

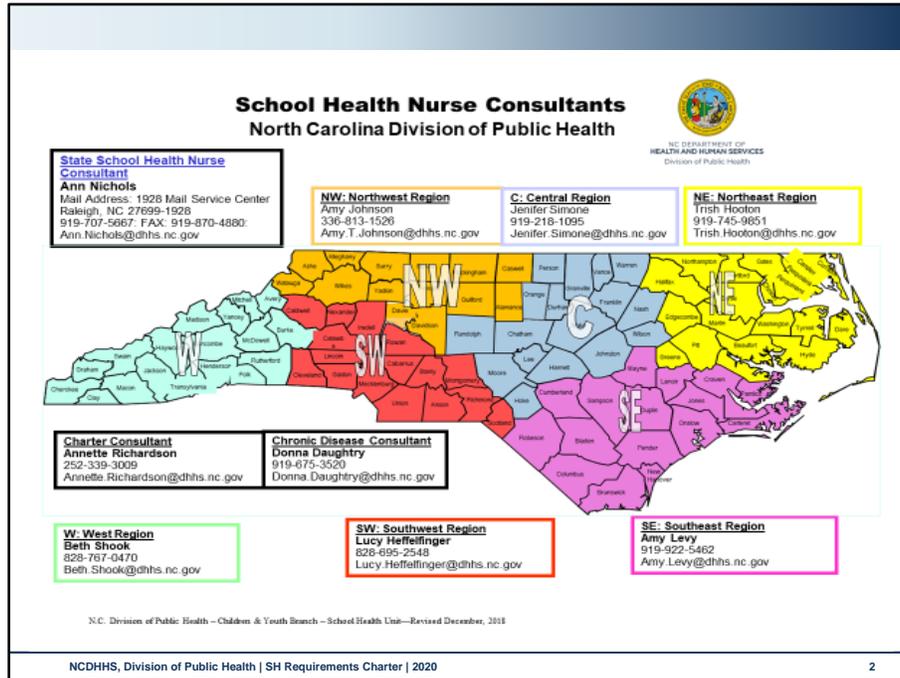


School Health Requirements for NC Charter Schools

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Good morning,

I am Annette Richardson, the Charter School Health Nurse Consultant. I will discuss the school health requirements for NC Charter Schools.



This is the School Health Nurse Consultant map. There are regional nurse consultants that cover 6 regions in the state. There is also a chronic disease consultant and of course, a charter consultant. The consultant team provides guidance, technical assistance and program monitoring to schools in NC. Although the consultant team is employed by the Division of Public Health, we provide these services for the NC Department of Public Instruction and the NC Office of Charter Schools.

School Health Requirements for NC Charter Schools

Objectives

Participants will understand:

- Student health requirements for N.C. Charter Schools
- Student health recommendations for consideration
- Available resources for assistance in addressing student health issues

During this presentation, you will be given information to assist you in understanding:

- Student health requirements for NC Charter Schools
- Student health recommendations for consideration that are standard in NC public schools
- Available resources for assistance in addressing student health issues.

Communication is Key

EDDIE

Educational Directory and Demographical Information Exchange (EDDIE) is the authoritative source for NC public school numbers and demographic information. It is used by multiple NCDPI technology systems.

EDDIE is located at:

<https://www.dpi.nc.gov/districts-schools/district-operations/financial-and-business-services/demographics-and-finances/eddie#go-to-eddie>

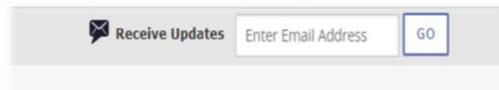
LEAs and charter schools are responsible for ensuring that their data in EDDIE is complete, accurate and current. Communication is always through the Office of Charter School's newsletter. Charter health information is located at the end of the newsletter. Without current information in EDDIE you may miss critical communication.

Communication is Key

Office of Charter Schools Newsletter

Student Health Officer/Coordinator for each charter should subscribe to the Office of Charter School's newsletter. It will have all the most up-to-date information. Anyone may subscribe by clicking the link

<https://content.govdelivery.com/accounts/NCSBE/bulletins/211694b> and entering their email information at the top of the page as demonstrated below.

