

CHAPTER 7 HEALTH

Article I

STUDENT HEALTH SERVICES AND REQUIREMENTS

Section 7-1.1. Accidents on School Property; reporting requirements.

— A. Any accident, injury or illness which occurs on school property must be immediately reported to the principal. This is essential for medical and insurance purposes. Every effort shall be made to immediately contact the parent or guardian. If they cannot be reached, the student will be transported by the most appropriate means to emergency treatment. Under no circumstances shall the student be permitted to start home alone.

B. The principal shall report serious incidents to the office of the superintendent. (Issued February 9, 1995)

Legal Authority - School Board Policy §5-2.1.

Section 7-1.2. Emergency Care— School personnel (i) shall render emergency care only to students who are injured at school. Students who are injured at home or in areas for which the school is not responsible shall not be treated by school personnel; (ii) shall proceed on the assumption of maximum disability in the event the severity of an injury cannot be determined; (iii) shall see that first-aid kits are handily available when students are conducted on field trips; (iv) shall under no circumstances stipulate or imply to anyone that they or the school are responsible or liable for an accident. Responsibility or cause and payment of doctor bills are to be decided by the insurance carrier; (iv) shall notify the parent before a physician is contacted except in cases of extreme emergency. This must be a matter of judgment. The decision to contact a physician immediately should be made if it is in the best interest of the student; and (vi) shall file a report of the accident on forms provided for that purposes. (Issued February 9, 1995)

Legal Authority - School Board Policy §5-2.1.

Section 7-1.3. — Administrative procedures for administering medications to students; log folder required; three month limit— A. Physician's orders for medicinal preparations to be administered shall specify in writing the duration of the order and the name and dosage of the drug. The orders should be renewed at least every school year.

B. Each school should keep a log folder in which the administration of medicine is recorded, in ink, showing the date and time of administration in each case, the name of the student, the kind of dosage of medicine, the name of the

prescribing physician, and the signature of the school nurse, principal or other school employee administering the preparation.

C. The specific written order of the physician and the written authorization of the parent should be kept on file and all parental consents or authorizations should be renewed every six months.

D. Not more than a three month's supply of a prescribed medication shall be stored in a school. The medication shall be stored in a designated place separate from first aid supplies, and securely locked at all times.

E. The school employee will give the medication to the student to be self-administered unless the student is physically unable to administer the medication to himself/herself. (Issued February 9, 1995)

Legal Authority - School Board Policy §9-20.11.

Article II

COMMUNICABLE DISEASES

Section 7-2.1. Purpose for procedures. —These procedures are in place for school system teachers, nurses, and administrators who identify or suspect communicable disease in the school or workplace. (Issued February 9, 1995)

Legal Authority - School Board Policy §9-20.9.

Section 7-2.2. Persons required to report. —The remainder of these administrative regulations pertain to cases in which there may be prolonged or recurring exclusion from the school setting due to a student or employee's having a long-term disease which has the potential for communicability.

(A) If it is the judgment of the local Health Department, after consultation with private medical doctors and/or other public health authorities, that a communicable disease is present in the school division and that there is significant risk of transmission thereof or that the risk of transmission is unknown, the Health Department shall advise the superintendent of schools who will make the decision to exclude the student or employee from the school setting and will convene the Communicable Disease Review Panel if needed.

(B) The superintendent shall establish a Communicable Disease Review Panel consisting of the local Health Department Director, a private physician, the Assistant Superintendent of Instruction, or the Superintendent's Communicable Disease Review Panel whenever the decision to exclude a student or employee with a communicable disease is

questionable or contested. Each case shall be handled individually. The Communicable Disease Review Panel shall review all pertinent information and make its recommendations to the superintendent. Persons called on for information to this panel may include, but not be limited to, the attending physician, the principal, teacher(s), and parents of the student. If the case of an employee, contributing persons including the attending physician and the immediate supervisor. The Review Panel should be established immediately upon approval of these regulations.

(C) Employees with communicable diseases and parents of students with communicable diseases shall be notified of the five-day time limit for submitting any medical evaluations to the Communicable Disease Review Panel. Medical evaluation(s) submitted to the Panel will be considered before the Panel makes its recommendation on a case. The Panel shall meet, review information, and make recommendations to the superintendent within five school days following exclusion of the affected student or employee. The recommendations shall include, but not be listed to, a timetable on future school presence.

(D) Within five school days following his/her receipt of the Panel's report, the superintendent shall notify the parents of the affected student, or notify the affected employee of his/her decision to re-admit or to continue to exclude the student from school attendance or the employee from work in the school setting.

(E) Confidentiality and the right to privacy regarding the affected student or employee shall be maintained by all persons involved. Information regarding students or school employees suspected of or diagnosed as having a communicable disease shall be released only through the office of the superintendent of schools.

(F) Suffolk Public Schools shall institute preventive measures to control communicable disease transference. Such preventive measures shall include the education of employees and students about communicable diseases and the methods of reducing the risk of transmission. Employees shall be taught the proper methods of cleaning up spilled body fluids, collecting trash and disinfecting areas, which might be sources of contamination.

