

Policy

DRESS AND GROOMING

The purpose of this student dress code is to establish limits on extremes in student appearance and to promote a safe and friendly school environment that accepts all students. The focus of attention shall be on student learning, not what the student chooses to wear to school. Some clothing items may be looked upon as attractive, however, those items are not always appropriate to the school environment.

Dress that detracts from the educational experience of other students will not be permitted. Clothing and accessories worn by students should be appropriate and meet health and safety needs in school. The students will be notified and parents may be contacted to discuss appropriate school attire.

- A. All clothing must be neat, clean, and in a condition of good repair
- B. Clothing or accessories may not display offensive, vulgar language or images, and must not advertise products which students may not legally purchase.
- C. Pants and shorts must be worn at the waist and must be appropriately sized. (Pajamas and/or sleepwear are prohibited, except on designated days.)
- D. Clothing designed to be worn as undergarments may not be visible.
- E. No headwear is to be worn in the building during the school day. This includes, but is not limited to: hats, bandanas, scarves, earmuffs, sunglasses, or any other head covering, including hoods. (Exception: Any headwear worn for religious beliefs or doctor's prescriptions, with the appropriate documentation acceptable to the administration.)
- F. Shirts, blouses and dresses must completely cover the abdomen and midriff. Excessively revealing clothing such as halter tops, strapless shirts, and spaghetti strap tank tops are not permitted.
- G. Heavy, bulky jackets, or overcoats, as determined by the Administration, should be put away while in the building.
- H. Shorts and skirts must be fingertip length or below
- I. Clothes should not have holes.
- J. Safe and appropriate footwear for indoor or outdoor activities must be worn at all times (slippers, heelys, and/or flip-flops are not permitted).
- K. Students wearing jewelry or accessories that may be considered unsafe or inappropriate to the learning environment may be subject to review by the Administration.
- L. Sweaters, sweatshirts, and lightweight jackets (appropriately sized) can be worn inside school for warmth.
- M. Any other garments or accessories that would be a distraction to the orderly educational process are prohibited at the discretion of the administration.

Responsibility for complying with the provisions of this student dress code policy rests with the students and their parents/guardians. The administration has the responsibility of enforcing these established standards in order to ensure that the instructional program of the school may operate fully and effectively for all students, free of interference and distraction, and without hazard or threat to their health, safety, and general welfare. Dress or appearance which distracts to the extent it affects the educational program may be cause for disciplinary action.

Students and parents/guardians shall be informed about dress and grooming standards at the beginning of the school year and whenever these standards are revised.

For instances where clothing is a concern, parents/guardians may be asked to bring different, appropriate clothing items, or the child may be sent to the nurse for loaned appropriate clothing, if necessary. It is important for students to know that "school is their job" and that they should dress appropriately when in attendance.

The administration reserves the right to alter this dress code to guarantee that an orderly classroom and academic environment exists. The provisions of this student dress code shall apply when attending a school-sponsored event. When going on a school-sponsored trip, the student dress code also remains in effect unless the sponsor of the trip has requested specific modifications from the administration due to the nature of the outing. Parents/guardians may be contacted at home or work if a student comes to school not in compliance with the student dress code. Disciplinary action may be taken for students in violation of the provisions of this dress code policy.

Adopted:	December 18, 2000
Revised:	October 23, 2008; May 27, 2021
NJSBA Review/Update:	September 2022
Readopted:	

Key Words

Dress, Grooming, Attire

Legal References: N.J.S.A. 18A.11-1 General mandatory powers and duties

<u>Cross References:</u>	*5131	Student Conduct and Discipline
	*5142	Student Safety

*Indicates policy is included in the Critical Policy Reference Manual.

PREGNANT AND LACTATING STUDENTS

No student who is otherwise eligible to attend the Quinton Township District's school shall be denied an educational program solely because of pregnancy, childbirth, pregnancy-related disabilities, or actual or potential parenthood. All pregnant students shall be permitted to remain in the regular school program and activities.

A pregnant student who does not wish to attend regular classes or who is physically unable to do so during her pregnancy may, on her request, be assigned to either a formal alternative educational program or home instruction.

A student who has received an alternate educational program or home instruction for reasons associated with her pregnancy shall be readmitted to the regular school program upon her request and the written statement of a physician that she is physically fit to do so. All alternate educational programs or home instruction for pregnant students shall provide instruction equivalent to the general and/or special education programs as applicable.

A pregnant student under the age of 18 who wishes to withdraw from the district must have the written permission of her parents/guardians.

Lactation Provisions

Students admitted or returning to school following the birth of a child who choose to continue providing their milk for their infants shall receive the accommodations required by law that support their choice to breast feed. Accommodations shall include but shall not be limited to:

A. Milk expression breaks for breastfeeding

The student shall be allowed to breastfeed or express milk during the school day using their normal breaks, study hall and meal times. For time that may be needed beyond the usual break times, the student may request a pass to the school nurse. The school nurse with the consultation of the principal and student's teacher(s) may at the request of the student develop regular schedule accommodation that better support their choice to breastfeed.

B. A place to express milk

A private room (not a toilet stall or restroom) shall be made available for the student to breastfeed or express milk. The room will be private and sanitary, located near a sink with running water for washing hands and rinsing out breast pump parts, and have an electrical outlet. If the student prefers, she may also breastfeed in other comfortable locations agreed upon in consultation with the principal. Expressed milk can be stored in general refrigerators; in designated refrigerators provided in the lactation room or other location; or in student's personal cooler.

C. Staff Support

The principal shall ensure that pregnant and breastfeeding students are notified about the district's lactation support policies and procedures. The principal shall be responsible for negotiating policies and practices that will help facilitate each student's infant feeding goals. It is expected that all employees will assist in providing a positive atmosphere of support for breastfeeding students.

The building principal shall ensure that the New Jersey Department of Education signage shall be displayed in a clear and conspicuous manner in the school's waiting area, as well as in any lactation room that is made

PREGNANT AND LACTATING STUDENTS (continued)

available. The New Jersey Department of Education signage shall contain information about breast feeding; affirm a mother's right to nurse in public; and indicate that lactation rooms are being made available for the privacy and comfort of nursing mothers.

The building principal shall ensure board policy and regulations on provisions for milk expression breaks, for breastfeeding and the designated lactation room(s) are distributed to staff and students who are pregnant and nursing mothers returning from maternity leave.

(See the district procedure at 5134 and 4111.1/4211.1 Breastfeeding, Regulation.)

Adopted: August 23, 1988
 Revised: April 3, 1995, October 23, 2008
 NJSBA Review/Update: June 2022
 Readopted:

Key Words

Married Students, Pregnant Students, Married Students, Pregnant Students

Legal References: N.J.S.A. 10:5-1 et seq. Law Against Discrimination
N.J.S.A. 18A:36-20 Discrimination prohibited
N.J.S.A. 26:4B-4 Right to breastfeed in public
N.J.S.A. 26:4C-1 Lactation rooms
 through -3
N.J.A.C. 6A:7-1.1 et seq. Managing for Equality and Equity in Education
See particularly:
N.J.A.C. 6A:7-1.4, -1.7
N.J.A.C. 6A:16-7.1 Code of student conduct

20 U.S.C.A. 1681 - Title IX of the Education Amendments of 1972

P.L.1997, c.101 (C.26:4B-4). Right to Breastfeed in Public

P.L.2019, c.242. Requirements regarding the provision of lactation rooms for nursing mothers.

The Comprehensive Equity Plan, New Jersey State Department of Education

Possible

Cross References: *5141.3 Health examinations and immunizations
 *5145.4 Equal educational opportunity
 *6145 Extracurricular activities
 *6154 Homework/makeup work
 *6172 Alternative educational programs
 *6173 Home instruction

*Indicates policy is included in the Critical Policy Reference Manual.

Regulation

SUPPORT FOR BREASTFEEDING MOTHERS

The following procedures shall be implemented in each school when a student requests accommodations to support their choice to breastfeed.

School Responsibilities

Breastfeeding students who choose to continue providing their milk for their infants after returning to school shall receive:

A. Milk expression breaks for breastfeeding

The student shall be allowed to breastfeed or express milk during the school day using their normal breaks, study hall and meal times. For time that may be needed beyond the usual break times, the student may request a pass to the school nurse. The school nurse with the consultation of the principal and student's teacher(s) may at the request of the student develop regular schedule accommodation that better support their choice to breastfeed.

B. A place to express milk

A private room (not a toilet stall or restroom) shall be made available for the student to breastfeed or express milk. The room will be private and sanitary, located near a sink with running water for washing hands and rinsing out breast pump parts, and have an electrical outlet. If the student prefers, she may also breastfeed in other comfortable locations agreed upon in consultation with the principal. Expressed milk can be stored in general refrigerators; in designated refrigerators provided in the lactation room or other location; or in student's personal cooler.

C. Staff Support

The principal shall ensure that pregnant and breastfeeding students are notified about the district's lactation support policies and procedures. The principal shall be responsible for negotiating policies and practices that will help facilitate each student's infant feeding goals. It is expected that all employees will assist in providing a positive atmosphere of support for breastfeeding students.

D. Signage

The building principal shall ensure that the New Jersey Department of Education signage shall be displayed in a clear and conspicuous manner in the school's waiting area, as well as in any lactation room that is made available. The New Jersey Department of Education signage shall contain information about breast feeding; affirm a mother's right to nurse in public; and indicate that lactation rooms are being made available for the privacy and comfort of nursing mothers.

The building principal shall ensure board policy and regulations on provisions for milk expression breaks, for breastfeeding and the designated lactation room(s) are distributed to staff and students who are pregnant and nursing mothers returning from maternity leave.

Student Responsibilities

A. Communication with Teachers

Any student who wishes to express milk during the work period shall keep the school nurse and/or their teachers informed of their needs so that appropriate accommodations can be made to satisfy the needs.

SUPPORT FOR BREASTFEEDING (regulation continued)

The school nurse shall keep the principal informed regarding accommodations requested.

B. Breastfeeding Equipment

The student is responsible for the purchase, maintenance and storage of breastfeeding equipment. The district is not responsible for any lost, broken or stolen private property.

C. Maintenance of Milk Expression Areas

Breastfeeding students are responsible for keeping designated milk expression area clean and using antibacterial wipes to sanitize small areas. Students shall be required to report any large spills to the nurse. Students are also responsible for keeping the general designated lactation room clean for the next user. This responsibility extends to both designated milk expression areas, as well as other areas where expressing milk will occur.

D. Milk Storage

Students should label all milk expressed with their name and date collected so it is not inadvertently confused with another mother's milk. Each student is responsible for proper storage of her milk using the school refrigerator or personal storage coolers.

E. Use of Break Times to Express Milk

When more than one breastfeeding mother needs to use the designated lactation room, they can use the sign-in log provided in the room to negotiate milk expression times that are most convenient or best meet their needs.

Adopted:

QUINTON TOWNSHIP BOARD OF EDUCATION
Quinton, New Jersey

FILE CODE: 5136

<input type="checkbox"/>	Monitored
<input type="checkbox"/>	Mandated
<input checked="" type="checkbox"/>	Other Reasons

Policy

FUND-RAISING ACTIVITIES

The Quinton Township Board of Education recognizes the value of having students participate in fund-raising activities, both as individuals and as groups, in order to help defray the cost of certain noncurricular field trips, or other worthwhile programs, or in support of a board approved charitable cause.

For purposes of this policy, "student fund raising" shall include the solicitation and collection of money from students for any purpose and shall include the collection of money in exchange for tickets, papers or any other goods or services except those goods and services which are part of a board-approved program of the school.

The board prohibits the collection of money in school or on school property or at any school-sponsored event by a student for personal benefit. Collection of money by school organizations approved by the board shall be approved by the principal. Collections by organizations outside the school or by students on behalf of such organizations shall be approved by the superintendent.

The board shall not be responsible for the protection of or the accounting of funds collected from students by organizations outside the schools, by teaching staff members when not required to collect money for a board-approved purpose, and by school-connected organizations. Funds raised by school-sponsored activities shall be deposited in the proper district accounts.

The board prohibits fundraising activities by school-sponsored groups or outside organizations that encourage or require door-to-door solicitation.

Adopted: October 23, 2008
NJSBA Review/Update: June 2022
Readopted:

Key Words

Fund Raising, School-connected Organizations

<u>Legal References:</u>	<u>N.J.S.A.</u> 18A:11-1	General mandatory powers and duties
	<u>N.J.S.A.</u> 18A:19-14	Funds derived from student activities
	<u>N.J.S.A.</u> 18A:20-34	Use of schoolhouse and grounds for various purposes
	<u>N.J.S.A.</u> 18A:23-1	Audit when and how made
	<u>N.J.S.A.</u> 18A:23-2	Scope of audit
	<u>N.J.S.A.</u> 18A:54-20	Powers of board (county vocational schools)
	<u>N.J.S.A.</u> 52:14-15.9c1. <u>et al.</u>	<u>Public Employee Charitable Fund-Raising Act</u>
	<u>N.J.A.C.</u> 6A:23A-16.1 <u>et seq.</u>	Double Entry Bookkeeping and GAAP Accounting n
		Local School Districts
	<u>N.J.A.C.</u> 6A:23A-16.12	Student activity funds
	<u>N.J.A.C.</u> 6A:23A-16.13	School store business practices

Selfridge v. Kinnelon Board of Education, 1977 S.L.D. 522

Possible

<u>Cross References:</u>	*1140	Distribution of materials by students and staff
	1210	Community organizations
	*1230	School-connected organizations
	1314	Fundraising by outside organizations

FUND-RAISING ACTIVITIES (continued)

*1330	Use of school facilities
*3400	Accounts
*3450	Money in school buildings
*3453	School activity funds
3571	Financial reports
*3571.4	Audit
*6145	Extracurricular activities
*6153	Field trips

*Indicates policy is included in the Critical Policy Reference Manual.

QUINTON TOWNSHIP BOARD OF EDUCATION
Quinton, New Jersey

FILE CODE: 5140

<input type="checkbox"/>	Monitored
<input type="checkbox"/>	Mandated
<input checked="" type="checkbox"/>	Other Reasons

Policy

FACE COVERINGS

- Masks will no longer be required at Quinton Township School not any school sponsored activities or events.
- Masks are and always will be optional for all.
- All rules, guidelines, and policies pertaining to wearing masks fore COVID-19 and all variants are superseded by this policy.
- This policy does not supersede and state of federal laws.

The CDC recently issued updated guidance regarding condierations for wearing face coverings and how it can help slow the spread of COVID-19. Schools should refer to this guidance as it includes details regarding who should and should not wear a face covering:

Guidance for COVID-19 Prevention in K-12 Schools/CDC

Centers for Disease Control and Prevention "Your Guide to Masks" at Your Guide to Masks/CDC

NJDOE School Reopening Frequently Asked Questions at:

<https://www.nj.gov/education/reopening/faqs/#sd>

NJDOE Update to Conditions of Learning, Health and Safety, "Critical Area of Operation #5: Screening, PPE, and Response to Students and Staff Presenting Symptoms: and "Critical Area of Operation #3: Transportation <https://nj.gov/education/reopening/updates/docs/RestartUpdateFacecoverigs080a320.pdf>

"Physical Distancing, face coverings, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis," September 21, 2020. D.K. Chu, S. Duda, K. Solo, S. Yaacoub, and H Schunemann. <https://www.nj.gov/education/reopening/>

The NJDOE Guidance: The Road Back: Restart and Recovery at: <https://www.nj.gov/education/reopening/>

The NJDOE Guidance: The Road Forawrd: Helath and Safety Guidance for the 2021-2022 School Year at: The Road Forward (nj.gov)

Legal References:

N.J.S.A. 18A 35-4.6 Parents Rights to Conscience Act of 1979

N.J.S.A. 18A 35-4.7 Parent's statement of conflict with conscience

N.J.S.A. 18A 40-4 Health records; examinations for physical defects, hearing

N.J.S.A. 18A 40-4.4 Exemption

N.J.S.A. 18A 40-4.5 Immunity from action of any kind due to provisions of act

N.J.S.A. 18A 40-5 Method of examination; notice to parent or guardian

N.J.S.A. 18A 40-6 In general

N.J.S.A. 18A 40-16 Tuberculosis infection; determination of presence

N.J.S.A. 18A 40-20 Immunization at public expense

N.J.S.A. 26 1A-9.1: Exemption for pupils from mandatory immunization; interference with religious rights; suspension

N.J.S.A. 26 4-6: Prohibiting attendance of teachers or pupils

HEALTH (continued)

N.J.A.C. 6A 14-3.4 Evaluation

N.J.A.C. 6A 16-1.1 et seq Purpose

N.J.A.C. 6A 16-1.3 Definitions

N.J.A.C. 6A 16-2.1 Health services policy and procedural requirements

N.J.A.C. 6A 16-2.2 Required health services

N.J.A.C. 6A 16-2.3 Health services personnel

N.J.A.C. 6A 16-2.4 Required student health records

N.J.A.C. 8 57-4.1 through 4.22 Immunization of Pupils in Schools 20 U.S.C. 1232h Pupil Protection Rights Amendment

Executive Order No. 251

Executive Order No 253

Cross References:

1410 - Sample Policy: Local Units

4123 - Sample Policy: Classroom Aides and Paraprofessionals

5113 - Sample Policy: Attendance, Absences and Excuses

5131.6 - Sample Policy: Drugs, Alcohol, Tobacco Quinton Township Board of Education District

5141 - Sample Policy: Health

5141.21 - Sample Policy: Administering Medication

5200 - Sample Policy: Nonpublic School Pupils

6142. 4 - Sample Policy: Physical Education and Health

6145.1/6145.2 - Sample Policy: Intramural Competition Interscholastic Competition

6162.5 - Sample Policy: Research

6164.4 - Sample Policy: Child Study Team

6171.4 - Sample Policy: Special Education

Adopted: February 24, 2021

Revised: June 16, 2022

NJSBA Review/Update:

Readopted:

QUINTON TOWNSHIP BOARD OF EDUCATION
Quinton, New Jersey

FILE CODE: 5141

<u> X </u>	Monitored
<u> X </u>	Mandated
<u> X </u>	Other Reasons

Policy

HEALTH

The Quinton Township Board of Education believes that good health is vital to successful learning. In order to help district students achieve and maintain good health, the board directs the superintendent to develop student health services that employ professional personnel and interact with both parents/guardians and community health agencies. The program shall include but not be limited to:

- A. Employment of a medical inspector to perform those duties required by law, and to advise the superintendent on all matters affecting the health of students;
- B. Employment of at least one certified school nurse to assist with physical examinations; conduct biennial scoliosis screening; conduct an audiometric screening; maintain student health records; observe and recommend to the principal the exclusion of students who show evidence of communicable disease or who have not submitted acceptable evidence of immunizations; instruct teachers on communicable diseases and other health concerns; train and supervise the emergency administration of epinephrine for school staff who have been designated as delegates; supervise other nursing tasks; provide appropriate response to Do Not Resuscitate (DNR) orders; maintain valid, current Cardiopulmonary Resuscitation (CPR) certification; review and summarize health and medical information for the Child Study Team; write and update annually the accommodation plan under Section 504 for any student who requires one;
- C. Provision of proper and adequate facilities, equipment and supplies for professional health personnel and other staff;
- D. Establishment of a system of student health records in compliance with state law;
- E. Implement the New Jersey Student Learning Standards in physical education, health, family life, safety, and use of drugs, alcohol, tobacco and anabolic steroids; recommendations for appropriate equipment and supplies to teach such courses;
- F. Development of rules and procedures to foster good student health, and periodic dissemination of these rules and procedures to the staff;
- G. Development of a program to provide safe drinking water and otherwise to maintain the buildings, grounds, facilities and equipment of the district in sanitary condition in accordance with law;
- H. Development and enforcement of an eye protection program as required by statute and administrative code;
- I. A regular report to the board on progress and accomplishments in the field of student health;
- J. Health services to staff that support student health;
- K. Provision of emergency services for injury and sudden illness;
- L. Provision for required physical examinations including an examination to certify that a student returning to school after suffering a contagious/infectious condition or illness is no longer a threat to the health of others;
- M. Development of all regulations and procedures necessary for evaluation of students suspected of being under the influence of drugs/alcohol, tobacco or anabolic steroids;

HEALTH (continued)

- N. Encouragement of correction of defects through fully informing students and parents/guardians concerning the findings of health examinations for scoliosis;
- O. Preparation for the potential disruption of a pandemic flu outbreak, such as avian flu, by filling out a school preparedness checklist available from www.pandemicflu.gov or NJSBA, with periodic reports to the school board on steps the district has already taken, as well as additional steps that need to be taken, to prepare for a flu pandemic.

School-based health care services shall be available to all students, including English language learners.

Annual Nursing Plan

The superintendent (or his/her designee) in conjunction with the school physician and the certified school nurse shall develop an annual nursing services plan. The nursing services plan shall describe in detail the nursing services to be provided throughout the district based on the needs of its students, potential emergency situations, basic nursing services requirements, and the assignment of medical staff to provide the services. The nursing services plan shall be adopted annually at a regular meeting. The nursing services plan may include the following:

- A. A description of the basic nursing services provided all students;
- B. A summary of specific medical needs of individual students and the services required to address the needs;
- C. A description of how nursing services will be provided in an emergency;
- D. Detailed nursing assignments for all school buildings;
- E. The nursing services and additional medical services provided to nonpublic schools.

Students with Diabetes

As used in this policy, an "individualized health care plan" means a document setting out the health services needed by the student at school, and an "individualized emergency health care plan" outlines a set of procedural guidelines that provide specific directions about what to do in a particular emergency situation. Both are to be developed by the school nurse, in consultation with the parent or guardian of a student with diabetes and other medical professionals who may be providing diabetes care to the student, and signed by the parent or guardian.

The board believes that diabetes is a serious chronic disease that impairs the body's ability to use food, and must be managed 24 hours a day in order to avoid the potentially life-threatening short-term consequences of blood sugar levels that are either too high or too low. In order to manage their disease, students with diabetes must have access to the means to balance food, medications, and physical activity level while at school and at school-related activities.

Accordingly, a parent or guardian of a student with diabetes shall inform the school nurse, who shall develop an individualized health care plan and an individualized emergency health care plan for the student. Further, the parent or guardian must annually provide to the board of education written authorization for the provision of diabetes care as outlined in the plans, including authorization for the emergency administration of glucagon.

Both plans shall be updated by the school nurse prior to the beginning of each school year and as necessary if there is a change in the student's health status. The plans may include elements specified in N.J.S.A. 18A:40-

HEALTH (continued)

12.13 including, but not limited to:

- A. The symptoms of hypoglycemia for that particular student and the recommended treatment;
- B. The symptoms of hyperglycemia for that particular student and the recommended treatment;
- C. The frequency of blood glucose testing;
- D. Written orders from the student's physician or advanced practice nurse outlining the dosage and indications for insulin administration and the administration of glucagon, if needed;
- E. Times of meals and snacks and indications for additional snacks for exercise;
- F. Full participation in exercise and sports, and any contraindications to exercise, or accommodations that must be made for that particular student;
- G. Accommodations for school trips, after-school activities, class parties, and other school-related activities;
- H. Education of all school personnel who may come in contact with the student about diabetes, how to recognize and treat hypoglycemia, how to recognize hyperglycemia, and when to call for assistance;
- I. Medical and treatment issues that may affect the educational process of the student with diabetes; and
- J. How to maintain communications with the student, the student's parent or guardian and healthcare team, the school nurse, and the educational staff.

The school nurse assigned to a particular school shall coordinate the provision of diabetes care at that school and ensure that appropriate staff are trained in the care of these students, including staff working with school-sponsored programs outside of the regular school day. The school nurse shall also ensure that each school bus driver that transports a student with diabetes is provided notice of the student's condition, how to treat hypoglycemia, and emergency/parent contact information. A reference sheet identifying signs and symptoms of hypoglycemia shall be posted in plain view within school buildings.

The school nurse shall have the primary responsibility for the emergency administration of glucagon to a student with diabetes who is experiencing severe hypoglycemia. The school nurse shall designate, in consultation with the board of education, additional employees of the school district who volunteer to administer glucagon to a student with diabetes who is experiencing severe hypoglycemia. The designated employees shall only be authorized to administer glucagon, following training by the school nurse or other qualified health care professional, when a school nurse is not physically present at the scene.

Upon written request of the parent or guardian and as provided in the individualized health care plan, the student shall be allowed to attend to the management and care of his/her diabetes in the classroom, on school grounds or at any school-related activity, if evaluated and determined to be capable of doing so consistent with the plan. The student's management and care of his/her diabetes shall include the following:

- A. Performing blood glucose level checks;
- B. Administering insulin through the insulin delivery system the student uses;
- C. Treating hypoglycemia and hyperglycemia;
- D. Possessing on the student's person at any time the supplies or equipment necessary to monitor and care for the student's diabetes;

HEALTH (continued)

- E. Compliance with required procedures for medical waste disposal in accordance with district policies and as set forth in the individual health care plan; and
- F. Otherwise attending to the management and care of the student's diabetes.

Students with Epilepsy or a Seizure Disorder

The parent/guardian of a student with epilepsy or a seizure disorder who seeks care for their student while at school shall submit annually to the school nurse the student's seizure action plan. The seizure action plan shall be comprehensive and provided by the student's physician, advanced practice nurse, or physician's assistant. It shall include, but is not limited to, information regarding presentation of seizures, seizure triggers, daily seizure medications, seizure first aid, and additional treatments.

The parents/guardians of the student shall annually provide the board with written authorization for the provision of epilepsy or seizure disorder care at school and school-sponsored programs outside of the regular school day. When this written authorization is received, the school nurse shall develop an individualized health care plan and an individualized emergency health care plan for the student.

The school nurse shall also obtain a release from the parent/guardian of a student with epilepsy or a seizure disorder to authorize the sharing of medical information between the student's physician or advanced practice nurse and other health care providers. The release shall also authorize the school nurse to share medical information with other staff members of the school district as necessary.

The individualized health care plan shall be developed by the school nurse, in consultation with the parent or guardian of a student with epilepsy or a seizure disorder and other appropriate medical professionals who may be providing epilepsy or seizure disorder care to the student. It shall be consistent with the recommendations of the student's health care providers. The individualized health care plan shall detail the health services needed by the student at school. The plan shall be signed by the parent or guardian and the school nurse.

The individualized emergency health care plan shall be developed by the school nurse in consultation with the parent or guardian of a student with epilepsy or a seizure disorder and other appropriate medical professionals, which is consistent with the recommendations of the student's health care providers. This plan shall detail specific actions for non-medical school staff to take in a particular emergency situation. The plan shall be signed by the parent or guardian and the school nurse.

The individualized health care plan shall include, and the individualized emergency health care plan may include:

- A. Written orders from the student's physician or advanced practice nurse outlining the epilepsy or seizure disorder care;
- B. The symptoms of the epilepsy or seizure disorder for that particular student and recommended care;
- C. Full participation in exercise and sports, and any contraindications to exercise, or accommodations that must be made for that particular student;
- D. Accommodations for school trips, after-school activities, class parties, and other school-related activities;
- E. Education of all school personnel about epilepsy and seizure disorders, how to recognize and provide care for epilepsy and seizure disorders, and when to call for assistance;

HEALTH (continued)

- F. Medical and treatment issues that may affect the educational process of the student with epilepsy or the seizure disorder;
- G. The student's ability to manage, and the student's level of understanding of, the student's epilepsy or seizure disorder; and
- H. How to maintain communication with the student, the student's parent or guardian and health care team, the school nurse, and the educational staff.

The board directs the school nurse to coordinate the provision of epilepsy and seizure disorder care at the school and ensure that all staff are trained in the care of students with epilepsy and seizure disorders, including staff working with school-sponsored programs outside of the regular school day. The training shall include a Department of Health-approved on-line or in-person course of instruction provided by a nonprofit national organization that supports the welfare of individuals with epilepsy and seizure disorders.

The school nurse shall provide school bus drivers responsible for transporting a student with epilepsy or a seizure disorder with a notice of the student's condition; information on how to provide care for epilepsy or the seizure disorder; emergency contact information; epilepsy and seizure disorder first aid training; and parent contact information.

No school employee, including a school nurse, a school bus driver, a school bus aide, or any other officer or agent of a board, shall be held liable for any good faith act or omission consistent with the provisions of this act, nor shall an action before the New Jersey State Board of Nursing lie against a school nurse for any such action taken by a person trained in good faith by the school nurse pursuant to this act. Good faith shall not include willful misconduct, gross negligence, or recklessness.

New Jersey Family Care

The school nurse shall ensure that the parent/guardians of students who are without medical coverage are notified of and provided information on the accessibility of the New Jersey Family Care Program in accordance with N.J.S.A. 18A:40-34.

Nonpublic School Students

The board shall provide mandated nursing services to nonpublic school students as required by law (see policy 5200 Nonpublic School Students).

The operation of the student health program shall be in compliance with the rules and regulations of the state department of education, local board of health and the state department of health and senior services, and state department of human services. The board shall review and adopt the regulations developed to implement the district's health services.

Automated External Defibrillator (AED)

Because the board recognizes that medical emergencies may occur that justify the use of AEDs, the board shall acquire and maintain this equipment for use by qualified staff members. An applicable patient would exhibit all of the following signs as per American Heart Association standards on AED use:

- A. Is unconscious;
- B. Is not breathing;
- C. Have no signs of circulation (as confirmed by a pulse check).

HEALTH (continued)

Only those staff members documented as having completed the required training shall be authorized to use an AED. A coach, athletic trainer, or in the absence of the coach or athletic trainer and other designated staff member, who is appropriately trained and certified in the use of the AED shall be present during athletic events or team practices. In the event that no appropriately AED trained and certified staff person can be present at athletic events or team practices, the district shall ensure that a State-certified emergency services provider or other certified first responder is on site at the event or practice.

Placement, Accessibility and Maintenance of the AED

The AED shall be:

- A. Available in an unlocked location on school property with an appropriate identifying sign;
- B. Accessible during the school day and any other time when a school-sponsored athletic event or team practice is taking place in which students of the district or nonpublic school are participating;
- C. Within reasonable proximity of the school athletic field or gymnasium, as applicable;
- D. Tested and maintained according to the manufacturer's operational guidelines and notification shall be provided to the appropriate first aid, ambulance, or rescue squad or other appropriate emergency medical services provider regarding the defibrillator, the type acquired, and its location in accordance with section 3 of P.L.1999, c.34 (N.J.S.A. 2A:62A-25).

Implementation of Procedures for Cardio-Pulmonary Resuscitation and AED Use

The superintendent shall oversee the development and implementation of a district emergency action plan that establishes guidelines for use of the AED. The emergency action plan shall include:

- A. A list of no less than five school employees, team coaches, or licensed athletic trainers who hold current certifications from the American Red Cross, American Heart Association, or other training program recognized by the Department of Health, in cardio-pulmonary resuscitation and in the use of a defibrillator. The list shall be updated, as necessary, at least once in each semester of the school year; and
- B. Detailed procedures on responding to a sudden cardiac event including, but not limited to, the identification of the persons in the school who will be responsible for: responding to the person experiencing the sudden cardiac event, calling 911, starting cardio-pulmonary resuscitation, retrieving and using the defibrillator, and assisting emergency responders in getting to the individual experiencing the sudden cardiac event.

Any employee, student or other individual who inappropriately accesses and/or uses an AED will be subject to disciplinary action, up to and including expulsion from school and/or termination of employment. Civil and/or criminal liability may also be imposed on any student, employee or individual who inappropriately accesses and/or uses an AED. All usage will be reported to the board of education.

Immunity

A school district and its employees shall be immune from civil liability in the acquisition and use of defibrillators pursuant to the provisions of section 5 of P.L.1999, c.34 (C.2A:62A-27). A person who acts with gross negligence or willful misconduct in the use of defibrillators does not enjoy immunity.

