



Managing Emergency Health Care  
and  
Communicable Diseases  
In the School Setting  
November 2022

The University of the State of New York  
The State Education Department  
Office of Student Support Services



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### Commissioner of Education and President of The University

BETTY A. ROSA, B.A., M.S. in Ed., M.S. in Ed., M.Ed., Ed.D.

### Deputy Commissioner of P12 Instructional Support

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## Acknowledgements

This document has been written with assistance from the following. Asterisk indicates those that assisted with the 2022 revisions:

**\*Paige Buckner, RN, BSNBBSN**

Health Services Specialist  
New York State Center for School Health

**Olga Jeanne Dolly FNP-C, SNT, MS**

Medical Director  
Indian River Central School District  
Past Secretary, NYS Association of School Nurses

**Gail Hall DPL, RN**

Spencer Van Etten CSD  
Past President, NYS Association of School Nurses

**\*Karen Hollowood RN, BSN, MSED**

Associate in School Nursing  
New York State Education Department

**Linda Khalil RN, SNT, BSN, MSED**

Director, retired  
New York State Center for School Health

**\*Ann Lanoue RN, BSN, MBA**

Associate in School Nursing  
New York State Education Department

**\*Ronald Marino, DO, MPH**

Physician Consultant  
New York State Center for School Health  
Director, The Center for School Health at Mt. Sinai South Nassau  
Professor, Clinical Pediatrics Icahn School of Medicine

**Dr. Sarah Iron Marques MD, MSPH**

Past Physician Consultant  
New York State Center for School Health

**Martha Morrissey RN, BS, MS**

Associate in School Nursing, retired  
New York State Education Department

**Jacki O'Donnell RN**

William Floyd UFSD

**\*Melissa Trau RN, BSN, MS**

Director  
New York State Center for School Health

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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 that “the board of education, and the trustee or board of trustees of each school district, shall employ, at a compensation to be agreed upon by the parties, a qualified physician, or a nurse practitioner to the extent authorized by the nurse practice act and consistent with the written practice agreement pursuant to subdivision three of section six thousand nine hundred two of this chapter, to perform the duties of the director of school health services” (*commonly referred to as the medical director*), “including any duties conferred on the school physician or school medical inspector under any provision of law, [and] to perform and coordinate the provision of health services in the public schools.” Education Law §902 (2) (b) provides that ” [a]ny such board or trustees may employ one or more school nurses, who shall be registered professional nurses, as well as other health professionals, as may be required.”

**Students Diagnosed with Diabetes** Education Law §902-a states that unlicensed school personnel may be trained by a licensed nurse, nurse practitioner (NP), physician assistant (PA), or a physician to administer glucagon to a student with a patient specific order and written parent/guardian consent for such medication. Pursuant to Education Law §921, such trained unlicensed school personnel are authorized to administer glucagon in an emergency situation to a student with a patient specific order and written parent/guardian consent for such medication.

## **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 symptoms of any communicable or infectious disease reportable under the Public Health Law that imposes a significant risk of infection of others; such students shall be sent home immediately, in a safe and proper conveyance. The medical director may examine any student returning to school following an absence due to illness or unknown cause who does not provide a health certificate from a local public health officer, New York State (NYS) licensed physician, physician assistant or nurse practitioner, to determine that the student does not pose a threat to the school or community.

## **On-site Cardiac Automated External Defibrillator**

Education Law §917 and Commissioner's Regulation §136.4 require each school district, board of cooperative educational services, county vocational education and extension board and charter school to provide and maintain on-site in each instructional school facility functional cardiac automated external defibrillator equipment for use during emergencies. Whenever an instructional school facility is used for a school-sponsored or school-approved curricular or extracurricular event or activity, the public school officials and administrators responsible for such facility shall ensure the presence of at least one staff person who is trained, pursuant to Public Health Law §3000-b(3)(a), in the operation and use of an automated external defibrillator.

## **Sudden Cardiac Arrest**

The Dominick Murray Sudden Cardiac Arrest Prevention Act became effective July 1, 2022. This Act was written to ensure that schools, students, and parents are provided with critical, lifesaving information on sudden cardiac arrest (SCA) risks, signs and symptoms, to ensure students at risk are evaluated prior to participation in athletics, and that SCA is immediately recognized and treated to prevent death.

The act added §923 to Education Law Article 19 and requires:

- The Commissioner of Health to develop information, in conjunction with the Commissioner of Education, relating to pupils exhibiting signs or symptoms of pending or increased risk of sudden cardiac arrest;

- Directs the Commissioner of Education to post the information on the Department’s website;
- 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;
- 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 authorization on file in the student’s permanent health record.

Public Health Law Sections 3001 b and 3001 c were amended to require that coaches of extra class athletic activities<sup>1</sup> in both public and nonpublic schools complete a course in first aid knowledge and skills from a nationally recognized organization, as defined in paragraph (D) of [section 3000-B of Public Health Law](#). Such course must include instruction in recognizing signs and symptoms of cardiac arrest or sudden cardiac arrest. This mandatory content is included in the first aid courses approved by NYSED for coaching certification: [Accepted as Meeting the Coaches First Aid and CPR/AED Requirement \(nysed.gov\)](#) .