A screenshot of a newsletter subscription form. On the left, there is a dark envelope icon followed by the text "Receive Updates". To the right of this is a light gray rectangular input field containing the placeholder text "Enter Email Address". To the right of the input field is a small, light blue rectangular button with the text "GO" in white capital letters.

Anyone may subscribe to receive the newsletter. Enter your email address in the box and you will begin receiving the weekly newsletter.



While charter schools are not subject to many educational requirements, all institutions are subject to certain health care requirements and to licensing requirements from professional practice boards, as established in NC state statute. Compliance with staffing qualifications helps to ensure safe delivery of care and to limit school liability. The NC Board of Nursing regulates all nursing and nursing assistant practice through statute-based authority.

I am going to review an often-overwhelming number and variety of health requirements to which charter schools are subject. The easiest and most consistent way to address all of these is to employ a qualified school nurse. We will discuss what a qualified school nurse is later in the presentation.

School Nursing in NC

- **All institutions are subject to certain health care requirements and to licensing requirements from professional practice boards, as established in NC state statute.**
- **The NC Board of Nursing regulates all nursing (RN, LPN) and nursing assistant practice through statute-based authority.**
- **Appropriate qualifications help to ensure safe delivery of care and to limit liability.**

The nature of the work in independent settings such as schools (as opposed to a hospital or office practice type settings), defines a scope of practice that requires licensure as a Registered Nurse according to NC Board of Nursing regulations. Licensed Practical Nurses are required to be regularly supervised by Registered Nurses and to have their work assigned to them by a Registered Nurse. Unlicensed assistive personnel is an umbrella term used to describe unlicensed health care assistants. Common job titles include Nurses' Aides (NA)/Certified Nursing Assistants (CNA), Patient Care Aides (PCA) /Home Health Aides (HHA)/Patient Care Technicians (PCT), Medical Office Assistants (MOA), Medical Assistants (MA), Medication Aides (Med Aide), and Medication Technicians (Med Tech). It is important to understand that the unlicensed assistive personnel may only provide certain client care tasks as directed by a licensed health care provider (the RN in the school setting).

Licensed Practical Nurses and Unlicensed Assistive Personnel such as a CNA are required to be regularly supervised by a Registered Nurse and to have their work assigned to them by a Registered Nurse. As a result, independent LPNs and/or CNAs are working outside of their regulated scope of practice when employed as a school nurse and risk censure by the Board of Nursing and liability for the school.

School Nursing in NC

- **Registered nurse is the only license with a scope to practice independently in the school setting (not supervised by another license).**
- **Badge law: It is unlawful for any individual to practice or offer to practice as a nurse or use the word “nurse” as a title for himself/herself or use abbreviations to indicate that he/she is a registered nurse or licensed practical nurse.**

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A non-licensed person representing themselves as the school nurse is operating outside of legal parameters in NC. According to the Badge Law ([G.S. 90-640](#) and [GS. 90-171.43](#)) it is unlawful for any individual to practice or offer to practice as a nurse or use the word “nurse” as a title for himself/herself or use abbreviations to indicate that he/she is a Registered Nurse or Licensed Practical Nurse, unless the person is currently licensed as a Registered Nurse or Licensed Practical Nurse in North Carolina.

Appointment of personnel for the role of a school nurse is a bit different than filling any other position in either a healthcare or educational setting. Please be mindful of the following:

- A school nurse must hold a current license as a registered nurse in North Carolina or a compact state.
- It is a requirement of the agency to ensure each person employed as the school nurse maintains licensure.
- LPNs may not function independently and should have daily supervision and oversight performed by a licensed registered nurse.
- CNAs may only provide personal care type activities to clients unless delegation of nursing care activities has been provided by a licensed nurse, registered (RN) and practical (LPN) that are appropriate to the level of knowledge and skill of the unlicensed person.

Personnel identified as the school nurse on campus but do not hold a license from the

Board of Nursing should cease using the title school nurse. School Health Coordinator or School Health Director are examples of titles that are more appropriate and within legal parameters, although activities should not be those of a nurse.

Charter School Responsibility

Protect Health and Safety of Students

Medical Care to Students by School Personnel
Authority to provide care: [GS 115C-375.1](#)

- Law allows school staff to give medical care within areas described when trained to do so by a qualified individual
- Allows staff to refuse
- Provides limited protection from liability

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It is the responsibility for all charter schools to protect the health and safety of all students.

