

**JGC-R School Health Services**

10/8/14

GSBA Reference: JGC (Student Health Services)

**RATIONALE/OBJECTIVE:**

The Cobb County School District (District) recognizes the importance of the health and welfare of students and staff. Therefore, the District establishes a school health service program to address the health and safety of students and staff.

**RULE:**

All school nurses and Trained Personnel should follow procedures and recommendations in "School Nursing/Clinic Procedures" (Form JGCD-1). At all times, District nursing staff are expected to comply with Georgia's applicable Nurse Practice Act. Nothing in this Rule shall be interpreted to require any District nurse to perform any activity for which appropriate licensure is not held.

**A. CLINIC:**

1. Each school should maintain a dedicated room (clinic) for student health care which will provide a private and confidential environment to care for sick/injured students. The clinic should contain the ~~clinic~~ supplies and equipment necessary to meet the health care needs of students and as listed in the "Clinic Supplies and Equipment Checklist" (Form JGC-1).
2. School nurses should maintain a record of emergency information on all students.
3. School nurses and other trained personnel should perform their professional duties and responsibilities in accordance with applicable school clinic and/or special education guidelines
4. Notwithstanding Subsection A.3. above, school nurses and trained personnel should implement any requirements in a student's Section 504 plan, Individual Education Plan, and/or Individual Healthcare Plan within their scope of practice and training.

**B. SCHOOL HEALTH SERVICES:**

1. Healthcare services, including the dissemination of medications, are provided by a licensed school nurse or other employee who has successfully completed clinic orientation training provided by the District's Consulting Nurses or school employees trained and authorized by the District's county-wide Special Education Nurses in accordance with Administrative Rule JGCD-R (Medication).
2. Standard precautions are based on the premise that anyone may potentially transmit an infection. Standard precautions and infectious control procedures should be used in all situations that have the potential to present a hazard involving infectious materials. See "Standard Health Care Precautions" (Form JGC-2) and "Exposure to Blood/Body Fluids Response Procedure" (Form JGC-3).
3. Use of protective barriers such as gloves, lab coats/gowns and eye/face protection greatly reduces an individual's risk of exposure to infectious diseases. If an exposure to blood, body products or body fluids occurs, the person should refer immediately to "Exposure to Blood/Body Fluids Response Procedure" (Form JGC-3).
4. School staff who have knowledge of a blood-borne infection of others in the school are not at liberty to share that information with others without written consent.
5. Students who require an Individual Healthcare Plan should be provided such a plan, based upon the individual needs of the student and based upon the decisions of a group of appropriate District personnel.

**C. IMMUNIZATIONS:**

During an epidemic or a threatened epidemic of any disease preventable by an immunization

required by the appropriate health authority, children who have not been immunized may be excluded from the school or facility until (1) they are immunized against the disease, unless they present valid evidence of prior disease that would relieve the risk of subsequent infection, or (2) the epidemic or threat no longer constitutes a significant public health danger.

1. All students, prior to entering school in the District, shall be required to present certification of immunization to the proper school officials in compliance with all state and local regulations [O.C.G.A. § 20-2-771(b)]:
  - a. The Principal will grant a 30 calendar day waiver (Form JBC-13) for justified reasons when a parent/guardian does not present the required immunization forms upon enrollment.
  - b. Students who are not eligible for adequate immunization certificates must begin the necessary series of immunizations pursuant to O.C.G.A. § 20-2-771 (b) and Department of Human Services Rule 290-5-4-.02.
  - c. If a parent/guardian objects to immunizations on the grounds of conflict with religious principles/practices, he/she may complete a waiver (Form JGC-4; see also Administrative Rule JBC-R [School Admissions/Withdrawals]). The school must keep the waiver on file and available for inspection by health officials in lieu of an immunization certificate. The waiver may be canceled and the student withdrawn at the discretion of the appropriate health authority when the threat of epidemic disease in the community makes such action appropriate:
    - (1) **Religious Exemptions:**

The school must keep the affidavit on file and available for inspection by health officials in lieu of an Immunization Certificate. Affidavits denoting religious exemptions do not expire.
    - (2) **Medical Exemptions:**

