

Managing Emergency Health Care
and
Communicable Diseases
In the School Setting
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Foreword

Guidelines for Managing Emergency Health Care and Communicable Diseases in the School Setting provides local educational agencies with a framework for establishing a health services program that provides the services and information required under New York State Education Law Article 19. It provides guidance for developing emergency health care and communicable disease protocols for schools. This document is intended for use by school health personnel and administrators. Every attempt has been made to ensure that the information and resources contained in this document reflect best practices in the field of school health. Local educational agencies should review these guidelines with their counsel as necessary to incorporate the guidance with district policy.

Introduction

The purpose of school health emergency and communicable disease plans/protocols is to identify students, school personnel or visitors with health care needs that require emergency care and/or follow up care by a licensed health care provider and to prevent the transmission of communicable diseases in schools and at school sponsored events. These guidelines address two common issues that occur in school health services: emergency health care and communicable disease. Although these two issues are not the same, there are commonalities in how they are addressed in a school setting.

Statutory Background

Several laws address various aspects of emergency health care and communicable diseases in schools. These include both Education Law and Public Health Law:

School Health Services

Education Law §901 requires public schools outside of New York City to provide school health services, which include but are not limited to informing parents or other persons in parental relation to the child, pupils and teachers of the individual child's health condition subject to federal and state confidentiality laws; instructing the school personnel in procedures to take in case of accident or illness; and surveying and making necessary recommendations concerning the health and safety aspects of school facilities and the provision of health information.

School Health Services Staff

Education Law §902 (2) (a) requires

Students Diagnosed with Allergies

Education Law §902-b states that licensed nurses, nurse practitioners (NP), physician assistants (PA), or physicians employed by schools are authorized to administer emergency epinephrine via auto-injector to a student with a patient specific order and written parent/guardian consent for such medication. Education Law §921 further provides that unlicensed school personnel may be trained by licensed registered professional nurses, nurse practitioners, physician assistants, and physicians to administer epinephrine auto injectors in emergency situations, where an appropriately licensed health professional is not available, to pupils with a patient specific order and written parent/guardian consent for such medication.

Communicable or Infectious Diseases

Education Law §906 and Commissioner's Regulations §136.3 (h) permit the medical director, school nurse (RN), nurse practitioner, physician or physician assistant to evaluate and exclude from school a student in the public schools showing

- x Directs the Commissioner of Education to post the information on the Department's website;
- x All schools must include such information in any permission form, consent form, or similar document that may be required for a student's participation in interscholastic athletics or reference how to obtain such information from the Department's ([NYSED:SSS:School Health Services](#)) and Department of Health's ([Sudden Cardiac Arrest \(SCA\) in Youth](#)) websites , or on the school's website, if one exists;
- x The Commissioner of Education to promulgate regulations requiring that any student displaying signs or symptoms of pending or increased risk of sudden cardiac arrest shall be immediately removed from athletic activities and shall not resume athletic activity until he or she has been evaluated by and received written and signed authorization from a licensed physician; and retain the

activities and cannot return until they receive written clearance from a health care provider, which may be either a physician, nurse practitioner (NP), or physician assistant (PA).

- x The written authorization to resume athletic or physical activities must be on file in the student's cumulative health record.
- x The school must follow any limitations or restrictions concerning school attendance and athletic or physical activities ordered by the student's treating physician or healthcare provider.

In order for schools to identify student athletes who may be at risk of SCA, the, [NYS Interval Health History Form \(nysed.gov.\)](https://www.nysed.gov/nys-interval-health-history-form) was revised to include questions to elicit risk. Prior to participation in each athletic season, all students must be provided a health history form for the parent/guardian to complete and sign- unless a health exam has been completed within 30 days before the start of the season. The interval health history form will need to be reviewed by the medical director or an RN before participation in athletics. Please see the Department's Health Exam Guidelines for Schools on [NYSED:SSS:School Health Services](https://www.nysed.gov/nysed-sss-school-health-services) for more information on requirements for participation in athletics.