Areas of medical care include:

- Administer any drugs or medication prescribed by a doctor upon written request of the parents
- Give emergency health care when delay would seriously worsen the physical condition or endanger the life of the student
- Perform any other first aid or lifesaving techniques in which the employee has been trained in a program approved by the State Board of Education.

Employees have the right to refuse and no employee shall be required to administer drugs or medication or attend lifesaving techniques programs.

Any public-school employee authorized to provide care under this law will not be liable in civil damages. The exception includes gross negligence and/or intentional wrongdoing.

School Health Requirements

***Students with Diabetes* – Required by Law**

- [GS 115C-375.3](#)

- [Senate Bill 911](#)

- [Senate Bill 738](#)

Ensures that guidelines adopted by the SBE are implemented in schools in which students with diabetes are enrolled.

Report on compliance **annually by June 1st.**

Each charter school is required under **§ 115C-375.3** (SB 911 and SB 738) to provide care for students with diabetes in the manner described in statute. Reporting on compliance is done by June 1 of each school year.

A worksheet is made available in April to assist in gathering your responses. The on-line report becomes available in May.

School Health Requirements

Required components for schools with diabetic students:

- **Generalized diabetic training for all school staff**
- **Two intensively trained school staff for individual students with diabetes**
- **Written plan for diabetic student care**

The report is based on requirements and it is a part of performance framework A17.

Example questions for the report.....

How many students with diabetes were enrolled in your school this past school year?

If one or more to #1: Does your LEA offer annual generalized diabetes training to school staff, system-wide?

If one or more to #1: Did your LEA / charter school have at least two persons who were intensively trained on diabetes care, in any school in which one or more students with diabetes were enrolled?

If one or more to #1: How many students with diabetes, upon notification and parental request, had an Individual Health Plan (IHP) completed by a school nurse or other medical professional in the past school year?

Responses are reported to NC DPI Offices of Charter Schools and Healthy Schools. Responses are analyzed to assess and address charter school needs.

School Health Requirements

Resources for schools with one or more students with diabetes:

The American Diabetes Association (ADA)

- Forms for written care plans and other documents are available at <http://www.diabetes.org/living-with-diabetes/parents-and-kids/diabetes-care-at-school/>
- Training videos and power point presentations are also at this site in addition to being posted on YouTube at <https://www.youtube.com/watch?v=ih1NXYx2k9g&feature=share&list=EC3DE9DDE8EB2A2E56>

These resources will assist the charter school in the care of students with diabetes. The American Diabetes Association (ADA) provides materials for school use that were also the basis for creating the North Carolina guidelines required under **§ 115C-375.3** (SB 911 and SB 938).

The videos cover the required general diabetes information and how to recognize signs of high and low blood sugar. Records of training should be maintained for compliance reporting.

In the absence of a school nurse, the medical management plan should be completed by the student's health care provider with the input of the parents.

The student specific intensively trained school staff persons, the health care provider and the family form a team in support of the diabetic student in school. The intensively trained school staff persons also need individual student care instruction in procedures (such as blood glucose monitoring) and the medical plan. In the absence of a school nurse that training may come from the physician's office or a diabetic educator and is required.

School Health Requirements

School Supply of Epinephrine Auto-Injectors [GS 115C-375.2A](#)

- Provides for the undiagnosed person experiencing an anaphylactic reaction.
- Directs local boards of education, charter schools and regional schools.
- Applicable during the school day and at school-sponsored events on school property.
School property does not include transportation to or from school.
- Requires a minimum of two epinephrine auto-injectors in an unlocked and easily accessible location
- Requires specific training by statute identified individuals.
- Specifies planning and response steps.
- Specifies who can write prescriptions.

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The law states students that have a diagnosis should have their own auto-injector and the stock epinephrine should not be routinely used.

Epinephrine auto-injectors requires specific training for the persons identified in each school. School personnel administering the medication must receive training on administration and be certified in CPR.

The law states there must be a plan in place that details the emergency response procedures for use of the epinephrine.

And lastly, the law states who can write your prescriptions. Prescriptions must come from the Health department, not a physician friend or board member. Many local health departments have the annual training routinely scheduled – you should reach out to them early to be sure not to miss the opportunity.