Commissioner’s Regulations §136.9 ([Section136.9 \(nysed.gov\)](#)) were revised 9/13/22, as follows:

- Defines the term “**athletic activities**” to mean participation in sessions for instruction and practice in skills, attitudes, and knowledge through participation in individual, group, and team activities organized on an intramural, extramural, interschool athletic or inclusive athletic activities to supplement regular physical education class instruction, otherwise known as extra class periods in physical education or extra class activities
- Defines the term “**physical activities**” to mean participation in physical education classes and recess or similar activities during the school day.
  - During **athletic activities**, any student who displays signs or symptoms of pending or increased risk of sudden cardiac arrest must be immediately removed from such activities and cannot return until they receive written clearance from a physician. For students attending a public school, the student cannot resume athletic activities until the student has also received clearance from the director of school health services to participate in such activity.
  - During **physical activities**, any person who displays signs or symptoms of pending sudden cardiac arrest must be immediately removed from such

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<sup>1</sup> Extra-class athletic activities mean those sessions organized for instruction and practice in skills, attitudes, and knowledge through participation in individual, group, and team activities organized on an intramural, extramural, or interschool athletic basis to supplement regular physical education class instruction [8 NYCRR 135.1(h)].



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).

- The written authorization to resume athletic or physical activities must be on file in the student's cumulative health record.
- 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 \(nysed.gov\)](#) 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](#) 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.

### **Opioid Overdose Prevention**

Education Law §922 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 opioid antagonists, as defined in Public Health Law §3309. In the event of an emergency, any person employed by or contracted by any such entity that has elected to participate may administer an opioid antagonist, provided that such person shall have been trained by a program approved under Public Health Law § 3309. Any school district, board of cooperative educational services, county vocational education and extension board, charter school, and non-public elementary and secondary school that has employees trained in accordance with Public Health Law § 3309 must comply with the requirements of the Public Health Law including, but not limited to, appropriate clinical oversight, record keeping, and reporting.

### **Authority to Write and Execute Non-Patient Specific Orders**

Education Law § 6909 allows RNs to execute written non-patient specific orders and protocols, issued by a physician or nurse practitioner, for administering:

- (a) immunizations;
- (b) emergency anaphylaxis treatment;

(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 opioid related overdose.

In addition, Education Law § 6909 allows RNs to execute written non-patient specific orders and protocols (issued by a physician or nurse practitioner) to medically screen at-risk persons for syphilis, chlamydia and/or gonorrhea infections.

All such non-patient specific orders and protocols must comply with 8 NYCRR § 64.7. Education Law §§ 6527 and 6909 authorize physicians and nurse practitioners to issue the written non-patient specific orders and protocols described above.

### **School safety plans**

Education Law §2801-a and Commissioner's Regulations §155.17 require boards of education of public school districts, BOCES, and the chancellor of New York City (NYC) to adopt and amend a comprehensive district-wide school safety plan and building-level emergency response plans regarding crisis intervention and emergency response and management. The plans shall be developed by the district-wide school safety team and a building-level school safety team and shall be in the form developed by the commissioner in consultation with the division of criminal justice services, the superintendent of the state police and any other appropriate state agencies.

# Preparation and Planning

## School Policy

Emergency health care and communicable disease management in public schools must be provided in accordance with state laws and regulations. Nonpublic schools are encouraged to develop similar policies to ensure the health and safety of their students. An effective emergency health care and communicable disease management program requires planning, implementation, and evaluation. Policy development should be a collaboration between the board of education or governing body, school administrators, and licensed school health professionals, which in public schools should include the director of school health services or medical director. Such policies should be referred to in the comprehensive district-wide school safety plan required by Education Law §2801-a. The protocols and procedures should be detailed to ensure consistency of practice within the district, and should include addressing student needs on, e.g., the bus, field trips, athletics, and school sponsored events.

The planning process should include, but is not limited to:

- Development of written policies to guide personnel, consistent with State and Federal Laws;
- Evaluation, review, and periodic revision of policy, protocols, and procedures as necessary to keep them up-to-date with current best practice;
- Identification of school personnel roles and responsibilities;
- Identification and provision of professional development and education needs for both licensed and unlicensed personnel;
- Communication to students, parent/guardians, and the community about district policy and protocols, along with any required forms;
- Policies on the following should be included, as applicable:
  - Written emergency health care and communicable/ disease protocols and procedures;
  - Written district policy on calling for emergency transport or 911-including which school personnel accompany the student until the parent/guardian is present;
  - A policy for the Stop the Bleed Program<sup>2</sup>, if applicable;
  - A policy regarding possession and use of epinephrine auto-injectors pursuant to Public Health Law §3000-c and Education Law §921;
  - A policy to provide and maintain opioid antagonists on site pursuant to Public Health Law §3309 and Education Law §922; and
  - A policy for possession and use of potassium iodide (KI) if applicable<sup>3</sup>.

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<sup>2</sup> Department of Homeland Security, *Stop the Bleed*. <https://www.dhs.gov/stopthebleed>

<sup>3</sup> Used in radiologic emergencies for schools within 10 miles of a nuclear power plant. Such schools should contact their local department of health for information. [https://www.health.ny.gov/environmental/radiological/potassium\\_iodide/](https://www.health.ny.gov/environmental/radiological/potassium_iodide/)

## Personnel

### Role of Director of School Health Services (Medical Directors)

Public schools must employ a director of school health services, (commonly referred to as a medical director) who is a NYS licensed physician or nurse practitioner. The medical director oversees the school health services program, which, pursuant to Education Law §901, must include instruction for “*school personnel in procedures to take in case of accident or illness...*” The medical director therefore has a significant role in how schools manage both health emergencies and communicable diseases.