Adopted: December 10, 1985
 Revised: April 10, 1990, April 3, 1995, October 23, 2008,

HEALTH (continued)

February 25, 2010

NJSBA Review/Update:

June 2022

Readopted:

Key Words

Health, Student Health, Student Health, Nursing Plan, Diabetes, Individualized Health Care Plan, Cardio-Pulmonary Resuscitation, Automated External Defibrillator, AED, Epilepsy

<u>Legal References:</u>	<u>N.J.S.A.</u> 2A:62A-23 to 27	AED emergency medical services
	<u>N.J.S.A.</u> 18A:16-6, -6.1	Indemnity of officers and employees against civil actions
	<u>N.J.S.A.</u> 18A:35-4.6 <u>et seq.</u>	<u>Parents Right to Conscience Act of 1979</u>
	<u>N.J.S.A.</u> 18A:40-1	Employment of medical inspectors, optometrists and nurses; salaries; terms; rules
	<u>N.J.S.A.</u> 18A:40-3	Lectures to teachers
	<u>N.J.S.A.</u> 18A:40-4.3	Biennial examination for scoliosis
	<u>N.J.S.A.</u> 18A:40-5	Method of examination; notice to parent or guardian
	<u>N.J.S.A.</u> 18A:40-6	In general
	<u>N.J.S.A.</u> 18A:40-7, -8, -10, -11	Exclusion of students who are ill
	<u>N.J.S.A.</u> 18A:40-12.11 <u>et seq.</u>	Findings, declarations relative to the care of students with diabetes
	<u>N.J.S.A.</u> 18A:40-12.34	Definitions relative to epilepsy and seizure disorders.
	<u>N.J.S.A.</u> 18A:40-12.35	Annual submission of student's seizure action plan
	<u>N.J.S.A.</u> 18A:40-12.36	Information provided to bus driver
	<u>N.J.S.A.</u> 18A:40-12.37	Release to share medical information
	<u>N.J.S.A.</u> 18A:40-12.38	Immunity from liability
	<u>N.J.S.A.</u> 18A:40-23 <u>et seq.</u>	Nursing Services for Nonpublic School Students
	<u>N.J.S.A.</u> 18A:40-34	New Jersey Family Care Program
	<u>N.J.S.A.</u> 18A:40A-1 <u>et seq.</u>	Substance Abuse
	<u>N.J.S.A.</u> 44:6-2	Maintenance by boards of education of clinics for indigent children
	<u>N.J.A.C.</u> 6A:16-1.1 <u>et seq.</u>	Programs to Support Student Development
	<u>See particularly:</u>	
	<u>N.J.A.C.</u> 6A:16-1.1, -1.3, -2.1, -2.2, -2.3, -2.4	
	<u>N.J.A.C.</u> 6A:26-12.1 <u>et seq.</u>	Operation and Maintenance of School Facilities
	<u>See particularly:</u>	
	<u>N.J.A.C.</u> 6A:26-12.3	
	<u>N.J.A.C.</u> 8:57-1.1 <u>et seq.</u>	Reportable Communicable Diseases
	<u>See particularly:</u>	
	<u>N.J.A.C.</u> 8:57-2	Reporting of AIDS and HIV
	<u>N.J.A.C.</u> 8:61-2.1	Attendance at school by students or adults infected by Human Immunodeficiency Virus (HIV)

Plainfield Board of Education v. Cooperman, 105 NJ 587 (1987), guidelines for admission of children with AIDS, the right to call witnesses and attendant right to cross-examine must be provided automatically upon request of the parties

Possible

Cross References: *1410
1420

Local units
County and intermediate units

HEALTH (continued)

*3510	Operation and maintenance of plant
*3516	Safety
*3542	Food service
*4112.4/4212.4	Employee health
*4131/4131.1	Staff development; inservice education/visitations/conferences
4151.2/4251.2	Family illness/quarantine
*5111	Admission
*5125	Student records
*5131	Conduct/discipline
*5131.6	Drugs, alcohol, tobacco (substance abuse)
*5141.1	Accidents
*5141.2	Illness
*5141.3	Health examinations and immunizations
*5141.4	Child abuse and neglect
*5141.21	Administering medication
*5142	Student safety
*5200	Nonpublic school students
*6142.4	Physical education and health
*6142.12	Career education

*Indicates policy is included in the Critical Policy Reference Manual.

QUINTON TOWNSHIP BOARD OF EDUCATION
Quinton, New Jersey

FILE CODE: 5141

<u>X</u>	Monitored
<u>X</u>	Mandated
<u>X</u>	Other Reasons

Regulation

USE OF AUTOMATED EXTERNAL DEFIBRILLATOR(S)

GENERAL STATEMENT

With sudden cardiac arrest, which is a medical emergency separate and distinct from a heart attack, the pumping action of the heart suddenly stops, causing blood flow to the rest of the body to stop. It is fatal about 90 percent of the time. An automated external defibrillator (AED) is used to treat victims who experience sudden cardiac arrest (SCA). An AED is only to be attached to a victim who has no pulse and not breathing. The AED will analyze the victim's heart rhythm and advise the operator if a shockable rhythm is detected. If a rhythm is detected, the AED will charge to the appropriate energy level and advise the operator to deliver a shock. The following procedures are established to ensure appropriate placement, safe use and regular maintenance of the district automated external defibrillators.

STAFF RESPONSIBLE

The following chart lists the staff members responsible for the implementation of the regulation and summarizes their responsibilities:

Position	Summary of Main Responsibilities
Superintendent	<ul style="list-style-type: none">• General policy procedure oversight within the district• Contacting and being the liaison with EMS
Superintendent's designee	<ul style="list-style-type: none">• General procedure oversight within the school• Notification of the superintendent• Primary contact for reported incidents• Contacting and being the liaison EMS
Emergency Safety Officer/School Nurse	<ul style="list-style-type: none">• Coordinate AED training and certification regarding designated employees• Primary contact for reported incidents• Administration of the AED for cardiopulmonary arrest• Examination and direct care of the students and staff until EMS assume responsibility• Ensure AED acquisition, maintenance and testing• Document incidents and maintain the school health records
Medical Emergency Responders	<ul style="list-style-type: none">• Receive training in the use of the AED• Respond to incidents
School Physician	<ul style="list-style-type: none">• Review AED implementation plan• Prescription for AED device
All school staff	<ul style="list-style-type: none">• Incident reporting (Exhibit 1, Incident Report Form)• Incident documentation• Student supervision

PROCEDURES

School Physician Responsibilities

The school physician is responsible for:

AUTOMATED EXTERNAL DEFIBRILLATOR (regulation continued)

1. Writing an annual prescription for the AED;
2. Reviewing and approving guidelines for emergency procedures related to the use of AED(s) and CPR;
3. Review and evaluation of situations in which AED is used;
4. Ensure ongoing training opportunities are provided for keeping CPR and AED certificates current.

Authorized AED Users

The AED Users are responsible for:

1. Receiving approval from the nurse and superintendent or his or her designee to be an approved medical emergency responder;
2. Completing successfully all required training to be a medical emergency responder including maintaining an current certification from an approved CPR and AED training program and providing documentation of current certification to the school nurse;
3. As noted in N.J.S.A. 2A:62A-26, any AED certified employee or non-certified volunteer who uses an AED device must notify emergency services as soon as possible after the cardiac event;
4. Any person who reasonably uses an AED device to provide emergency medical care in compliance with N.J.S.A. 2A:62A-27 shall be immune from liability, except for gross negligence or willful or wanton misconduct.

Medical Emergency Response

The designated medical emergency responders must complete training adequate to provide CPR and AED. AED training must be a course approved by the State Department of Health Office of Emergency Medical Services as required by law. Medical emergency responders will also be trained on universal precautions against Bloodborne Pathogens. The members shall be offered Hepatitis B vaccination as required by law. The Safety Officer shall maintain training records for the medical emergency responders who must renew their CPR and AED training every two years.

Medical emergency responders are responsible for:

1. Activating the internal emergency response system and providing prompt basic life support including AED and first aid according to training and experience;
2. Responding directly to the location of the emergency and, if necessary, performing CPR until the AED arrives as previously assigned;
3. Bringing the AED and any other first aid supplies (according to the members training and experience) to the location of the emergency as previously assigned;
4. Contacting the local community 911 for medical assistance;
5. Meeting the responding EMS personnel and directing them to the scene of the medical emergency as previously assigned.

Superintendent or his or her Designee Responsibilities

The superintendent or his or her designee or his or her designee is responsible for:

1. Ensure that the school acquires sufficient automated external defibrillators to provide medical services to individuals suffering from sudden cardiac arrest. Each AED device shall comply with FDA standards. Consideration shall be given to the quantity necessary to meet the needs of individuals within the school and its facilities.
2. Receiving emergency/medical calls from internal locations;
3. Contacting and the designated medical emergency responders and deploying them to the location of the emergency. This includes:
 - a. Assigning responder to go directly to the location of the emergency;
 - b. Assigning the responder to retrieve the AED and respond to the location of the medical emergency;
 - c. Assigning the responder to meet the responding EMS personnel and direct them to the location of the

AUTOMATED EXTERNAL DEFIBRILLATOR (regulation continued)

medical emergency;

d. Assigning classroom coverage as needed;

4. Calling the child's parent/guardian or staff member's emergency contact person;
5. Notifying the superintendent;
6. Annually, the superintendent or his or her designee shall ensure that staff receive instruction on the recognition of sudden cardiac event indicators presented by the district physician, school nurse or appropriately certified designee;
7. The superintendent or his or her designee shall ensure that the parent/guardian of each student who participates in interscholastic or intramural athletic competitions receives the pamphlet about sudden cardiac arrest published by the Commissioner of Education and shall ensure that each parent/guardian and student signs an acknowledgment of receipt of the pamphlet.

The superintendent or his or her designee shall ensure that a designated staff member, who is trained and certified in cardio-pulmonary resuscitation and the use of the defibrillator, is present during each athletic event or team practice. Such coverage may be provided by a State-certified emergency services provider or other certified first responder.

Equipment

The AED and first responder kit will be brought to all medical emergencies where a cardiac event is suspected. Each AED will have a set of adult defibrillator electrodes pre-connected to the device and one spare set within the AED case.

Pediatric electrodes will be attached to defibrillator case as well.

The first responder kit will contain two pairs of gloves, one razor, one set of trauma shears, one hand wipe and one face mask barrier device.

The safety officer shall be responsible for ensuring that all defibrillator electrodes and the AED battery are within the expiration date listed on the equipment.

Medical Response Documentation

1. Internal Post Event Documentation

It is important to document the location and each use of the medical emergency response system. The medical emergency responder shall submit a written record detailing the event in which the AED was used (see a district sample emergency action plan: Secondary Resource 1, AED Emergency Action Plan Collingswood.pdf)

2. External Post Event Documentation:

Medical emergencies involving the use of an AED require special documentation. Any and all patient information generated during AED use must be collected into the patient's confidential medical file. A copy of AED use information shall be presented to the School Physician of the AED program within 72 hours of the emergency. At a minimum, event information supplied shall include any recorded data and all electronic files captured by the AED.

3. Post Event Review:

Following each emergency medical responders or if a volunteer responder activates an AED, a review shall be conducted to learn from the experience. The School Physician shall conduct and document the post event review. All key participants in the event shall participate in the review. Included in the review shall be the identification of actions and the collection of opportunities for improvement as well as critical incident stress debriefing. A summary of the post event review shall be sent to school physician. The school nurse shall

AUTOMATED EXTERNAL DEFIBRILLATOR (regulation continued)

maintain a copy of the post event review summary.

Equipment Maintenance

Following use of emergency response equipment, all equipment shall be cleaned and/or decontaminated as required. If contamination includes body fluids, the equipment shall be disinfected according to OSHA Bloodborne Pathogen Standards, CFR 1910, 1030.

Monthly System Check

Once each calendar month the safety officer or her/his designee shall conduct and document a system check in compliance with the manufacturer's specifications. These records shall be retained on file. In addition, the monthly system check shall include no less than the following elements:

1. Policy and procedure are up-to-date;
2. Emergency kits are stocked to par level;
3. AEDs are at their assigned locations;
4. List of CPR and AED Certified staff is posted in the nurse's office, main office, and in the emergency plan;

Annual System Assessment

Once each calendar year the school nurse, in consultation with school physician, shall conduct and document a system readiness review. This shall include no less than the following elements:

1. Training records (copy of current CPR certification).
2. Equipment operational and maintenance records.
3. Physician Medical Authorization records.
4. Annual replacement of the batteries in the AED.

Location of the AEDs

The location of the AED areas is as follows:

AEDs (Automated External Defibrillators) Locations

AED ID#	Brand	Date of Purchase	Serial Number	Fixed (F) Portable (P)	Location	Status
1	Defibtech			101015344	By the nurse's office	X
2	Defibtech			101015419	Gym	X

REGULATION HISTORY

Adopted:
Revised:

October 28, 2004
October 23, 2008, September 25, 2014

AUTOMATED EXTERNAL DEFIBRILLATOR (regulation continued)

NJSBA Review/Update: June 2022
Readopted:

CROSS REFERENCES

5141 Health
5141.21 Administration of Medication

EXHIBIT

Exhibit 1 Incident Report Form

PRIMARY RESOURCES

PR 1 State AED Guidelines_sf.pdf
PR 2 Sudden Cardiac Death in Young Athletes_Memo.pdf
PR 3 Sudden Cardiac Death in Young Athletes_Pamphlet.pdf

SECONDARY RESOURCES

SR 1 AED Emergency Action Plan Collingswood.pdf

See below:

WEEKLY AED CHECKS

Month/Year: _____

AED Identification Number: _____ Location: _____

Month/Week												
Exterior: Clean No Damage	W1	W1	W1	W1	W1	W1	W1	W1	W1	W1	W1	W1
	W2	W2	W2	W2	W2	W2	W2	W2	W2	W2	W2	W2
	W3	W3	W3	W3	W3	W3	W3	W3	W3	W3	W3	W3
	W4	W4	W4	W4	W4	W4	W4	W4	W4	W4	W4	W4
Pads: Unopened With-In Expire Date	W1	W1	W1	W1	W1	W1	W1	W1	W1	W1	W1	W1
	W2	W2	W2	W2	W2	W2	W2	W2	W2	W2	W2	W2
	W3	W3	W3	W3	W3	W3	W3	W3	W3	W3	W3	W3
	W4	W4	W4	W4	W4	W4	W4	W4	W4	W4	W4	W4
Ready Status: All "Green" or "Ok"	W1	W1	W1	W1	W1	W1	W1	W1	W1	W1	W1	W1
	W2	W2	W2	W2	W2	W2	W2	W2	W2	W2	W2	W2
	W3	W3	W3	W3	W3	W3	W3	W3	W3	W3	W3	W3
	W4	W4	W4	W4	W4	W4	W4	W4	W4	W4	W4	W4
In-Use Battery: Installed	W1	W1	W1	W1	W1	W1	W1	W1	W1	W1	W1	W1
	W2	W2	W2	W2	W2	W2	W2	W2	W2	W2	W2	W2
	W3	W3	W3	W3	W3	W3	W3	W3	W3	W3	W3	W3
	W4	W4	W4	W4	W4	W4	W4	W4	W4	W4	W4	W4
Spare Battery: Within "Use- By" Dates	W1	W1	W1	W1	W1	W1	W1	W1	W1	W1	W1	W1
	W2	W2	W2	W2	W2	W2	W2	W2	W2	W2	W2	W2
	W3	W3	W3	W3	W3	W3	W3	W3	W3	W3	W3	W3
	W4	W4	W4	W4	W4	W4	W4	W4	W4	W4	W4	W4
Ancillary Supplies: Pack Present And Contains: Barriers Gloves Razor Scissor Towel	W1	W1	W1	W1	W1	W1	W1	W1	W1	W1	W1	W1
	W2	W2	W2	W2	W2	W2	W2	W2	W2	W2	W2	W2
	W3	W3	W3	W3	W3	W3	W3	W3	W3	W3	W3	W3
	W4	W4	W4	W4	W4	W4	W4	W4	W4	W4	W4	W4
Inspector Initials												

INSTRUCTIONS:

1. ✓ IF ITEM OK
2. ■ FILL IN BLOCK IF NOT OK
3. INITIAL BOTTOM ROW
4. REPORT "NOT OK" TO RESPONSIBLE PARTY

DAILY AUTOMATED EXTERNAL DEFIBRILLATOR

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Sep																															
Oct																															
Nov																															
Dec																															
Jan																															
Feb																															
Mar																															
Apr																															
May																															
Jun																															

Please initial and sign your name below if you are to check the AED for the blinking green light.

Put your initial in the appropriate box for the day you checked the AED.

Initial		Name		Initial		Name

QUINTON TOWNSHIP BOARD OF EDUCATION
Quinton, New Jersey

FILE CODE: 5141.1

<u>X</u>	Monitored
<u>X</u>	Mandated
<u> </u>	Other Reasons

Policy

ACCIDENTS

The principal shall develop a program of accident prevention suited to his/her school. The superintendent shall review and approve such programs. When unforeseen situations arise, and an accident occurs, a school nurse or other assigned staff member shall be responsible for providing emergency services to a child or staff member. The medical inspector shall prepare a list of first aid treatment for the most common minor injuries. This list shall be made known to the staff.

Guidelines for Dealing with Accident/Injury

- A. The school nurse or another trained person shall be responsible for administering first aid. Universal precautions shall be taken in the handling of blood and body fluids to ensure the containment of bloodborne pathogens (see policies and regulations 4112.4/4212.4 Employee Health and 5141.2 Illness);
- B. In all cases where the nature of an injury appears in any way serious, every effort shall be made to contact the parent/guardian and/or family physician immediately;
- C. Parents/guardians shall be requested to pick up their child. If a parent/guardian is unable to provide such transportation, no student who is injured shall be sent home alone. A student who is injured shall not be taken home unless it is known that someone is there to receive him/her;
- D. In extreme emergencies, the school nurse, school doctor or principal may make arrangements for immediate hospitalization of injured students, contacting parents/guardians in advance if at all possible;
- E. The teacher or other staff member who is responsible for a child at the time an accident occurs shall make out a report within 24 hours on an official form providing details about the accident. This shall be required for every accident whether first aid is necessary or not;
- F. Any injuries or accidents to students shall be reported as soon as possible to the superintendent and the board.

Staff shall be informed at the beginning of each school year of the accident prevention program and procedures to be followed in case of an accident/injury.

Emergency Medical Procedures for Sports/Athletics

The board of education recognizes its responsibility for student safety encompassing all aspects of sports and athletic events in both intramural and interscholastic programs. The board directs the superintendent to develop and implement emergency medical procedures to ensure delivery of appropriate emergency medical services for all practice sessions, competitive contests, games, events, or exhibitions with individual students or teams of the schools of this district whether among themselves or with students of other districts.

The board further directs that these emergency medical procedures be disseminated to appropriate personnel within this district and address practice sessions and both home and away events.

The board directs the superintendent to report on the effectiveness of the emergency medical procedures to the board annually for its review.

Adopted: December 10, 1985
Revised: October 23, 2008
NJSBA Review/Update: June 2022
Readopted:

ACCIDENTS (continued)Key Words

Accidents; Injuries

<u>Legal References:</u> <u>N.J.S.A.</u> 18A:11-3	Voluntary associations regulating conduct of student activities; membership; rules and regulations; appeals
<u>N.J.S.A.</u> 18A:16-6	Indemnity of officers and employees against civil actions
<u>N.J.S.A.</u> 18A:16-6.1	Indemnity of officers and employees in certain criminal actions
<u>N.J.S.A.</u> 18A:40-25	Boards of education to provide nursing care to students in nonpublic schools
<u>N.J.A.C.</u> 6A:16-1.1 <u>et seq.</u>	Programs to Support Student Development
<u>See particularly:</u>	
<u>N.J.A.C.</u> 6A:16-2.1, -2.3, -2.4	
<u>N.J.A.C.</u> 6A:26-12.2(a)2iii	Policies and procedures for school facility operation
<u>N.J.A.C.</u> 6A:27-12.2	Accident reporting (transportation)
<u>N.J.A.C.</u> 6A:32-9.1 <u>et seq.</u>	Athletics Procedures
<u>N.J.A.C.</u> 8:61-1.1 <u>et seq.</u>	Participation and Attendance at School by Individuals with HIV Infection

HIV Policy and Practice: Regulatory Requirements for New Jersey Public Schools,

SDOE Division of Student Services, Sept. 1996, Doc. #P101400-31

Possible

<u>Cross References:</u> *3516	Safety
*3541.33	Transportation safety
*4112.4/4212.4	Employee health
*4123	Classroom aides
*5113	Absences and excuses
*5125	Student records
*5131.6	Drugs, alcohol, tobacco (substance abuse)
*5141	Health
*5141.2	Illness
*5141.4	Child abuse and neglect
5141.6	Crisis intervention
*5141.8	Sports related concussion and head injury
*5141.21	Administering medication
*5142	Student safety
*5200	Nonpublic school students
*6114	Emergencies and disaster preparedness
*6142.12	Career education
*6145.1/6145.2	Intramural competition; interscholastic competition
*6153	Field trips

*Indicates policy is included in the Critical Policy Reference Manual.

Regulation

ILLNESS AND INJURY

The safety and health of a sick or injured student are the primary responsibility of every staff member.

The school shall maintain a first aid cabinet with first aid instructions attached. The cabinet shall be placed in a location which is readily accessible.

Procedures for Responding to Accidents and Injuries

- A. Teachers and all other school staff members who observe that a student is ill or injured shall send the student to the nurse's office immediately;
- B. The student shall be supervised by an adult staff member at all times and shall be accompanied by the teacher or another school staff member designated by the teacher to the nurse's office;
- C. If the student is unable to walk to the nurse's office, the nurse shall report to the student's location;
- D. The school nurse shall be notified of any emergency during the regular school day;
- E. The school nurse shall be responsible for the supervision of the appropriate response to an injury or illness;
- F. In the absence of the nurse a member of the school staff designated by the nurse, may respond to an illness or injury including administering first aid if necessary;
- G. When school is not in session, such as after school hours, holidays, Saturdays, summer vacation or at evening functions, the supervising school staff shall be responsible for coordinating the response to an accident or illness;
- H. First aid treatment shall only be administered by a staff member to protect the life of and comfort the student until treatment by the school nurse, the school physician or the emergency medical response unit is secured;
- I. Following any administration of first aid, the student's parent/guardian or other designated emergency contact person shall be contacted immediately;
- J. When the illness or injury is serious enough to warrant excusal from school, the student shall be supervised by the school nurse until placed under the care of his/her parent(s) or guardian(s);
- K. Subsequent treatment shall be the responsibility of the parent/guardian;
- L. If the parent/guardian cannot be contacted and medical treatment is necessary, the school doctor and/or emergency medical services shall be contacted and proper disposition of the case will be made on their professional recommendation.

Serious Injury

A serious illness or injury includes conditions of the health that cause any period of incapacity that requires immediate medical evaluation and/or treatment (e.g. head injury, suspected bone break, unconsciousness, severe or steady bleeding, physical trauma and wounds, vomiting).

ILLNESS AND INJURY (regulation continued)

For cardiac arrest see the district emergency action plan at 5141 Health, Automated External Defibrillator (AED). The following procedures shall also apply after intervention with the AED by a trained and qualified district staff member:

- A. The student shall be supervised by the school nurse, the school physician or the principal until the parent/guardian resumes custody of the student;
- B. Emergency treatment shall be applied the school nurse or by a person skilled in first aid training, if possible;
- C. Parents/guardians shall be notified immediately and if successfully contacted consulted on choice of hospital or physician;
- D. The principal shall be alerted of the serious illness or injury requiring medical intervention;
- E. If parents/guardians are not available or the injury or illness requires immediate treatment, the school physician and/or the emergency medical response unit shall be contacted;
- F. Any student transported to the hospital from school shall be accompanied by a school staff member designated by the principal until the student can be released to the custody of the parent/guardian;
- G. When immediate medical attention is not necessary the student may be released to the custody of the parents/guardians;
- H. An incident report shall be filled out promptly and completely by the school nurse or staff member coordinating the response to the illness or injury and submitted to and/or filed in the nurse's office;
- I. The superintendent shall be apprised of all actions being taken.

Minor Injury or Illness

Minor injuries and illness includes health conditions that do not cause incapacitating discomfort or require immediate medical treatment (e.g. bruises, belly ache, head cold, scrapes or shallow cuts, cramps). The school nurse shall be responsible for evaluating all injuries and illness and determining if immediate medical treatment is required. For minor illnesses and injuries:

- A. Simple first aid may be applied for superficial cuts and bruises;
- B. The nurse may administer medication if authorized by the parent/guardian or in compliance with the physicians standing orders for the school;
- C. The nurse shall notify the parent/guardian shall be notified of any illnesses or injury that requires the student to be sent home;
- D. The student shall be supervised and monitored by the school nurse until they may safely return to class or are released to the custody of the parent/guardian;
- E. An incident report shall be filed for any injury that occurs on school property during the school day or at school activities.

Communicable Diseases

The school nurse shall notify the parent/guardian immediately if in his/her judgment a student has contracted a communicable disease such as strep throat and other contagious illness. The student shall be sent home. Upon return to school, the student must report to the school nurse with documentation from a doctor confirming the diagnosis, that he/she may safely return to school, and any limitations of activity that are necessary.

ILLNESS AND INJURY (regulation continued)

Parents/guardians shall be contacted by the school nurse when their student is too ill to return to a class period for any reason. Parents should have some means of transportation to pick up an injured or ill student at school.

If the student has a fever of 100 degrees or over, a sore throat, an upset stomach, or a rash, parents are encouraged to keep the student home and contact the family doctor. If the parent/guardian suspects that their student has a communicable disease, the student should be taken to his/her family doctor for diagnosis and treatment. Parents/guardians shall be required to contact the health office for any absence, and in particular report if the student is absent with a communicable disease.

Procedures for Handling Students Who Must be Returned Home During the School Day

- A. No one other than the superintendent shall exercise the authority to direct a student to return home during the school day.
 1. In cases of illness, the nurse should recommend the necessary action to the administrator. In the absence of the Administrator, the nurse shall exercise his/her own judgment but notify the central office of her action immediately;
 2. In cases of gross misbehavior, inappropriate dress or other alleged rule infractions, teachers, counselors and other professional personnel are obligated to report to the administrator. They shall not initiate punitive action such as exclusion or suspension from class;
 3. Under no circumstances shall non-professional personnel recommend or execute a particular course of action in the handling of pupils.
- B. If the administrator determines that a pupil must, for any reason, be returned home during the school day, he/she shall first contact the parent/guardian and request that the pupil be picked up. If this is not possible, the student should be transported home by school personnel (i.e. illness, accident, disciplinary action, emergencies). Under no circumstances shall a student be left at home unless the parent, guardian, or some other adult is home to assume full responsibility for the child. Personnel available to transport students home may include the superintendent/director of special education and the school nurse
- C. In the absence of the superintendent, secretarial and custodial personnel shall proceed in the following manner:
 1. Call the superintendent for direction or for authority to act;
 2. Call the nurse for illness and accident cases; then notify the superintendent immediately.

In discipline cases, or cases involving inappropriate school attire, the child shall be kept in the classroom or close by, under the supervision of the teacher until the administrator arrives. If the problem of misbehavior is sufficiently severe to warrant exclusion from the class, the child should be retained in the office until the administrator arrives.

The importance of professionals at all levels acting in emergencies and doing so with only their experience, intelligence and good judgment to guide them is recognized. Further, prompt and responsible action is encouraged. It is extremely important however, that sound procedures be followed and that proper administrative personnel be notified when problems arise. This will enhance the chances of the right thing being done for children and insure adequate support for action taken, if and when, disputes arise.

Adopted: October 23, 2008
 NJSBA Review/Update: June 2022
 Readopted:

VACCINATION AND TESTING

The board believes that preventing the transmission of COVID-19 is critical to keeping schools open for inperson instruction. The board requires that all eligible teachers, educational staff, contracted employees, vendors, volunteers, providers and any other individuals working in the schools where regular visits to the schools are part of the individual's job duties, be fully vaccinated. Unvaccinated eligible teachers, educational staff, contracted employees, vendors, volunteers, providers and any other individuals working in the schools shall be subject to routine COVID-19 testing.

Executive Order 253 declares that "the State has experienced significant upticks in critical COVID-19 metrics over the past few months, including COVID-19 positive cases, the rate of transmission, spot positivity, and new hospitalizations, that warrant additional precautions in certain settings, especially those with a substantial number of unvaccinated individuals. The Centers for Disease Control (CDC) has emphasized that vaccination is a critical means to prevent spread of COVID-19 and to avoid infection of those individuals that cannot be vaccinated because their age precludes them from receiving one... The majority of the student population remains ineligible for vaccination at this time." Therefore, the CDC has strongly recommended vaccination of all eligible teachers and educational staff.

Executive Order 253 also declares that as of October 18, 2021, all staff members who are eligible to be vaccinated against COVID-19 must receive the vaccine or be subject to routine COVID-19 testing. Executive Order 253 also applies to contracted employees, vendors, providers and any other individuals working in the schools where regular visits to the schools are part of the individual's job duties, including volunteers.

According to N.J.S.A. 26:13-3, the Governor of the State has the authority to declare a public health emergency. According to N.J.S.A. App.A:9-33, the purpose of the Civilian Defense and Disaster Control Act is to "provide for the health, safety and welfare of the people of the State of New Jersey and to aid in the prevention of damage to and the destruction of property during any emergency ... by prescribing a course of conduct for the civilian population..." According to N.J.S.A. App.A:9-40, public officials are required to fully cooperate with the Governor in all matters affecting any declared emergency. Furthermore, Executive Order 253 expressly forbids state entities from taking any action that conflicts with or impedes it's implementation.

Definitions

"Covered settings" are all public, private, and parochial preschool programs, and elementary and secondary schools, including charter and renaissance schools.

"Covered workers" shall include all individuals employed by the covered setting, both full and part-time, including, but not limited to, administrators, teachers, educational support professionals, individuals providing food, custodial, and administrative support services, substitute teachers, whether employed directly by a covered setting or otherwise contracted, contractors, providers, and any other individuals performing work in covered settings whose job duties require them to make

VACCINATIONS AND TESTING (continued)

regular visits to such covered settings, including volunteers. Covered workers do not include individuals who visit the covered setting only to provide one-time or limited duration repairs, services, or construction.

“Fully vaccinated” for COVID-19 is two weeks or more after an individual has received the second dose in a two-dose series or two weeks or more after they have received a single-dose vaccine. Individuals will only be considered fully vaccinated where they have received a COVID-19 vaccine that is currently authorized for emergency use by the Food and Drug Administration (FDA) or the World Health Organization (WHO), or that are approved for use by the same. Workers who are not fully vaccinated, or for whom vaccination status is unknown or who have not provided sufficient proof of documentation, shall be considered unvaccinated.

Vaccination and Testing

The board requires all covered workers to either provide adequate proof that they have been fully vaccinated or submit to COVID-19 testing at minimum one to two times weekly. This requirement shall take effect on October 18, 2021, at which time any covered workers that have not provided adequate proof that they are fully vaccinated must submit to a minimum of weekly or twice weekly testing on an ongoing basis until fully vaccinated.

Covered workers may demonstrate proof of full vaccination status by presenting the following documents if they list COVID-19 vaccines currently authorized by the Food and Drug Administration (FDA) Emergency Use Authorization (EUA) in the United States and/or the World Health Organization (WHO), along with an administration date for each dose:

- A. The CDC COVID-19 Vaccination Card issued to the vaccine recipient by the vaccination site, or an electronic or physical copy of the same;
- B. Official record from the New Jersey Immunization Information System (NJIS) or other State immunization registry;
- C. A record from a health care provider’s portal/medical record system on official letterhead signed by a licensed physician, nurse practitioner, physician’s assistant, registered nurse or pharmacist;
- D. A military immunization or health record from the United States Armed Forces; or
- E. Docket mobile phone application record or any state specific application that produces a digital health record.