School Health Requirements

Return to Learn After Concussion-SHLT-001:

This educational policy includes guidelines for safe and appropriate return to the educational environment for ALL students post-concussion.

- Policy: <https://sites.google.com/dpi.nc.gov/nhealthyschools/policy-legislation>
- General information:
 - ❖ <https://files.nc.gov/ncdhhs/Concussion%20Brochure%202018.pdf>
 - ❖ <https://files.nc.gov/dpi/documents/studentssupport/psychology/concussion-management/implementation-guide.pdf>
 - Includes Guidelines for Implementation,
 - Parent's Brochure
 - Webinar

Return-to-Learn After Concussion

In October 2015, the NC State Board of Education adopted a policy to address the learning, emotional, and, behavioral needs of students, pre k-12th, suffering from a concussion.

Although this policy includes student athletes protected under the Gfellar-Waller Concussion Awareness Act, it is further reaching. Return-to-Learn After Concussion includes requirements for safe return to school for any student in NC public schools who sustains a mild Traumatic Brain Injury (mTBI), more commonly referred to as a concussion.

According to the policy...
the plan must include:

- guidelines for removal of a student from physical and mental activity when there is suspicion of concussion;
- a notification procedure to education staff regarding removal from learn or play;
- expectations regarding annual medical care update from parents, medical care plan/school accommodations in the event of concussion; and
- delineation of requirements for safe return-to-learn or play following concussion.

In accordance with the LEA or charter school plan,

- **Each school must appoint a team of people responsible for identifying the return-to-**

learn or play needs of a student who has suffered a concussion.

- Each school must provide information and staff development annually to all teachers and other school personnel. Annual training should include information on concussion and other brain injuries, with a particular focus on return-to-learn issues and concerns.
- Each must include in its annual student health history and emergency medical information update a question related to any head injury/concussion that a student may have incurred during the past year.

Annual Charter School Health Services Report

- Reports compliance for school health requirements
- Communicated via Office of Charter Schools Newsletter
- Must meet all the sub-requirements to be reported as compliant
- Compliance is reported as part of Performance Framework- A-17

The school is compliant with all student health and safety requirements as defined in general statute, SBE policy, or the signed charter agreement.

The worksheet is distributed in April. The online report is open May 1st to June 1st. The report closes at midnight June 1st with no exceptions.

Current Health Law and Charter Schools



We will take a few moments to discuss additional health laws that apply to NC charter schools.

Current Health Law and Charter Schools

Immunizations – Required by Law

G.S. 130A-155(c)

- **ALL North Carolina children must be compliant with immunization law.**
- **Principal/headmaster is required to exclude students not in compliance after the 30th calendar day from the first day of school.**
- **Resources for schools and for families**
<https://www.immunize.nc.gov/schools/resourcesforschools.htm>
- https://www2a.cdc.gov/nip/kidstuff/newscheduler_le/

Have a staff person responsible for verifying immunizations and reporting

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Each year, all schools are required to report the immunization status of their kindergarten and 7th grade students, according to G.S. 130A-155(c) and G.S. 130A-440. Beginning August 2020, there will be a third cohort added and schools will have to report on the booster dose of meningococcal for all 12th graders who enter the 12th grade after August 1, 2020.

A certificate of immunization must be presented for each child on their first day of attendance. If a certificate of immunization is not presented at that time then, it must be presented within 30 calendar days.

Students records are verified upon new admission, kindergarten enrollment and at entry into 7th grade and 12th grade.

The law outlines 2 exemption categories: Medical and Religious. Philosophical exemptions do not exist under NC law.

Please note: Although reporting requirements are specific to grades K , 7, and 12, ALL NC children must be compliant with immunization law at each grade level.

Current Health Law and Charter Schools

Health Assessment – Required by Law

G.S. 130A-440

Health Assessment required for all students new to NC public schools within 30 calendar days of a child's first day of attendance in the public schools.

Principal/headmaster shall not permit the child to attend the school until the required health assessment transmittal form has been presented by the 30th calendar day.

This action is NOT allowed to impact the student's academics.