Medical directors should provide written guidance and algorithms for school nurses and other school personnel to follow regarding health emergencies, illness and injury. This obligation may be accomplished by approving existing first aid protocols available in print or online and approving specific programs (e.g., Stop the Bleed) for use in school and at school sponsored events. The medical director may delegate the writing and review of first aid protocols to an appropriate licensed health professional [RN, Nurse Practitioner (NP), physician or Physician Assistant (PA)]. To ensure continuity throughout the district and avoid miscommunication, it is strongly recommended that any such designation of duties by the medical director to a school nurse or other health professional be in writing.

When developing these protocols, care must be taken so that the protocols do not direct licensed nurses or other licensed health professionals to perform duties outside of their scope of practice or direct unlicensed personnel to perform care that is restricted by law to licensed health professionals. Medical directors should be aware that New York State licensed RNs and LPNs are legally required to administer medications (over the counter or prescription) and medical treatments pursuant to a valid prescription or order issued by a physician, nurse practitioner or other qualified health care professional. As noted earlier in the section on statutes, a RN may follow certain **non-patient specific** orders delineated in law. This list includes, but is not limited to, orders related to epinephrine and opioid antagonist administration. Education Law §6902 requires LPNs to practice under the direction of a registered professional nurse, clinical nurse specialist, nurse practitioner, physician, dentist, physician assistant, specialist assistant, podiatrist, or midwife (directing practitioner). The directing practitioner must provide an appropriate degree of direction to the LPN, the degree of which is determined by the care needs of the patients and the skill and ability of the LPN. In most cases, the directing practitioner must be on premises when LPNs provide nursing care. The directing practitioner does not necessarily have to be on premises to direct an LPN where:

- (1) the LPN has demonstrated competence to meet the nursing care needs of the LPN’s patients;
- (2) the LPN’s patients are unlikely to require personal intervention by the directing practitioner; and
- (3) the directing practitioner is available to direct the LPN by telephone and can personally intervene within 15 minutes to ensure timely and appropriate care.

The directing practitioner remains ultimately responsible for providing appropriate direction by phone or in person to ensure patient or client safety. Questions related to the

scope of practice of nurses in New York State should be directed to the Office of Professions Board for Nursing, [nursebd@nysed.gov](mailto: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:<sup>4</sup>

- Healthcare provider orders which encompass up to a 72-hour period of time.
- A system for retrieving and transporting medications
- Provision of necessary supplies and food in the classroom or carried with the child or teacher in an evacuation, or a 3-day supply in case of a lock down.
- Education of all staff members/substitutes responsible for a child with special health needs during an emergency.
- An alarm system for students with auditory and/or visual needs.
- Back-up power source for specialized equipment.
- Emergency evacuation plan for students with physical, mental, or communication limitations (e.g., visually and/or hearing impaired, students with autism, and students who are "English Language Learners").

Additional recommendations for emergency protocols include:

- ✓ School personnel roles and responsibilities in emergency and communicable disease management;
- ✓ Type and frequency of the professional education needs of school personnel- both licensed health professionals and unlicensed personnel; and
- ✓ A policy on the maintenance of the automatic external defibrillator (AED).

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<sup>4</sup> NASN Position Statement, Emergency Preparedness and Response in the School Setting- The Role of the School Nurse. June 2014.

**Note:** As stated in the [NYSED memorandum, “Parent/Guardian Notifications Regarding Student Illness and Injury](#), 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. Sample resources for notifying parents/guardians are available on the NYSCSH website at [www.schoolhealthny.com](http://www.schoolhealthny.com) under *Sample Forms and Notifications*.

## Role of School Nurses and Other Licensed Health Professionals

School nurses and other licensed health professionals respond to emergencies that involve students, staff, or visitors. As the health professional most commonly in a school building on a regular basis, the school nurse has an instrumental role in developing emergency management procedures,<sup>5</sup> which may include the following:

- Identifying potential problems in the school environment;
- Leadership in emergency planning at the school or district level;
- Development of student specific emergency response plans;
- Developing emergency plans for students with known health-related conditions;
- Evaluating first aid and emergency care training; and
- Training of school staff in emergency care of students.

During an incident, the school nurse’s responsibilities may include:

- Recognizing patterns of illness;
- Initiating appropriate care when students or staff are ill or injured;
- Coordinating transportation of sick or injured students or staff to local hospitals or other healthcare facilities;
- Communicating with parents, healthcare providers, the medical director and school personnel, as appropriate for the incident; and
- After an incident, coordinating counseling for the school community as necessary.

As stated earlier, it is strongly recommended that the medical director describe the duties designated to the school nurse in writing. Pursuant to Education Law §6909, the school nurse (RN) may assess and triage ill or injured students to determine the best course of action to take. An LPN’s scope of practice does not include assessment and triage, but, pursuant to Education Law §6902, they are able to follow a RN’s or medical director’s direction on actions to take for an ill or injured student, staff member or visitor.