Covered settings collecting vaccination information from covered workers must comport with all federal and State laws, including but not limited to the Americans with Disabilities Act, that regulate the collection and storage of that information.

VACCINATIONS AND TESTING (continued)**Testing**

The covered worker shall undergo screening testing at a minimum of one to two times each week. The unvaccinated covered worker shall submit proof of a COVID-19 test to the chief school administrator or his or her designee. (Select Option 1: The worker may choose either antigen or molecular tests that have EUA by the U.S. Food and Drug Administration (FDA) or are operating per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services. OR Option 2 The district shall provide the unvaccinated covered worker with on-site access to an antigen or molecular COVID-19 test.)

If the covered worker is not working on-site during a week where testing would otherwise be required, the worker is still required to submit to testing for that week. This testing requirement is in addition to any other diagnostic testing of symptomatic workers or screening testing of vaccinated workers.

Tracking and Records

The chief school administrator shall assign a staff member who is responsible for tracking test results and reporting such results to local public health departments.

The collection of and storage of test results, examination results and proof of vaccination documentation shall comport with board policies and all federal and State laws, including but not limited to the Americans with Disabilities Act, that regulate the collection and storage of that information. Employee records and documentation shall be kept in the employee's confidential health record that shall be maintained separately from other personnel files (see board policy 4112.6/4212.6 Personnel Records). The custodian of records shall maintain test results, examination results and proof of vaccination records and documentation for all other covered workers in a locked and secure location to ensure confidentiality (see board policy 3570 District Records and Reports).

Adopted:

NJSBA Review/Update:

Readopted:

Key Words Proof of Vaccination, Vaccination, COVID-19, Coronavirus, Examination, Test

Resources:

The CDC recently issued updated guidance regarding considerations for wearing face coverings and how it can help slow the spread of COVID-19. Schools should refer to this guidance as it includes details regarding who should and should not wear a face covering: Guidance for COVID-19 Prevention in K-12 Schools | CDC

Centers for Disease Control and Prevention "Your Guide to Masks" at: Your Guide to Masks | CDC

VACCINATIONS AND TESTING (continued)

NJDOE School Reopening Frequently Asked Questions at:

<https://www.nj.gov/education/reopening/faqs/#sd>

NJDOE Update to Conditions of Learning, Health and Safety, “Critical Area of Operation #5: Screening, PPE, and Response to Students and Staff Presenting Symptoms” and “Critical Area of Operation #3: Transportation

<https://nj.gov/education/reopening/updates/docs/RestartUpdateFacecoverings080320.pdf>

“Physical Distancing, face coverings, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis,” September 21, 2020. D.K. Chu, S. Duda, K. Solo, S. Yaacoub, and H. Schunemann.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7503118/>

Legal References:

N.J.S.A. 18A:35-4.6 through -4.8 Parents Right to Conscience Act of 1979

N.J.S.A. 18A:40-4 Examination for physical defects and screening of hearing of pupils; health records

N.J.S.A. 18A:40-4.4 Exemption

N.J.S.A. 18A:40-4.5 Immunity from action of any kind due to provisions of act

N.J.S.A. 18A:40-5 Method of examination; notice to parent or guardian

N.J.S.A. 18A:40-6 In general

N.J.S.A. 18A:40-7, -8, -10, -11 Exclusion of pupils who are ill

N.J.S.A. 18A:40-12.37 Release to share medical information

N.J.S.A. 18A:40-20 Immunization at public expense

N.J.S.A. 26:1A-9.1 Exemption of pupils from mandatory immunizations

N.J.S.A. 26:4-6 Prohibiting attendance of teachers or pupils

N.J.A.C. 6A:14-3.4 Evaluation

N.J.A.C. 6A:16-1.1 et seq. Programs to Support Student Development

See particularly:

N.J.A.C. 6A:16-1.1, -1.3, -2.1, -2.2, -2.3, -2.4

N.J.A.C. 8:57-4.3 Medical exemptions

N.J.A.C. 8:57-4.4 Religious exemptions

N.J.A.C. 8:57-4.5 Provisional admission

N.J.A.C. 8:57-4.7 Records required

N.J.A.C. 8:57-4.8 Reports to be sent to the State Department of Health

N.J.A.C. 8:57-4.9 Records available for inspection

N.J.A.C. 8:57-4.22 Emergency power of the Commissioner, Department of Health and Senior Services

20 U.S.C.A. 1232h Protection of Pupil Rights Amendment

Executive Order No. 251, Governor Philip D. Murphy, August 6, 2021.

Executive Order No. 253, Governor Philip D. Murphy, August 23, 2021.

The NJDOE Guidance: The Road Back: Restart and Recovery at:

<https://www.nj.gov/education/reopening/>

VACCINATIONS AND TESTING (continued)

The NJDOE Guidance: The Road Forward: Health and Safety Guidance for the 2021- 2022 School Year at: The Road Forward (nj.gov)

Possible Cross References:

- *1410 Local units
- *4123 Classroom aides
- *5111 Admission
- *5113 Absences and excuses
- *5131.6 Drugs, alcohol, tobacco (substance abuse)
- *5141 Health *5141.21 Administering medication
- *5200 Nonpublic school pupils

*Indicates policy is included in the Critical Policy Reference Manual.

QUINTON TOWNSHIP BOARD OF EDUCATION
Quinton, New Jersey

FILE CODE: 5141.2

<u>X</u>	Monitored
<u>X</u>	Mandated
<u>X</u>	Other Reasons

Policy

ILLNESS

When students are taken suddenly ill in school, they shall be sent or escorted to the nurse's office. If the nurse is not in the medical office, the student shall be sent or taken to the building principal's office. In general, the same procedures that apply to accidents shall apply to sudden student illness. The superintendent, in cooperation with the medical inspector, shall implement this policy.

Control of Contagious Diseases or Conditions

In order to protect the health of the students in our schools, all regulations of the state department of education, the state department of health and the local board of health shall be scrupulously observed, particularly those dealing with contagious or infectious diseases or conditions. Students who have been absent because of contagious or infectious diseases or conditions must present a certificate of recovery from a licensed physician or be examined by the medical inspector.

The school nurse shall observe students who show evidence of communicable disease and recommend their exclusion to the school principal. Recommendations shall be consistent with reporting requirements on communicable diseases as set forth in the New Jersey Health Code. Such students shall be isolated in the nurse's office until a parent/guardian picks them up, and any necessary measures have been taken to prevent spread of the infection. The school nurse, under the direction of the medical inspector, shall instruct all teachers in the symptoms of the most common diseases or conditions at least once a year.

Any student with HIV infection or AIDS or who lives with or is related to someone with HIV or AIDS shall not be excluded from general education, transportation services, extracurricular activities, athletic activities, assigned to home instruction or classified as eligible for special education because of the HIV infection. The school nurse shall recommend the exclusion of any individual with weeping skin lesions that cannot be covered.

In addition to the review of health and safety measures required by law, the school nurse shall individually instruct teachers from whose classrooms a student has been excluded in the symptoms of the disease for which the student was excluded. Student rights and confidentiality shall be protected in accordance with law. No teacher shall attempt to diagnose any illness of a student, but shall refer suspected cases to the nurse immediately.

Handling Blood and Body Fluids

The superintendent and medical inspector shall develop detailed routine procedures based on New Jersey administrative code and guidelines from the Centers for Disease Control for proper handling of blood and body fluids resulting from illness/accidents in the schools. These procedures shall be disseminated to all district staff and volunteers.

The medical inspector shall report all cases of communicable disease to the local board of health as required by law.

Adopted:	December 10, 1985
Revised:	October 13, 1987, April 3, 1995, October 23, 2008
NJSBA Review/Update:	June 2022
Readopted:	

Key Words

ILLNESS (continued)

Illness, Sickness, Body Fluids

<u>Legal References:</u>	<u>N.J.S.A.</u> 18A:16-6	Indemnity of officers and employees against civil actions
	<u>N.J.S.A.</u> 18A:16-6.1	Indemnity of officers and employees in certain criminal actions
	<u>N.J.S.A.</u> 18A:40-3	Lectures to teachers
	<u>N.J.S.A.</u> 18A:40-7	Exclusion of students who are ill
	<u>N.J.S.A.</u> 18A:40-8	Exclusion of students whose presence is detrimental to health and cleanliness
	<u>N.J.S.A.</u> 18A:40-10	Exclusion of teachers and students exposed to disease
	<u>N.J.S.A.</u> 18A:40-11	Exclusion of students having communicable tuberculosis
	<u>N.J.S.A.</u> 18A:40-12	Closing schools during epidemic
	<u>N.J.S.A.</u> 18A:40-25	Boards of education to provide nursing care to students in nonpublic schools
	<u>N.J.S.A.</u> 26:2T-1	Newly diagnosed Hepatitis C case; information, reports
	<u>N.J.S.A.</u> 26:4-6	Prohibiting attendance of teachers or students
	<u>N.J.S.A.</u> 26:4-15	Reporting of communicable diseases by physicians
	<u>N.J.S.A.</u> 26:5C-1 <u>et seq.</u>	<u>AIDS Assistance Act</u>
	<u>N.J.A.C.</u> 6A:16-1.1 <u>et seq.</u>	Programs to Support Student Development
	<u>See particularly:</u>	
	<u>N.J.A.C.</u> 6A:16-1.3, -2.1 <u>et seq.</u>	
	<u>N.J.A.C.</u> 8:57-1.1 <u>et seq.</u>	Reportable Communicable Diseases
	<u>See particularly:</u>	
	<u>N.J.A.C.</u> 8:57-1.3, -1.7, -2	
	<u>N.J.A.C.</u> 8:61-1.1	Attendance at school by students or adults infected by Human Immunodeficiency Virus (HIV)

Plainfield Board of Education v. Cooperman, 105 NJ 587 (1987)

Possible

<u>Cross References:</u>	*1410	Local units
	*4112.4/4212.4	Employee health
	*4131/4131.1	Staff development; inservice education/visitations/conferences
	*5113	Attendance, absences and excuses
	*5125	Student records
	*5131.6	Drugs, alcohol, tobacco (substance abuse)
	*5141	Health
	*5141.1	Accidents
	*5141.4	Child abuse and neglect
	*5141.8	Sports related concussion and head injury
	*5200	Nonpublic school students
	*6142.13	HIV prevention education

*Indicates policy is included in the Critical Policy Reference Manual.

QUINTON TOWNSHIP BOARD OF EDUCATION
Quinton, New Jersey

FILE CODE: 5141.3

<u>X</u>	Monitored
<u>X</u>	Mandated
<u>X</u>	Other Reasons

Policy

HEALTH EXAMINATIONS AND IMMUNIZATIONS

Students who enter the Quinton Township District school for the first time shall have a medical examination conducted at the medical home of the student, and a full report sent to the school. If a student does not have a medical home, the district shall provide this examination at the school physician's office or other appropriately equipped facility. "Medical home" means a health care provider and that provider's practice site chosen by the student's parent/guardian for the provision of health care. As the school physician is also a health care provider, the parent/guardian may request that the school physician provide the medical examination.

A student shall be exempted from mandatory immunization if the parent/guardian objects to immunization in a written statement submitted to the principal, signed by the parent/guardian, explaining how the administration of immunizing agents conflicts with the student's exercise of bona fide religious tenets or practices. General philosophical or moral objection to immunization shall not be sufficient for an exemption on religious grounds.

Every student who enters the district schools for the first time shall present an immunization record as required by law. At the parent/guardian's request, these immunizations may be administered by the school physician.

In order to protect the health of the children and staff in district schools, all regulations of the state department of education, the state department of health and the local board of health shall be scrupulously observed, particularly those dealing with contagious/infectious diseases or conditions. Students seeking to enter school who have been identified as having a communicable/infectious disease or condition shall not be enrolled unless they qualify under the above agencies' rules pertaining to periods of incubation, communicability, quarantine, and reporting.

The superintendent or his/her designee shall formulate regulations that ensure immunization records are reviewed and updated annually pursuant to N.J.A.C. 8:57-4.1 through 4.16. The superintendent shall also formulate regulations for this policy and for regular student health examinations at appropriate grade levels; before participation in sports programs; and for tuberculosis, scoliosis, hearing loss, visual acuity and any other physical examinations required by law. Any health defects revealed by any examination given by the school health services must be reported to the parent/guardian. The board shall review the regulations and adopt those required by law.

Parent/Guardian Notice

In accordance with federal law, the Protection of Student Rights Amendment (PPRA), parents/guardians shall be notified annually of the opportunity for the parent/guardian to opt the student out of any non-emergency, invasive physical examination or screening that is:

- A. Required as a condition of attendance;
- B. Administered by the school and scheduled by the school in advance; and
- C. Not necessary to protect the immediate health and safety of the student, or of other students.

Adopted: December 10, 1985
Revised: October 13, 1987, December 19, 2002, October 23, 2008
NJSBA Review/Update: June 2022
Readopted:

Key Words

HEALTH EXAMINATIONS AND IMMUNIZATIONS (continued)

Immunizations, Inoculations, Examinations, Student Physical Examinations, Student Physical Examinations, Health

Legal References: N.J.S.A. 18A:35-4.6
through -4.8
N.J.S.A. 18A:40-4

N.J.S.A. 18A:40-4.3

N.J.S.A. 18A:40-4.4

N.J.S.A. 18A:40-4.5

N.J.S.A. 18A:40-5

N.J.S.A. 18A:40-6

N.J.S.A. 18A:40-11

N.J.S.A. 18A:40-16
through -19

N.J.S.A. 18A:40-20

N.J.S.A. 18A:61D-8
through -10

N.J.S.A. 26:1A-9.1

N.J.S.A. 26:4-6

N.J.S.A. 26:2T-5

through -9

N.J.A.C. 6A:14-3.4

N.J.A.C. 6A:16-1.1 et seq.

See particularly:

N.J.A.C. 6A:16-1.3,
-2.1, -2.2, -2.3, -2.4,
-4.1, -4.3

N.J.A.C. 6A:32-9.1

N.J.A.C. 8:57-2

N.J.A.C. 8:57-4.1

N.J.A.C. 8:57-4.2

N.J.A.C. 8:57-4.3

N.J.A.C. 8:57-4.4

N.J.A.C. 8:57-4.5

N.J.A.C. 8:57-4.6

N.J.A.C. 8:57-4.7

N.J.A.C. 8:57-4.8

N.J.A.C. 8:57-4.9

N.J.A.C. 8:57-4.10

N.J.A.C. 8:57-4.11

N.J.A.C. 8:57-4.12

N.J.A.C. 8:57-4.13

N.J.A.C. 8:57-4.14

N.J.A.C. 8:57-4.15

N.J.A.C. 8:57-4.16

N.J.A.C. 8:57-4.17

N.J.A.C. 8:57-4.18

N.J.A.C. 8:57-4.19

Parents Right to Conscience Act of 1979

Examination for physical defects and screening of hearing of students; health records

Scoliosis; periodic examination; notice to parents or guardian

Exemption

Immunity from action of any kind due to provisions of act

Method of examination; notice to parent or guardian

In general

Exclusion of students having communicable tuberculosis

Tuberculosis infection; determination of presence ...

Immunization at public expense

Findings, declarations relative to Hepatitis B
vaccinations....

Exemption of students from mandatory immunizations

Prohibiting attendance of teachers or students

Findings, declarations relative to Hepatitis C
Evaluation

Programs to Support Student Development

Athletics Procedures

Reporting of acquired immunodeficiency syndrome and
infection with Human Immunodeficiency Virus

Applicability

Proof of immunization

Medical exemptions

Religious exemptions

Provisional admission

Documents accepted as evidence of immunization

Records required

Reports to be sent to the State Department of Health

Records available for inspection

Diphtheria and tetanus toxoids and pertussis vaccine

Poliovirus vaccine

Measles virus vaccine

Rubella vaccine

Mumps vaccine

Haemophilus influenza type b (Hib) conjugate vaccine

Hepatitis B virus vaccine

Varicella virus vaccine

Pneumococcal conjugate vaccine

Influenza vaccine

HEALTH EXAMINATIONS AND IMMUNIZATIONS (continued)

<u>N.J.A.C.</u> 8:57-4.20	Meningococcal vaccine
<u>N.J.A.C.</u> 8:57-4.21	Providing immunization
<u>N.J.A.C.</u> 8:57-4.22	Emergency power of the Commissioner, Department of Health and Senior
<u>N.J.A.C.</u> 8:61-2.1	Attendance at school by students or adults infected by Human Immuno-deficiency Virus (HIV)

20 U.S.C.A. 1232h Protection of Student Rights Amendment

Plainfield Board of Education v. Cooperman, 105 NJ 587 (1987)

Every Student Succeeds Act of 2015 , Pub. L. 114-95, 20 U.S.C.A. 6301 et seq.

Possible

<u>Cross References:</u>	*1410	Local units
	*4123	Classroom aides
	*5111	Admission
	*5113	Absences and excuses
	*5131.6	Drugs, alcohol, tobacco (substance abuse)
	*5141	Health
	*5141.21	Administering medication
	*5200	Nonpublic school students
	*6142.4	Physical education and health
	*6145.1/6145.2	Intramural competition; interscholastic competition
	*6162.5	Research
	*6164.4	Child study team
	*6171.4	Special education

*Indicates policy is included in the Critical Policy Reference Manual.

QUINTON TOWNSHIP BOARD OF EDUCATION
Quinton, New Jersey

FILE CODE: 5141.4

<u>X</u>	Monitored
<u>X</u>	Mandated
_____	Other Reasons

Policy

MISSING, ABUSED AND NEGLECTED CHILDREN

The Quinton Township Board of Education believes that a child's physical and mental well-being must be maintained as a prerequisite to the achievement of the New Jersey Student Learning Standards. The board therefore believes that it is important to identify and investigate suspected incidents involving missing, abused and neglected children immediately. The school district will cooperate with the New Jersey Division of Child Protection and Permanency (DCP&P).

In order to increase awareness of the symptoms of missing, abused and neglected children and cause them to be better informed on all aspects of abuse and neglect, the board directs the superintendent to provide information and inservice training on these subjects to all school employees. Specifically, this training shall include information on the district's policies and procedures for reporting allegations of missing, abused, or neglected child situations. All new employees, volunteers and interns shall receive the required information and training as part of their orientation.

Liaisons to DCP&P and Law Enforcement Authorities

The superintendent shall designate a staff member or staff members who shall act as liaison between DCP&P and the district. The liaison shall facilitate communication and cooperation between the district and/or the school and DCP&P and act as primary contact between the schools and DCP&P.

The superintendent shall also designate a staff member or staff members who shall act as liaison between law enforcement authorities and the district. The liaison shall facilitate communication and cooperation between the district and law enforcement authorities and act as primary contact between the school and law enforcement.

Reporting Procedures

In accordance with law (N.J.S.A. 9:6-8.10; P.L. 2019, c. 40), any person having reasonable cause to believe that a child has been subjected to child abuse, including sexual abuse, or acts of child abuse shall report the same immediately to the Division of Child Protection and Permanency by telephone or otherwise. Such reports, where possible, shall contain the names and addresses of the child and his/her parent, guardian, or other person having custody and control of the child and, if known, the child's age, the nature and possible extent of the child's injuries, abuse or maltreatment, including any evidence of previous injuries, abuse or maltreatment, and any other information that the person believes may be helpful with respect to the child abuse and the identity of the perpetrator.

The superintendent is directed to develop procedures for compliance with statutory requirements that suspected incidents of potentially missing, abused and neglected children be reported. The following procedures shall apply:

- A. All staff members, volunteers and interns having contact with students are required to report directly and immediately to DCP&P all incidents of alleged missing, abused and neglected children. The person having reason to believe that a child may be missing or may have been abused or neglected may inform the principal or other designated school officials prior to notifying DCP&P if the action will not delay immediate notification. Employees, volunteers and interns shall not be required to obtain confirmation by another person to report a suspected missing, abused or neglected child situation;
- B. The person notifying DCP&P shall inform the principal or other designated school officials of the notification, if this was not done prior to notifying DCP&P. The principal or other school designated school

MISSING, ABUSED AND NEGLECTED CHILDREN (continued)

officials should not be given this notification if the person making the notification believes that it would likely endanger the reporter or student involved or result in retaliation against the student or in discrimination against the reporter with respect to his or her employment;

- C. The principal shall notify the law enforcement authorities of incidents of potentially missing, abused, or neglected child situations. Law enforcement authorities shall be notified about all reports by employees, volunteers, or interns working in the school district. Procedures for the notification of the law enforcement authority shall be consistent with the district Memorandum of Agreement (see board policy 1410 Local Units);
- D. The principal shall ensure that all involved staff cooperate with DCP&P and law enforcement authorities in all investigations of potential missing, abused, or neglected children including facilitating:
 - 1. Accommodations permitting investigators to interview the student in the presence of the school principal or other designated school official. If the student is intimidated by the presence of the school representative, the student shall be requested to name an employee, volunteer, or intern he or she feels will be supportive to be present during the interview;
 - 2. Interviews by scheduling time with any employee, volunteer, or intern who may have information relevant to the investigation;
 - 3. The release of all records of the student who is the subject of the investigation that are deemed relevant to the assessment or treatment of a potentially missing, abused, or neglected child;
 - 4. The maintenance, security, and release of all confidential information about potential missing, abused, or neglected child situations;
 - 5. The release of the student to child welfare authorities while school is in session when it is necessary to protect the student or take the student to a service provider. This removal shall take place only after the principal or his or her designee has been provided, either in advance or at the time removal is sought, with appropriate documentation that DCP&P has already removed, or has appropriate authority to remove, the student from his or her home;
 - 6. The transfer to another school of a student who has been removed from his or her home by DCP&P for proper care and protection (see board policy 5118.2 Foster Care and Educational Stability).

Any person who knowingly violates the reporting requirements and fails to report an act of child abuse having reasonable cause to believe that an act of child abuse has been committed, is a disorderly person.

Any person who knowingly fails to report an act of sexual abuse against a child and who has reasonable cause to believe that an act of sexual abuse has been committed is guilty of a crime of the fourth degree which carries a term of imprisonment for up to 6 months, a fine of up to \$1,000, or both (N.J.S.A. 9:6-8.14; P.L. 2019, c. 40).

Due Process

Due process rights will be provided to school personnel, volunteers or interns who have been reassigned or suspended as a result of an accusation of child abuse or neglect. Temporary reassignment or suspension of an employee, with pay, volunteer or intern named as a suspect in an act of child abuse or neglect shall occur if there is reasonable cause to believe that the life or health of the alleged victim or other student is in jeopardy due to continued contact between the employee, volunteer or intern and a student. Due process rights shall include notice of the proposed suspension and a pre-suspension opportunity to respond.

If abuse is found, resulting from a single incident occurring in the school district, the superintendent shall be available to meet with the Department of Children and Families, which may request that the superintendent create a corrective action plan. The plan may include, but shall not be limited to, action to be taken with respect to a teacher, intern, employee, volunteer or other staff member to assure the health and safety of the

MISSING, ABUSED AND NEGLECTED CHILDREN (continued)

alleged victim and other children and to prevent future acts of abuse or neglect. Within 30 days of the date the Department requested the remedial plan, the superintendent shall notify the Department in writing of the progress in preparing the plan. The superintendent shall complete the plan within 90 days of the date the Department requested the plan.

If the child abuse or neglect is the result of several incidents occurring in the school district, within 30 days of receipt of the report of child abuse or neglect, the Department of Children and Families may request that the superintendent make administrative, personnel or structural changes within the district.

Records

All information regarding allegations of potentially missing, abused, or neglected children reported to authorities about an employee, volunteer, or intern working in the school district shall be considered confidential and may be disclosed only as required to cooperate in investigations. Records pertaining to such information shall be maintained in a secure location separate from other employee personnel records and accessible only to the school district superintendent or his or her designee.

All references to a notification to the designated DCP&P caseworker of a potential missing, abused, or neglected child situation involving a school district employee shall be removed from employee personnel records immediately following the receipt of an official notice from DCP&P that such allegations were unfounded.

Suicide Reporting

The board is committed to supporting State efforts to improve the information available to both professionals, who are in contact with youth at risk of suicide, and families at risk; identify and provide suitable intervention services to reduce the incidence of suicide; and educate youths and families at risk about the resources available for suicide prevention and intervention about youths who attempt suicide.

Therefore, in compliance with law (N.J.S.A. 30:9A-24 and N.J.A.C. 6A:16-11.1) school district employees, volunteers, or interns with reasonable cause to suspect or believe that a student has attempted or completed suicide, shall report the information to the Department of Children and Families. The information shall be reported in the form and manner prescribed by the Department of Children and Families.

The information contained in the report to the Department of Children and Families shall not be considered a public record, but the division may aggregate the data for the purpose of preparing an annual report. The reporter shall not be required to identify the student or youth by name or other unique identifier, but may be required to supply non-identifying demographic information about the student or youth, other attempts made by the student or youth and the response or referral made to deal with the incident.

Any person who reports an attempted or completed suicide shall have immunity from any civil or criminal liability on account of that report, unless the person has acted in bad faith or with malicious purpose.

Protection from Reprisal or Retaliation

The board assures all school personnel and volunteers that no one will be discharged from employment or discriminated against in any way as a result of making in good faith any reports of child abuse and neglect. Reprisal or retaliation against any person who, in good faith, reports or causes a report to be made of a potential missing, abused or neglected child situation is prohibited.

Staff members, volunteers or interns shall not be required to disclose, or be penalized for the failure to disclose, any information which would be privileged according to law (N.J.S.A. 2A:84A-18 through -23).

MISSING, ABUSED AND NEGLECTED CHILDREN (continued)

Adopted: June 11, 1985
 Revised: November 14, 1989, April 3, 1995, March 26, 1998,
 October 23, 2006, October 25, 2012
 NJSBA Review/Update: June 2022
 Readopted:

Key Words

Student Safety, Child Abuse, Child Neglect, Student Safety

<u>Legal References:</u>	<u>N.J.S.A. 2A:4A-60.2</u>	Disclosure, use of juvenile's statement made in course of screening
	<u>N.J.S.A. 2A:84A-18 through -23</u>	Self-incrimination
	<u>N.J.S.A. 2C:11-6.</u>	Aiding suicide
	<u>N.J.S.A. 2C:58-8.</u>	Certain wounds and injuries to be reported
	<u>N.J.S.A. 9:6-1 et seq.</u>	Abuse, abandonment, cruelty and neglect of child; what constitutes
	<u>See particularly:</u>	
	<u>N.J.S.A. 9:6-3.1; -8.9 through -8.14; -8.21; -8.27 through -8.30; -8.34 through -8.36; -8.40; -8.46; -8.56</u>	
	<u>N.J.S.A. 9:6-8.10</u>	Report of child abuse
	<u>N.J.S.A. 9:6-8.14</u>	Violations including failure to make report
	<u>N.J.S.A. 18A:6-7a, -10, -11, -13, -14, -18.1, -30, -30.1 unfounded</u>	Removal from personnel files of reference to complaint of child abuse or neglect determined to be
	<u>N.J.S.A. 18A:6-111</u>	Findings, declarations relative to instruction in suicide prevention in public schools
	<u>N.J.S.A. 18A:6-112</u>	Instruction in suicide prevention for public school teaching staff.
	<u>N.J.S.A. 18A:6-113</u>	Provision for instruction in suicide prevention in school curriculum
	<u>N.J.S.A. 18A:36-19</u>	Student records; creation; maintenance and retention, security and access; regulations; nonliability
	<u>N.J.S.A. 18A:36-19a</u>	Newly enrolled students; records and identification
	<u>N.J.S.A. 18A:36-24 et seq.</u>	Missing children; legislative findings and declarations
	<u>N.J.S.A. 30:9A-22</u>	Findings, declarations relative to youth suicide
	<u>N.J.S.A. 30:9A-23</u>	Definitions relative to youth suicide
	<u>N.J.S.A. 30:9A-24</u>	Report by teacher of attempted, completed suicide by student
	<u>N.J.S.A. 52:17B-9.8a et seq.</u>	Marking of missing child's school record
	<u>N.J.A.C. 6A:16-5.1</u>	School safety plans
	<u>N.J.A.C. 6A:16-11.1 et seq.</u>	Reporting Allegations of Child Abuse and Neglect
	<u>N.J.A.C. 6A:32-7.1</u>	Student records

Possible

<u>Cross References:</u>	*5113	Absences and excuses
	*5125	Student records
	*5141.1	Accidents
	*5142	Student safety

MISSING, ABUSED AND NEGLECTED CHILDREN (continued)

*Indicates policy is included in the Critical Policy Reference Manual.

QUINTON TOWNSHIP BOARD OF EDUCATION
Quinton, New Jersey

FILE CODE: 5141.4

 X Monitored
 X Mandated
 Other Reasons

Regulation

MISSING, ABUSED AND NEGLECTED CHILDREN

GENERAL STATEMENT

The Quinton Township Board of Education shall foster with its community of parents a sense of wellbeing and confidence that each child is valued and will be protected from any form of threat or danger to their safety and wellbeing. The board of education adopts the New Jersey Legislature's determination that removal of children from school constitutes a deprivation in itself and may be an indicator of even more grievous abuses. The board believes that it is important to identify and investigate suspected incidents involving missing, abused or neglected children immediately. Moreover, the public schools can and should provide an early warning to the appropriate authorities when a child appears to be missing from the educational system.

Therefore, the school district will cooperate with the New Jersey Division Child Protection and Permanency (DCP&P) and law enforcement authorities in identifying and reporting all such cases of missing, abused and neglected students whether institutional or noninstitutional.

The board further believes that as required by law, school staff, volunteers and interns have the responsibility to report attempted or completed suicide. Reporting enables the district to plan supportive measures for the school community and facilitates the state's initiatives regarding suicide prevention and intervention. Therefore, school staff, volunteers and interns shall report the information to the New Jersey Department of Children and Families (DCF) as required by law.

STAFF RESPONSIBLE

The following chart lists the staff members responsible for the implementation of the regulation and summarizes their responsibilities:

Position	Summary of Main Responsibilities
Superintendent	<ul style="list-style-type: none">• General policy and procedure oversight within the district• Designation of the liaison(s)• Liaison with law enforcement and DCP&P• Maintain contact information for police and DCP&P
Building principal	<ul style="list-style-type: none">• General procedure oversight within the school• Development and implementation of reporting and notification procedures for the school• Contacting and being the liaison with law enforcement and DCP&P• Maintaining confidential records and oversee the transfer and release of relevant records as required by law• Maintain contact information for police and DCP&P• Contact parents/guardians or emergency contact as appropriate
District liaisons	<ul style="list-style-type: none">• Primary contact with Law enforcement, the DCP&P case manager, and DCF as assigned• Facilitates all aspects of the report, investigation and follow-up for reported incidents• Coordinates school services with CST, I&RS, school nurse, EMS, or other services as necessary
Board Secretary	<ul style="list-style-type: none">• Manage policy adoption and revision cycle• Oversight of student records and access to same

MISSING, ABUSED AND NEGLECTED CHILDREN (regulation continued)

Director of Student Services	<ul style="list-style-type: none"> • In conjunction with CSA, oversight of student enrollment and documentation of attendance • Review procedures for maintenance and access to student records • Default liaison between the school district and DCP&P
Director of Curriculum	<ul style="list-style-type: none"> • In conjunction with CSA, oversight and implementation of instruction in suicide prevention • In conjunction with CSA, coordinate with Commissioner of the Department of Human Services to provide in-service & classroom instruction re: suicide prevention
Medical Inspector	<ul style="list-style-type: none"> • In conjunction with CSA, notify licensed and medical staff of immunity from civil liability for professional services
Attendance Officer	<ul style="list-style-type: none"> • Investigate and report certain student absences

DEFINITIONS

"Abandonment" is defined in N.J.S.A. 9:6-1, as any of the following acts committed by anyone having the custody or control of the child:

1. Willfully forsaking a child;
2. Allowing the child to be exposed to physical or moral risk without proper and sufficient protection;
3. Failing to care for a child to the extent that the child must be supported and maintained at the expense of the public or by private persons who are not legally responsible for the child.