The intent of this laws is to ensure that all students, not just kindergarteners, have a health assessment communicate to the school at least once. The wording of the law states that each student who is presented for the admission into kindergarten or a higher grade in the public schools for the first time must “submit proof of a health assessment.”

The Health Assessment Transmittal Form is proof of the health assessment and is the only document that may be accepted.

This law applies to:

- Kindergartners: All kindergartners, with the exception of those who have been retained
- Private and Home Schoolers: if they have never before been enrolled in an NC Public School
- Out of state transfers: if they have never before been enrolled in an NC Public Schools

Many schools have added a related question to enrollment paperwork in an effort to successfully identify theses students.

The 30-day rule still applies for Health Assessments to be submitted to the principal.

Locally, the absence coding will have to be determined.

Students are excluded, not suspended for absences accrued for failure to present the

required health assessment transmittal form upon the termination of 30 calendar days, and the child shall be allowed to make up work missed in accordance with G.S. 115C-390.2(l). It shall be noted in the child's official school record when the health assessment transmittal form has been received.

Current Health Law and Charter Schools

- Charter schools verify and report on the compliance by **November 1st of each year.**
- **Reporting compliance for Immunizations [G.S. 130A-155\(c\)](#)**
The school shall file an annual immunization report with DHHS by November 1. The report shall be filed on forms prepared by DHHS and shall state the number of children attending the school or facility, the number of children who had not obtained the required immunization within 30 days of their first attendance, the number of children who received a medical exemption and the number of children who received a religious exemption.
- **Reporting compliance for Health Assessments [G.S. 130A-441](#)**
Within 60 calendar days after the commencement of a new school year, the principal shall file a health assessment status report with DHHS on forms developed by DHHS and the Department of Public Instruction. The report shall document the number of children in compliance and not in compliance with G.S. 130A-440(a).

The report must be completed regardless of whether the school has students to report or not. Please go through the report and enter 0 or no and the school's name and then submit.

As a reminder for the immunization report, only report on the status prior to the first 30 days of school.

Current Health Law and Charter Schools

Required by Statute: *Garrett's Law Notifications*

[G.S. 115C-47](#)

[§ 115C-218.75. General operating requirements](#) - information about meningococcal meningitis and influenza and their vaccines shared at the beginning of every school year. This information shall include the causes, symptoms, and how meningococcal meningitis and influenza are spread and the places where parents and guardians may obtain additional information and vaccinations for their children.

Grades 5 -12: Charter schools to provide at the beginning of the school year information about cervical cancer, cervical dysplasia, human papillomavirus, and the vaccines available to prevent these diseases to parents and guardians. This information shall include the causes and symptoms of these diseases, how they are transmitted, how they may be prevented by vaccination, including the benefits and possible side effects of vaccination, and the places parents and guardians may obtain additional information.

Resources for this available at Immunization Branch

<http://www.immunize.nc.gov/schools/resourcesforschools.htm>

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The law was enacted in 2004 and mandates that schools provide parents and guardians with information about meningococcal meningitis and influenza and the vaccines that protect against these diseases at the beginning of every school year.

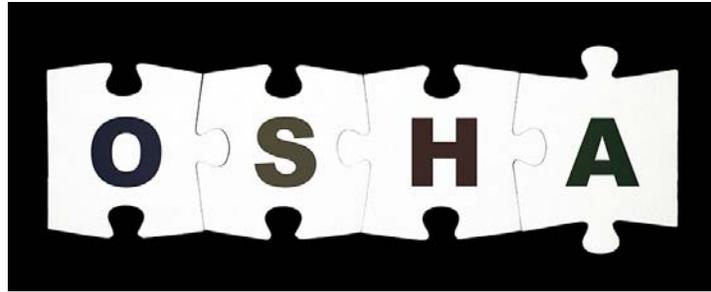
The law was expanded in 2007 regarding information to be provided about human papillomavirus (HPV) and the vaccines available to protect against HPV.

This information shall be provided at the beginning of the school year to parents of children entering grades five through twelve. This information shall include the causes and symptoms of these diseases, how they are transmitted, how they may be prevented by vaccination, including the benefits and possible side effects of vaccination, and places parents and guardians may obtain additional information and vaccinations for their children.

This requirement is generally fulfilled by inclusion of required information in Student Handbook and signed attestation of receipt.