A student with a chronic health condition should have an emergency care plan developed by a school nurse that provides direction for unlicensed staff to follow in the event that the

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<sup>5</sup> The School Nurse’s Role in Incidents. FEMA, 2009.  
<https://training.fema.gov/programs/emischool/el361toolkit/assets/schoolnurse.doc>

school nurse is not available. Sample emergency care plan templates are available on the [NYS Center for School Health](#) website under *Sample Forms and Notifications*.

## Role of Administrators

A school's optimal response to health and safety emergencies can depend on school health personnel needing to make decisions quickly in order to achieve the best outcome for students. Therefore, it is strongly recommended that a school's emergency response policy and first aid protocol spell out that the medical director or school nurse has the authority, pursuant to their mandated role and duties prescribed by Article 19 §902, to call for emergency transportation (911) without first obtaining permission. Licensed health professionals have the training and education necessary to make this decision. Additionally, any delay in accessing emergency medical services may result in a poor outcome for the student, staff person or visitor. Following any incident, district policy should also require that the licensed health professional notify administration as soon as possible after calling for emergency services.

Additionally, school administrators should:

- Clearly communicate to all staff the district's policy and protocols to follow in the event of an emergency;
- Communicate the district's process for informing parents/guardians when a student has a health concern at school that may require follow-up care either by the parent/guardian or a healthcare provider; and
- Ensure that all personnel are up to date on necessary training.

## Role of Teachers and Other School Personnel

Unlicensed school personnel may be trained to administer certain emergency medications, emergency medications are epinephrine auto-injectors, glucagon to students with orders for it, and opioid antagonists (naloxone), in accordance with Education Law and Public Health Law, as outlined above. More information on these medications and training requirements are available in the State Education Department's [Guidelines for Medication Management in Schools](#) in the *Preparation* section.

Additionally, the school nurse or medical director (if there is no school nurse) should review with school personnel emergency care plans for students with chronic health conditions.

## Standard Precautions

Licensed health professionals **must use Standard Precautions** and best practice in infection control procedures. Unlicensed school personnel should be familiar with blood borne pathogens and the use of Standard Precautions when dealing with blood and body

fluids. The [Centers for Disease Control and Prevention - Standard Precautions](#) provides more detailed information.

Standard Precautions are designed to reduce the risk of transmission of bloodborne and other pathogens from both recognized and unrecognized sources. These precautions are the minimum infection control precautions that should be used in all patient care. Training on standard precautions includes, but is not limited to:

- Hand Hygiene;
- Respiratory/cough etiquette;
- How to clean and disinfect equipment/environment;
- How to handle textiles and waste;
- Safe injection practices; and
- The use of Personal protective equipment (PPE).

Planning for emergencies should include instruction on standard precautions in accordance with the school/school district's Bloodborne Pathogens (BBP) plan and training. Information about [Occupational Safety and Health Administration \(OSHA\) BBP Standard 1910.1030](#) and the [Public Employee Safety and Health Bureau \(PESH\)](#) can be found on [The New York State Center for School Health \(NYSCSH\)](#) website under Bloodborne Pathogens and Exposure Control.

## Professional Education and Training

Licensed health professionals need to keep up to date on best practices in their respective professions through continuing education opportunities. District administrators should assist school health professionals in attaining and maintaining current best practice knowledge and skills in their fields by supporting their attendance at professional development sessions and webinars, and by subscribing to professional journals.

As mentioned earlier, unlicensed school personnel require training in order to administer emergency medications, such as glucagon, epinephrine auto-injectors or opioid antagonists (naloxone). They may also need additional training on:

- ✓ Care for injured or ill student in the absence of a nurse, or until one arrives;
- ✓ Following emergency care plans;
- ✓ Utilizing standard precautions;
- ✓ Bloodborne pathogens and Exposure control;
- ✓ CPR and AED certification;
- ✓ First aid protocols, such as *Stop the Bleed*;
- ✓ Responding to mass casualty incidents (MCI); and
- ✓ On issues specific to their locality, such as the use of potassium iodide (KI) for schools located within 10 miles of a nuclear power plant in New York State (Monroe, Orange, Oswego, Putnam, Rockland, Wayne or Westchester Counties).



# Emergency Equipment and Supplies

## Health Office

The school district is responsible for providing adequate first aid supplies and equipment. The school health office of each school building should be equipped with emergency 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:

- ✓ Adhesive bandages in various sizes
- ✓ ABD pads or other trauma dressings
- ✓ Antibacterial hand wipes/ Hand sanitizer
- ✓ Blankets
- ✓ Cervical collar
- ✓ Cold packs
- ✓ Cotton balls & cotton tipped applicators
- ✓ Disposable gloves
- ✓ Elastic bandage rolls
- ✓ Emergency medications w/non-patient specific orders if provided by medical director<sup>6</sup>
- ✓ Emergency Whistle
- ✓ Emesis Bag
- ✓ EMS and/or bandage scissors
- ✓ Gauze pads, eye pads, gauze rolls, and tape
- ✓ Eye Irrigation Solution
- ✓ Eye protection (goggles, face shield)
- ✓ Face masks (N-95 and/or regular)
- ✓ Flashlight
- ✓ Hand Sanitizer/antibacterial wipes
- ✓ Manual resuscitation bag (ambu - bag)
- ✓ Normal Saline
- ✓ Oral airways
- ✓ Oral glucose
- ✓ Paper towels
- ✓ Penlight
- ✓ Potable water & cups
- ✓ Red bio-hazard waste bags
- ✓ Resuscitation mask with valve or disposable face shields for CPR
- ✓ Safety glasses/goggles
- ✓ Sealed moistened towelettes
- ✓ Slings or triangular bandages
- ✓ Small plastic bags
- ✓ Splints
- ✓ Soap
- ✓ Stethoscope and sphygmomanometer
- ✓ Thermometers
- ✓ Tongue depressors
- ✓ Tweezers
- ✓ Two-way radio or cell phone