"Abuse" is defined by the above statute as any of the following:

1. Disposing or resolving the custody of a child in ways contrary to law;
2. Employing the child in a position that is dangerous to the child's health, or in violation of the child employment laws of New Jersey;
3. Employing the child in a position that would endanger the morals of the child;
4. Parental/guardian's subjection of the child to the habitual use of profane language;
5. Performing an indecent act or deed, in the presence of a child, where the act may degrade the morals of the child or allowing another person to perform such an act;
6. The use of excessive physical restraint on the child under circumstances which do not indicate that the child's behavior is harmful to himself, others or property;
7. Willfully isolating the child from ordinary social contact under circumstances which indicate emotional or social deprivation.

"Abused child" is defined by N.J.S.A. 9:6-8.9 as a child under the age of 18 years whose parent, guardian, or other person having his custody and control:

1. Inflicts or allows non-accidental physical injury which causes or creates a substantial risk of death, or serious or protracted disfigurement, or protracted impairment of physical or emotional health or protracted loss or impairment of the function of any bodily organ;
2. Creates or allows a non-accidental and substantial or ongoing risk of physical injury to a child which would be likely to cause death or serious or protracted disfigurement, or protracted loss or impairment of the function of any bodily organ; or
3. Commits or allows to be committed an act of sexual abuse against the child;
4. Or a child whose physical, mental, or emotional condition has been impaired or is in imminent danger of becoming impaired as the result of the failure of his/her parent/guardian to exercise a minimum degree of care:
 - a. In supplying the child with adequate food, clothing, shelter, education, medical or surgical care though financially able to do so or though offered financial or other reasonable means to do so; or
 - b. In providing the child with proper supervision or guardianship, by unreasonably inflicting or allowing to harm, or substantial risk thereof, including the infliction of excessive corporal

MISSING, ABUSED AND NEGLECTED CHILDREN (regulation continued)

punishment or using excessive physical restraint under circumstances which do not indicate that the child's behavior is harmful to himself, others or property; or by any other act of a similarly serious nature requiring the aid of the court; or

5. A child who has been willfully abandoned by his parent or guardian, or such other person having his custody and control; or
6. A child who is in an institution as defined in N.J.S.A. 9:6-8.21 and (1) has been so placed inappropriately for a continued period of time with the knowledge that the placement has resulted and may continue to result in harm to the child's mental or physical well-being or (2) has been willfully isolated from ordinary social contact under circumstances which indicate emotional or social deprivation.

"Child Cruelty" is defined as:

1. Inflicting unnecessarily severe corporal punishment;
2. Inflicting unnecessary suffering or pain, either mental or physical;
3. Habitually tormenting, vexing or afflicting a child;
4. Any willful act of omission or commission causing or permitting unnecessary pain and suffering; or
5. Exposing a child to unnecessary hardship, fatigue or mental or physical strains that may tend to injure the health or physical or moral well-being of such child.

"Missing child" is defined in N.J.S.A. 52:17B-9.8a as a person under 18 years of age reported to a law enforcement agency as being abducted, enticed away, taken, missing or a runaway. A missing child is also defined in N.J.S.A. 52:17B-212 as a person 13 years of age or younger whose whereabouts are not currently known.

"Neglect" is defined as any of the following acts committed by a person having the custody or control of the child:

1. Willfully failing to provide proper and sufficient food, clothing, maintenance, regular school education as required by law, medical attendance or surgical treatment, and a clean and proper home, or
2. Failure to do or permit any act necessary for the child's physical or moral well-being. Neglect includes the continued inappropriate placement of a child in an institution, knowing that the placement has resulted and may continue to result in harm to the child's mental or physical well-being.

"Parent or guardian" means any natural parent, adoptive parent, resource family parent, stepparent, paramour of a parent, or any person, who has assumed responsibility for the care, custody, or control of a child or upon whom there is a legal duty for such care. "Parent" includes the adoptive or resource family parent. The term also includes any person who has assumed the care of a child, or any person with whom a child is living at the time an offense is committed. Parent, as used in this regulation and attendant policy shall include this definition as well as the legal guardian of the child.

In all cases, the right of a parent/guardian to provide treatment for an ill child in accordance with the religious tenets of any church as authorized by other statutes of New Jersey shall be maintained, provided that laws, rules, and regulations relating to communicable diseases and sanitary matters are not violated. No child, who in good faith, is under treatment by spiritual means alone through prayer in accordance with the tenets and practices of a duly accredited practitioner of that recognized church or religious denomination, shall for this reason alone, be considered to be abused or neglected.

"New Jersey State Department of Children and Families (DCF)" was created in July 2006 as New Jersey's first Cabinet agency devoted exclusively to serving and safeguarding the most vulnerable children and families in the state. DCF includes:

1. Child Protection and Permanency (DCP&P);
2. Children's System of Care;
3. Family and Community Partnerships;
4. Office of Adolescent Services;

MISSING, ABUSED AND NEGLECTED CHILDREN (regulation continued)

5. Office of Education;
6. Child Welfare Training Academy;
7. Centralized Child Abuse/Neglect Hotline;

"Non-institutional child abuse and neglect" is abuse and/or neglect alleged to have taken place in the home or community by a parent/guardian or any other person having custody or control of the child, and should be reported in person or by telephone to the local DCP&P office.

"Institutional child abuse and neglect" is abuse alleged to have taken place in a school or other institutional setting by school personnel, compensated and uncompensated (volunteer) and should be reported in person or by telephone to the Institutional Abuse Investigation Unit (IAIU) of the local DCP&P office.

INDICATORS OF CHILD ABUSE/NEGLECT

(from: <http://www.nj.gov/dcf/reporting/indicators/>)

Physical Abuse

Physical Indicators	Behavioral Indicators
Unexplained bruises and welts: <ul style="list-style-type: none"> • On face, lips, mouth • On torso, back, buttocks, thighs • In various stages of healing • Cluster, forming regular patterns • Reflecting shape of article used to inflict (electric cord, belt buckle) • On several different surface areas • Regularly appear after absence, weekend or vacation Unexplained burns: <ul style="list-style-type: none"> • Cigar, cigarette burns, especially on soles of the feet, palms, back or buttocks • Immersion burns (sock-like, glove-like doughnut shaped on buttocks or genitalia) • Patterned like electric burner, iron, etc. • Rope burns on arms, legs, neck or torso Unexplained fractures: <ul style="list-style-type: none"> • To skull, nose, facial structure • In various stages of healing • Multiple or spiral fractures Unexplained laceration or abrasions: <ul style="list-style-type: none"> • To mouth, lips, gums, eyes • To external genitalia 	Wary of adult contacts Apprehensive when other children cry Behavioral extremes: <ul style="list-style-type: none"> Aggressiveness Withdrawal Frightened of parents Afraid to go home Reports injury by parents

Physical Neglect

Physical Indicators	Behavioral Indicators
Consistent hunger, poor hygiene, inappropriate dress Consistent lack of supervision, especially in dangerous activities or long periods Constant fatigue or listlessness Unattended physical problems or medical needs Abandonment	Begging, stealing food Extended stays at school (early arrival and late departure) Constantly falling asleep in class Alcohol or drug abuse Delinquency (e.g. thefts) States there is no caregiver

MISSING, ABUSED AND NEGLECTED CHILDREN (regulation continued)**Sexual Abuse**

Physical Indicators	Behavioral Indicators
Difficulty in walking or sitting Torn, stained or bloody underclothing Pain or itching in genital area Bruises or bleeding in external genitalia, vaginal or anal areas Venereal disease, especially in pre-teens Pregnancy	Unwilling to change for gym or participate in PE Withdrawn, fantasy or infantile behavior Bizarre, sophisticated or unusual sexual behavior or knowledge Poor peer relationships Delinquent or run away Reports sexual assault by caregiver

Emotional Maltreatment

Physical Indicators	Behavioral Indicators
Habit disorders (sucking, biting, rocking, etc.) Conduct disorders (antisocial, destructive, etc.) Neurotic traits (sleep disorders, speech disorders, inhibition of play)	Behavior extremes: • Compliant, passive • Aggressive, demanding Overly adoptive behavior: • Inappropriately adult • Inappropriately infant

HOTLINE INFORMATION

All reports of child abuse and neglect, including those occurring in institutional settings such as child care centers, schools, foster homes and residential treatment centers, must be reported to the State Central Registry (SCR). This is a toll-free, 24-hour, seven-days-a-week hotline.

Child Abuse Hotline (State Central Registry)
1-877 NJABUSE
(1-877-652-2873)
TTY 1-800-835-5510

PROCEDURESChild Protection and Permanency Liaison

A. The superintendent designates as a liaison to the Division of Child Protection and Permanency (DCP&P) and/or to the local law enforcement agency (*select one or more or insert a position*):

1. Assistant superintendent;
2. Director of Student Services
3. Principal;
4. Vice-principal;
5. School social worker;
6. Student assistance coordinator;
7. Guidance counselor; or
8. Other staff member.

B. The roles and functions of the(se) liaisons are to:

1. Act as the primary contact person between schools in the school district and law enforcement authorities, consistent with the memorandum of agreement;
2. Facilitate communication and cooperation between DCP&P and the district including the sharing or transfer of records;

MISSING, ABUSED AND NEGLECTED CHILDREN (regulation continued)

3. Identify issues or problems that arise in the implementation of district policy and procedures related to missing, abused and neglected children and facilitate the resolution of any such problems;
4. Act as the primary contact with DCP&P with regard to training, general information sharing and the maintenance and development of cooperative efforts;
5. Coordinate intervention and prevention efforts.

Law Enforcement Liaison

C. The superintendent designates as a liaison to the county prosecutor's office and to the local law enforcement agency (*select one or more options or insert a position*):

1. Superintendent
2. Assistant superintendent;
3. Director of student services
4. Principal
5. Vice-principal;
6. School social worker;
7. Student assistance coordinator;
8. Guidance counselor; or
9. Other staff member.

D. The roles and functions of the(se) liaisons are to:

1. Facilitate communication and cooperation;
2. Identify issues or problems that arise in the implementation of this Agreement and facilitate the resolution of any such problems;
3. Act as the primary contact person between the schools and the affected law enforcement agencies;
4. Act together in developing joint training and other cooperative efforts, including information exchanges and joint speaking engagements;
5. Coordinate drug and alcohol abuse and violence intervention and prevention efforts; and
6. Consult on the review of school safety and security plans, pursuant to N.J.A.C. 6A:16-5.1, and the review of approved model policies of the School Security Task Force.

Note: see board policy and regulation 1410 Local Units

Incident Reporting

Any person having reasonable cause to believe that a child has been subjected to child abuse, including sexual abuse, or acts of child abuse shall report the same immediately to the Division of Child Protection and Permanency by telephone or otherwise. Such reports, where possible, shall contain the names and addresses of the child and his parent, guardian, or other person having custody and control of the child and, if known, the child's age, the nature and possible extent of the child's injuries, abuse or maltreatment, including any evidence of previous injuries, abuse or maltreatment, and any other information that the person believes may be helpful with respect to the child abuse and the identity of the perpetrator.

Any person who, in good faith, makes a report of child abuse or neglect or testifies in a child abuse hearing resulting from such a report is immune from any criminal or civil liability as a result of such action. Calls can be placed to the hotline anonymously. Any such person who is discharged from employment or is subject to employment discrimination may file a cause of action in the family part of the Chancery Division of the Superior Court in the county in which the discharge or alleged discrimination occurred or in the county of the person's primary residence.

Any person who, in good faith, makes a report of child abuse or neglect or testifies in a child abuse hearing resulting from such a report shall be free from any type of retaliation.

When a complaint made against a school employee alleging child abuse or neglect is determined by the Department of Children and Families to be unfounded, the school district shall remove any references to the

MISSING, ABUSED AND NEGLECTED CHILDREN (regulation continued)

complaint and investigation by the department from the employee's personnel records. A complaint made against a school employee that has been classified as unfounded by the department shall not be used against the employee for any purpose relating to employment, including but not limited to, discipline, salary, promotion, transfer, demotion, retention or continuance of employment, termination of employment or any right or privilege relating to employment.

Any person who knowingly violates the reporting requirements and fails to report an act of child abuse having reasonable cause to believe that an act of child abuse has been committed, is a disorderly person.

Any person who knowingly fails to report an act of sexual abuse against a child and who has reasonable cause to believe that an act of sexual abuse has been committed is guilty of a crime of the fourth degree which carries a term of imprisonment for up to 6 months, a fine of up to \$1,000, or both (N.J.S.A. 9:6-8.14; P.L. 2019, c. 40).

Reporting Procedures

The superintendent has developed these procedures in compliance with statutory requirements that suspected incidents of potentially missing, abused and neglected children be reported. If a student is reasonably believed to be missing, abused or neglected, the following procedures shall apply:

- A. Any person having reasonable cause to believe that a child has been subjected to child abuse, including sexual abuse, or acts of child abuse shall report the same immediately to the Division of Child Protection and Permanency by contacting 1-877 NJABUSE (1-877-652-2873) or TTY 1-800-835-5510 or otherwise. Such reports, where possible, shall contain the following:
 1. Name, title and position of individual reporting the alleged abuse;
 2. Date, time and location that the report of alleged abuse is being submitted to the district;
 3. Names and addresses of the child and his parent, guardian, or other person having custody and control of the child;
 4. If known, the child's age;
 5. The nature and possible extent of the child's injuries, abuse or maltreatment;
 6. Any evidence of previous injuries, abuse or maltreatment, and any other information that the person believes may be helpful with respect to the child abuse and the identity of the perpetrator.
- B. All staff members, volunteers and interns having contact with students are required to report directly and immediately to DCP&P all incidents of alleged missing, abused and neglected children. The person having reason to believe that a child may be missing or may have been abused or neglected may inform the principal or other designated school officials prior to notifying DCP&P if the action will not delay immediate notification. The employee making a report to DCP&P shall inform the principal or other designated school officials that a report was made. Employees, volunteers and interns shall not be required to obtain confirmation by another person to report a suspected missing, abused or neglected child situation;
- C. If a student attendance investigation demonstrates reasonable cause to believe a child is missing or has been abused or neglected, the investigator shall immediately notify the building principal who shall then notify the superintendent. The superintendent shall then notify the Division of Child Protection and Permanency in the Department of Children and Families for its determination of whether the division is or has been involved with the child and whether action, as appropriate, is warranted (pursuant to N.J.S.A. 18A:36-25.2);
- D. The person notifying DCP&P shall inform the principal or other designated school officials of the notification if this was not done prior to notifying DCP&P. The principal or other school designated school official should not be given this notification if the person making the notification believes that it would likely endanger the reporter or student involved or result in retaliation against the student or in discrimination against the reporter with respect to his or her employment. In the event that the person notifying DCP&P believes that making such a report to the principal or other designated school official would endanger the reporter or student involved or result in retaliation against the student or in discrimination against the

MISSING, ABUSED AND NEGLECTED CHILDREN (regulation continued)

reporter with respect to his or her employment, the reporter should document reasons for that belief in writing to the superintendent or other appropriate school official.

- E. The principal shall notify the superintendent and law enforcement authorities of incidents of potentially missing, abused, or neglected child situations. Procedures for the notification of the law enforcement authority shall be consistent with the district Memorandum of Agreement (see board policy 1410 Local Units);
- F. The principal shall ensure that all involved staff cooperate with DCP&P and law enforcement authorities in all investigations of potential missing, abused, or neglected children including facilitating:
 - 1. Accommodations permitting investigators to interview the student in the presence of the school principal or other designated school official. If the student is uncomfortable in the presence of the school representative, the student shall be requested to name an employee, volunteer, or intern he or she feels will be supportive to be present during the interview;
 - 2. Interviews by scheduling time with any employee, volunteer, or intern who may have information relevant to the investigation;
 - 3. The release of all records of the student who is the subject of the investigation that are deemed relevant to the assessment or treatment of a potentially missing, abused, or neglected child;
 - 4. The maintenance, security, and release of all confidential information about potential missing, abused, or neglected child situations;
 - 5. The release of the student to child welfare authorities while school is in session when it is necessary to protect the student or take the student to a service provider. This removal shall take place only after the principal or his or her designee has been provided, either in advance or at the time removal is sought, with appropriate documentation that DCP&P has already removed, or has appropriate authority to remove, the student from his or her home;
 - 6. The transfer to another school of a student who has been removed from his or her home by DCP&P for proper care and protection (see board policy 5118.2 Foster Care and Educational Stability);
 - 7. Notification to the student's parents or guardians shall not be made by school officials or employees when it is suspected that either parent or guardian is responsible for the suspected abuse.

Administrative Responsibilities

The principal shall:

- A. Immediately notify the law enforcement authorities of incidents of potentially missing, abused, or neglected child situations reported by employees, volunteers, or interns. Procedures for the notification of the law enforcement authority shall be consistent with the district Memorandum of Agreement (see board policy 1410 Local Units). If the student is attending pursuant to a send-receive or other type of shared services agreement, immediate notice shall also be provided to the law enforcement authorities of the receiving districts. The administration shall consider providing notice to the law enforcement authorities of the sending district where circumstances warrant.
- B. In timely fashion, notify the superintendent of incidents of potentially missing, abused, or neglected child situations reported by employees, volunteers, or interns;
- C. Document in writing any reported incident of a missing, abused or neglected student. There may be one report or multiple reports depending on the actions taken at the school and the time frame within which the actions were taken. Reports shall include at a minimum:
 - 1. The date, time and location the incident was reported;
 - 2. The name of the staff member, volunteer or intern who reported the incident;
 - 3. The date and time the principal notified the law enforcement authorities;
 - 4. The date and time the principal notified the superintendent;
 - 5. A description of the facts reported which may include the reason the report was made, statements and/or observations that caused the suspicion inciting the report, and who was involved;
 - 6. The date and time of any investigative interviews conducted with school students and staff, including

MISSING, ABUSED AND NEGLECTED CHILDREN (regulation continued)

- the names, contact information and title of the professional or professionals conducting the interview;
7. A description of any physical evidence that may have been provided or reported by witnesses.

All records of child abuse reports, all information obtained by the Department of Children and Families in investigating such reports, and all reports of findings forwarded to the child abuse registry shall be kept confidential.

Interviews and Investigations

When DCP&P and/or law enforcement officials investigate allegations of missing, abused or neglected students on school grounds the principal shall:

- A. Check the credentials of the DCP&P caseworker or law enforcement official requesting the interview or information;
- B. Arrange for any necessary accommodations permitting authorized investigators to interview the student in the presence of the principal or designated school official;
- C. If necessary arrange for a school representative of the student's preference to be present during the interview, when the student is not comfortable with the principal or the other designated school official;
- D. As requested by DCP&P and/or the law enforcement official, schedule interview times and locations with any employee, volunteer, or intern who may have information relevant to the investigation;
- E. Prepare and release the records of the student who is the subject of the investigation that are deemed relevant to the assessment or treatment of the potentially missing, abused, or neglected student, to the extent permitted by N.J.S.A. 18A:36-19 and 9:6-8.40 and allowable under the Family Education Rights and Privacy Act (FERPA), 34 CFR Part 99;
- F. Cooperate with the maintenance, security, and release of all confidential information:
 1. All information regarding allegations of potentially missing, abused, or neglected children reported to authorities about an employee, volunteer, or intern shall be considered confidential and may be disclosed only as required to cooperate in investigations or as required by court order;
 2. Records pertaining to such information about an employee, volunteer, or intern shall be maintained in a secure location separate from other employee personnel records and accessible only to the superintendent or his or her designee;
- G. Facilitate the release of the student to DCP&P while school is in session when it is necessary to protect the student or take the student to a service provider. This removal shall take place only after the principal or his or her designee has been provided, either in advance or at the time removal is sought, with appropriate documentation that DCP&P has already removed, or has appropriate authority to remove, the student from his or her home;
- H. Cooperate with and facilitate any transfer arrangements made to another school of a student who has been removed from his or her home by DCP&P for proper care and protection according to the provisions of board policy and procedure 5118.2 Foster Care and Educational Stability.

Due Process Rights of a School Employee, Volunteer, or Intern Named As a Suspect

- A. An employee, volunteer, or intern working in the school district who has been named as a suspect in a notification to child welfare and law enforcement authorities regarding a missing, abused, or neglected child situation shall be entitled to due process rights;
- B. Temporary reassignment or suspension of an employee, volunteer, or intern working in the school district named as a suspect shall occur only if there is reason to believe that the life or health of the alleged victim or other student is in imminent danger due to continued contact between the employee, volunteer,

MISSING, ABUSED AND NEGLECTED CHILDREN (regulation continued)

or intern and the student;

- C. All references to a notification to DCP&P of a potential missing, abused, or neglected child situation involving a school district employee, shall be removed from the employee's personnel records immediately following the receipt of an official notice from DCP&P that the allegation was unfounded.
- D. Any employee who is licensed in the State of New Jersey to practice psychology, psychiatry, medicine, nursing, clinical social work or marriage counseling, is immune from any civil liability for a patient's violent act against another person or against himself unless the practitioner has incurred a duty to warn and protect the potential victim and fails to discharge that duty. Both the duty to warn and exceptions to that duty are located at N.J.S.A. 2A:62A-16.

Suicide Reporting

- A. Any employee, volunteer, or intern with reasonable cause to suspect or believe that a student has attempted or completed suicide, shall report the information to the Department Children and Families. The information shall be reported in the form and manner prescribed by the Department of Children and Families;
- B. Any person who has reported attempted or completed suicide, shall notify the principal of the reported suspicion, if they did not notify the principal prior to filing the initial report;
- C. The principal or his or her designee may assist the staff member, volunteer or intern in making the report to the Department Children and Families (DCF). Assistance may include:
 - 1. Distributing the board policy and procedure 5141.4 Missing, Abused and Neglected Children;
 - 2. Directing the staff member, volunteer or intern to the DCF website and the electronic reporting form at <http://www.nj.gov/dcf/adolescent/prevention/suicidereportingform.html>;
 - 3. Provide information regarding confidentiality of reporting;
- D. The principal shall notify the superintendent of any incident where a staff member, volunteer or intern has reported to the principal and/or DCF that a student has attempted or completed suicide;
- E. The principal or his or her designee shall keep a written record of any reported incidents of attempted or completed suicide including:
 - 1. The date and time the incident was reported;
 - 2. The name of the staff member, volunteer or intern who reported the incident.

The staff member, volunteer or intern that reports attempted or completed suicide shall have immunity from any civil or criminal liability on account of that report, unless the person has acted in bad faith or with malicious purpose.

Staff members, volunteers or interns shall not be required to disclose, or be penalized for the failure to disclose, any information which would be privileged according to law (N.J.S.A. 2A:84A-18 through -23).

Professional Development

The superintendent shall require each teaching staff member to complete at least two hours of instruction in suicide prevention during each professional development cycle. The instruction must be provided by a licensed health care professional with training and experience in mental health issues. The instruction in suicide prevention shall include information on the relationship between the risk of suicide and incidents of harassment, intimidation, and bullying and information on reducing the risk of suicide in students who are members of communities identified as having members at high risk of suicide.

REGULATION HISTORY

MISSING, ABUSED AND NEGLECTED CHILDREN (regulation continued)

Effective Date:

Date of Review/Revision:

CROSS REFERENCES

5131.6	Substance Abuse
5131.7	Weapons and Dangerous Instruments
5141	Health
5141.1	Accidents
5141.2	Illness
5141.4	Child Abuse and Neglect
5142	Safety (covers missing children)
5145.11	Questioning and Apprehension
5145.12	Search and Seizure

Primary Resource

1	Division of Mental Health and Addiction Services Suicide or Suicide Attempt Questionnaire Located at: http://www.nj.gov/humanservices/dmhas/forms/
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Policy

SUICIDE AND SELF-DESTRUCTIVE BEHAVIOR

The Quinton Township Board of Education believes the physical and mental well-being of all students must be maintained as a prerequisite to achievement through the formal educational process. The board recognizes that depression, self-destructive behavior and suicide are problems of increasing severity among children and adolescents. Students who experience severe family crises; drug and alcohol abuse (see board policy 5131.6 Substance Abuse and 5131.7 Weapons and Dangerous Instruments); suicide ideations, gestures, and attempts; and severe emotional traumas are at-risk. A student under severe stress cannot benefit fully from the educational program and may pose a threat to him or herself or others.

The board directs all school personnel to be alert to students who exhibit signs of potential self-destructive behavior or who threaten or attempt suicide. The child study team shall provide training to staff for the identification of the signs/symptoms of depression and suicidal ideation; the connection of depression and suicidal behavior to harassment, intimidation and bullying; and school reporting procedures. The goal of training shall be to instruct school staff, parents/guardians, and students to:

- A. Understand the causes of self-destructive behavior and suicide;
- B. Recognize the early warning signs of self-destructive and suicidal behavior;
- C. Learn how to help in a suicidal crisis;
- D. Identify community resources and procedures that can help a self-destructive or suicidal person;
- E. Cope with the aftermath of such a tragedy.

Any suspicion of the signs/symptoms and the report of signs/symptoms from another student or staff member should be taken with the utmost seriousness and reported immediately to the school administrator and the child study team, who will determine further action.

The student's parents/guardians shall be notified immediately when a student exhibits potential self-destructive behavior and their cooperation shall be sought for immediate intervention. If the parent is unwilling to cooperate, the school administration and/or child study team shall contact appropriate agencies to request intervention on the pupil's behalf. In cases of child abuse or neglect, school personnel are required to contact the New Jersey Division of Child Protection and Permanency (DCP&P).

The superintendent or his or her designee shall ensure that a continuing cooperative affiliation is made with local community mental health agencies to assist in following the procedures in the event the necessary professional expertise is not adequately available within the school district during an emergency of this nature.

The child study team will be consulted for appropriate evaluation and/or recommendation for independent medical or psychiatric services for a potentially at-risk student. In the event that the parent or guardian objects to the recommended evaluation or indicates an unwillingness to cooperate in the best interests of the student, school personnel should contact the New Jersey Division of Child Protection and Permanency to request that the agency intervene on the student's behalf.

The superintendent will, in consultation with appropriate teaching staff members and mental health organizations, develop and implement a program as necessary for students exhibiting self-destructive behaviors in grades K through 8. The program will address problems of depression, help students toward alternative ways of resolving stressful situations, and encourage students to help one another.

SUICIDE AND SELF-DESTRUCTIVE BEHAVIOR (continued)Suicide Awareness

Students at all grade levels shall receive instruction in suicide prevention as part of the district health and physical education curriculum and consistent with the New Jersey Student Learning Standards for Comprehensive Health and Physical Education.

Every teaching staff member shall complete at least two hours of instruction in suicide prevention as part of the required professional development. The instruction shall be provided by a licensed health care professional with experience in mental health issues, in each professional development period. The instruction in suicide prevention shall include information on the relationship between the risk of suicide and incidents of harassment, intimidation, and bullying and information on reducing the risk of suicide in students who are members of communities identified as having members at high risk of suicide.

Suicide Reporting

In compliance with law (N.J.S.A. 30:-9A-24 and N.J.A.C. 6A:11-1) school district employees, volunteers, or interns with reasonable cause to suspect or believe that a student has attempted or completed suicide, shall report the information to the Department of Children and Families. The information shall be reported in the form and manner prescribed by the Department of Children and Families.

The information contained in the report to the Department of Children and Families shall not be considered a public record, but the division may aggregate the data for the purpose of preparing an annual report. The reporter shall not be required to identify the student or youth by name or other unique identifier, but may be required to supply non-identifying demographic information about the student or youth, other attempts made by the student or youth and the response or referral made to deal with the incident.

Any person who reports an attempted or completed suicide shall have immunity from any civil or criminal liability on account of that report, unless the person has acted in bad faith or with malicious purpose.

Adopted: March 11, 1995
 Revised: January 26, 2006, October 23, 2008, October 25, 2012
 NJSBA Review/Update: June 2022
 Readopted:

Key Words

Crisis, Self-Mutilation, Self Destructive, Suicide, Depression, Cutting

<p><u>Legal References:</u> <u>N.J.S.A. 2A:62A-23 to 26</u> <u>N.J.S.A. 18A:6-111 et seq.</u> <u>See particularly:</u> <u>N.J.S.A. 18A:6-113</u> <u>N.J.S.A. 18A:16-6, -6.1</u> <u>N.J.S.A. 18A:35-4.6 et seq.</u> <u>N.J.S.A. 18A:40-1</u> <u>N.J.S.A. 18A:40-3</u> <u>N.J.S.A. 18A:40-5</u> <u>N.J.S.A. 18A:40-6</u> <u>N.J.S.A. 18A:40A-1 et seq.</u> <u>N.J.S.A. 44:6-2</u> <u>N.J.A.C. 6A:16-1.1 et seq.</u> <u>See particularly:</u> <u>N.J.A.C. 6A:16-1.1, -1.3,</u></p>	<p>AED emergency medical services, 1999 statute Instruction in Suicide Prevention Instruction in suicide prevention in public school curriculum Indemnity of officers and employees against civil actions <u>Parents Right to Conscience Act of 1979</u> Employment of medical inspectors, optometrists and nurses; salaries; terms; rules Lectures to teachers Method of examination; notice to parent or guardian In general Substance Abuse Maintenance by boards of education of clinics for indigent children Programs to Support Student Development</p>
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SUICIDE AND SELF-DESTRUCTIVE BEHAVIOR (continued)

-1.4, -2.1, -2.3, -2.4

N.J.A.C. 6A:26-12.1 et seq. Operation and Maintenance of SchoolSee particularly: FacilitiesN.J.A.C. 6A:26-12.3PossibleCross References:

*1410	Local units
*3510	Operation and maintenance of plant
*3516	Safety
*4112.4/4212.4	Employee health
*4131/4131.1	Staff development; inservice education/visitations/conferences
*5125	Student records
*5131	Conduct/discipline
*5131.1	Harassment, intimidation and bullying
*5131.6	Substance abuse
*5131.7	Weapons and dangerous instruments
*5141.1	Accidents
*5141.2	Illness
*5141.21	Administering medication
*5142	Student safety
*5145.11	Questioning and apprehension
*5145.12	Search and seizure
*6142.4	Physical education and health

*Indicates policy is included in the Critical Policy Reference Manual.

Regulation

SUICIDE AND SELF-DESTRUCTIVE BEHAVIOR

General: The following procedures are to be used for suicide prevention and for identification and intervention with students at risk for suicide and other self-destructive behaviors.

Identification of Suicidal Ideation

A. School personnel and students should be alert to the warning signs of suicide:

1. Depressed mood;
2. Changes in sleep and/or appetite patterns;
3. Decline in school performance;
4. Increased social withdrawal;
5. Loss of interest and pleasure in previously enjoyable activities;
6. Preoccupation with themes of death;
7. Increased irritability and behavior problems;
8. Verbal expressions about self-death;
9. Giving away important possessions;
10. Use of alcohol or drugs;
11. History of physical, mental, emotional or sexual abuse;
12. History of learning disabilities combined with sense of failure;
13. Frequent sleeping disorders or complaints;
14. Sudden interest in dangerous or uncharacteristic risk-taking activities;
15. Inattention to personal hygiene;
16. Rebelliousness, belligerence;
17. Depression or grief following loss of emotionally supportive "significant other" relationships;
18. Sudden lifting of severe depression; and
19. Recent withdrawal from therapy or psychological counseling.

B. The staff will be made aware of signs of suicide risk and instructed in the board policy related to suicide by the school counselor or child study team member or appropriate and approved outside agency.