The Immunization Branch link has resources for all things related.
CDC has Vaccine Information Statement sheets available.

Federal Laws Impacting Charter Schools



There are also federal health and safety laws that impact charter schools as employers and as providers of health services.

Federal Laws Impacting Charter Schools

CLIA: Clinical Laboratory Improvement Amendments of (1988)

Require “anyone performing even one test, including waived procedures, on human specimens for the purpose of providing information for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of the health of a human being...”

to register for a CLIA certificate of waiver

<https://info.ncdhhs.gov/dhsr/ahc/clia/index.html>

If schools do not have a waiver, they are subject to laboratory guidelines and oversight – a very expensive process.

Although we typically do not think of school as a laboratory, any school systems providing staff to assist students based on physician’s order with any lab procedure must obtain an appropriate CLIA certificate of waiver.

i.e. any system using the “outcome” of /readings from equipment, whether they own the equipment or not, to make decisions about the care of students would need a CLIA certificate of waiver in place.

A common example is a diabetic student, even using their own meter. That is a test on which decisions are made.

Federal Laws Impacting Charter Schools

Occupational Health and Safety Act (OSHA)

- Requirements may be downloaded from http://www.osha.gov/OshDoc/Directive_pdf/CPL_2-2_69.pdf
- The Training Network
 - NC Department of Labor Library free web-based training library
 - In order to access the streaming safety videos via subscription, you will need to submit a completed, signed library loan agreement which can be accessed from this page: <https://www.labor.nc.gov/documents/library-loan-agreement>

Nick J. Vincelli, Librarian
NC Department of Labor Library
phone: 919-707-7880
fax: 919-807-2849

<https://www.labor.nc.gov/safety-and-health/library>

Every employer is accountable to OSHA and must respond to OSHA requirements in creating a safe workplace. In addition, there are regulations related to school staff and blood and body fluid exposure. Some requirements include:

Exposure control plans
Staff training including communication of hazards
Hep B Vaccination
Post exposure evaluation and follow-up
Recordkeeping

NC Department of labor is an excellent resource for information and *A Guide to Bloodborne Pathogens in the Workplace*

School Health Recommendations & Resources



We will now move through the student health recommendations and resources available for charter school next. These recommendations are also standards of care in LEA public schools.

School Health Recommendations

You will have students on medication and need to have a clear system in place to protect yourself and the student.

- **Medication administration**
- **Policy and procedure**
- **Treat all medications the same**
Prescription & Over-the-counter need parent and physician written authorization
- **Discourage routine medications at school when possible**

Schools should have policies and procedures in place to share with families, otherwise you are reacting to individual situations that arise.

In the event something goes wrong, and the school does not have a policy or procedure in place to address said event, the institution will still be held liable.

This is a standard that exist in education regardless of statute. Schools are not offered any protection if policies/ procedures are not in place to regulate or provide guidance.

In the statute that authorizes and protects school staff related to medication administration there is no difference between prescription and over the counter medications. As in other institutions they are treated the same.

School Health Recommendations

Other recommended policies include:

- **Prevention and control of communicable disease**
- **Provision of emergency care, including injury reporting**
- **Screening, referral and follow-up**
- **Maintenance of student health records/electronic records**
- **Special health care services (State Board of Education Policy GCS-G-006)**
- **Process for identification of students with acute and chronic health care needs/conditions**
- **Response to Do Not Attempt Resuscitation (DNAR) directive**

These are the recommended policies or procedures for NC schools. I can assist with development of any of these as needed.

School Health Recommendations

Don't make assumptions - ask

- **Student Emergency Contact Card**
 - Update this information every year
- **Have written policies and procedures that are board approved.**
 - Share them with parents/guardians
- **NC DPI and DPH updates, law changes, reminders:**
 - Office of Charter Schools Newsletter

Please do not make assumptions about anything. Gather information about students, have board approved policies and procedures. Read the Office of Charter School newsletter for reminders and law changes.

Resources

Guidance for Emergencies and School Health related topics...

- **DPH School Webpage: School Nursing Support**
<https://publichealth.nc.gov/wch/cy/schoolnurses/index.htm>
- **Emergency Guidelines for Schools**
<http://www.ncdhhs.gov/dhsr/EMS/pdf/kids/guidelines.pdf>

Questions?

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