CCHD for further direction.
 2. If the nurse determines that the student requires additional support throughout this process, the nurse will contact the student’s school counselor.
- E. If the pregnant student presents with the onset of labor (Onset of labor may occur at any time during pregnancy and should be considered if the individual complains of bloody or watery vaginal discharge, cramping abdominal pains, inordinate low back pain, or ruptured bag of waters.) while in school:
1. Assess the student.
 2. Notify Administration.
 3. Notify parent/legal guardian or family member as designated on the student’s emergency card.
 4. Notify obstetrician or hospital where individual is registered.
 5. Arrange transportation for medical follow-up
 6. Give nothing by mouth.
 7. Advise rest, if desired.
 8. Give reassurance and remain with the individual.
 9. Call 911, if necessary.

Revised 8/99, 8/00

**THE HEALTH SERVICES MANUAL REPLACES
AND/OR
EXPANDED THIS SECTION**

The following Health Topics can be found in the Health Manual:

- Blood Exposures Section IV page 21
- Communicable Disease Fact Sheets Section II
- Head Lice Section IV page 23
- Immunizations Section V
- Medications/Discretionary Medications Section IV page 12 & 12a

Revised 9/94, 8/99, 8/00

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