Intervention for Potential Suicide

A. A Potentially Suicidal Student

1. The staff member shall notify the principal immediately and may notify the school counselor or child study team member;
2. The student shall be supervised by an adult staff member at all times;
3. To assure the safety of the student, the school counselor or child study team member will meet immediately with the student to assess the situation;
4. When it is determined that there is a reasonable basis for concern, the principal shall contact the parent/guardian to review all aspects of the incident;
5. The following may be required:
 - a. If parent/guardian is unable to pick up student, the student will be transported to the nearest local hospital by ambulance;
 - b. If parent/guardian refuses to pick up student, appropriate social agency will be called;
 - c. The principal will notify the classroom teacher of actions taken by confidential communication.
 - d. The principal will as soon as practical inform the superintendent of the incident and the actions taken;

SUICIDE AND SELF-DESTRUCTIVE BEHAVIOR (regulation continued)

e. The superintendent shall inform the board president.

B. Attempted Suicide Outside of School

1. When any staff member hears of an attempted suicide, they will notify the school counselor or child study team member;
2. The school counselor or child study team member shall contact the parents/guardians to offer assistance and referral services;
3. The school counselor or child study team member will notify the principal of the incident and any actions taken;
4. The principal shall notify the superintendent of the incident and any actions taken.

C. Attempted Suicide in School

1. First aid will be administered by the school nurse and 911 shall be alerted immediately;
2. An available staff member shall notify the principal immediately;
3. The student shall be kept under close supervision at all times;
4. The principal will contact the parent/guardian immediately;
5. The school nurse or a staff member designated by the principal will accompany the student to the hospital via first aid squad if the parent/guardian is not present;
6. The principal will notify the superintendent;
7. The superintendent shall inform the board president;
8. The school counselor or child study team member will file an incident report, place it in a confidential file, and notify the program director and superintendent/principal.

D. Prior to a student's return to school, the following procedures must be adhered to:

1. Parent/guardian must notify the nurse at least 24 hours in advance of the anticipated date of their child's return to school;
2. The parent/guardian shall provide the written certification of a physician that the student is well enough to return to school;
3. A conference may be required that may include the school nurse, the principal, the school counselor, parent/guardian, and the student as appropriate before the student may return to school. The purpose of this conference is to develop a re-entry plan for the child;
4. A physician's analysis and/or hospital discharge summary, which includes a report of the student's diagnosis and prognosis, is required to be presented at this conference.

E. Completed Suicide

1. The principal shall verify any reported suicide of a student before any actions may be taken;
2. The principal shall meet with the staff to review the report. A crisis intervention team may be established at this time;
3. The teachers will be given guidelines for discussing the situation in the classroom setting;
4. All media inquiries shall be handled by the superintendent;
5. Student will be allowed to attend the funeral with parental permission. Any staff member directly involved with the student will be allowed to attend services.

Self-Injury

Self-injury is any deliberate, non-suicidal behavior that inflicts physical harm on your body and is aimed at relieving emotional distress.

Physical pain is often easier to deal with than emotional pain, because it causes 'real' feelings. Injuries can prove to an individual that their emotional pain is real and valid. Self-injurious behavior may calm or awaken a person. Self-injury only provides temporary relief. It does not release the underlying inner conflict. Self-injury can become a habitual, chronic and repetitive response to the stresses of day-to-day life and can escalate in frequency and severity.

SUICIDE AND SELF-DESTRUCTIVE BEHAVIOR (regulation continued)

A. Self-injury can include but is not limited to:

1. Cutting;
2. Burning;
3. Banging and bruising;
4. Non-suicidal overdosing; and
5. Deliberate bone-breaking.

- B. People who self-injure usually make a great effort to hide their injuries and scars, and are often uncomfortable about discussing their emotional inner or physical outer pain.

Procedures for Identification and Intervention for Self-Injuring Behavior

A. Risk Factors Associated with Self-Injury

Self-injury is a coping mechanism and it is important to recognize and respond to the underlying reasons behind a person's self-injury. Risk factors include, but are not limited to:

1. Low self-esteem;
2. Perfectionism;
3. Mental health issues such as depression and anxiety;
4. The onset of a more complicated mental illness such as schizophrenia, bi-polar disorder or a personality disorder;
5. Problems at home or school;
6. Physical, emotional or sexual abuse;

B. Warning Signs

As noted above, there may be no warning signs, but some of the things below might indicate that a student is suffering internally which may lead to self-injury:

1. Drug and/or alcohol misuse or risk taking behavior;
2. Negativity and lack of self-esteem;
3. Out of character behavior;
4. Bullying other students;
5. A sudden change in friends or withdrawal from a group.

C. Physical signs that self-injury may be occurring:

1. Obvious cuts, scratches or burns that do not appear of an accidental nature;
2. Frequent 'accidents' that cause physical injury;
3. Regularly bandaged arms and/or wrists;
4. Reluctance to take part in physical exercise or other activities that require a change of clothes;
5. Wearing long sleeves and trousers even during hot weather.

D. Intervention for Suspected Self-Injury

1. When a teaching staff member or other instructional personnel suspects that a student may be self-injuring, he/she shall report the name of that student immediately to the school nurse and the principal;
2. In the absence of the principal, his/her duties under this policy shall be performed by an administrative designee;
3. The principal will consult with the school nurse to determine if a referral to emergency medical services is necessary. The final decision to refer a student shall rest with the principal;

NOTE: In instances where the student is physically dangerous to him/herself or others, the principal

SUICIDE AND SELF-DESTRUCTIVE BEHAVIOR (regulation continued)

shall summon the local law enforcement and/or emergency medical services for the purpose of transporting the student to the emergency room.

4. The principal shall notify the parents/guardians, if the student has an injury, to come to school. The principal shall request a conference to discuss the matter;
5. The principal shall notify the superintendent of the incident and actions taken;
6. The injured student shall be monitored by the school nurse until safely released to the parents/guardians or back to class as appropriate;
7. When requested by students, parents or guardians, or required under the policy, Quinton Township Board of Education will provide information on local or county agencies that will assist them in dealing with self-injury.

Suicide Reporting

- A. Teachers, volunteers, interns and all other school staff with reasonable cause to suspect or believe that a student has attempted or completed suicide shall report the suspicion to the principal;
- B. Any employee, volunteer, or intern with reasonable cause to suspect or believe that a student has attempted or completed suicide, shall report the information to the Department Children and Families. The information shall be reported in the form and manner prescribed by the Department Children and Families
- C. An employee, volunteer, or intern who has reported attempted or completed suicide to the Department Children and Families (DCF), shall notify the principal of the reported suspicion, if they did not notify the principal prior to reporting to DCF;
- D. The principal or his or her designee may assist the staff member, volunteer or intern in making the report to the Department Children and Families (DCF). Assistance may include:
 1. Distributing the board policy and procedure 5141.4 Missing, Abused and Neglected Children;
 2. Distributing the Division of Mental Health and Addiction Services Suicide or Suicide Attempt Questionnaire to the staff member;
 3. Directing the staff member, volunteer or intern to the DCF website and the electronic reporting form at <http://www.nj.gov/dcf/adolescent/prevention/suicidereportingform.htm>;
 4. Provide information regarding confidentiality of reporting;
- E. The principal shall notify the superintendent of any incident where a staff member, volunteer or intern has reported to the principal and/or DCF that a student has attempted or completed suicide;
- F. The principal or his or her designee shall keep a written record of any reported incidents of attempted or completed suicide including:
 1. The date and time the incident was reported;
 2. The name of the staff member, volunteer or intern who reported the incident.

The staff member, volunteer or intern that that reports attempted or completed suicide shall have immunity from any civil or criminal liability on account of that report, unless the person has acted in bad faith or with malicious purpose.

Staff members, volunteers or interns shall not be required to disclose, or penalized for the failure to disclose, any information which would be privileged according to law (N.J.S.A. 2A:84A-18 through -23).

NJSBA Review/Update: June 2022
Adopted:

SPORTS RELATED CONCUSSION AND HEAD INJURY

A concussion is a traumatic brain injury (TBI) caused by a direct or indirect blow to the head or body.

Requirements

- A. A student who participates in interscholastic athletics, which for the purpose of this policy includes cheerleading, and who sustains or is suspected of sustaining a concussion or other head injury shall be immediately removed from the competition or practice. The student athlete or cheerleader may not return to play until they obtain medical clearance in compliance with the district return-to-play policy;
- B. All coaches, school nurses, school/team physicians and certified athletic trainers must complete an interscholastic head injury training program such as the National Federation of State High School Associations online "Concussion in Sports" training program or a comparable program that meets mandated criteria;
- C. The district shall monitor school district employees in the completion of an interscholastic head injury training program;
- D. The athletic head injury training program must include:
 - 1. The recognition of the symptoms of head and neck injuries, concussions, and injuries related to second impact syndrome; and
 - 2. Describe the appropriate time to delay the return to sports competition or practice of a student-athlete who has sustained a head injury or other head injury, but if no additional time is specified for a particular age-group or sport, the student-athlete may return when written medical clearance is given the student-athlete stating that he/she is asymptomatic, and the student-athlete has completed an appropriate graduated individualized return-to-play protocol.
- E. Distribution of New Jersey Department of Education, *Concussion and Head Injury Fact Sheet* to every student athlete who participates in interscholastic sports. The superintendent shall ensure that a signed acknowledgement of the receipt of the fact sheet is completed by the student-athlete's parent/guardian and is kept on file for future reference.

Required Concussion Protocol

- A. A student-athlete who is suspected of sustaining a sports related concussion or other head injury during competition or practice shall be immediately removed from play and may not return to play that day;
- B. Possible signs (could be observed by coaches, athletic trainer, school/team physician, school nurse):
 - 1. Appears dazed, stunned, or disoriented;
 - 2. Forgets plays, or demonstrates short term memory difficulty;
 - 3. Exhibits difficulties with balance or coordination;
 - 4. Answers questions slowly or inaccurately;
 - 5. Loses consciousness;
- C. Possible symptoms (reported by the student-athlete to coaches, athletic trainer, school/team physician, school nurse, parent/guardian):
 - 1. Headache;
 - 2. Nausea/vomiting;

SPORTS RELATED CONCUSSION AND HEAD INJURY (continued)

3. Balance problems or dizziness;
4. Double vision or changes in vision;
5. Sensitivity to light or sound/noise;
6. Feeling sluggish or foggy;
7. Difficulty with concentration and short term memory;
8. Sleep disturbance.

C. To return to competition and practice the student-athlete must follow the protocol:

1. Immediate removal from competition or practice;
2. School personnel (athletic trainer, school nurse, coach, etc.) should make contact with the student-athlete's parent/guardian and inform them of the suspected sports related concussion or head injury;
3. School personnel (athletic trainer, school nurse, coach, etc.) shall provide the student-athlete with approved information/medical checklist to provide to their parent/guardian and physician or other licensed healthcare professional;
4. The student-athlete must receive written clearance from their physician that the student is asymptomatic and may begin the graduated return-to-play protocol. School personnel (athletic trainer, school nurse, coach, etc.) may consult with the school/team physician after medical clearance is given from the student-athlete's physician.

Graduated Return to Competition and Practice Protocol

A. After written medical clearance is given stating that the student-athlete is asymptomatic, the student-athlete may begin a graduated individualized return-to-play protocol:

Step 1: No activity, complete physical and cognitive rest. The objective of this step is recovery;

Step 2: Light aerobic exercise, which includes walking, swimming, or stationary cycling, keeping the intensity less than 70% maximum percentage heart rate; no resistance training. The objective of this step is increased heart rate;

Step 3: Sport-specific exercise including skating, and/or running; no head impact activities. The objective of this step is to add movement;

Step 4: Non-contact training drills (e.g. passing drills). The student-athlete may initiate progressive resistance training;

Step 5: Following medical clearance (consultation between school personnel and students athletes physician), participation in normal training activities. The objective of this step is to restore confidence and assess functional skills by the coaching staff;

Step 6: Return to play involving normal exertion or game activity.

B. Symptom checklists, baseline testing and balance testing may be utilized;

C. If the student-athlete exhibits a re-emergence of any post concussion signs or symptoms once he or she returns-to-play, they will be removed from exertional activities and returned to their school/team physician or primary care physician;

D. If concussion symptoms reoccur during the graduated return-to-play protocol, the student-athlete will return to the previous level of activity that caused no symptoms.

Temporary Accommodations for Student Athlete with Sports Related Head Injuries

A. Consideration of the cognitive effects in returning to the classroom is also an important part of the treatment of sports related concussions and head injuries;

SPORTS RELATED CONCUSSION AND HEAD INJURY (continued)

- B. Mental exertion increases the symptoms from concussions, and affects recovery;
- C. To recover, cognitive rest is just as important as physical rest. Reading, studying, testing, texting -- even watching movies if a student is sensitive to light -- can slow down a student's recovery;
- D. In accordance with the Centers for Disease Control and Prevention toolkit on managing concussions, the board of education may look to address the students' cognitive needs. Students who return to school after a concussion may need to:
1. Take rest breaks as needed, including physical education;
 2. Spend fewer hours at school;
 3. Be given more time to take tests or complete assignments;
 4. Receive help with schoolwork;
 5. Reduce time spent on the computer, reading, and writing;
 6. Be granted early dismissal from classes to avoid crowded hallways.

Annual Review

This policy shall be reviewed annually, and updated as necessary to ensure that it reflects the most current information available on the prevention, risk, and treatment of sports-related concussions and other head injuries.

Adopted: April 26, 2012
 NJSBA Review/Update: June 2022
 Readopted:

Key Words

Concussion, Head Injury, Sports, Athletics,

<u>Legal References:</u>	<u>N.J.S.A. 18A:16-6, -6.1</u>	Indemnity of officers and employees against civil actions
	<u>N.J.S.A. 18A:35-4.6 et seq.</u>	<u>Parents Right to Conscience Act of 1979</u>
	<u>N.J.S.A. 18A:40-1</u>	Employment of medical inspectors, optometrists and nurses; salaries; terms; rules
	<u>N.J.S.A. 18A:40-3</u>	Lectures to teachers
	<u>N.J.S.A. 18A:40-5</u>	Method of examination; notice to parent or guardian
	<u>N.J.S.A. 18A:40-6</u>	In general
	<u>N.J.S.A. 18A:40-7, -8, -10, -11</u>	Exclusion of students who are ill
	<u>N.J.S.A. 18A:40-23 et seq.</u>	Nursing Services for Nonpublic School Students
	<u>N.J.S.A. 18A:40-41.4</u>	Removal of student athlete or cheerleader from competition, practice; return
	<u>N.J.A.C. 6A:16-1.1 et seq.</u>	Programs to Support Student Development
	<u>See particularly:</u>	
	<u>N.J.A.C. 6A:16-1.1, -1.3, -2.1, -2.3, -2.4</u>	
	<u>N.J.A.C. 6A:26-12.1 et seq.</u>	Operation and Maintenance of School Facilities
	<u>See particularly:</u>	
	<u>N.J.A.C. 6A:26-12.3</u>	

Plainfield Board of Education v. Cooperman, 105 NJ 587 (1987)

Possible

<u>Cross References:</u>	*1410	Local units
	1420	County and intermediate units
	*3510	Operation and maintenance of plant
	*3516	Safety

SPORTS RELATED CONCUSSION AND HEAD INJURY (continued)

*4131/4131.1	Staff development; inservice education/visitations/conferences
4151.2/4251.2	Family illness/quarantine
*5125	Student records
*5141	Health
*5141.1	Accidents
*5141.2	Illness
*5141.3	Health examinations and immunizations
*5141.21	Administering medication
*5142	Student safety
*5200	Nonpublic school students
*6142.4	Physical education and health

*Indicates policy is included in the Critical Policy Reference Manual.

Policy

HEAD LICE

Consistent with the position of the New Jersey Department of Health, National Association of School Nurses and the American Academy of Pediatrics, the Quinton Township Board of Education believes that the management of pediculosis (infestation by head lice) should not disrupt the educational process. No disease is associated with head lice, and in school transmission is considered to be rare.

"No nit" policies requiring that students be free of nits before they return to school have not been effective in controlling transmission and are not recommended.

The certified school nurse, as a student advocate and nursing expert, shall be included in school district-community planning, implementation and evaluation of vector control programs for the school setting. The school nurse shall facilitate an accurate assessment of the problem, contain infestation, provide appropriate health information for treatment and prevention, prevent overexposure to potentially hazardous chemicals, and minimize school absence.

In cases that involve head lice, as in all school health issues, it is imperative that the school district and its employees prevent stigmatizing and maintain the student's privacy as well as the family's right to confidentiality.

Definitions

For the purposes of this policy, the following definitions shall apply:

- A. Head lice: small parasitic insects that live on the scalp and neck of a human host;
- B. Louse: singular of lice;
- C. Nymph: young, recently hatched louse;
- D. Active infestation: finding a live louse or nymph on the scalp, or a viable nit within 1 cm of the scalp;
- E. Pediculosis: an active infestation of head lice;
- F. Nit: an egg of a female louse, attached to the hair shaft;
- G. Non-viable nit: an egg found on the hair shaft farther than 1 cm from the scalp; already hatched;
- H. Viable nit: an egg found on a hair shaft closer than 1 cm from the scalp; considered to be unhatched;
- I. Ovicide: chemical which kills eggs/nits;
- J. Pediculicide: chemical which kills nymph stage and adult lice.

Regulations/Procedure

Any student suspected of having an active infestation will be referred to the school nurse for evaluation.

A student, with head lice or viable nits visualized by the school nurse, shall be referred for treatment at the end of the school day. Prompt treatment at home shall be advised, including removal of live lice and all viable nits. Immediate removal from school is not recommended.

HEAD LICE (continued)

District-approved written information about the identification and management of active head lice infestation will be provided by the school nurse to the parent/guardian of the affected student.

At the discretion of the school nurse, it may be appropriate to screen other children who have had close head to head contact with the student with active infestation, such as household family members, but classroom-wide or school-wide screening is not generally indicated.

Students with nits only, shall not be excluded from school. A student with nonviable nits will be monitored, not be referred for treatment and may remain in school.

Upon return to school after treatment, the student will be reassessed for the presence of head lice/nits by the school nurse. If live lice are again visualized, the school nurse will contact the parent/guardian and reinforce the need for prompt treatment at home. The student may be permitted to return to the classroom.

If upon reassessment by the school nurse, nits are found, either at the time of the initial or return assessment, the student will be assessed at weekly intervals or more frequently at the discretion of the school nurse.

The school nurse is authorized to, in consultation with school administrator(s), exclude a student with repeated infestations of live lice or viable nits, or a student with a current infestation for which there is inadequate management by the parent/guardian. This student may be referred to his/her healthcare provider and/or the Salem County Health Department for additional intervention(s).

A copy of this policy and the New Jersey Department of Health Head Lice fact sheet shall be provided to parents/guardians at time of school registration and annually thereafter.

A copy of this policy and the New Jersey Department of Health Head Lice fact sheet shall be provided to district employees at time of hire and may be reviewed as needed.

Adopted: October 23, 2008
 Revised: March 27, 2014
 NJSBA Review/Update: June 2022
 Readopted:

Key Words

Lice, Head Lice, Nits, Eggs, Pediculosis, Nurse,

<u>Legal References:</u>	<u>N.J.S.A. 18A:40-3</u>	Lectures to teachers
	<u>N.J.S.A. 18A:48-7 et seq.</u>	Exclusion of pupils who are ill
	<u>N.J.S.A. 18A:40-8</u>	Exclusion of pupils whose presence is detrimental to health and cleanliness
	<u>N.J.S.A. 26:4-4</u>	Notice to local board to control disease; proceeding to compel action
	<u>N.J.S.A. 26:4-6</u>	Prohibiting attendance of teachers or pupils
	<u>N.J.A.C. 6A:1.1 et seq.</u>	Bylaw for the State Board of Education
	<u>N.J.A.C. 6A:2.1 et seq.</u>	Commissioner
	<u>N.J.A.C. 8:52-7 et seq.</u>	Public health nursing
	<u>N.J.A.C. 8:57-1.3</u>	Reportable diseases
	<u>N.J.A.C. 8:57-1.6</u>	Reporting positive laboratory tests denoting diseases
	<u>N.J.A.C. 8:57-2.1 et seq.</u>	Applicability; definition of AIDS, HIV infection, perinatal HIV exposure, and CD4 count
	<u>N.J.A.C. 8:61-1.1</u>	HIV services and definitions

www.nasn.org/ToolsResources/SCRATCHHeadLiceResources

Possible

Cross References: *3516

Safety

HEAD LICE (continued)

*3542	Food service
*4112.4	Employee health
*4131/4131.1	Staff development; inservice education/visitations/conferences
4151.2	Family illness/quarantine
*4212.4	Employee health
4251.2	Family illness/quarantine
*5111	Admission
*5125	Pupil records
*5141	Health
*5141.1	Accidents
*5141.2	Illness
*5141.3	Health examinations and immunizations
*5141.4	Child abuse and neglect
*5141.21	Administering medication
*5142	Pupil safety
*5200	Nonpublic school pupils
*6142.4	Physical education and health

*Indicates policy is included in the Critical Policy Reference Manual.

Policy

LIFE THREATENING FOOD ALLERGIES

Food allergy is a group of disorders characterized by immunologic responses to specific food proteins. In the United States, the most likely common allergens in adults and children are cow's milk, eggs, peanuts, wheat, soy, fish, shellfish, and nuts. The board of education acknowledges that an individual's food allergy can cause a life threatening anaphylactic reaction. Anaphylaxis is a serious allergic reaction that is rapid in onset and may cause death¹.

The risk of accidental exposure to foods can only be reduced in the school setting if the school works with students, parents, school staff, school nurses and physicians to minimize risks and provide a safe educational environment for food-allergic students. The district shall take reasonable steps to identify students who may be at risk of life-threatening food allergies and to prevent the likelihood of an allergic reaction.

The board acknowledges that there is no way to eliminate completely the risk of accidental exposure to allergens in the school environment. Therefore the board directs the superintendent to:

- A. Implement strategies for the reduction of risk of exposure to food allergens throughout the school day, during before- and after-school programs, at all school-sponsored activities and field trips, in the classrooms, cafeteria, on the school bus or wherever food is present;
- B. Implement procedures developed by school medical inspector and school nurse to identify students with food allergies, prevent exposure to the identified allergens, to respond to medical emergencies and provide treatment in the event of anaphylaxis;
- C. Provide the necessary training opportunities for teaching staff, bus drivers, custodial staff and other staff as necessary in risk reduction strategies related to the student and to reduce exposure in the educational environment;
- D. Notify staff, parents/guardians and others as appropriate when a class has a student with a potentially life-threatening allergy and provide guidelines and instructions to reduce the risk of exposure to the allergens in the classroom environment.

Medical Management of Life-Threatening Food Allergies

Parents/guardians are responsible to notify the school of the student's allergies by filling out the required medical form. The school nurse shall evaluate all medical and other documentation provided by the parent/guardian and work with the parent/guardian in developing a plan for the safe maintenance of the student in school. For each student identified as having a potentially life-threatening food allergy the school nurse shall:

- A. Develop and implement an individualized healthcare plan (IHP) that details accommodations and/or nursing services to be provided to a student because of the student's medical condition based on medical orders written by a health care provider in the student's medical home;
- B. Develop and implement an individualized emergency healthcare plan (IEHP) that specifies the delivery of accommodations and services needed by a student in the event of an emergency;
- C. Ensure the placement and accessibility of epinephrine according to board policy 5141.21 Administering Medication and law (N.J.S.A. 18A:40-12.5);

¹ Summary Report of the Second National Institute of Allergy and Infectious Disease/Food Allergy and Anaphylaxis Network symposium on the definition and management of anaphylaxis, *Journal of Allergy and Clinical Immunology*, February 2006

LIFE-THREATENING FOOD ALLERGIES (continued)

- D. Maintain records, manage and verify plans for student self-administration of medication including prescribed epinephrine as authorized by the student's parents/guardians and physician according to board policy 5141.21 Administering Medication and law (N.J.S.A. 18A:40-12.3);
- E. Annually, review student health records and obtain medical authorization form for epi-pen or other pre-filled auto-injector and/or Benadryl, and diet prescription from physician, and health history from family;
- F. Oversee the recruitment and training of designees who volunteer to administer epinephrine during school and school-sponsored functions when the school nurse is not available (N.J.S.A. 18A:40-12.6); and
- G. Oversee the education of all school staff to understand the school's general emergency procedures and steps to take should a life-threatening allergic reaction occur.

Reporting Procedures

All procedures detailed in the individualized emergency healthcare plan (IEHP) including the emergency administration of epinephrine where appropriate, shall be followed when a student has an anaphylactic reaction. In addition:

- A. The school nurse shall be notified immediately and in his or her absence the school principal;
- B. The school nurse or the school principal shall notify emergency medical services (EMS) to respond to the emergency;
- C. The parent/guardians shall be notified that the student had an allergic reaction and that EMS was summoned;
- D. The student shall be supervised at all times by a school staff member until the parent/guardian is available to take custody of the student.

School Climate and Culture

School staff shall be sensitive to the privacy and feelings of students with identified allergies and promote respect and tolerance in the school environment. A food-allergic student shall not be harassed, intimidated or bullied because his/her condition. Any incident of harassment, intimidation or bullying shall be reported and investigated according to board policy 5131.1 Harassment, Intimidation and Bullying and law (N.J.S.A. 18A:37-15 et seq., N.J.A.C. 6A:16-7.7). The superintendent or his or her designee shall:

- A. Remind students and staff that bullying or teasing food-allergic students will not be tolerated and violators should be disciplined appropriately;
- B. Offer professional development for faculty and staff regarding confidentiality to prevent open discussion about the health of specific students;
- C. Discourage needless labeling of food-allergic students in front of others. A food-allergic student should not be referred to as "the peanut kid," "the bee kid" or any other name related to the student's condition.

Family's Responsibility

The parents/guardians of any student known to have a food allergy shall:

- A. Notify the school of the child's allergies;
- B. Work with the school team to develop an individualized emergency health care plan (IEHP) that promotes food allergy management and accommodates the child's needs throughout the school including the classroom, in the cafeteria, in after-care programs, during school-sponsored activities, and on the school bus, as well as a defined emergency allergic reaction plan;

LIFE-THREATENING FOOD ALLERGIES (continued)

- C. Provide written medical documentation, instructions, and medications as directed by a physician, using the Food Allergy Action Plan as a guide. Include a photo of the child on written form;
- D. Replace medications after use or upon expiration;
- E. Educate the child in the self-management of their food allergy including:
 - 1. Safe and unsafe foods;
 - 2. Strategies for avoiding exposure to unsafe foods;
 - 3. Symptoms of allergic reactions;
 - 4. How and when to tell an adult they may be having an allergy-related problem;
 - 5. How to read food labels (age appropriate);
 - 6. Review policies/procedures with the school staff, the child's physician, and the child (if age appropriate) after a reaction has occurred.
- F. Review policies and procedures with the school staff, the child's physician, and the child (if age appropriate) after a reaction has occurred;
- G. Provide current emergency contact information and update regularly.

School's Responsibility

- A. Review the health records submitted by parents and physicians;
- B. Identify a core team including but not limited to, school nurse, teacher, principal, school food service and nutrition manager/director, and counselor (if available) to work with parents and the student (age appropriate) to establish a IEHP. Changes to the IEHP to promote food allergy management should be made with core team participation;
- C. Assure that all staff who interact with the student on a regular basis understand food allergies, can recognize symptoms, know what to do in an emergency, and work with other school staff to eliminate the use of food allergens in the allergic student's meals, educational tools, arts and crafts projects, or incentives;
- D. Coordinate with the school nurse to ensure medications are appropriately stored, and ensure sure that an emergency kit is available that contains a physician's standing order for epinephrine. Epinephrine should be kept in a secure but unlocked location that is easily accessible to delegated school personnel;
- E. Students who are permitted to self-administer should be permitted to carry their own epinephrine, in accordance with state regulations and district and nonpublic school policies;
- F. Designate school personnel who volunteer to administer epinephrine in an emergency;
- G. Be prepared to handle a reaction and ensure that there is a staff member available who is properly trained to administer medications during the school day, regardless of time or location;
- H. Review policies and prevention plans with the core team members, parents/guardians, student (age appropriate), and physician after a reaction has occurred;
- I. Work with the transportation administrator to:
 - 1. Ensure that school bus drivers receive training that includes symptom awareness and what to do if a reaction occurs; and
 - 2. Assess the means by which bus driver can communicate during an emergency, including proper devices and equipment;
- J. Discuss field trips with the family of the food-allergic child to decide appropriate strategies for managing

LIFE-THREATENING FOOD ALLERGIES (continued)

the food allergy;

- K. Follow federal and/or state laws and regulations regarding sharing medical information about the student;
- L. Take threats or harassment against an allergic child seriously.

Student's Responsibility

- A. Students should not trade food with others;
- B. Students should not eat anything with unknown ingredients or known to contain any allergen;
- C. Students should be proactive in the care and management of their food allergies and reactions based on their developmental level;
- D. Students should notify an adult immediately if they eat something they believe may contain the food to which they are allergic.

Emergency Administration of Epinephrine for First Time Allergic Reactions at School

The school nurse or trained designee shall be permitted to administer epinephrine via a pre-filled auto-injector mechanism to any student without a known history of anaphylaxis. This includes students whose parents/guardians have not submitted prior written permission or obtained prescribed medication as indicated in the rules above. Epinephrine may be administered to any student without a known history of anaphylaxis when the nurse or trained designee in good faith believes that the student is having an anaphylactic reaction.

The district shall maintain a supply of epinephrine auto-injectors that is prescribed under a standing protocol from a licensed physician or an advanced practice nurse in a secure but unlocked and easily accessible location. The supply of epinephrine auto-injectors shall be accessible to the school nurse and trained designees for administration to a student having an anaphylactic reaction.

Liability

No school employee, including a school nurse, or any other officer or agent of a board, or a physician or an advanced practice nurse providing a prescription under a standing protocol for school epinephrine shall be held liable for any good faith act or omission consistent with the provisions of law for the administration of epinephrine (N.J.S.A. 18A:40-12.5 et seq.). No action shall be taken before the New Jersey State Board of Nursing against a school nurse for any such action taken by a person designated in good faith by the school nurse to administer epinephrine according to law (N.J.S.A. 18A:40-12.6). Good faith shall not include willful misconduct, gross negligence or recklessness.

Implementation

The superintendent shall ensure that policies and procedures on life-threatening food allergies shall be disseminated to the school community annually through the staff and student handbooks, posting on the school or district website or other means deemed appropriate by the superintendent.

Adopted: February 26, 2008
 NJSBA Review/Update: June 2022
 Adopted:

Key Words

Allergy, Allergies, Food Allergy, Allergic Reaction, Anaphylaxis

Legal References: N.J.S.A. 18A:11-1 General mandatory powers and duties
N.J.S.A. 18A:37-15 et seq. Anti-Bullying Bill of Rights
N.J.S.A. 18A:40-3.2 et seq. Medical and nursing personnel

LIFE-THREATENING FOOD ALLERGIES (continued)

<u>N.J.S.A.</u> 18A:40-12.3 through -12.4	Self-administration of medication by student; conditions
<u>N.J.S.A.</u> 18A:40-12.5	Policy for emergency administration of epinephrine to public school students
<u>N.J.S.A.</u> 18A:40-12.6	Administration of epinephrine; primary responsibility; parental consent
<u>N.J.S.A.</u> 18A:40-12.6a	Guidelines for schools for management of food allergies, administration of epinephrine
<u>N.J.S.A.</u> 18A:54-20	Powers of board (county vocational schools)
<u>N.J.A.C.</u> 6A:16-1.1et seq.	Programs to Support Student Development
<u>See particularly:</u>	
<u>N.J.A.C.</u> 6A:-2.1, -2.2, -2.3	
<u>N.J.A.C.</u> 6A:16-7.7	Intimidation, harassment and bullying

Policy derived from:

The Food Allergy & Anaphylaxis Network

<http://www.foodallergy.org/anaphylaxis/index.html>

Guidelines for the Management of Life-Threatening Food Allergies in Schools (NJDOE 2008)

<http://www.state.nj.us/education/students/safety/health/services/allergies.pdf>

Possible

<u>Cross References:</u> *3516	Safety
*3542	Food service
*4112.4/4212.4	Employee health
*4131/4131.1	Staff development; inservice education/visitations/conferences
*4231/4231.1	Staff development; inservice education/visitations/conferences
*5125	Student records
*5141	Student health
*5141.1	Accidents
*5141.2	Illness
*5141.3	Health examinations and immunizations
*5141.4	Child abuse and neglect
*5141.21	Administering medication
*5142	Student safety
*5200	Nonpublic school students
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*Indicates policy is included in the Critical Policy Reference Manual.