Health office personnel should also have a portable first aid kit, sometimes referred to as an emergency "go bag," which includes first aid supplies that may be needed to provide emergency health care outside the health office. Sample uses of the emergency first aid kit/bag use may include, but are not limited to:

- ✓ Field trips;
- ✓ Extracurricular activities;
- ✓ Evacuations; and/or

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<sup>6</sup> RNs may administer certain medications (epinephrine and naloxone) under nonpatient specific orders pursuant to Education Law Article 139 §6909(4) [NYS Nursing: Laws, Rules & Regulations: Article 139 \(nysed.gov\)](https://www.nysed.gov/nys-nursing-laws-rules-regulations/article-139)

✓ Lockdowns.

The contents of the bag should be identical in every school in the district, to provide consistency and ease of use. The New York State Center for School Health (NYSCSH) provides a resource page on Emergency Preparedness and Planning, which includes a sample list of emergency supplies recommended for use in school and outside of the health office. A list of available items should be included in the district's emergency procedures and the items included should be consistent in all schools within the district. A sample list of items is available on the [NYSCSH website](#).

## Classrooms

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

- ✓ Adhesive bandages;
- ✓ Gauze pads;
- ✓ Disposable gloves;
- ✓ Tape for securing gauze pads;
- ✓ 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
- ✓ 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 conditions for which school staff will need access to items such as food, glucose replacement, water, juice etc. These items should be identified on the student's emergency care plan, which should be reviewed with the parent/guardian. Additionally, these items should be noted on the school's emergency care plans and made available and accessible to students in the event of evacuation or lockdown, by, for example, having the student or designated staff member carry the items (such as the student's diabetes kit/glucometer which needs to be readily accessible and cannot be in multiple locations) or providing these items in all possible locations where students may be located.

## Stop the Bleed Program

*Stop the Bleed* is a national awareness campaign from the United States Department of Homeland Security. *Stop the Bleed* is intended to encourage bystanders to become trained, equipped, and empowered to help in a severe bleeding emergency before professional help arrives. The information below is provided to assist schools and school districts in developing policies, procedures, and choosing equipment for responding to severe bleeding emergencies. Bleeding emergencies should be addressed as part of the district's or school's emergency response plan consistent with federal and state laws, including professional laws pertaining to medicine and nursing.

An effective bleeding control program in schools should be based on the use of current best-practice guidelines from recognized organizations with expertise in emergency care, appropriate resources, proper training, and ongoing oversight. NYS Education Law Article 19, §902, requires that all public school districts employ a physician or nurse practitioner as a school medical director to oversee school health services. Therefore, the medical director must be involved in the development of policies and protocols related to health issues, including the management of bleeding emergencies. More information on the role of the medical director is available on the NYSCSH website in the A-Z index under M.

### ***Recommended Procedures***

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 by creating a plan to monitor expiration dates of items if applicable (e.g., hemostatic dressings).

A school medical director should also provide appropriate training annually and subsequently review the use of equipment to ensure the safety of those providing care.

### ***Training***

Schools may choose to train school staff in techniques to control life threatening bleeding, allowing those at the scene to help save lives before first responders arrive. Training should include but is not limited to review of:

- ✓ District procedures for notifying emergency medical services (EMS);
- ✓ Supply/equipment locations;
- ✓ How to Identify severe bleeding;
- ✓ Bloodborne pathogen training;
- ✓ Correct use of gauze with pressure;
- ✓ Correct use of tourniquets (if permitted by district policy);
- ✓ Correct use of hemostatic gauze <sup>7</sup>(if permitted by district policy); and
- ✓ How to document any actions taken.

Examples of training programs include but are not limited to:

1. Bleeding Control.Org ([STOP THE BLEED - Save a Life | Stop The Bleed](#)); and
2. Department of Homeland Security Stop the Bleed (<https://www.dhs.gov/stopthebleed>).

### ***Additional information on First Aid Kits***

Schools may add bleeding control supplies to “First Aid” kits or bags supplied in areas outside the school health office to provide immediate access for staff waiting for emergency medical services to arrive. In general, bleeding control supplies should include disposable gloves, gauze (regular or hemostatic), and a tourniquet. Personnel

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<sup>7</sup> All medications administered in school require a patient specific or non-patient specific order. See [NYSED Guidelines for Medication Management in Schools](#). Hemostatic products are considered over the counter medications by the FDA and therefore require a patient-specific order for physicians to order and for nurses to administer. They do not fall under those medications that may be ordered, dispensed, or administered under a non-patient specific order in NYS.

will require training on a regular basis on how to effectively and correctly use the bleeding control supplies and equipment.