There must be an annual review of medical exemptions, and certificates must be reissued with or without indication of exemption.
  - d. If, after examination by a licensed physician, a student is found to have any physical disability that may make vaccination undesirable, and in the physician's opinion it is unclear when the disability or disabilities may be relieved, a Certificate of Immunization indicating medical exemption may be issued by the physician. Such certificate may be accepted in lieu of a certificate of immunization and may exempt the child from the requirement of obtaining a certificate of immunization until the disability is relieved. A Certificate of Immunization indicating medical exemption shall be subject to review as provided by the certifying or another licensed physician. The licensed physician must conduct an annual review of the exemption and subsequently may reissue it from year to year until and unless there is cause to believe that immunization or a specific immunization may finally be accomplished without danger to the student's health.

#### **D. MEDICAL INFORMATION REPORT:**

The District may request the submission of Form JGC-8 (Medical Evaluation Report) in order to provide the District with some of the medical information necessary to determine:

1. A student's eligibility as a child with a disability for special education services or Section 504 accommodations;
2. A student's medically necessary nutritional needs/accommodations; and/or,
3. Any services to be provided or made available by school nursing staff. (For some students, more detailed doctors' orders may be necessary.)

#### **E. ILLNESS/INJURY:**

1. Sick or injured individuals should be cared for per current first aid guidelines (e.g. American Red Cross Standard First Aid Guidelines).
2. All students who show definite signs of illness or injury should be sent home. If an infectious disease is suspected, students awaiting parent/guardian arrival should be separated from other students when possible.
3. The District shall not deny a student with an infectious disease an education solely because of the infection. If there is a reasonable cause to believe that a student has an infectious disease, the determination of a student's inclusion/exclusion shall be based on reasonable

medical judgment. See "Inclusion/Exclusion of Students with Possible Infectious Disease" (Form JGC-5).

4. The School Nurse, Principal or designee will determine whether or not the student will be allowed to stay in school due to certain injuries or possible illnesses, see "Procedures When Students Show Signs of Illness or Injury" (Form JGC-6).

#### **F. EMERGENCY MEDICAL SERVICES (EMS)/911:**

The school Emergency Medical Plan should include actions to be taken in medical emergencies and should be activated in the event of a medical emergency. Additionally:

1. It is the school nurse's decision based upon his/her professional judgment as to when EMS/911 is to be notified and what information is to be given concerning the condition of the individual.
2. When the school nurse is not on the premises, the administrator in charge makes the decision to initiate the emergency management plan.
3. Students should be attended until EMS personnel arrive.
4. When EMS personnel arrive they assume full responsibility for the care of the individual(s).
5. Parents/guardians are responsible for any charges that arise as a result of the involvement of EMS.
6. A parent/guardian and, if necessary, the student's emergency contacts should be notified as soon as possible.

#### **G. SPECIAL EDUCATION NURSING SERVICES:**

Special medical interventions required during the school day should be medically necessary, and should be required in order to maintain the student's health, safety, and ability to perform at school. Medical necessity is established by written authorization from the student's physician in the form of a physician's order.

The Special Education Nurse is responsible for obtaining physician's orders for healthcare services detailed in the disabled student's Individual Healthcare Plan (IHCP) and Individual Education Plan (IEP). A physician's order is a written document signed by a physician licensed to practice in the state of Georgia which delegates to the nurse the authority to perform skilled medical procedures within the nurse's scope of practice as defined by the Georgia Registered Nurse Practice Act. Signed parental Authorization to Release Confidential Information (ISPE 2112) provides the nurse immediate consultation with the delegating physician.

A student's healthcare services may require the support of unlicensed assistive personnel. Delegation, being a complex process that requires thorough attention to safety procedures, student health status, and legal standards, can only be determined by a registered nurse. The registered nurse should refer to the State of Georgia's "RN Assignment Decision Tree" to determine the appropriateness of delegating a student's healthcare services to unlicensed assistive personnel (UAP).

Personnel who are responsible for the provision of special healthcare needs must receive training from persons who are qualified to provide such training and licensed to perform the procedure being taught. Staff training should be updated annually or as needed due to a change in a student's medical condition or a change in personnel.

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