QUINTON TOWNSHIP BOARD OF EDUCATION
Quinton, New Jersey

FILE CODE: 5141.21

Policy

<u>X</u>	Monitored
<u>X</u>	Mandated
<u>X</u>	Other Reasons

ADMINISTERING MEDICATION

The Quinton Township Board of Education shall not be responsible for the diagnosis and treatment of student illness. The administration of medication to a student during school hours will be permitted only when failure to take such medicine would jeopardize the health of the student, or the student would not be able to attend school if the medicine were not made available to him/her during school hours.

For purposes of this policy, "medication" shall include all medicines prescribed by a physician for the particular student or medications prescribed by the district physician on standing orders. Medications shall include emergency medication in the event of bee stings, medication for asthma, diabetes, adrenal insufficiency or other medical diagnosis requiring medication during the school day, opioid antidote, and all non-prescription "over the counter" medication (see policy 5141).

Before any medication may be administered to any student either by the school nurse or designated school staff or by the student themselves during school hours, the board shall require the written consent of the parent/guardian which shall give permission for such administration and relieve the board and its employees of liability for administration of medication. In addition, the board requires the written order of the prescribing physician which shall include:

- A. The purpose of the medication;
- B. The dosage;
- C. The time at which or the special circumstances under which medication shall be administered;
- D. The length of time for which medication is prescribed;
- E. The possible side effects of the medication.

Both documents shall be kept on file in the office of the school nurse.

The district medical inspector shall develop procedures for the administration of medication which provide that:

- A. All medications, whether prescribed or "over the counter", shall be administered by the medical inspector, school nurse or substitute school nurse, the parent/guardian or the student himself/herself where the parent/guardian so permits and with the school nurse present;
- B. Medications shall be securely stored and kept in the original labeled container;
- C. The school nurse shall maintain a record of the name of the student to whom medication may be administered, the prescribing physician, the dosage and timing of medication and a notation of each instance of administration;
- D. All medications shall be brought to school by the parent/guardian or adult student and shall be picked up at the end of the school year or the end of the period of medication, whichever is earlier;
- E. A student may self-administer medication without supervision of the school nurse for asthma or other life-threatening illnesses, a life-threatening allergic reaction or adrenal insufficiency, provided that the applicable requirements of this policy for such self-administration, as described below, are met. "Life-threatening illness" has been defined as an illness or condition that requires an immediate response to

ADMINISTERING MEDICATION (continued)

specific symptoms or sequelae that if left untreated may lead to potential loss of life such as, but not limited to, the use of an inhaler to treat an asthma attack or the use of an adrenalin injection to treat a potential anaphylactic reaction.

Nebulizers

Each school in the district shall have and maintain at least one nebulizer in the office of the school nurse or at a similar accessible location. The superintendent shall prepare and the board shall adopt regulations on the administration of asthma medication through the use of a nebulizer by the school nurse or his/her designee(s). Regulations shall be in accord with New Jersey statute and administrative code and shall include, but not be limited to the following:

- A. Requirement that each school nurse shall be authorized to administer asthma medication through use of a nebulizer;
- B. Requirement that each school nurse receive training in airway management and in the use of nebulizers and inhalers consistent with nationally recognized standards;
- C. Requirement that each student authorized to use asthma medication or a nebulizer have an asthma treatment plan prepared by the student's physician that identifies, at a minimum, asthma triggers and an individualized health care plan for meeting the medical needs of the student while attending school or a school-sponsored event.

Student Self-Administration of Medication

The board shall permit self-administration of medication for asthma, diabetes, other potentially life-threatening illnesses, a life-threatening allergic reaction or adrenal insufficiency by students who have the capability for self-administration of medication, both on school premises during regular school hours and off-site or after regular school hours when a student is participating in field trips or extracurricular activities. Parents/guardians of the student must meet the following conditions:

- A. Provide the board with written authorization for the student's self-administration of medication;
- B. Provide written certification from the student's physician that the student has asthma, diabetes, or another potentially life-threatening illness, is subject to a life-threatening allergic reaction, or has adrenal insufficiency and is capable of and has been instructed in the proper method of self-administration of medication; and
- C. Sign a statement acknowledging that the district shall incur no liability as a result of any injury arising from the self-administration of medication by the student and that the parents/guardians shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the self-administration of medication by the student.

A student who is permitted to self-administer medication shall be permitted to carry an inhaler or prescribed medication for allergic reactions, including a pre-filled auto-injector mechanism, or prescribed medication for adrenal insufficiency at all times, provided that the student does not endanger himself or other persons through misuse.

The board shall:

- A. Inform the student and his/her parents/guardians that permission is effective for the school year for which it is granted and must be renewed for each subsequent school year upon fulfillment of requirements listed above;
- B. Inform parents/guardians in writing that the district and its employees or agents shall incur no liability as a

ADMINISTERING MEDICATION (continued)

result of any injury arising from the self-administration of medication by the student; and

- C. Maintain the right to revoke a student's permission to self-medicate if he/she has failed to comply with all conditions of this policy and/or has violated in any way the tenets of the agreement to self-medicate. The superintendent shall confer with the school physician and school nurse prior to recommending termination of a student's permission to self-medicate and shall also consult with the student, the student's parents/guardians and the student's physician.

Upon written request of the parent or guardian and as provided in the individualized health care plan, the student shall be allowed to attend to the management and care of his/her diabetes in the classroom or on school grounds, if evaluated and determined to be capable of doing so consistent with the plan, and N.J.S.A. 18A:40-12.15 and board policy 5141 Health for specific rules regarding diabetes management.

Emergency Administration of Epinephrine

The board shall permit the school nurse or medical inspector to administer epinephrine via epi-pen or other pre-filled auto-injector mechanism in emergency situations. In their absence, a designee or designees who are employees of the board may do so.

The designees must be properly trained by the school nurse in the administration of the epi-pen or other pre-filled auto-injector mechanism using the standardized training protocol designated by the State Department of Education. Each designee shall receive individual training for each student for whom he/she is designated.

The board shall inform the student's parents/guardians in writing that if the specified procedures are followed, the district, its employees and agents shall have no liability as a result of any injury arising from the administration of the epi-pen or other pre-filled auto-injector mechanism to the student.

Parents/guardians shall provide the board with the following:

- A. Written orders from the physician that the student requires the administration of epinephrine for anaphylaxis and does not have the capability for self-administration of the medication;
- B. Written permission for the administration of epinephrine via epi-pen or other pre-filled auto-injector mechanism by the school nurse and designee(s); and
- C. A signed statement acknowledging their understanding that if the specified procedures are followed, the district shall have no liability as a result of any injury arising from the administration of the epi-pen or other pre-filled auto-injector mechanism by the school nurse or designee(s) to the student and that the district, its employees, and agents shall be indemnified and held harmless against any claims arising out of the administration of the epi-pen or other pre-filled auto-injector mechanism to the student.

Permission for the administration of epinephrine via epi-pen or other pre-filled auto-injector mechanism shall be granted annually and must be renewed each school year upon the fulfillment of the above requirements.

Placement and Availability of Epinephrine, and Transportation to Hospital Emergency Room

Pursuant to N.J.S.A. 18A:40-12.6, school policy requires:

- A. The placement of a student's prescribed epinephrine in a secure but unlocked location easily accessible by the school nurse and designees to ensure prompt availability in the event of an allergic emergency at school or at a school-sponsored function. The location of the epinephrine shall be indicated on the student's emergency care plan. Back-up epinephrine shall also be available at the school if needed;
- B. The school nurse or designee to be promptly available on site at the school and school-sponsored functions in the event of an allergic reaction; and

ADMINISTERING MEDICATION (continued)

- C. The transportation of the student to a hospital emergency room by emergency services personnel after the administration of epinephrine, even if the student's symptoms appear to have resolved.

Emergency Administration of Epinephrine for First Time Allergic Reactions at School

The school nurse or trained designee shall be permitted to administer epinephrine via a pre-filled auto-injector mechanism to any student without a known history of anaphylaxis. This includes students whose parents/guardians have not submitted prior written permission or obtained prescribed medication as indicated in the rules above. Epinephrine may be administered to any student without a known history of anaphylaxis when the nurse or trained designee in good faith believes that the student is having an anaphylactic reaction.

The district shall maintain a supply of epinephrine auto-injectors that is prescribed under a standing protocol from a licensed physician or an advanced practice nurse in a secure but unlocked and easily accessible location. The supply of epinephrine auto-injectors shall be accessible to the school nurse and trained designees for administration to a student having an anaphylactic reaction.

Liability

No school employee, including a school nurse, or any other officer or agent of a board, or a physician or an advanced practice nurse providing a prescription under a standing protocol for school epinephrine shall be held liable for any good faith act or omission consistent with the provisions of law for the administration of epinephrine (N.J.S.A. 18A:40-12.5 et seq.). No action shall be taken before the New Jersey State Board of Nursing against a school nurse for any such action taken by a person designated in good faith by the school nurse to administer epinephrine according to law (N.J.S.A. 18A:40-12.6). Good faith shall not include willful misconduct, gross negligence or recklessness.

Emergency Administration of Hydrocortisone Sodium Succinate for Adrenal Insufficiency

In the event of an emergency, hydrocortisone sodium succinate shall be administered through an appropriate delivery device and equipment to a student for adrenal insufficiency provided that:

- A. The parents/guardians of the student provide to the board written authorization for the administration of hydrocortisone sodium succinate;
- B. The parents/guardians of the student provide to the board written orders from the physician or advanced practice nurse that the student requires the administration of hydrocortisone sodium succinate for adrenal insufficiency;
- C. The board informs the parents/guardians of the student in writing that the district and its employees or agents shall have no liability as a result of any injury arising from the administration of hydrocortisone sodium succinate; and
- D. The parents/guardians sign a statement acknowledging that the district shall incur no liability as a result of any injury arising from the administration of hydrocortisone sodium succinate to the student and that the parents/guardians shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of hydrocortisone sodium succinate.

The permission is effective for the school year for which it is granted and is renewed for each subsequent school year.

Placement and Availability of Hydrocortisone Sodium Succinate, and Transportation to Hospital

The school nurse shall oversee the following school policy requirements for compliance with law (N.J.S.A. 18A:40-12.3):

ADMINISTERING MEDICATION (continued)

- A. The placement of a student's prescribed hydrocortisone sodium succinate in a secure but unlocked location easily accessible by the school nurse and designees to ensure prompt availability in the event of emergency situations at school or at a school-sponsored function. The location of the hydrocortisone sodium succinate shall be indicated on the student's emergency care plan. Back-up hydrocortisone sodium succinate, provided by the parent/guardian, shall also be available at the school if needed;
- B. The school nurse or designee shall be promptly available on site at the school and school-sponsored functions in the event of an emergency; and
- C. The transportation of the student to a hospital emergency room by emergency services personnel after the administration of hydrocortisone sodium succinate, even if the student's symptoms appear to have resolved.

Nothing in this policy shall be construed to prohibit the emergency administration of hydrocortisone sodium succinate to a student for adrenal insufficiency by the school nurse or other employees designated when the student is authorized to self-administer hydrocortisone sodium succinate.

Designee Training to Administer Hydrocortisone Sodium Succinate

The school nurse shall have the primary responsibility for the emergency administration of hydrocortisone sodium succinate. The school nurse shall designate, in consultation with the board, additional employees or volunteers to administer hydrocortisone sodium succinate to a student for adrenal insufficiency when the nurse is not physically present at the scene. The school nurse shall recruit and train, in consultation with the board of education, volunteer designees who are determined acceptable candidates by the school nurse within each school building, as deemed necessary by the nursing service plan.

The school nurse shall determine that:

- A. The designees have been properly trained in the administration of hydrocortisone sodium succinate using standardized training protocols established by the Department of Education in consultation with the Department of Health;
- B. The parents/guardians of the student consent in writing to the administration of hydrocortisone sodium succinate by the designees (in addition to the school nurse); and
- C. The parents/guardians of the student have received a written statement that the district and its employees or agents shall have no liability as a result of any injury arising from the administration of hydrocortisone sodium succinate to the student, and that the parents/guardians have signed a statement acknowledging that the district shall incur no liability as a result of any injury arising from the self-administration of medication by the student and that the parents/guardians shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the self-administration of medication by the student.

The permission is effective for the school year for which it is granted and is renewed for each subsequent school year upon fulfillment of the above-listed requirements in this section.

Emergency Administration of Opioid Antidote

"Opioid antidote" means any drug, regardless of dosage amount or method of administration, which has been approved by the United States Food and Drug Administration (FDA) for the treatment of an opioid overdose. Opioid antidote includes, but is not limited to, naloxone hydrochloride, in any dosage amount, which is administered through nasal spray or any other FDA-approved means or methods.

"Opioid overdose" means an acute condition including, but not limited to, extreme physical illness, decreased

ADMINISTERING MEDICATION (continued)

level of consciousness, respiratory depression, coma, or death resulting from the consumption or use of an opioid drug or another substance with which an opioid drug was combined, and that a layperson would reasonably believe to require medical assistance.

The school physician shall include an opioid antidote in the prescribed standing order for the schools of the district that include any of the grades nine through twelve. The superintendent, in consultation with the building principal of any school other than those including grades nine through twelve, shall determine whether the school physician shall include an opioid antidote in the prescribed standing order for such schools and shall report that determination to the board. The opioid antidote may be administered to any student, school personnel or other person reasonably believed to be experiencing an opioid overdose. The opioid antidotes shall be accessible in the school during regular school hours and during school-sponsored functions that take place in the school or on school grounds adjacent to the school building. The superintendent, in consultation with each building principal regardless of grade, shall determine whether to make opioid antidotes accessible during school-sponsored functions that take place off school grounds and shall report each school's determination to the board.

The opioid antidote shall be stored in a secure but unlocked and easily accessible location, and according to the manufacturer's directions. To the extent that is safe and practical, the opioid antidote shall be stored at a reasonable proximity of an automated external defibrillator (AED). The school nurse shall be responsible for monitoring the on-site inventory of the opioid antidote, arranging for the replacement of the opioid antidote supply and ensuring the appropriate and safe disposal of administered and expired opioid antidote applicators.

Any student suspected of being under the influence of drugs or alcohol including students suspected of an opioid overdose shall be subject to board policy 5131.6 Drugs, Alcohol, Steroids and Tobacco and applicable law (including but not limited to N.J.A.C. 6A:16-3) regarding prevention, identification, examination, treatment, intervention and referral for substance abuse.

The school nurse shall be primarily responsible for the assessment of any student suspected of being under the influence of drugs or alcohol including, but not limited to, any student suspected of an opioid or other drug overdose. The board shall designate additional district employees ("designated employees") who volunteer to administer an opioid antidote in the event a person experiences an opioid overdose when the nurse is not physically present at the scene. Such designated employees shall receive training in administration of the opioid antidote in accordance with applicable law. The school nurse or designated employee who believes in good faith that a person is experiencing an opioid overdose may administer the opioid antidote.

The school nurse or his or her designee or a designated employee shall immediately call 911 upon suspecting an overdose, and notify the parents/guardians as soon as practicable. The school nurse or designee and any designated employee responding to a suspected overdose shall notify the building principal of any suspected overdose and all actions taken including the administration of opioid antidote and the notification of emergency medical services.

If the school nurse or a designated employee are not immediately available and a district employee observes a person overdosing, the employee may contact emergency services. The employee who has contacted emergency services regarding a person suspected to have overdosed shall notify the building principal of any suspected overdose and all actions taken including the administration of opioid antidote and the notification of emergency medical services.

An overdose victim shall be transported by emergency services personnel to the nearest hospital emergency room, including where the victim's symptoms appear to have resolved. The principal shall designate a member of the school staff to accompany the student to the hospital. The principal shall notify the superintendent whenever an opioid antidote is administered.

The school nurse shall document the incident including but not limited to:

A. Date, time and location of the incident;

ADMINISTERING MEDICATION (continued)

- B. Names of any staff members or students reporting the incident;
- C. A description of the incident;
- D. Description of the evaluation conducted;
- E. The administration of opioid antidote including the form and dosage;
- F. All actions taken, including, when 911 was called, when emergency services arrived, staff assigned to accompany the student.

The documentation shall be in the same manner as the documentation of administration of other medications under a non-patient specific order.

A school may enter into a shared services agreement for the provision of opioid antidotes pursuant to applicable law if the arrangement will result in cost savings.

Training

The school nurse shall have the primary responsibility for the emergency administration of an opioid antidote. As described above, the board shall designate additional employees ("designated employees") to administer the opioid antidote who shall be authorized to administer the antidote only after receiving training in accordance with applicable law. The school nurse shall not be solely responsible to train designated employees.

Parent Notification

Written notification of the board opioid overdose policy shall be distributed annually to parents/guardians and adult students. The notification shall inform parents/guardians and adult students that the board authorizes the certified school nurse and/or other appropriately licensed school health professionals as well as designated employees to administer the opioid antidote.

The school nurse, in consultation with the superintendent, shall be responsible for the development and regular review of policies and procedures regarding administration of opioid antidotes. The policies and procedures for the use of opioid antidote shall be included in district emergency response procedures.

Liability for the Administration of Opioid Antidote

No school employee, including a school nurse, or any other officer or agent of a board of education, charter school, or nonpublic school, or a prescriber of opioid antidotes for a school through a standing order, shall be held liable for any good faith act or omission consistent with the provisions of applicable law. Good faith shall not include willful misconduct, gross negligence, or recklessness.

Implementation

The board may adopt additional regulations on all aspects of the administration of medication. When implementing school policy and N.J.S.A. 18A:40-12.6, staff will consult these New Jersey Department of Education guidance documents:

- A. Training Protocols for the Emergency Administration of Epinephrine (9/08);
- B. Guidelines for the Management of Life-Threatening Food Allergies in Schools (9/08).

Any person who acts in good faith in accordance with law and board policy shall be immune from any civil or

ADMINISTERING MEDICATION (continued)

criminal liability arising from actions performed pursuant to law and this board policy.

Adopted: May 2, 1987
 Revised: April 10, 1990, September 8, 1994, December 19, 2002,
 October 23, 2008, March 19, 2015
 NJSBA Review/Update: June 2022
 Readopted:

Key Words

Administering Medication, Medication in School, Nebulizer, Epinephrine, Anaphylaxis, Asthma

Legal References:	<u>N.J.S.A.</u> 18A:11-1	General mandatory powers and duties
	<u>N.J.S.A.</u> 18A:40-1	Employment of medical inspectors, optometrists and nurses; salaries; terms; rules
	<u>N.J.S.A.</u> 18A:40-3.2 <u>et seq.</u>	Medical and Nursing Personnel
	<u>N.J.S.A.</u> 18A:40-4	Examination for physical defects and screening of hearing of students
	<u>N.J.S.A.</u> 18A:40-12.3	Self-administration of medication by student; conditions
	through -12.4	
	<u>N.J.S.A.</u> 18A:40-12.5	Policy for emergency administration of epinephrine to public school students
	<u>N.J.S.A.</u> 18A:40-12.6	Administration of epinephrine; primary responsibility; parental consent
	through -12.6d	
	<u>N.J.S.A.</u> 18A:40-12.7	Nebulizer
	<u>N.J.S.A.</u> 18A:40-12.8	Administration of asthma medication by school nurse through nebulizer; training; student asthma treatment plan
	<u>N.J.S.A.</u> 18A:40-12.11	Children with diabetes
	<u>N.J.S.A.</u> 18A:40-12.12	Definitions
	<u>N.J.S.A.</u> 18A:40-12.13	Health care plans for children with diabetes
	<u>N.J.S.A.</u> 18A:40-12.14	Employees authorized to administer glucagon
	<u>N.J.S.A.</u> 18A:40-12.15	Management by student permitted
	<u>N.J.S.A.</u> 18A:40-12.16	Notice to bus driver
	<u>N.J.S.A.</u> 18A:40-12.17	Posting of reference sheet
	<u>N.J.S.A.</u> 18A:40-12.18	Medical information release
	<u>N.J.S.A.</u> 18A:40-12.19	Immunity
	<u>N.J.S.A.</u> 18A:40-12.20	Authorized possession of syringe
	<u>N.J.S.A.</u> 18A:40-12.21	School choice not restricted
	<u>N.J.S.A.</u> 18A:40-12.22	Administration of medical marijuana
	<u>N.J.S.A.</u> 18A:40-12.23	Emergency administration of opioid antidotes
	through <u>N.J.S.A.</u> 18A:40-12.28	
	<u>N.J.S.A.</u> 18A:40-21.1	Required Hepatitis B vaccination
	<u>N.J.S.A.</u> 18A:40-21.2	Distribution of fact sheet on meningitis
	<u>N.J.S.A.</u> 18A:40-23	Findings and Declarations
	<u>N.J.A.C.</u> 18A:40-24	Definitions
	<u>N.J.A.C.</u> 18A:40-25	Nursing services to students in non-public schools
	<u>N.J.S.A.</u> 18A:40-26	Medical services to non-public school students
	<u>N.J.S.A.</u> 18A:40-27.1	Nursing services to non-public preschool students
	<u>N.J.S.A.</u> 18A:54-20	Powers of board (county vocational schools)
	<u>N.J.S.A.</u> 45:11-23	Definitions
	<u>N.J.A.C.</u> 6A:16-1.1 <u>et seq.</u>	Programs to Support Student Development
	<u>See particularly:</u>	
	<u>N.J.A.C.</u> 6A:16-1.3	Definitions

ADMINISTERING MEDICATION (continued)

<u>N.J.A.C. 6A:16-2.1</u>	Health services policy and procedural requirements
<u>N.J.A.C. 6A:16-2.2</u>	Required health services
<u>N.J.A.C. 6A:16-2.3</u>	Health services personnel
<u>N.J.A.C. 6A:16-2.4</u>	Required student health records
<u>N.J.A.C. 6A:16-2.5</u>	School health services to nonpublic schools
<u>N.J.A.C. 6A:16-4.1</u>	Policies and procedures for the prevention of drug and alcohol abuse
<u>N.J.A.C. 6A:23A-5.3(e)</u>	Failure to maximize SEMI Aid
<u>N.J.A.C. 6A:32-6.3</u>	Requirements of physical examinations

P.L. 2018. C.106 (A542, S1830), an act concerning the emergency administration of opioid 1 antidotes in schools, supplementing chapter 40 of Title 18A of 2 the New Jersey Statutes, and amending P.L.2013, c.46

P.L. 2019, c. 118, an act concerning the self-administration and emergency administration of hydrocortisone sodium succinate for adrenal insufficiency

Overdose Prevention Act, P.L. 2013, c. 46

Bernards Township Education Association v. Bernards Township Board of Education, 1981 S.L.D. (9/29/81), aff'd State Board, 1982 S.L.D. 4/7/82, aff'd App. Div., unpublished opinion (A-4211-81T3, 5/18/83)

Communications Workers of America, Local 1033, On behalf of Karen Norton, Barbara Woolston, Mary Ellen Schoen et al. v. New Jersey State Department of Education, Marie H. Katzenbach School for the Deaf, State Board Docket #52-91

Protocol and Implementation Plan for the Emergency Administration of Epinephrine by a Delegate Trained by the School Nurse, New Jersey State Department of Education, October, 1998

For training for the administration of naloxone see:
<http://www.state.nj.us/humanservices/dmhas/initiatives/naloxone.html>

PossibleCross References:

*5131.6	Drugs, alcohol, tobacco (substance abuse)
*5141	Health
*5141.1	Accidents
*5141.2	Illness
*5141.3	Health examinations and immunizations
*5141.8	Sports related concussion and head injury
*6153	Field trips

*Indicates policy is included in the Critical Policy Reference Manual.

Form

EMERGENCY ADMINISTRATION OF NALOXONE FOR DRUG OVERDOSE

Dear _____,
Parent/Guardian

Time is of the essence when a drug overdose is occurring, or is believed to be occurring. Administering an opioid antidote (defined as naloxone hydrochloride or any other similarly acting drug approved by the United States Food and Drug Administration) blocks effects of opioids and can reverse a potentially life threatening overdose.

In accordance with the New Jersey Law (*P.L.* 2013, c. 46), the "Overdose Prevention Act" the school physician annually prescribes an opioid antidote including naloxone hydrochloride as part of the district's physician standing order. The opioid antidote shall be administered in an emergency to any student, school personnel or other person during school hours or during on-site school-sponsored activities believed to be experiencing a opioid overdose. The board authorizes the drug to be administered by the school doctor, the school nurse, other appropriately designated individuals deemed, by a health care professional, capable of administering the opioid antidote, where the individual has been trained through a Department of Human Services (DHS) endorsed program to administer the opioid antidote.

The Quinton Township Board of Education hereby informs you that where board-approved policy and procedures are followed, the district, its employees, and designated individuals shall incur no liability whatsoever for any and all claims, damages, losses and expenses of any kind as a result of any injury arising from the good faith emergency administration of the opioid antidote.

Attach board policy and regulation: 5141.21 Administration of Epinephrine

MEDICAL MARIJUANA

The Quinton Township Board of Education recognizes that physical discomfort associated with certain debilitating medical conditions can negatively impact a student's ability to benefit from educational services provided by the school district. The board of education also recognizes that a student diagnosed with a debilitating medical condition may, through the legally prescribed use of medical marijuana, alleviate physical symptoms associated with the debilitating condition that occur during school hours, potentially increasing the student's availability to receive instruction. Therefore in accordance with law (P.L. 2015, c.158), a student who is legally prescribed medical marijuana and who possesses a current registry identification card from the New Jersey Department of Health (NJDOH), may be administered prescribed marijuana by a NJDOH registered primary caregiver.

The New Jersey Compassionate Use Medical Marijuana Act (N.J.S.A. 24:61-3) provides that medical marijuana may be prescribed for the following debilitating medical conditions:

- A. Seizure disorder, including epilepsy; intractable skeletal muscular spasticity; or glaucoma if any of these conditions are resistant to conventional medical therapy;
- B. Positive status for human immunodeficiency virus; acquired immune deficiency syndrome; or cancer; if any treatment of these conditions cause severe or chronic pain, severe nausea or vomiting, cachexia, or wasting syndrome;
- C. Amyotrophic lateral sclerosis, multiple sclerosis, terminal cancer, muscular dystrophy, or inflammatory bowel disease, including Crohn's disease;
- D. Terminal illness, if the student's physician has determined a prognosis of less than 12 months of life; or
- E. Any other medical condition or its treatment that is approved by the NJDOH by regulation.

New Jersey Department of Health Medical Marijuana Program Authorization

Students authorized to use medical marijuana, including adult students, are not authorized by law to self-administer the medication on school grounds, on the school bus or at school sponsored activities. In all cases, a primary caregiver shall be required to assist with the administration of the prescribed medical marijuana on school grounds, on the school bus, or at school sponsored activities subject to law and this board policy.

In order for the prescribed medical marijuana to be legally administered, the student and primary caregiver shall possess a current registry identification card. The NJDOH shall issue a registry identification card only upon certification from a licensed physician in the State with whom a qualifying patient has a bona fide physician-patient relationship. The physician must be registered with the New Jersey Medical Marijuana Program to legally prescribe medical marijuana.

According to the Medical Marijuana Program the primary caregiver:

- A. Shall be a resident of New Jersey who is at least 18 years old;
- B. Has agreed to assist with a registered qualifying patient's medical use of marijuana, is not currently serving as primary caregiver for another qualifying patient, and is not the qualifying patient's physician;
- C. Has never been convicted of possession or sale of a controlled dangerous substance, unless such conviction occurred after July 19, 2010 and was for a violation of federal law related to possession or sale of marijuana that is authorized under the Compassionate Use Medical Marijuana Act;

MEDICAL MARIJUANA (continued)

- D. Has registered with the NJDOH, and has satisfied the criminal history record background check requirement; and
- E. Has been designated as primary caregiver on the qualifying patient's application or renewal for a registry identification card or in other written notification to the NJDOH.

Verification of Registration Status

The superintendent shall submit a written request to the NJDOH Medical Marijuana Program seeking verification of the registration status of the student and the caregiver.

Verification of the registration status of the student and the caregiver shall be requested not less than annually. Documentation of the request made to the NJDOH and any response the district receives from the NJDOH shall be kept in the student's confidential medical records and maintained in the office of the school nurse.

Administration of the Prescribed Medical Marijuana

While on school grounds, the primary caregiver shall be permitted to administer the prescribed medical marijuana in the office of the school nurse. The school nurse may designate other locations on school grounds. When an alternate location on school grounds other than the nurse's office is requested or required for the administration of the prescribed medical marijuana, the school nurse shall document the designated location in the appropriate student record (i.e. confidential medical record, individualized health care plan).

No student shall be permitted to carry the prescribed marijuana medication on school grounds, on school buses or at school sponsored activities. The prescribed medical marijuana shall not be stored on school grounds. It shall be the sole responsibility of the primary caregiver to maintain and administer the medication.

A primary caregiver shall bring the medication to school to administer the medication in the school nurse's office and shall leave school grounds with any remaining medication. Any packaging, containers or other materials associated with the caregiver's administration of the prescribed medical marijuana to the student shall be disposed of in the appropriate receptacle for hazardous materials in the nurse's office and at no other location on school property.

Any form of medical marijuana that is smoked is prohibited on school grounds, on school buses or at school sponsored events.

Liability

Any person in possession of prescribed medical marijuana or using prescribed medical marijuana and acting within the provisions of N.J.S.A. 2C:35-18 Exemption, Burden of Proof and in accordance with the Compassionate Use of Medical Marijuana Act (N.J.S.A. 24:6I-1) shall be immune from criminal liability and professional disciplinary action.

Possession of, or application for, a registry identification card shall not alone constitute probable cause to search the person or property of the person possessing or applying for the registry identification card, or otherwise subject the person or his/her property to inspection.

Adopted: August 25, 2016
 NJSBA Review/Update: June 2022
 Readopted:

Key Words

Marijuana, Medical Marijuana, Primary Caregiver

MEDICAL MARIJUANA (continued)

Legal References: N.J.S.A. 2C:35-18 Exemption, burden of proof
N.J.S.A. 24:61-1 et seq. New Jersey Compassionate Use of Medical Marijuana Act
See particularly
N.J.S.A. 24:61-4, -5
N.J.S.A. 26:3D-55 et seq. New Jersey Smoke-Free Air Act
N.J.A.C. 8:64-1.1 et seq. Medical Marijuana Program rules
See particularly
N.J.S.A. 8:64-1.1 Confidentiality

P.L. 2015, c.158 concerning medical marijuana

Possible

Cross References: *5131.6 Drugs, alcohol, tobacco (substance abuse)
*5141 Health
*5141.1 Accidents
*5141.2 Illness
*5141.3 Health examinations and immunizations
*5141.21 Administration of medication
*6153 Field trips

*Indicates policy is included in the Critical Policy Reference Manual.