## Automatic External Defibrillator

Each instructional school facility or building, whether maintained by a school district, a board of cooperative educational services, a county vocational education and extension board, or a charter school, must provide and maintain on-site automated external defibrillators (AED) for use during emergencies, pursuant to Commissioner's Regulations §136.4. Each building must have enough AEDs available to ensure ready and appropriate access for use during emergencies and at school-sponsored or school-approved curricular or extracurricular events or activities.

The school administration must ensure the presence of at least one staff person trained in the operation and use of an automated external defibrillator at school-sponsored athletic events and whenever an instructional school facility is used for a school-sponsored, school-approved curricular or extracurricular event or activity. Trained personnel must have current certification in cardio-pulmonary resuscitation

(CPR) and AED use by a nationally-recognized organization or the state emergency medical services council in accordance with [Public Health Law 3000-b\(3\)\(a\)](#).

Commissioner's Regulations §136.4(e) requires that AEDs be approved by the Food and Drug Administration for adult use and/or pediatric use and used according to the manufacturer's instructions with due attention provided to operating procedures, maintenance and expiration date.

Resources to assist schools monitor and document the status of AED equipment and supplies is available on the NYSCSH's website. In addition, the NYSCSH collects data on AED use in schools via the online reporting system located on the [New York State Center for School Health / Homepage \(schoolhealthny.com\)](#) Data Reporting page. While voluntary, this data provides critical information for NYSED.

## Mass Casualty Incidents (MCI)

A mass casualty incident is a situation in which medical care requirements overwhelm the local emergency response resources. School nurses and other school health professionals can provide critical information to district emergency response teams in developing crisis plans for potential incidents involving multiple injuries, explosions, and violence/terrorism. A crisis plan should include step-by-step systematic procedures relating to triage, evacuations and interventions, needs of special needs students, and communication during an incident.

The school medical director, district and building-level emergency response teams should develop a defined triage system for responding to emergencies and should be developed collaboration with local emergency management services so that the two systems align and support each other before, during, and after a crisis. Ongoing communication between these stakeholders is essential to ensure that plans remain up to date and

responsive to local needs. Immediate actions of a defined triage system can include activation of EMS, assuring safety of the scene, approximating the number of casualties involved, and establishing a possible command station.

Incidents involving multiple injuries, such as a bus accident, should follow district policies and protocols and emergency response planning for MCI, which should include utilizing EMS. District health personnel should not be directed to respond to off-site bus accidents, or similar off-site events. Instead, these events should be responded to by EMS personnel, who are experts in prehospital health emergencies and have the necessary equipment to provide the most expedient and necessary care. Additionally, asking school health personnel to leave the school building may leave students in the building without necessary health services. District personnel, such as administrators, may be sent to assist and support students, provide consents, and act as a liaison between emergency personnel, school personnel, and parent/guardians. School health personnel should respond to health emergencies on site and function within their respective scope of practice, while awaiting EMS arrival. For further information see the New York State Department of Health's policy statement, [EMS Response to School Incidents and Bus Accidents](#).

Schools are encouraged to have key personnel trained in MCI [FEMA Emergency Management Institute School Program](#). Additional information regarding emergency response planning is available on [NYSED's New York State Safe Schools Against Violence in Education \(SAVE\)](#). Resources for further education on the topic of disaster management and crisis response are available on the NYS Center for School Health's website under [Emergency Planning and Response](#).

# 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:

- Student, staff and visitor health-related emergencies, due to injury or illness;
- Mass casualty incidents such as bus accidents or fires;
- Weather-related emergencies (e.g., hurricanes, tornadoes, flooding, snow and ice storms); and
- Physical plant or technological hazards that may cause damage in the school and result in physical injuries, or loss of life.

Student, staff and visitor injury or illness health-related emergencies generally fall into three categories depending on severity: non-urgent, urgent, and critical<sup>8</sup>. The following pages provide summaries of each category.

### Non-Urgent

*(may require referral for routine medical care)*

Non-urgent or minor injuries or illnesses can usually be managed at school. Examples of these include, but are not limited to, minor cuts or scrapes, bruises that do not show signs of complications, or minor illnesses, such as cold symptoms without fever or malaise, and stomach aches or headaches that are not severe or accompanied by other symptoms. Minor health injuries or illnesses comprise much of the unexpected health needs encountered in a school setting. Generally, most of these situations can be managed<sup>9</sup> in school, with notification of the parent/guardian of what has transpired regarding his/her child and a referral for follow-up care with a health care provider as necessary.

### Urgent

*(require medical attention within 2 hours)*

Urgent injuries or illnesses are those that cannot be managed at school and will require the parent/guardian to pick up the student to follow up with a health care provider within a couple of hours. Examples of these include, but are not limited to, sore throat with fever, a large cut potentially needing stitches, or a potential concussion.

### Critical

*(require immediate medical attention)*

Critical or emergency injuries or illnesses are of such severity that immediate care at an emergency health care facility is required. Examples of these include, but are not limited

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<sup>8</sup> Role of the School Nurse FEMA. October 2009.  
<https://training.fema.gov/programs/emischool/el361toolkit/assets/schoolnurse.doc>

<sup>9</sup> Patient specific orders are required for school nurses to apply antibiotic ointments, administer over the counter medications etc. For more detailed information see the Department's Guidelines for Medication Management in Schools.

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 (NP) or physician assistant (PA)] before returning to such activities.