On-site Epinephrine Auto-injector

Education Law §921-a states that school districts, boards of cooperative educational services, county vocational education and extension boards, charter schools, and non-public elementary and secondary schools in this state may provide and maintain on-site in each instructional school facility, epinephrine auto-injectors for use during emergencies to any student or staff having anaphylactic symptoms regardless of whether there is a previous history of severe allergic reaction. In the event of an emergency, any person employed by or contracted by any such entity may administer epinephrine auto-injectors, pursuant to Public Health Law §3000-c.-008 Tc 01032 (n)21.7 0 Tdr (a)-e -1.vr

- (c) tests to screen for or detect tuberculosis (TB), hepatitis C (HCV), or the human immunodeficiency virus (HIV); and
- (d) urgent or emergency treatment of an actual or suspected

scope of practice of nurses in New York State should be directed to the Office of Professions Board for Nursing, nursebd@nysed.gov, phone: 518-474-3817, ext. 120.

When planning for emergencies, school medical directors should develop their school's first aid protocol in light of their school's specific available resources. Thus, a plan should take into account not only the number of school health professionals and the hours they are available but also the amount of time these professionals may need to devote to managing students' chronic health conditions and responding to the unexpected illnesses and injuries that invariably occur in schools.

Finally, first aid protocols should indicate that school personnel should send any injured or ill student to the school nurse for assessment and treatment. The protocols should also provide specific direction on how to respond in the event that a school nurse is not available.

The first aid protocols should be in writing and reviewed and updated annually, and as necessary, by the medical director or designee. Such protocols should be easily accessible to staff and detailed enough to ensure consistency of implementation throughout the school and/or district. A specific section should also address the needs of students with chronic health conditions and/or other special needs.

The following emergency management planning and response effort recommendations from the National Association of School Nurses can be adapted for the specific needs of the students and the school depending on resources and location:⁴

- x Healthcare provider orders which encompass up to a 72-hour period of time.
- x A system for retrieving and transporting medications. t o

equipment and supplies needed to address student injuries and illnesses. All school nurses and staff trained in providing first aid should be familiar with the location of first aid supplies and available items. Such equipment includes, but is not limited to:

- 9 Adhesive bandages in various sizes
- 9 Blankets
- 9 Disposable gloves
- 9 Small plastic bags
- 9 Red hazardous waste bags
- 9 Safety glasses/goggles
- 9 EMS and/or bandage scissors
- 9 Cold packs
- 9 Slings or triangular bandages
- 9 Splints
- 9 Penlight
- 9 Gauze pads, eye pads, gauze rolls, and tape
- 9 Normal Saline
- 9 Soap
- 9 Paper towels
- 9 Sealed moistened towelettes
- 9 Elastic bandage rolls
- 9 Abdominal (ABD) pads or other trauma dressings
- 9 Tongue depressors
- 9 Cotton tipped applicators
- 9 Tweezers
- 9 Thermometers
- 9 Emergency medications

Classrooms

Each classroom should be equipped with an emergency first aid kit, which should include, at a minimum:

- 9 Adhesive bandages;
- 9 Gauze pads;
- 9 Disposable gloves;
- 9 Tape for securing gauze pads;
- 9 Written instructions for cleaning wounds, by rinsing with water and applying dry dressing (band aid or gauze secured with tape) until able to be seen by school health personnel or parent/guardian; and
- 9 Written instructions for cleaning blood or body fluid spills if custodial staff are not immediately available. Any area cleaned by non-custodial school personnel should be barricaded to communicate that the area is off limits to all persons until properly cleaned by custodial staff.

Some students have specific health

A school medical director should review and approve all emergency response and first aid equipment as well as oversee the placement and readiness of this equipment and supplies by creating a plan to monitor expiration dates of items if applicable.

A school medical director should also provide appropriate training annually and subsequently

athletic events an

Implementation

Emergency Health Care

The types of emergency events for which the schools should be prepared to respond to include, but are not limited to:

- x Student, staff, and visitor health-related emergencies, due to injury or illness;
- x Mass

to, a student's becoming unconscious after a fall, compound fracture or fracture of large bone, or a student with an asthma attack that is not responding to prescribed medications and who is becoming increasingly short of breath. In such incidents, school health personnel should call for emergency medical transport and notify the parent/guardian in accordance with the district's policy.

Sudden Cardiac Arrest

Education Law Article 19 §923 and Commissioner's Regulation 136.9, any student displaying signs or symptoms of pending or increased risk of sudden cardiac arrest (SCA) be immediately removed from athletic activities and not resume athletic activity until they have been evaluated by and received written and signed authorization from a licensed physician. Schools must retain such authorization in the student's permanent health record (a.k.a. cumulative health record).