QUINTON TOWNSHIP BOARD OF EDUCATION

FILE CODE: 5141.22

Exhibit

<u> </u>	Monitored
<u> X </u>	Mandated
<u> X </u>	Other Reasons

MEDICAL MARIJUANA

CONSENT FOR RELEASE OF MEDICAL INFORMATION

New Jersey Department of Health, Medical Marijuana Program

P. O. Box 360

Trenton, New Jersey 08625-0360

Student Name: _____ Date of Birth _____

Address _____

I understand that as the parent/guardian of the above-named student, I am not obligated to authorize disclosure of any information provided to the New Jersey Department of Health and that refusal to authorize disclosure shall in no way affect my rights or the rights of the above-named student to use medicinal marijuana.

I authorize the New Jersey Department of Health Medicinal Marijuana Program to disclose, to the school district, information verifying the registration and authorization status of the above-named student to use medicinal marijuana for a qualifying medical condition(s) pursuant to the *Compassionate Use Act, N.J.S.A. 24:6I-1 et al.* I understand that the disclosure may contain confidential health information pertaining to the student's medical diagnosis and treatment.

This consent is granted for the sole purpose of verifying the registration status and ongoing authorization of the student according to *N.J.S.A. 24:6I-1 et al.* and for no other purpose.

Signature of student's parent/guardian

Relationship to Student

Date

Signature of the school nurse

Date

MEDICAL MARIJUANA (exhibit continued)MEDICAL MARIJUANA**PRIMARY CAREGIVER CONSENT FOR RELEASE OF INFORMATION****New Jersey Department of Health, Medical Marijuana Program**

P. O. Box 360

Trenton, New Jersey 08625-0360

Primary Caregiver Name: _____ Date of Birth _____

Address _____

Student Name: _____ Date of Birth _____

Address _____

I understand that as the primary caregiver of the above-named student, I am not obligated to authorize disclosure of any information provided to the New Jersey Department of Health and that refusal to authorize disclosure shall in no way affect my right to assist the above-named student in the use of medicinal marijuana.

I authorize the New Jersey Department of Health Medicinal Marijuana Program to disclose, to the school district, information verifying my registration and authorization status to assist in the above-named student's use of medicinal marijuana for a qualifying medical condition(s) pursuant to the *Compassionate Use Act*, N.J.S.A. 24:6I-1 *et al.*

This consent is granted for the sole purpose of verifying the registration status and ongoing authorization of the primary caregiver to assist in the use of medicinal marijuana according to N.J.S.A.24:6I-1 *et al.* and for no other purpose.

Signature of the primary caregiver

Relationship to Student

Date

Signature of the school nurse

Date

QUINTON TOWNSHIP BOARD OF EDUCATION
Quinton, New Jersey

FILE CODE: 5142

<u>X</u>	Monitored
<u>X</u>	Mandated
<u>X</u>	Other Reasons

Policy

STUDENT SAFETY

The Quinton Township Board of Education recognizes the safety of its students as a consideration of utmost importance. The superintendent shall consult law enforcement agencies, health and social service providers, emergency management planners and other school and community resources in the development of the plans, procedures and mechanisms for school safety. The superintendent shall oversee development of a districtwide safety program with emphasis on accident prevention.

Facilities

The superintendent shall maintain all facilities and equipment in proper condition to provide a safe learning environment, ensuring compliance with state law on the handling, labeling and storing of hazardous substances. Safety regarding all aspects of playground equipment and activity will be maintained and supervised in compliance to law and code.

Staff Education and Training

All teachers shall be familiar with the provisions of this program that particularly concern them.

The superintendent shall inform all newly employed staff of school safety rules and regulations within 60 days of the effective date of their employment. All district employees will receive the appropriate inservice training to recognize and respond appropriately to safety concerns including emergencies and crises, in accordance with the district safety plans, procedures and mechanisms. The district safety plan will be updated annually and all employees will be notified of updates and changes to the safety plan in writing. Regulations concerning use and maintenance of eye protective devices shall be scrupulously enforced by all staff.

Student Supervision

The staff must maintain complete classroom and playground supervision during regular school hours. The superintendent shall seek the cooperation of parents/guardians to prevent any children being unsupervised on school property during lunch hour and during morning arrival and afternoon dismissal times. Further, the superintendent shall seek the cooperation of the police and other appropriate agencies in providing for the safety of students on or around school property. The board shall adopt the necessary regulations governing supervision of student safety.

No student shall leave the school before the end of the school day without permission of the principal. No student shall run errands on school business off the school property.

The curriculum shall include courses in safety as required by state law. In development of courses, the safety of participating students shall be a primary consideration.

A record shall be kept indicating the legal custodian of each student. Such custodian shall be responsible for informing the superintendent of any change in the student's custody. If one parent/guardian has been awarded custody of the student in a divorce, the other parent/guardian shall present to the principal a letter authorizing him/her to accompany the child from school before the child may be released. The principal may take reasonable steps to verify the letter. It is the responsibility of the person or agency having custody to inform the school that such authorization will be required.

Supervision of Students During Dismissal

STUDENT SAFETY (continued)

Dismissal will be supervised. District staff will be assigned to specific locations and given defined responsibilities to supervise student dismissal in each district school facility. Regular and early dismissal will be supervised according to the same protocol unless otherwise specified. The superintendent is responsible for overseeing the development of protocols that are tailored to the age and needs of the students at each school facility. At a minimum these protocols shall include:

- A. Staff assigned to supervise dismissal and their locations and responsibilities;
- B. Where children will be retained awaiting appropriate escort and/or designated transportation;
- C. Provisions for supervision when a parent/escort is unable to pick up their child at the appropriate dismissal time; and
- D. Location and presence of municipal crossing guards.

The board will review the dismissal procedures annually.

Supervision of Non-Bused Students at Dismissal

The board shall require that the parent/guardian notify the school in advance of any arrangements for students requiring appropriate escort or designated transportation. The board requires signed permission for a student to be dismissed to walk home unescorted.

All documented arrangements will be considered permanent for the entire school year. Parents/Guardians may alter arrangements upon prior written notification to the superintendent or designee.

Parents/guardians leaving students at school that are to be escorted home will be reported to the proper authorities.

The superintendent or designee is responsible for the collection of all dismissal arrangements requested by the parents/guardians. The superintendent or designee is responsible for keeping a record of the dismissal arrangements and implementing the appropriate dismissal supervision in accommodation of these arrangements.

Notification of Dismissal Protocols

The superintendent or his designee shall ensure that parents are notified of the following:

- A. School calendar including school closure and early dismissal dates and times; and any adjustments to the calendar;
- B. The school dismissal policy;
- C. Dismissal protocol for all bused students, non-bused students and students in after-school programs or activities;
- D. Supervision arrangements for students at dismissal;
- E. Emergency plan for supervision of students left at school;
- F. After school program opportunities;
- G. Procedures for enrolling students in after school programs.

STUDENT SAFETY (continued)

The parent/guardian is responsible for reviewing the school calendar and complying with all school dismissal times and procedures. It is the parents/guardians responsibility to resume the custody of their child at the end of each school day.

The superintendent will develop procedures:

- A. For parents/guardians to provide signed acknowledgement of receipt of the school calendar, including all school closure and early dismissal dates, and the school dismissal policy and procedures;
- B. For parents/guardians to indicate and define the circumstances that the student is to be released from the school's care at dismissal;
- C. For the collection and retention of all documents pertaining to receipt of calendar and escort/transportation arrangements.

Voluntary Fingerprinting Program

The board of education shall provide a voluntary fingerprinting program for the protection of its students. This program shall be carried out in cooperation with the county sheriff's office and local law enforcement officials in accordance with the requirements of law.

All students in grades kindergarten through nine shall be eligible to participate with written authorization of their parent/guardian. Completed fingerprint cards shall be given to the parent/guardian and shall not be retained by the school district or the law enforcement agency.

The superintendent is directed to provide an orientation program for those students for whom fingerprinting has been authorized, and to develop appropriate administrative regulations for the implementation of the voluntary fingerprinting program in the district.

Potentially Missing Children

Attendance practices, the dismissal precautions addressed in this policy and voluntary fingerprinting are part of the district's effort toward early identification of potentially missing children.

The superintendent will develop procedures that ensure cooperation with law enforcement for substances, weapons and safety. This may include cooperation with law enforcement in the activation of an "Amber Alert" which provides for the rapid dissemination of information, including a description of the missing child through broadcast media.

Release to an Individual Impaired by Drugs/Alcohol Prohibited

The board believes that allowing a child to be released into the custody of a parent/guardian or other authorized individual who appears to be impaired by drugs or alcohol can have tragic consequences. Therefore, the board prohibits release of a student into the custody of any person who appears to be physically and/or emotionally impaired to the extent that harm could come to the student if released to such a person. The superintendent/designee shall make the final determination as to whether an individual is impaired.

Possessions

Parents/guardians are requested not to permit their children to bring expensive or fragile objects to school and to label or otherwise identify clothing, books and personal items. The board is not responsible for items

STUDENT SAFETY (continued)

destroyed or stolen from lockers.

Megan's Law

Only law enforcement agencies in the community receive notification of the presence of Tier One offenders. The superintendent and principals in affected schools shall receive notification from the county prosecutor's office or local law enforcement officials when Tier Two or Tier Three sex offenders move into the district. Principals shall inform those employees/ volunteers whose duties regularly put them in a position to observe unauthorized persons on or near the property of the school. Principals shall determine who to notify on the basis of this definition, as well as on specific job duties carried out in their schools. If private vendors perform any of these functions, the superintendent or designee shall inform the vendor. Notification may include, but is not limited to:

- A. Aides;
- B. Bus drivers;
- C. Coaches;
- D. Maintenance staff;
- E. Professional support staff;
- F. School level administrative staff;
- G. Security personnel;
- H. Teachers' aides;
- I. Teachers.

School personnel are notified only in their capacity as such and shall not disseminate information about an offender to anyone not specifically identified by the county prosecutor or Attorney General. Any school employee who does so may be disciplined. If a school employee has reason to believe that an offender who has been the subject of a notification is a danger to someone outside the school environs, he/she shall immediately contact the local law enforcement agency or the county prosecutor.

District personnel shall not notify the following of the presence of Tier Two or Tier Three offenders:

- A. Members of PTO, PTA, HSA, etc;
- B. Organizations using school facilities;
- C. Other schools;
- D. Press.

The principal shall provide registration forms to any organization that uses the school facilities, including parent-teacher organizations, which wish to be notified by the county prosecutor's office of the presence of a Tier Two or Tier Three offender in the community.

In addition to the school personnel identified by the principal, students and parents/guardians shall be notified of the presence of Tier Three offenders. The prosecutor's office and local law enforcement shall supply the

STUDENT SAFETY (continued)

school with notices for them when a school is located in the area where a vulnerable population is likely to encounter a Tier Three offender. Dissemination of these notices shall be in accord with law and accomplished in cooperation with the county prosecutor's office. Confidentiality shall be a prime consideration in all communications with students and parents/guardians, and all directives of the county prosecutor and Attorney General's offices shall be observed.

When a student has been identified as a sex offender, all procedures of notification shall apply. When a parent/guardian has been identified as an offender, he/she may continue to participate in all appropriate parent/guardian activities, unless prohibited by legal constraint.

Newly hired staff and newly enrolled students and their parents/guardians shall be trained and informed of the presence of Tier Two and Tier Three offenders, unless the county prosecutor has notified the principal that notice cannot be given.

Students and district employees shall not be liable in any civil or criminal action for providing or failing to provide information relevant to notification. The superintendent shall prepare regulations to implement this policy and all directives of the county prosecutor's office to ensure careful adherence to Megan's Law.

School Violence Awareness Week and Annual Public Hearing

The school shall observe "School Violence Awareness Week". This week will include discussions, presentations, and training for both students and staff, focused on the topic of preventing violence in school. Law enforcement personnel will be invited to join school teaching staff presenting age appropriate opportunities for students to discuss issues including but not limited to conflict resolution, student diversity and tolerance.

The board of education shall hold a public hearing on violence and vandalism pursuant to N.J.S.A. 18A:17-46 and N.J.A.C. 6A:16-5.3. The requirements of the public hearing are covered in greater detail in file code 5131.5 of this manual.

Adopted: December 10, 1985
 Revised: April 8, 1993, April 3, 1995, October 23, 2008
 NJSBA Review/Update: June 2022
 Readopted:

Key Words

Student Safety, Safety, Student Safety

Legal References: N.J.S.A. 2C:7-2 et seq.

N.J.S.A. 2C:39-5
N.J.S.A. 18A:6-2
N.J.S.A. 18A:16-2
N.J.S.A. 18A:17-42,
-43 and -45 through -48
N.J.S.A. 18A:20-21
N.J.S.A. 18A:35-5
N.J.S.A. 18A:35-5.1
through -5.3
N.J.S.A. 18A:36-24
through -25

Registration and Notification of Release of Certain Offenders

Unlawful possession of weapons
 Instruction in accident and fire prevention
 Physical examinations; requirement

Public School Safety Law
 Supervisors and other employees
 Maintenance of physical training courses; features

Lyme disease prevention; public school health curriculum

Missing children; legislative findings and declarations...

STUDENT SAFETY (continued)

<u>N.J.S.A. 18A:36-29 et seq.</u>	Voluntary fingerprinting ...
<u>N.J.S.A. 18A:40-12.1, -12.2</u>	Protective eye devices required for teachers, students and visitors in certain cases ...
<u>N.J.S.A. 18A:41-1 et seq.</u>	Fire drills and fire protection
<u>N.J.S.A. 30:5B-26</u>	
through -29	Child care before and after school hours ...
<u>N.J.S.A. 34:5A-1 et seq.</u>	<u>Worker and Community Right to Know Act</u>
<u>N.J.S.A. 39:4-183.1a</u>	Traffic control devices
<u>N.J.S.A. 52:27D-123.9 et seq.</u>	Definitions relative to playground safety
<u>N.J.A.C. 5:23-11 to 11.4</u>	Playground Safety Subcode
<u>N.J.A.C. 6A:8-5.1</u>	Graduation requirements
<u>N.J.A.C. 6A:16-1.1 et seq.</u>	Programs to Support Student Development
See particularly:	
<u>N.J.A.C. 6A:16-2.1, -5.1,</u>	
<u>-5.2, -5.5, -5.6, -5.7, -6.1,</u>	
<u>-6.2, -6.3, -6.4, -6.5</u>	
<u>N.J.A.C. 6A:19-6.1 et seq.</u>	Safety and Health Standards
See particularly:	
<u>N.J.A.C. 6A:19-6.5</u>	
<u>N.J.A.C. 6A:26-12.1 et seq.</u>	Operation and Maintenance of Facilities
See particularly:	
<u>N.J.A.C. 6A:26-12.2, -12.5</u>	
<u>N.J.A.C. 6A:27-11.1 et seq.</u>	Safety

Jenkins v. Anderson, 191 N.J. 285 (June 14, 2007)

Possible

<u>Cross References:</u>	*1250	Visitors
	*1410	Local units
	*3000/3010	Concepts and roles in business and noninstructional operations
	*3516	Safety
	3530	Insurance management
	*3541.33	Transportation safety
	*4112.4/4212.4	Employee health
	*4131/4131.1	Staff development; inservice education/visitations/conferences
	*4231/4231.1	Staff development; inservice education/visitations/conferences
	*5020	Role of parents/guardians
	*5113	Absences and excuses
	*5124	Reporting to parents/guardians
	*5125	Student records
	*5131	Conduct/discipline
	*5131.1	Harassment, intimidation and bullying
	*5131.5	Vandalism/violence
	*5131.6	Drugs, alcohol, tobacco (substance abuse)
	*5131.7	Weapons and dangerous instruments
	*5141.1	Accidents
	*5141.2	Illness
	*5141.4	Child abuse and neglect
	*5141.8	Sports related concussion and head injury
	*5141.21	Administering medication
	*5145.12	Search and seizure
	*6114	Emergencies and disaster preparedness
	*6142.12	Career education

STUDENT SAFETY (continued)

*Indicates policy is included in the Critical Policy Reference Manual.

QUINTON TOWNSHIP BOARD OF EDUCATION
Quinton, New Jersey

FILE CODE: 5145.4

Policy

<u>X</u>	Monitored
<u>X</u>	Mandated
<u>X</u>	Other Reasons

EQUAL EDUCATIONAL OPPORTUNITY

The Quinton Township School District shall provide equal and bias-free access for all students to all school facilities, courses, programs, activities and services and give them maximum opportunity to achieve their potential regardless of race, creed, color, national origin, ancestry, age, sex, affectional or sexual orientation, gender identity or expression, marital status, liability for service in the Armed Forces of the United States, nationality, place of residence within the district, socioeconomic status, disability, or pregnancy. Enforcement of other district affirmative action/equity policies (2224, 4111.1, 4211.1 and 6121) contribute to this legally required equality of educational opportunity.

Staff members shall maintain professional relationships with students at all times and develop wholesome and constructive relationships with them. Staff members shall be expected to regard each student as an individual and to accord each student the rights and respect that are his/her due.

Staff members shall promote a learning environment that encourages fulfillment of each student's potential in regard to his/her program, consistent with district goals and with optimal opportunities for students. This goal may be reached by adapting instruction to individual needs, by:

- A. Insisting on reasonable standards of scholastic accomplishment for all students;
- B. Creating a positive atmosphere in and out of the classroom;
- C. Extending the same courtesy and respect that is expected of students;
- D. Treating all students with consistent fairness.

The board of education guarantees all students equal access to all academic programs within the learning environment.

Students shall respect the rights of other students to receive an education in an environment that is conducive to learning and personal growth. No student shall have the right to abridge another student's right to privacy or right to hold personal beliefs which are different from those of the mainstream.

Service Animals

Individuals with disabilities shall be permitted to be accompanied by their service animals in all areas of the school facilities where members of the community, participants in services, programs or activities, or invitees, as relevant, are allowed to go.

Harassment

The district's affirmative action program is part of each academic program regarding all students. No one, including students, staff members, vendors, volunteers, or visitors--shall commit an act of harassment/ discrimination of any kind against any member of the school community on any of the grounds prohibited by law.

"Harassment, intimidation or bullying" is defined as any gesture, any written, verbal or physical act, or any electronic communication, whether it be a single incident or a series of incidents, that is reasonably perceived as being motivated either by any actual or perceived characteristic, such as race, color, religion, ancestry, national origin, gender, sexual orientation, gender identity and expression, or a mental, physical or sensory

EQUAL EDUCATIONAL OPPORTUNITY (continued)

disability, or by any other distinguishing characteristic, that takes place on school grounds, at any school-sponsored function or on a school bus, or off school grounds, in accordance with law, that substantially disrupts or interferes with the orderly operation of the school or the rights of other students, and that:

- A. A reasonable person should know, under the circumstances, will have the effect of physically or emotionally harming a student or damaging the student's property, or placing a student in reasonable fear of physical or emotional harm to his/her person or damage to his/her property; or
- B. Has the effect of insulting or demeaning any student or group of students; or
- C. Creates a hostile educational environment for the student by interfering with the student's education or by severely or pervasively causing physical or emotional harm to the student.

All reported incidents of harassment, intimidation or bullying shall be handled according to law and board policy 5131.1 Harassment, Intimidation and Bullying. Harassment may be claimed by a third party. That is, individuals who are not directly involved in the behavior may experience a hostile environment. They shall have the same legal rights to act under this policy as those directly victimized.

Any member of the student body may file a formal grievance related to harassment. The school anti-bullying specialist will receive all complaints and initiate a thorough investigation and will protect the rights of both the student making the complaint and the alleged harasser. If the victim is from a protected class, the affirmative action officer will be included in the investigation. Filing of a grievance or otherwise reporting harassment of any kind will not reflect upon the student's status nor affect future grades or class assignments.

The administration will inform all students that sexual harassment is prohibited in the educational setting. Specifically, no person employed by the district or by a vendor, or acting in a voluntary capacity, shall threaten or insinuate, either directly or indirectly, that a student's refusal to submit to sexual advances will adversely affect the students standing in the school setting. Students are forbidden to harass other students or staff members or vendors or volunteers through conduct or communications of a sexual nature within the school setting.

Findings of discrimination in the form of harassment will result in appropriate disciplinary action.

Equity in School

The board of education shall maintain an academic environment that is free from harassment and provide equal and bias free access for all students to all school facilities, courses, programs activities and services, regardless of race, creed, color, national origin, ancestry, age, marital status, affectional or sexual orientation, gender identity or expression, religion, disability, nationality or socioeconomic status. The board shall ensure that:

- A. School classrooms and facilities will be barrier free;
- B. Attention will be directed at attaining minority representation within each school that approximates the district's overall minority representation. Exact appointment is not required. The ultimate goal shall be to achieve the greatest degree of racial balance that is feasible and consistent with sound educational values and procedures;
- C. Utilizing on an annual basis a State-approved English language proficiency measure for determining the special needs of English language learners and their progress in learning English;
- D. Utilizing bias-free multiple measures for determining the special needs of students with disabilities;

EQUAL EDUCATIONAL OPPORTUNITY (continued)

E. The district curriculum will be aligned with the New Jersey Student Learning Standards and address the elimination of discrimination by narrowing the achievement gap by:

1. Providing equity in educational programs and by providing opportunities for students to interact with others proactively regardless of status;
2. Ensuring there are no differential requirements for completion of course offerings or programs of study solely on the basis of race, creed, color, national origin, ancestry, age, marital status, affectional or sexual orientation, gender, religion, disability, or socioeconomic status;
3. Ensuring courses shall not be offered separately on the basis of race, creed, color, national origin, ancestry, age, marital status, affectional or sexual orientation, gender, religion, disability, or socioeconomic status;
4. Reducing or preventing the underrepresentation of minority, female, and male students in all classes and programs, including gifted and talented, accelerated, and advanced classes;
5. Ensuring schools demonstrate the inclusion of a multicultural curriculum in its instructional content, materials, and methods, and ensuring students understand the basic tenets of multiculturalism;
6. Ensuring African-American history, as well as the history of other cultures, is infused into the curriculum and taught as part of U.S. history;
7. Ensuring instruction on the Holocaust and other acts of genocide is included in the curriculum of all elementary and secondary schools, as developmentally appropriate; and
8. Ensuring that students are not discriminated against because of a medical condition.

F. All students shall have support services, including intervention and referral services, school health services and counseling services; and

G. Physical education program and athletic programs shall be equitable and co-educational and do not discriminate based on protected class status.

Procedures shall be made available for students and/or parents/guardians who wish to file a grievance protesting alleged discriminatory or sexually (or other) harassing action. An immediate report of the allegation should be made to the affirmative action officer or superintendent. Violations of this policy or its related procedures shall be cause for appropriate disciplinary action.

Bias-Related Incidents

An employee of the board who becomes aware in the course of his/her employment that a student or other staff person has committed a bias-related act (hate crime) or is about to commit one shall immediately inform the building principal and superintendent. All incidents of bias-related acts shall be reported whether they occur during school hours on school grounds or otherwise. The principal or his or her designee shall promptly notify the local police department and the bias investigation officer for the county prosecutor's office.

The principal or his or her designee shall immediately notify the local police department and the bias investigation officer for the county prosecutor's office where there is reason to believe a bias-related act that involves an act of violence has been or is about to be physically committed against a student, or there is otherwise reason to believe a life has been or will be threatened.

All incidents shall be reported utilizing the Student Safety Data System (SSDS) according to board policy 5131.5 Violence and Vandalism.

Appeals

Grievances related to equity in school and classroom shall be submitted to the affirmative action officer. Any individual may petition the Commissioner in writing to resolve a dispute arising related to equity in school and classroom.

EQUAL EDUCATIONAL OPPORTUNITY (continued)Implementation

The superintendent shall direct development of procedures regarding the implementation of this policy to include sanctions, protection of individual rights to confidentiality and due process, and notification procedures.

The superintendent shall ensure that, annually, all staff and all students (in means and terms that are age-appropriate) be thoroughly informed of this policy, their right to file grievances under this policy and the law and the procedures relative to filing. Further, all staff and students shall be informed annually of the identity of the district's affirmative action officer and how he/she may be contacted.

The superintendent shall also ensure that staff and students participate in educational programs relating to this policy and the maintenance of a safe and nurturing educational environment.

The superintendent shall use all customary methods of information dissemination to ensure that the community is informed of its policies on educational equity.

Adopted: September 10, 1985
 Revised: April 3, 1995, October 23, 2008, May 22, 2014,
 May 28, 2015
 NJSBA Review/Update: June 2022
 Readopted:

Key Words

Nondiscrimination, Affirmative Action, Equal Educational Opportunity, Harassment, Sexual Harassment

Legal References: N.J.S.A. 2C:16-1 Bias Intimidation
N.J.S.A. 2C:33-4 Harassment
N.J.S.A. 10:5-1 et seq. Law Against Discrimination
N.J.S.A. 18A:36-20 Discrimination; prohibition
N.J.S.A. 18A:37-14 Electronic communication, harassment, intimidation or bullying defined
N.J.S.A. 18A:38-5.1 No child to be excluded from school because of race, etc.
N.J.A.C. 6A:7-1.1 et seq. Managing for Equality and Equity in Education
See particularly:
N.J.A.C. 6A:7-1.4, -1.7
N.J.A.C. 6A:16-6.3(e) Reporting students or staff members to law enforcement Authorities
N.J.A.C. 6A:17-1.1 et seq. Education of Homeless Children and Students in State Facilities
N.J.A.C. 6A:30-1.1 et seq. Evaluation of the Performance of School Districts
Davis v. Monroe County Board of Education, 526 U.S. 629 (1999)
State v. Mortimer, 135 N.J. 517 (1994)
 20 U.S.C.A. 1681 - Title IX of the Education Amendments of 1972
 20 U.S.C.A. 794 et seq. - Section 504 of the Rehabilitation Act of 1973
 20 U.S.C.A. 1400 et seq. - Individuals with Disabilities Education Act (formerly Education for All Handicapped Children Act) -Part B

EQUAL EDUCATIONAL OPPORTUNITY (continued)

42 U.S.C.A. 12101 et seq. - Americans with Disabilities Act (ADA)

28 C.F.R. 35 - Nondiscrimination on the Basis of Disability in State and Local Government Services (covers service animals)

Hawkins-Stafford Elementary and Secondary School Improvement Act of 1988, (Pub. L. No. 100-297) amending Elementary and Secondary Education Act of 1965.

Saxe v. State College Area School Dist., 240 F. 3d 200 (3d Cir. 2001)

Every Student Succeeds Act of 2015, Pub. L. 114-95, 20 U.S.C.A. 6301 et seq.

L.W. v. Toms River Regional Schools Board of Education, N.J., No. A-111-05 (Feb. 22, 2007), 2007 N.J. Lexis 184. The New Jersey Supreme Court ruled that a school district may be held liable under the New Jersey Law Against Discrimination (LAD), N.J.S.A. 10:5-1 to -49, when students harass another student because of his perceived sexual orientation. A district school will be liable for such harassment if it knew or should have known of the harassment but failed to take reasonable remedial actions. The matter was remanded to the Director of the Division on Civil Rights.

Comprehensive Equity Plan, New Jersey State Department of Education

Possible

<u>Cross References:</u>	*2224	Nondiscrimination/affirmative action
	*4111.1/4211.1	Nondiscrimination/affirmative action
	*5131.1	Harassment, intimidation and bullying
	*5134	Married/pregnant students
	*6121	Nondiscrimination/affirmative action
	*6141	Curriculum design/development
	*6145	Extracurricular activities
	*6161.1	Guidelines for evaluation and selection of instructional materials
	*6171.4	Special education

*Indicates policy is included in the Critical Policy Reference Manual.

QUINTON TOWNSHIP BOARD OF EDUCATION
Quinton, New Jersey

FILE CODE: 5145.5

Policy

☐ Monitored
☐ Mandated
☒ Other Reasons

PHOTOGRAPHS OF STUDENTS

Taking pictures of Quinton Township District students and buildings for commercial purposes is prohibited without written approval of the superintendent.

"Commercial purposes" in this context is defined to mean for sale or for use in connection with the advertisement or promotion of goods or services.

"School students" in this context means boys and girls enrolled in the school during that part of the day they are at school, on the school grounds, or engaged in any activity under the direction and supervision of the school.

Pictures of children with educational disabilities shall not be disseminated in any way unless permission is granted by parents/guardians. Photographs of children placed in the district by the New Jersey Division of Child Protection and Permanency (DCP&P) shall not be published without permission of the division case worker.

Photographs on the District Web Site

Pictures of district students shall not be posted on the web site, except under the following conditions:

- A. Prior written permission has been obtained from the student's parent/guardian;
- B. Group photographs may identify the group, but not the individuals in the group;
- C. Prior written permission has been obtained from the student's parent/guardian, if the student is receiving an award or special recognition.

Adopted: December 10, 1985
Revised: April 3, 1995, October 23, 2008, October 25, 2012
NJSBA Review/Update: June 2022
Readopted:

Key Words

Exploitation, Safety, Photographs of Students, Student Photographs, Student Photographs, Web Site

Legal References: N.J.S.A. 18A:11-1 General mandatory powers and duties
N.J.S.A. 18A:36-35 Disclosure of certain student information on internet prohibited without parental consent
N.J.S.A. 18A:54-20 Powers of board (county vocational schools)

Possible

Cross References: *1100 Communicating with the public
*1110 Media
*1120 Board of education meetings
*1140 Distribution of materials by students and staff
*1250 Visitors
1320 Participation in out-of-school community activities
*5125 Student records

PHOTOGRAPHS OF STUDENTS (continued)

- *5141.4 Child abuse and neglect
- *5145.12 Search and seizure
- 6142.10 Technology
- 6145.3 Publications
- 6145.4 Public performances and exhibitions
- *6171.4 Special education

*Indicates policy is included in the Critical Policy Reference Manual.

QUINTON TOWNSHIP BOARD OF EDUCATION
Quinton, New Jersey

FILE CODE: 5145.6

Policy

☐ Monitored
☐ Mandated
☒ Other Reasons

STUDENT GRIEVANCE PROCEDURE

The school shall establish procedures for the consideration of student problems and for the processing of their complaints and appeals. These procedures should be developed through the cooperative efforts of students, faculty and administrators. The superintendent or designee shall establish and maintain procedures for appeals beyond the decision of the principal. Details of those procedures should be made known to students and staff, and students who wish to use them should be assured of access to the appropriate personnel within a reasonable period of time.

Adopted: December 10, 1985
Revised: October 23, 2008
NJSBA Review/Update: June 2022
Readopted:

Key Words

Grievances, Student Grievances, Student Grievances

Legal References: N.J.S.A. 18A:11-1 General mandatory powers and duties
N.J.S.A. 18A:54-20 Powers of board (county vocational schools)
N.J.A.C. 6A:16-7.1 Code of student conduct

Possible

Cross References: 1251 Loitering or causing disturbance
*1312 Community complaints and inquiries
*5113 Absences and excuses
*5114 Suspension and expulsion
*5131 Conduct/discipline
*5131.1 Harassment, intimidation and bullying
5131.4 Campus disturbances
*5145.4 Equal educational opportunity

*Indicates policy is included in the Critical Policy Reference Manual.

QUINTON TOWNSHIP BOARD OF EDUCATION
Quinton, New Jersey

FILE CODE: 5145.11

<u>X</u>	Monitored
<u>X</u>	Mandated
<u>X</u>	Other Reasons

Policy

QUESTIONING AND APPREHENSION

In order to protect students' rights during the time they are under school control, the principal shall interview every person who wishes to question a student on school property during the school day. The superintendent shall be informed of such incidents.