Signs or symptoms of SCA:

- Fainting or seizure, especially during or right after exercise or with excitement or startle
- Racing heart, palpitations, or irregular heartbeat
- Dizziness, lightheadedness, or extreme fatigue with exercise
- Chest pain or discomfort with exercise
- Excessive shortness of breath during exercise
- Excessive, unexpected fatigue during or after exercise

Signs of increased risk of SCA are:

- Personal Risk Factors:
  - Use of diet pills, performance-enhancing supplements, energy drinks, or drugs such as cocaine, inhalants, or "recreational" drugs.<sup>10</sup>
  - Elevated blood pressure or cholesterol
  - History of health care provider ordered test(s) for heart related issues
- Family History Risk Factors:
  - Family history of known heart abnormalities or sudden death before 50 years of age
  - Family members with *unexplained* fainting, seizures, drowning, near drowning or car accidents before 50 years of age
  - Structural heart abnormality, repaired or unrepaired
  - Any relative diagnosed with the following conditions:
    - Enlarged Heart/ Hypertrophic Cardiomyopathy/Dilated Cardiomyopathy

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<sup>10</sup> [SCA Prevention Toolkit – Eric Paredes Save A Life Foundation \(epsavealife.org\)](https://www.epsavealife.org/)



- Arrhythmogenic Right Ventricular Cardiomyopathy
- Heart rhythm problems, long or short QT interval
- Brugada Syndrome
- Catecholaminergic Ventricular Tachycardia
- Marfan Syndrome- aortic rupture
- Heart attack at 50 years or younger
- Pacemaker or implanted cardiac defibrillator (ICD)

Any student with such signs or symptoms, family history or personal risk factors should be evaluated by a healthcare provider before participating in athletics. This is important since SCA can be triggered by athletic activities in students at risk.<sup>11</sup> Please see the Department’s School Health Examination Guidelines on [NYSED:SSS:School Health Services](#) for more details on the health requirements for students to participate in athletics.

As indicated earlier on page 4, public schools must have at least one staff member in each instructional facility who is trained in the operation and use of an automated external defibrillator (AED) along with sufficient numbers of AEDs at school and school sponsored events held at school, and at all school sponsored athletic events. (Commissioner’s regulations §136.4)

It is imperative that students are educated on the risks and symptoms of SCA and encouraged to report any of the signs or symptoms to their coach or athletic trainer, teacher, school nurse and/or parent/guardian. Schools will want to foster a culture of acceptance, where the health and safety of students is foremost as early identification and treatment of a student at risk for SCA may save their life.

## Mental Health

Students with known mental health issues should have a written plan to guide school personnel in steps to take if the student needs increased intervention and support. Decisions on whether a student needs such plan should be made in consultation with the parent/guardian and treating mental health or healthcare provider. Schools are encouraged to utilize school personnel with expertise in this area to develop such plans, including school social workers, school psychologists, school counselors, and other school health professionals.

The State Office of Mental Health’s [School and Mental Health Partnerships Guide](#) provides information to schools on improving school and community outcomes for children and adolescents with emotional and behavioral challenges. The [School Mental Health Resource and Training Center](#) of the Mental Health Association in NYS offers a large variety of resources for schools, parents, and students. Additionally, the [NYS Center for School Health \(NYSCSH\)](#) provides a number of resources on mental health in the A-Z index under M.

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<sup>11</sup> Halabchi, Farzin et al. “Sudden cardiac death in young athletes; a literature review and special considerations in Asia.” *Asian journal of sports medicine* vol. 2,1 (2011): 1-15. doi:10.5812/asjsm.34818



## 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.

## Communicable Disease

Education Law authorizes physicians, nurse practitioners, physician assistants and registered professional nurses (RN) to assess and exclude a student who displays signs and symptoms of a communicable disease. Medical directors should provide written guidance for school nurses and other school health professionals to follow on the basic signs and symptoms of potential infectious disease that warrant excluding a student from school until the student is seen and cleared by a licensed health care provider. Such signs may include, but are not limited to:

- Oral temperature over 100.3° Fahrenheit;
- Unexplained diarrhea or vomiting;
- Unexplained rash;
- Lethargy, loss of appetite;
- Pallor;
- Sudden onset of pain;
- Severe cough;
- Sore throat; and/or
- Blood or pus drainage from the ear.

The [NYSDOH Communicable Disease Fact Sheets](#) provide an overview of the signs and symptoms for several dozen diseases, their incubation and contagious periods, modes of transmission, and guidance on management and exclusion.

The chart [NYSDOH Communicable Disease Reporting Requirements](#) lists communicable diseases that must be reported to the Department of Health. The primary responsibility for reporting rests with the diagnosing healthcare provider. However, school nurses, among others providing health services, are also required to report the diseases outlined on the chart.

Students who have been diagnosed with or are exhibiting signs and symptoms of a communicable disease should be immediately excluded from school. The school health care professional should notify the local health department of a case of reportable disease, as required by Public Health Law 21, in a manner that is consistent with federal confidentiality law - the Family Educational Rights and Privacy Act (FERPA).

## Infection Control

Preventing and minimizing the spread of communicable diseases in schools is dependent on consistent adherence to [Standard Precautions](#) and infection control best practices. Infection control protocols should be developed by the district's medical director with input from school nursing personnel.