(G) The superintendent shall advise the School Board to regularly re-examine its policy and regulations on communicable diseases as new knowledge regarding communicable diseases become known.
(Issued February 9, 1995)

Legal Authority - School Board Policy §9-20.9.

Section 7-2.3. Regulations for School Attendance of Children with Human Immunodeficiency Virus.—Suffolk Public Schools will work cooperatively with the Suffolk City Health Department to ensure compliance with Virginia Code 22.1-271.3 for school attendance of children infected with human immunodeficiency virus (HIV). In addition the following should be followed:

(A) Students are expected to be in compliance with an immunization schedule (Article 2, 22.1-271-2): however, some required immunizations may be harmful to the health of the student who is HIV infected or has AIDS. Students who are HIV infected or have AIDS may get an exemption from complying with the requirements (Virginia Code Section 22.1-27.2.C). School personnel will cooperate with public health personnel in completing and coordinating immunization data, exemptions, and exclusions, including immunization forms.

(B) Mandatory screening for HIV infection is not warranted as a condition for school entry. Upon learning a student is HIV infected or has AIDS, the superintendent will consult with the individual's family and physician or a health official from the local health department to determine whether the student is well enough to stay in school. Because it is known that HIV is not transmitted through casual contact, any student who is HIV infected will continue education in a regular classroom assignment unless the health status interferes significantly with performance. If a change in the student's placement is necessary, the superintendent or designee, family, and physician or health official will develop an individual plan which will include appropriate educational services.

(C) Parents/guardians may appeal decisions for restriction or exclusion to the Communicable Disease Review Panel as set forth above.

(D) All persons privileged with any medical information about HIV infected students shall be required to treat all proceedings, discussions, and documents as confidential information. Individuals will be informed of the situation on a "Need to Know" basis with written consent of the parent/guardian.

(E) Universal precautions for handling blood will be implemented within the school setting and on buses. To ensure implementation of the proper standard operating procedures for all body fluids, the guidelines from the Virginia Department of Health will be followed. In-service training will be provided to all school personnel.

Training will include local division policies; etiology, transmission, prevention, and risk reduction of HIV; standard operating procedures for handling blood and body fluids; and community resources available for information and referral. Periodic updates will be supplied through in-service or memoranda.

(F) Comprehensive and age-appropriate instruction on the principal modes by which HIV is spread and the best methods for the reduction and prevention of AIDS are required to encourage support and protection of the HIV infected student. To enhance school attendance, Suffolk Public Schools will collaborate with public and private organizations in the provision of support services to HIV infected students. (Issued February 9, 1995)

Legal Authority - School Board Policy §9-20.10.

Article III

CHILD ABUSE AND NEGLECT REPORTING

Section 7-3.1. Definitions; Reporting Procedures; Investigation by Department of Social Services; Unfounded Reports.—A. As used in these regulations, an abused or neglected child shall mean any child less than 18 years of age whose parent(s) or other person(s) responsible for the child's care:

- (1) Creates or inflicts, or threatens to create or inflict, upon such child a physical or mental injury by other than accidental means; or creates a substantial risk of death, disfigurement, or impairment of bodily or mental functions;
- (2) Neglects or refuses to provide care necessary for the child's health; provided, however, that no child who in good faith is under treatment solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination shall for that reason alone be considered to be an abused or neglected child;
- (3) Abandons such child; or
- (4) Commits or allows to be committed any sexual act upon a child.

B. Any teacher or other person employed by the Suffolk Public Schools who has reason to suspect that a child is an abused or neglected child shall immediately notify the principal of the school in which the child is enrolled, or the principal's designee.

The principal, in consultation with appropriate division staff, shall report the matter to the Department of Social Services.

If an employee of the Department of Social Services is suspected of abusing or neglecting a child, the principal, in consultation with appropriate division staff, shall make the report to the Juvenile and Domestic Relations Court.

C. The Department of Social Services has, by law, the responsibility for receiving and investigating complaints and reports, except in cases where the reports or complaints are to be made to the Juvenile and Domestic Relations General District Court. In accordance with Section 63-1.248.10 of the Code of Virginia, a child protective services worker or a police officer may talk to any child suspected of being abused or neglected, or to any of his or her siblings, without the consent of and outside the presence of the parent, legal guardian, or school personnel. In cases of interviews of children on school grounds, the child protective services worker or police officer will furnish proper identification and make appropriate arrangements for the interview with the principal or the principal's designee.

D. If a report of abuse or neglect is unfounded, the Department of Social Services shall transmit a report to such effect to the principal and to the parent or guardian or person responsible for the care of the child in those instances where such person was suspected of abuse or neglect. Such reports, however, are not to be filed in the child's school record. (Issued February 9, 1995)

Legal Authority - School Board Policy §9-20.13

Section 7-3.2. Penalty for Failure to File Report; Immunity.—A. Any person required to file a report regarding suspected child abuse and neglect who is found guilty of failure to do so shall be fined not more than \$500 for the first failure. Subsequent failures incur a fine of not less than \$100 or more than \$1,000.

B. Any person who makes such a report or who participates in a judicial proceeding resulting there from shall be immune from any civil or criminal liability in connection therewith, unless it is proven that such person acted with malicious intent. (Issued February 9, 1995)

Legal Authority - School Board Policy §9-20.13.