Law Enforcement Officers

- A. If a law enforcement officer has an arrest warrant, the principal shall ensure that all procedural safeguards as prescribed by law are observed. No student shall be taken from the school without the knowledge of the principal or other person in charge of the school. The principal shall make every reasonable effort to notify parents/guardians. The superintendent shall be informed whenever such apprehensions take place;
- B. If a law enforcement officer has a juvenile complaint or wants to question a student on school property, the principal shall request that the questioning be delayed if possible until the parents/guardians can be present. If the officer refuses and the principal is convinced that the situation justifies questioning, he/she must attempt to have the parents/guardians informed immediately and shall remain with the student during the questioning;
- C. If the law enforcement officer is an agent of the New Jersey Division of Child Protection and Permanency (DCP&P), the agent shall determine whether the presence of a parent/guardian or school employee is appropriate.

Private Persons

If a private person wishes to question a student on school property during the school day, generally parents/guardians shall be notified of the request and give their permission before the principal will permit the private person to question the student. In cases involving possible harm to another student which might be prevented by early information, the principal may permit such questioning if the parent/guardian cannot be reached. The principal shall be present during the questioning.

Weapons and Substance Abuse Questioning by Staff

When questioning any student about possible possession, use, or distribution of proscribed substances, drug paraphernalia, alcohol, firearms or other deadly weapons, staff shall follow the procedures adopted by the board in compliance with administrative code.

Generally

The superintendent shall notify the board president when the police have sought to question a student in school, and the outcome of the incident. The district shall make every effort to establish close and cordial relationships with local law enforcement and other agencies, while ensuring that the parents/ guardians are informed and student rights protected.

Adopted:	December 10, 1985
Revised:	April 3, 1995, October 23, 2008, December 20, 2012
NJSBA Review/Update:	June 2022
Readopted:	

Key Words

QUESTIONING AND APPREHENSION (continued)

Questioning, Apprehension, Student Arrest, Student Arrest, Arrest

Legal References: N.J.S.A. 2A:4A-60 et al. Disclosure of juvenile information; penalties for disclosure
N.J.S.A. 2C:35-5 Comprehensive Drug Reform Act of 1986
N.J.S.A. 18A:11-1 General mandatory powers and duties
N.J.S.A. 18A:54-20 Powers of board (county vocational schools)
N.J.A.C. 6A:16-4.1 Adoption of policies and procedures for the intervention of student alcohol and other drug abuse
N.J.A.C. 6A:16-5.1 et seq. School Safety
See particularly:
N.J.A.C. 6A:16-5.7
N.J.A.C. 6A:16-6.1 et seq. Law Enforcement Operations for Substances, Weapons, and Safety
See particularly:
N.J.A.C. 6A:16-6.1, -6.2, -6.3
N.J.A.C. 6A:32-7 et seq. Student records
New Jersey Constitution, Article I, paragraph 7
U.S. Constitution, Amendments IV, V, and XIV
The New Jersey School Search Policy Manual, New Jersey Attorney General (1998)
In re Gault, 387 U.S. 1 (1967)
A Uniform State Memorandum of Agreement Between Education and Law Enforcement Officials

Possible

Cross References: *1410 Local units
*5114 Suspension and expulsion
*5131 Conduct/discipline
*5131.6 Drugs, alcohol, tobacco (substance abuse)
*5131.7 Weapons and dangerous instruments
*5145.12 Search and seizure

*Indicates policy is included in the Critical Policy Reference Manual.

QUINTON TOWNSHIP BOARD OF EDUCATION
Quinton, New Jersey

FILE CODE: 5145.12

Policy

<u>X</u>	Monitored
<u>X</u>	Mandated
<u>X</u>	Other Reasons

SEARCH AND SEIZURE

School lockers remain the property of the Quinton Township School District even when used by students. Lockers are subject to administrative search in the interests of school safety, sanitation, discipline, enforcement of school regulations and to search by law enforcement officials on presentation of a proper warrant. Students and their parents/guardians shall be informed of this policy when lockers are assigned.

A student's person and possessions may be searched by a school official provided that the official has reasonable grounds to suspect that the search will turn up evidence that the student has violated or is violating either the law or the rules of the school. Under no circumstances shall a search be conducted based solely upon an anonymous tip and/or a rumor that contraband is present. The extent or scope of the search shall be reasonably related to the objectives of the search and not excessively intrusive in light of the age and sex of the student and the nature of the infraction. A physical search may only be conducted by a staff member of the same sex as the student. Before instituting such a search, except in cases of emergency, the principal shall try to inform the parents/guardians and request their presence.

School personnel shall not conduct strip searches or body cavity searches of any students under any circumstances.

Searches for Controlled Dangerous Substances/Drug Paraphernalia/Alcohol/Firearms/Other Deadly Weapons

Searches conducted by staff when there is suspicion that laws and policies on safe and drug free schools are being violated shall be based on the reasonable grounds required by this policy. The privacy interests of students are outweighed by the substantial interest of teachers and administrators in maintaining a drug-free environment in the classroom and on school grounds, and consequently, locker searches and vehicle searches on school grounds need satisfy only the "reasonable suspicion" standard adopted by the courts in T.L.O. and State v. Best. When law enforcement officials conduct the search, the more stringent grounds required by law must be applied (see policies 5131.6 Substance Abuse and 5131.7 Weapons and Other Dangerous Instruments).

Adopted:	December 10, 1985
Revised:	April 3, 1995, October 23, 2008
NJSBA Review/Update:	June 2022
Readopted:	

Key Words

Search and Seizure, Locker Searches, Substance Abuse, Seizure

<u>Legal References:</u>	<u>N.J.S.A.</u> 2A:4A-60 <u>et al.</u>	Disclosure of juvenile information; penalties for disclosure
	<u>N.J.S.A.</u> 18A:11-1	General mandatory powers and duties
	<u>N.J.S.A.</u> 18A:36-19.2	Student lockers or other storage facility; inspection; notice to students
	<u>N.J.S.A.</u> 18A:37-6.1	Strip and body cavity searches prohibited
	<u>N.J.S.A.</u> 18A:54-20	Powers of board (county vocational schools)
	<u>N.J.A.C.</u> 6A:16-6.1 <u>et seq.</u>	Law Enforcement Operations for Substances, Weapons and Safety

State in re T.L.O., 94 N.J. 331 (1983), reversed on other grounds, New Jersey v.

SEARCH AND SEIZURE (continued)

T.L.O., 569 U.S. 325 (1985).

Vernonia School District 47J v. Acton et ux., Guardians ad litem for Acton, 515 U.S. 646, 115 S.Ct. 2386 (1995)

Joye v. Hunterdon Central Regional High School Board of Education, Superior Court of New Jersey, Law Division Dkt. No. HNT-C-14031-00 (Jan. 4, 2001)

Board of Education of Independent School District No. 92 of Pottawatomie County et al. v. Earls et al., 536 U.S. 822 (2002)

The New Jersey School Search Policy Manual, New Jersey Attorney General (1998)

State v. Best 403 N.J. Super 428 (App. Div. 2008) cert. granted 996 A. 2d 1078 (2009)
The privacy interests of students are outweighed by the substantial interest of teachers and administrators in maintaining a drug-free environment in the classroom and on school grounds. Vehicle searches on school grounds need satisfy only the "reasonable suspicion" standard adopted in T.L.O.

A Uniform State Memorandum of Agreement Between Education and Law Enforcement Officials

Possible

Cross References: *1410 Local units
*5114 Suspension and expulsion
*5131 Conduct/discipline
*5131.1 Harassment, intimidation and bullying
*5131.6 Drugs, alcohol, tobacco (substance abuse)
*5131.7 Weapons and dangerous instruments
*5145.11 Questioning and apprehension

*Indicates policy is included in the Critical Policy Reference Manual.

GENDER IDENTITY AND EXPRESSION

The Quinton Township Board of Education believes that a school culture that supports student achievement, respects the values of all students and fosters understanding of gender identity and expression within the school community is a safe learning environment. New Jersey law and district policy require that all programs, activities, and employment practices be free from discrimination based on sex, sexual orientation, gender identity or gender expression. Therefore, in keeping with these mandates the board is committed to creating a safe learning environment for all students and to ensuring that every student has equal access to all school programs and activities.

The board believes that fostering this understanding successfully requires cooperation and good communication between the parents/guardians, school administration, school staff and the school community. The superintendent shall ensure that students with gender identity or expression concerns and their parents/guardians shall be given the opportunity to discuss these issues and participate in the educational planning and programming for their student. The superintendent may consult the experiences and expertise of qualified school staff as well as external resources where appropriate.

To proactively plan for a safe learning environment free of discrimination and harassment, students and parents/guardians of students with gender identity and expression concerns are encouraged to alert the school district and schedule a meeting with the superintendent. Upon request, the superintendent shall schedule a meeting with the parent/guardian and the student for the purpose of evaluating the needs of the student and planning any accommodations that may be considered to facilitate a respectful and comfortable school program that supports the student's achievement.

Definitions:

- A. "Gender identity" is a person's internal, deeply held sense of gender. All people have a gender identity, not just transgender people. For transgender people, the individual's internal gender identity is not the same as the gender assigned at birth.
- B. "Transgender" is a term which describes an individual whose gender identity and/or gender expression differs from those typically associated with the sex and gender assigned at birth.
- C. "Gender expression" means external manifestations of gender, expressed through a person's name, pronouns, clothing, haircut, behavior, voice, and/or body characteristics. Society identifies these cues as masculine and feminine, although what is considered masculine or feminine changes over time and varies by culture.
- D. "Assigned sex at birth (ASAB)" refers to the biological sex designation recorded on a person's birth certificate upon the initial issuance of that certificate, should such a record be provided at birth.
- E. "Gender assigned at birth" refers to the gender a child is assigned at birth or assumed to be, based on their biological sex assigned at birth.
- F. "Sexual orientation" describes a person's enduring physical, romantic, and/or emotional attraction to another person. Gender identity and sexual orientation are not the same. A transgender person may be straight, lesbian, gay, bisexual, or asexual. For example, a person who transitions from male to female and is attracted solely to men may identify as a straight woman.
- G. "Gender non-conforming" describes a person whose gender expression does not conform to the gender expectations of their family or community. Gender nonconformity is not necessarily an indication that a youth is transgender; many non-transgender youth do not conform to stereotypical expectations.

GENDER IDENTITY OR EXPRESSION (continued)

- H. "Transition" is the process by which a transgender person recognizes that their authentic gender identity is not the same as the gender assigned at birth, and develops a more affirming gender expression that feels authentic. Some individuals socially transition, for example, through dress, use of names and/or pronouns. Some individuals may undergo a physical transition, which might include hormone treatments and surgery. School district personnel should avoid the phrase "sex change," as it is an inaccurate description of the transition process; the process is more accurately described as "gender-confirming."
- I. "LGBTQ" is an acronym for "lesbian, gay, bisexual, transgender, and queer/questioning."
- J. "Gender expansive/gender diverse/gender fluid/gender non-binary/agender/gender queer" are terms that convey a wider, more flexible range of gender identity and/or expression than typically associated with the binary gender system. For example, students who identify as gender queer or gender fluid might not identify as boys or girls; for these students, the non-binary gender identity functions as the student's gender identity.
- K. "Cisgender" refers to individuals whose gender identity, expression, or behavior conforms with those typically associated with their sex assigned at birth.

Harassment, Intimidation and Bullying

The board shall make every effort to maintain a safe and supportive learning and educational environment that is free from harassment, intimidation, and/or bullying and free from discrimination on account of actual or perceived race, color, national origin, ancestry, age, sex, affectional or sexual orientation, gender identity or expression, marital status, domestic partnership status, nationality, atypical hereditary cellular or blood trait of any individual, genetic information, or refusal to submit to a genetic test or make the results of a genetic test known, disabilities, social or economic status, pregnancy, childbirth, pregnancy-related disabilities, actual or potential parenthood, family status or other distinguishing characteristic.

Complaints alleging discrimination shall be reported to the school affirmative action officer according to board policies (2224, 4111.1/4211.1 and 6121 Nondiscrimination/Affirmative Action).

Any student experiencing or observing harassment, intimidation and bullying is encouraged to report the incident to a member of school staff. Any staff member observing or receiving a report of harassment, intimidation or bullying shall report the incident to the principal the same day the incident is observed or the report received according to board policy 5131.1 Harassment, Intimidation and Bullying. All reported incidents of discrimination, harassment, intimidation, and bullying shall be promptly investigated and resolved according to law and board policy.

During a harassment, intimidation, or bullying investigation the district is obligated to implement procedures, pursuant to law (N.J.A.C. 6A:16-7.7(a)2viii) to report, verbally and in writing, an act of harassment, intimidation, and bullying (HIB) committed by an adult or youth against a student. The anti-bullying specialist shall inform the student of the school's obligation to report the findings of the HIB investigation pursuant to law (N.J.S.A. 18A:37-15(d)) and board policy 5131.1 Harassment, Intimidation and Bullying. In accordance with law and board policy the parents or guardians of the students who are parties to the investigation are permitted to receive information about the investigation limited to the nature of the investigation, whether the district found evidence of harassment, intimidation, or bullying, or whether disciplinary action was imposed or services provided to address the incident of harassment, intimidation, or bullying.

The anti-bullying specialist shall take into account the circumstances of the incident when providing notification to parents or guardians of all students involved in the reported harassment, intimidation, or bullying incident and when conveying the nature of the incident, including the actual or perceived protected category motivating the alleged offense, pursuant to law (N.J.A.C. 6A:16-7.7(a)2viii(2)).

Confidentiality and Privacy

School personnel may not disclose information that may reveal a student's transgender or gender non-conforming status, except as allowed by law. Under the Family Educational Rights and Privacy Act (FERPA), only those school employees with a legitimate educational need may have access to a student's records or

GENDER IDENTITY OR EXPRESSION (continued)

the information contained within those records. Disclosing confidential student information to other employees, students, parents, or other third parties may violate privacy laws, including but not limited to FERPA. Transgender students have the ability, as do all students, to discuss and express their gender identity and expression openly and decide when, with whom, and how much of their private information to share with others. The school counselor shall work with the student to create an appropriate confidentiality plan regarding the student's transgender or transitioning status.

The board shall not be responsible for the disclosure of information that may reveal a student's transgender or gender non-conforming status made by community members or any other party that are not under the employment or direction of the board. The board directs the counseling staff to address the limitations of confidentiality with the student as it pertains to community members and other parties that are not under the employment or direction of the board.

Due to a specific and compelling need, such as the health and safety of a student or an incident of bias-related crime, a school district may be obligated to disclose a student's status. The school district should inform the student that the school intends to disclose the student's transgender status for the student's protection and well-being. Prior to disclosure, the student should be given the opportunity to personally disclose that information. School districts should make every effort to ensure that any disclosure is made in a way that reduces or eliminates the risk of re-disclosure and protects the transgender student from further harassment. Those measures may include the facilitation of counseling for the student and the student's family to facilitate the family's acceptance and support of the student's transgender status.

School personnel shall keep confidential a current, new, or prospective student's transgender status. When a student uses a chosen name, the student's birth name shall be kept confidential by school and district staff.

Students who do not want their parents/guardians to know about their transgender status shall be addressed on a case-by-case basis. In some cases, notifying parents/guardians carries risks for the student, such as being kicked out of the home. Prior to notification of any parent or guardian regarding the transition process, school staff should work closely with the student to assess the degree to which, if any, the parents/guardians will be involved in the process and must consider the health, well-being, and safety of the transitioning student. The school counselor shall balance the rights of the student needing support and the requirement that parents/guardians be kept informed about their child. In accordance with law, parents/guardians and/or the appropriate local officials shall be informed when there is any suspicion of injury or harm to the student or other students.

Coordination of School Accommodations

In planning appropriate accommodations for a student who is transitioning, the superintendent, parents/guardians and the student and other qualified staff or consultants as necessary shall meet to discuss actions that the district and school personnel may take to create safe learning environment, including:

A. Names/Pronouns

School staff shall be directed to address the student by the name and pronoun corresponding to their gender identity that is consistently asserted at school. Students are not required to obtain a court ordered name and/or gender change or to change their student personnel records as a prerequisite to being addressed by the name and pronoun that corresponds to their gender identity. To the extent possible and consistent with these guidelines, school personnel shall make efforts to maintain the confidentiality of the student's transgender status.

School documentation such as student IDs shall be issued in the name that reflects a student's gender identity that is consistently asserted at school.

B. Sports and Physical Education

Transgender students shall be provided the same opportunities to participate in physical education as are all other students. Generally, students may be permitted to participate in physical education and sports in accordance with the student's gender identity that is consistently asserted at school. Participation in

GENDER IDENTITY OR EXPRESSION (continued)

competitive interscholastic athletic activities will be resolved on a case-by-case basis and according to the standards established by the New Jersey State Interscholastic Athletic Association (NJSIAA).

C. Restroom and Locker Room Accessibility

The district aims to support transgender students while also ensuring the safety and comfort of all students. The superintendent together with the parents/guardians, student and other qualified staff or consultants shall evaluate options for the use of restrooms and locker rooms by the transgender students and consider the following factors, including, but not limited to:

1. The transgender student's preference;
2. Protecting student privacy;
3. Maximizing social integration of the transgender student;
4. Minimizing stigmatization of the student;
5. Ensuring equal opportunity to participate;
6. The student's age; and
7. Protecting the safety of the students involved.

Generally students may have access to the restroom or locker room that corresponds to the gender identity or expression that they consistently assert at school and no student shall be forced to accept an accommodation with which he/she disagrees. A transgender or transitioning student who expresses a need or desire for increased privacy may be provided with reasonable alternative arrangements. Reasonable alternative arrangements may include the use of a private area, or a separate changing schedule, or use of a single stall, gender neutral restroom. Any alternative arrangement shall be provided to the extent possible in a way that protects the student's ability to keep his or her transgender status confidential.

A transgender student should not be required to use a locker room or restroom that conflicts with the student's gender identity or expression consistently asserted at school.

D. Gender Segregation in Other Areas

As a general rule, in any other circumstances where students are separated by gender in school activities (i.e. overnight field trips), students may be permitted to participate in accordance with the gender identity or expression consistently asserted at school. Activities that may involve the need for accommodations to address student privacy concerns will be addressed on a case-by-case basis considering the factors set forth above.

E. Dress Code

Students have the right to dress in accordance with their gender identity or expression that is consistently asserted at school, within the constraints of the school policy for student dress (5132 Student Dress). School staff shall not enforce a school's dress code more strictly against transgender and gender nonconforming students than other students.

F. Privacy

The superintendent and/or his or her designees are expected to work closely with the student and his or her parents/guardians in formulating an appropriate plan regarding the confidentiality of the student's transgender or transitioning status that works for both the student and the school. Privacy considerations may also vary with the age of the student.

Where the transgender or transitioning student feels more supported and safe when other students are aware that they are transgender or transitioning, school staff shall be given guidance and training appropriate for facilitating a respectful school climate. School personnel may be directed to work closely with the student, parents/guardians, other family members and other staff members on a plan to inform and educate the student's peers. It may also be appropriate to engage external resources to assist with educational efforts.

GENDER IDENTITY OR EXPRESSION (continued)Resources for Transgender or Transitioning Students

If a school staff member observes that a gender identity issue is creating challenges for a student at school or if a student indicates an intention to transition, the staff member shall alert the school counselor and encourage the student to meet with the school counselor if appropriate. School staff shall make every effort to support the student and encourage the support and respect of student peers and staff during school.

When a student indicates an intention to transition, the school counselor, as appropriate, shall offer assistance and provide the student, and/or their parents/guardians as appropriate, with information, resources and referral services regarding the issues associated with gender identity and expression and/or formal gender transition. The school counselor shall also provide information regarding gender transition planning at school. The counselor shall coordinate the measures planned and taken at school for supporting the student and creating a sensitive supportive environment at school. These measures may include:

- A. Making resources available to parents/guardians who have additional questions or concerns;
- B. Developing age-appropriate lessons for students about gender diversity and acceptance; and
- C. Staff training surrounding vigilance to prevent possible harassment, intimidation and bullying issues that may arise for transgender or transitioning students.

Reports of harassment, intimidation and bullying shall be promptly investigated and resolved according to board policy 5131.1 Harassment, Intimidation and Bullying.

Official Records

When a student has expressed a preference to be called by a name other than their birth name, the permanent student records containing the student's birth name shall be kept in a separate, confidential file. This file shall only be shared with appropriate school staff after consultation with a student. A separate file containing records bearing the student's chosen name may also be kept.

If the student has previously been known at school or in school records by a birth name, the principal shall direct school personnel to use the student's chosen name and not the student's birth name. To ensure consistency among teachers, school administrators, substitute teachers and other staff, every effort shall be made to immediately update student education records (for example, attendance records, transcripts, individualized education programs, etc.) with the student's chosen name and gender pronouns, consistent with the student's gender identity and expression, and not circulate records with the student's birth name, unless directed by the student:

- A. The district shall report to the New Jersey Department of Education through NJ SMART a student's name or gender based upon that student's chosen name and corresponding gender identity. Changing the name or gender identity from what was reported in previous years will not affect the reliability of the data reported;
- B. If a district changes a student's name or gender identity, it must also maintain locally a separate record reflecting the student's legal name and sex assigned at birth until receipt of documentation of a legal change of name or gender.

The separate record reflecting the student's legal name and sex assigned at birth may be changed to reflect a change in legal name or gender only upon receipt of documentation that such legal name and/or gender have been changed pursuant to applicable law. The following documentation may be provided:

- A. A court order or birth certificate demonstrating the student's new name;
- B. For a legal change of gender, the student must provide a birth certificate indicating the student's legal gender, or a valid passport indicating the student's legal gender.

Adopted:

August 25, 2016

GENDER IDENTITY OR EXPRESSION (continued)

NJSBA Review/Update: June 2022
 Readopted:

Key Words

Gender Identity, Transgender, Gender Expression, Gender Non-conforming

<u>Legal References:</u>	<u>N.J.S.A.</u> 2C:16-1	Bias intimidation
	<u>N.J.S.A.</u> 2C:33-4	Harassment
	<u>N.J.S.A.</u> 10:5-1 <u>et seq.</u>	Law Against Discrimination
	<u>N.J.S.A.</u> 18A:6-5	Inquiry as to religion and religious tests prohibited
	<u>N.J.S.A.</u> 18A:6-6	No sex discrimination
	<u>N.J.S.A.</u> 18A:26-1	Citizenship of teachers, etc.
	<u>N.J.S.A.</u> 18A:26-1.1	Residence requirements prohibited
	<u>N.J.S.A.</u> 18A:29-2	Equality of compensation for male and female teachers
	<u>N.J.S.A.</u> 18A:37-14 through -19	Harassment, intimidation, and bullying defined; definitions
	<u>N.J.S.A.</u> 18A:36-20	Discrimination; prohibition
	<u>N.J.S.A.</u> 18A:36-41	Development, distribution of guidelines concerning transgender students
	<u>N.J.A.C.</u> 6A:7-1.1 <u>et seq.</u>	Managing for Equality and Equity in Education
	<u>N.J.A.C.</u> 6A:30-1.1 <u>et seq.</u>	Evaluation of the Performance of School Districts

Executive Order 11246 as amended

29 U.S.C.A. 201 - Equal Pay Act of 1963 as amended

20 U.S.C.A. 1681 - Title IX of the Education Amendments of 1972

42 U.S.C.A. 2000e et seq. - Title VII of the Civil Rights Act of 1964 as amended by the Equal Employment Opportunities Act of 1972

Comprehensive Equity Plan, New Jersey Department of Education

Doe v. Regional School Unit 26, No. 12-582 (Me. Jan. 30, 2014)

New Jersey Department of Education, Transgender Student Guidance for School Districts, September 2018.
<https://nj.gov/education/students/safety/sandp/transgender/Guidance.pdf>.

NJSIAA, Constitution, Bylaws, Rules and Regulations, Transgender Policy (pg. 75),
<http://www.njsiaa.org/resources/njsiaa-handbook>

Possible

<u>Cross References:</u>	*2224	Nondiscrimination/affirmative action
	*4111	Recruitment, selection and hiring
	*4111.1	Nondiscrimination/affirmative action
	*4131/4131.1	Staff development; inservice education/visitations/conferences
	*4211.1	Nondiscrimination/affirmative action
	*4231/4231.1	Staff development; inservice education/visitations/conferences
	*5131	Conduct/discipline
	*5131.1	Harassment, intimidation and bullying
	*5145.4	Equal educational opportunity
	*6121	Nondiscrimination/affirmative action
	*6145	Extracurricular activities

*Indicates policy is included in the Critical Policy Reference Manual.

GENDER IDENTITY OR EXPRESSION (continued)

The following organizations provide support to transgender individuals:

- GLSEN model policy. GLSEN is a prominent organization supporting GLBT youth. They have resources about creating safe and supportive environments for students.
- The Trevor Project is the leading national organization focused on crisis and suicide prevention efforts among lesbian, gay, bisexual, transgender and questioning youth.

Resources For Parents, Educators, And Service Providers:

Founded in 1972 with the simple act of a mother publicly supporting her gay son, PFLAG is the nation's largest family and ally organization.

PFLAG Resources

- Welcoming our Trans Families and Friends
Download this free guide (PDF) to get the basics on what being transgender means, how to talk about it, and how to find the resources that can support you.
- Find a PFLAG Chapter
There are more than 350 chapters of Parents, Families and Friends of Lesbians and Gays (PFLAG) across the U.S. Find one near you right now.

Partner Organizations Resources

- National Center for Transgender Equality
Knowing and using correct language can be very important to transgender and gender non-conforming people, just like everyone else. Here is a handy terminology guide regarding gender identity.
- American Psychological Association
This downloadable pamphlet from the APA answers questions about transgender people, gender identity and gender expression.

Parent and Educator Resources

- Gender Spectrum
Raising children who don't fit neatly into male or female boxes brings a wealth of questions and uncertainties. Here you will find information and support to assist you in your search for answers.
- Trans Youth Equality Foundation
The Trans Youth Equality Foundation is based in Maine, but offers education, advocacy and support for transgender and gender non-conforming children and youth and their families everywhere by sharing information about the unique needs of this community and partnering with families, educators and service providers to help foster a healthy, caring, and safe environment for all transgender children.
- Families in TRANSition: A Resource Guide for Parents of Trans Youth
Families in TRANSition: A Resource Guide for Parents of Trans Youth is the first comprehensive Canadian publication (created by Central Toronto Youth Services) to address the needs of parents and families supporting their trans children. It summarizes the experiences, strategies, and successes of a working group of community consultants – researchers, counselors, parents, advocates as well as trans youth themselves.
- Matt Kailey, author of My Child is Transgender: 10 Tips for Parents of Adult Trans Children
This gentle and easy-to-use FAQ gives people an accessible set of guidelines that can be used in everyday life.
- Working with Transgender Youth (Lambda Legal & Child Welfare League of America)
Like all young people in care, transgender youth are entitled to bias-free attention to their unique needs and to

GENDER IDENTITY OR EXPRESSION (continued)

be safe in their placements and services. This guide, created by Lambda Legal and the Child Welfare League of America, provides child welfare professionals who work with transgender young people with education about transgender issues and tools to help prepare them to work sensitively with these clients.

- Trans Youth Family Allies (TYFA)

TYFA works to empower children and families by partnering with educators, service providers and communities, to develop supportive environments in which gender may be expressed and respected. They envision a society free of suicide and violence in which all children are respected and celebrated.

QUINTON TOWNSHIP BOARD OF EDUCATION
Quinton, New Jersey

FILE CODE: 5200

Policy

<u>X</u>	Monitored
<u>X</u>	Mandated
<u>X</u>	Other Reasons

NONPUBLIC SCHOOL STUDENTS

New Jersey statute and regulations of the State Board of Education require the Quinton Township Board of Education to provide certain services and supplies to those New Jersey children whose parents/guardians enroll them in nonpublic schools within the confines of the district. Out-of-state students enrolled in nonpublic schools within the district are not included.

Nursing Services

The board of education shall, within the funding limitations as determined by the state's appropriations and nonpublic school enrollment, provide the mandated nursing services for students enrolled full-time in nonpublic schools located within the district. Specified nursing services include:

- A. Assistance with medical examinations including dental screening;
- B. Hearing screenings;
- C. Maintenance of student health records and notification of local or county health officials of improperly immunized students;
- D. Conducting of scoliosis examinations for students between the ages of 10 and 18.

The district shall extend to students enrolled full-time in nonpublic schools in the district who are injured or become ill at school or during participation on a school team or squad the emergency care provided to public school students up to the limit of state aid provided.

No district shall be required to make expenditures for purposes of this act in excess of the amount of state aid received for these purposes.

Federal Requirements

All requirements of federal law shall be obeyed; particularly those addressed in provision of Title 1 program services, and IDEA (see policies 6171.3 At-risk and Title 1 and 6171.4 Special Education).

Implementation

The superintendent shall develop rules, regulations and procedures for the efficient and economical delivery of such services and supplies as are mandated by law. Wherever possible, already existing means and procedures for delivering those same supplies and services to the students attending the district's public school shall be utilized.

Adopted:	April 3, 1995
Revised:	October 23, 2008
NJSBA Review/Update:	June 2022
Readopted:	

Key Words

Nonpublic School Students, Health

Legal References: N.J.S.A. 18A:39-1 et seq. Transportation of students

NONPUBLIC SCHOOL STUDENTS (continued)

<u>N.J.S.A. 18A:40-3.2 et seq.</u>	Medical and Nursing Personnel
<u>N.J.S.A. 18A:40-23 et seq.</u>	Nursing Services for Nonpublic School Students
<u>N.J.S.A. 18A:40A-1 et seq.</u>	Substance Abuse
<u>See particularly:</u>	
<u>N.J.S.A. 18A:40A-5, -17(c)</u>	
<u>N.J.S.A. 18A:46-19.1 et seq.</u>	Remedial services for handicapped children in nonpublic schools ...
<u>N.J.S.A. 18A:46A-1 et seq.</u>	Auxiliary services (nonpublic school students)
<u>N.J.S.A. 18A:58-37.3</u>	Purchase and loan of textbooks
<u>N.J.A.C. 6A:14-1.1 et seq.</u>	Special Education
<u>See particularly:</u>	
<u>N.J.A.C. 6A:14-6.1 et seq.</u>	
<u>N.J.A.C. 6A:16-2.5</u>	Nursing services to nonpublic school students
<u>N.J.A.C. 6A:23A-20.1</u>	Eligibility
<u>N.J.A.C. 6A:23A-20.2</u>	Responsibility of the district board of education
<u>N.J.A.C. 6A:27-2.1 et seq.</u>	Nonpublic School Transportation
<u>N.J.A.C. 6A:30-1.1 et seq.</u>	Evaluation of the Performance of School Districts

20 U.S.C.A. 1400 et seq. - Individuals with Disabilities Education Act (formerly Education for All Handicapped Children Act) -Part B

Every Student Succeeds Act of 2015, Pub. L. 114-95, 20 U.S.C.A. 6301 et seq.

Hawkins-Stafford Elementary and Secondary School Improvement Amendments of 1988 (P.L. 100-297)

Agostini v. Felton, 521 U.S. 203 (1997), overruling Aguilar v. Felton, 473 U.S. 402 (1985)

Mitchell v. Helms, No. 98-1648, 2000 U.S. Lexis 4485 (June 28, 2000) 530 U.S. 793 (2000)

Parents for Student Safety, Inc. v. Board of Education of the Morris School District, 1986 S.L.D. (February 5), St. Bd. rev'g 1984 S.L.D. (August 24)

Possible

<u>Cross References:</u>	*1330	Use of school facilities
	*1600	Relations between other entities and the district
	*3541.1	Transportation routes and services
	*5131.6	Drugs, alcohol, tobacco (substance abuse)
	*5141.1	Accidents
	*5141.2	Illness
	*5141.3	Health examinations and immunizations
	*6145.1/6145.2	Intramural competition; interscholastic competition
	*6171.3	At-risk and Title 1
	*6171.4	Special education
	6174	Summer school

*Indicates policy is included in the Critical Policy Reference Manual.