Students participating in physical activities, such as PE class, who display signs and symptoms of SCA are to be immediately removed from such activity and evaluated by and receive written clearance from a healthcare provider [physician, nurse practitioner

Suspected Substance Overdose

Medical directors should ensure that nurses are trained in how to assess for substance use and drug overdoses, prior to any completion of a substance use assessment by the nurse. A drug overdose occurs when someone takes too much of a substance, which may be a prescription or over-the-counter drug or an illegal drug. Drug overdoses may be accidental or intentional. The physical signs of substance use will vary greatly depending on the substance taken in the event of a suspected drug overdose, if a nurse is not available, unlicensed school personnel should immediately contact the medical director for direction, contact the parent/guardian, and if necessary, call for emergency medical services transport to a hospital. A student with a suspected overdose should never be sent home alone on the bus or public transportation.

use by ill students, disposable paper cot, and pillow covers or clean sheets/pillow cases for individual use, ready access to sink, soap and paper towels to perform frequent hand hygiene and for cleaning of ill or injured students, ready access to bathroom facilities for use by ill students, adequate ventilation, and daily cleaning of surfaces including disinfection as needed.

The Centers for Disease Control and Prevention (CDC) provides resources and guidance that schools can utilize to develop their own infection control protocols:

- x [Core Practices | HICPAC | CDC](#) - This document concisely describes a core set of infection prevention and control practices that are required in all healthcare settings, regardless of the type of healthcare provided.
- x [Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care \(cdc.gov\)](#) - a customizable checklist for meeting standard precautions and best practice in infection control.
- x [Transmission-Based Precautions | Basics | Infection Control | CDC](#) - Transmission-Based Precautions are the second tier of basic infection control and are to be used in addition to [Standard Precautions](#) for patients who may be

Parent/Guardian Notifications

As stated earlier, it is essential that parents/guardians are kept informed of illnesses or injuries that occur in school. Schools are encouraged to consult with their medical director to develop policies on when parents/guardians are to be notified of illness or injuries occurring in school, as required by Education Law Article 19 §901.

In New York City, health services are governed by Chancellor’s Regulations A-701, which states, “[w]hen a student is injured or becomes ill and needs immediate medical care, the principal shall obtain the necessary emergency medical care and notify the parent.” Although not required to follow these regulations, non-public schools are strongly encouraged to adopt similar policies in their schools to insure the health and safety of their students.

School personnel should not assume that that notification is not necessary, just because an injury or illness is minor. A child with a cold may also have asthma or another chronic condition requiring a change in their medications, a small pencil stab to the hand can result in the need for surgery to repair tendons, a collision between students may result in concussion symptoms hours later, a minor fall may result in a fracture, and a small cut may become infected resulting in sepsis and requiring hospitalization.

Resources for notifying Parent/Guardian of student injury or communicable disease follow up are available on the [NYSCSH website](#) under the Sample|Forms tab.

which are considered education records subject to the privacy protections of FERPA, based on the types of records. This schedule is available at:

- x [NYSCSH website- A-Z Index, R - Records Retention.](#)
- x [NYS Archives-ED-1 Health](#)

There are no specific rules regarding the retention of health records, other than immunization documentation, by non-public schools. However, nonpublic schools are encouraged to follow similar practices to protect student's privacy and for liability purposes. Non-public schools should contact the [NYSED State Office of Religious and Independent School \(SORIS\)](#) for more information.

Evaluation

After any emergency event, school personnel should review and evaluate the incident. Debriefing after an emergency helps to identify strengths and weaknesses in a district's emergency response plan and in the management and effectiveness of the response. The purpose of the review is to determine if:

- x Prevention strategies need to be put in place to prevent future injuries or illness;
- x District policies and protocols need revisions;
- x Staff knowledge of roles and responsibilities during response are sufficient;
- x Communication plans regarding both internal response and external response, including first responders and the school community, are adequate.
- x Adequate post-incident counseling and trauma resources for students and staff had been planned for and provided;
- x Emergency plans for students with health care needs were appropriate and adequate in addressing their health and safety needs; and
- x There are any other areas in need of improvement.

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Glossary

Blood - human blood, human blood components, and products made from human blood.

Bloodborne Pathogens - pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Contaminated - the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Cumulative Health Record - individual student health record maintained by a school.

Engineering Controls - controls (e.g., sharps disposal containers, self-closing doors, etc.) that are designed to reduce the exposure to bloodborne pathogens.