There are steps schools should take in addition to Standard Precautions to mitigate the spread of communicable diseases by instituting infection control best practices such as education, isolation of ill students from others, and increasing ventilation. In order to implement Standard Precautions and infection control best practices school health offices should have sufficient space to allow for a minimum of 6-8 feet between cots for

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:

- [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.
- [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;
- [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 infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission.;
- [Ventilation in Schools and Child Care Programs \(cdc.gov\)](#) - Ventilation can reduce the likelihood of spreading disease. This document includes ways you can improve ventilation in schools.; [Teaching Tools | Sharps Safety for Healthcare Settings | CDC](#); and
- [Print Materials and Job Aids from Project Firstline | Infection Control | CDC](#)- printable resources.

## FERPA and HIPAA

Information kept in student education records, including the cumulative health record maintained by a school, is governed by the FERPA, while information in a school based health clinic or private provider's office is governed by the Health Insurance Portability and Accountability Act (HIPAA). Parent/guardian consent is required to share information between a school and school-based health clinic or private health care providers.

In an emergency, FERPA permits school officials to disclose without consent education records, including personally identifiable information from those records, to protect the health or safety of students or other individuals. At such times, records and information may be released to appropriate parties, such as law enforcement officials, public health officials, and trained medical personnel. See 34 CFR § 99.31(a)(10) and § 99.36. This exception is limited to the period of the emergency and generally does not allow for a blanket release of personally identifiable information from a student's education records. This information is available on the [Family Educational Rights and Privacy Act \(FERPA\)](#). For additional guidance, see questions 13 & 14 on page 9 of the [Joint Guidance on the Application of HIPAA and FERPA to Student Health Records \(hhs.gov\)](#)

## 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 [New York State Center for School Health / Homepage \(schoolhealthny.com\)](http://www.schoolhealthny.com) under the Sample|Forms tab.

The school medical director should approve notification forms used by the school.

## Documentation

Documentation of prevention, preparedness, recovery, and mitigation activities is an essential part of emergency planning and response as well as communicable disease control. Accurate documentation is a standard of healthcare and nursing practice, and, pursuant to [Rules of the Board of Regents Part 29.2a\(3\)](#), a licensed health professional's failure to maintain a record for each patient which accurately reflects the evaluation and treatment of the patient is considered professional misconduct.

Documentation provides evidence of healthcare assessments, treatments, and evaluations performed for a student, along with nursing diagnosis, plans, and outcomes. All assessments and/or care provided to students by school personnel should be documented in the student's individual cumulative health record (CHR). These records should include any communications to the parent/guardian or other school personnel, communications with a health care provider, calls to EMS, etc. Documentation of accident/injury reports should be completed and filed according to district policy and procedure.

**Note** - for access during emergencies, a student CHR should be readily accessible.

The *Records Retention and Disposition Schedule ED-1* provides the required period of retention, pursuant to Article 57-A of the Arts and Cultural Affairs Law, for student CHR,

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

- [New York State Center for School Health / Homepage \(schoolhealthny.com\)](https://www.schoolhealthny.com/): A-Z Index, R - Records Retention.
- [Local Government Retention Schedules | New York State Archives \(nysed.gov\)](https://www.nysed.gov/local-government-retention-schedules)

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:

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

# Resources

## Communicable Disease

[Centers for Disease Control and Prevention- Diseases and Conditions](#)

[New York State Center for School Health- Communicable Disease](#)

[New York State Department of Health- Communicable Disease Fact Sheets](#)

## Emergency Health

[American Academy of Pediatrics- Medical Emergencies Occurring at School](#)

[FEMA- The School Nurses Role in Incidents](#)

[Guide for Developing High Quality School Emergency Operations Plans](#)

[Suicide Prevention Guide for School Personnel \(nysed.gov\)](#)

[The Role of Districts in Developing High-Quality School Emergency Operations Plans: A Companion to the School Guide](#)

[National Association of School Nurses- Emergency Preparedness and Response in the School Setting](#)

[New York State Center for School Health](#)

[New York State Office of Mental Health](#)

[US Department of Education- Integrating Students with Special Needs and Disabilities into Emergency Response and Crisis Management Planning](#)

## Other

[Centers for Disease Control and Prevention- Caring for Children in a Disaster](#)

[New York State Plan | Occupational Safety and Health Administration \(osha.gov\)](#)

[US Department of Labor Occupational Safety and Health Administration Bloodborne Pathogen 1910.1030](#)

[NYS Department of Employee Safety and Health](#)

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- U.S. Department of Education, Office of Elementary and Secondary Education, Office of Safe and Healthy Students, *Guide for developing high-quality school emergency operations plans*(Washington, D.C: 2013)..



# 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-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

**Exposure Incident** - a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

**Licensed Healthcare Professional** - as defined in the Rules of the Board of Regents Part 29 §29.2. In a school, licensed health care professionals may include a physician, nurse practitioner, physician assistant, registered professional nurse, or licensed practical nurse.

**Occupational Exposure** - reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

**Personal Protective Equipment (PPE)** - specialized clothing or equipment worn by an employee for protection against infectious materials and hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

**Standard Precautions** - the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where health care is delivered. In 1996, the CDC expanded this concept and changed the term *Universal Precautions* to *Standard Precautions*. Standard precautions integrate and expand the elements of universal precautions to include contact with all body fluids (except sweat), regardless of whether blood is present.

**Universal Precautions** - an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, HBV, and other blood borne pathogens.