

OYSTER RIVER COOPERATIVE SCHOOL DISTRICT

Policy Committee Meeting

June 8, 2016 3:30 – 5:00

Central Office

Agenda

- I. Call to Order
- II. Policy Changes for Review from Requested Feedback
 - JICJ & R – Unauthorized Communication Devices & Procedure
 - JLCD – Administering Medication to Students
 - JLCD-E – Parent Request/Permission
 - JLCD-E1 – Physician Medication Order
 - GBGA – Staff Health
 - GCBD & R – Sabbatical Leave – Sabbatical Proposal
- III. Questions/Discussion

Next Meeting: To Be Determined

OYSTER RIVER COOPERATIVE SCHOOL BOARD	Policy Code: JICJ
Date of Adoption: August 6, 2008 Title/Code Change Adopted School Board May 2, 2012 Previously: JFCK	Page 1 of 1

UNAUTHORIZED COMMUNICATION DEVICES

The Board recognizes that many students possess cellular telephones and other electronic devices. These devices may not be used in any manner that disrupts the educational process or violates Board policies or school rules. The Oyster River Cooperative School District is not responsible for damage, loss or theft of such devices. The Superintendent is authorized to develop, with input from administrators, any school rules necessary to implement this policy.

Cross Reference: JICJ-R Unauthorized Communication Devices

PROCEDURES FOR HANDLING UNAUTHORIZED**COMMUNICATION DEVICES****Disciplinary Action**

Any student who is in possession of, or uses an unauthorized beeper, portable cellular phone or similar portable communications device, may be suspended from school for up to two consecutive days by the superintendent or his/her designated representative. The superintendent or his/her designee will immediately notify the parent/guardian of the offense and disciplinary action. All such devices will be confiscated and turned over to the parent/guardian.

Authorization to Carry Portable Communications Devices

All beepers, portable cellular phones, and similar portable communications devices are unauthorized except as follows. The principal or principal's designee may authorize the carrying of portable communications device upon showing of good cause by a students' parent(s) or guardian(s). Any authorization, must and may specify conditions, including hours or allowed use. The student must carry the written authorization whenever s/he is in possession of the portable communications device. Failure to carry the written authorization shall result in the confiscation of the device but the student may avoid suspension by producing the written authorization. Abuse of an authorization is grounds for the revocation of the authorization. Any teacher or administrator may inspect the written authorization at any time.

Student Handbooks

Student handbooks shall include a rule prohibiting the use of beepers, Portable cellular phones, and other portable communications devices in School buildings pursuant to this regulation and policy JICJ.

See policy JICJ

EXISTING – TO BE REPLACED

OYSTER RIVER COOPERATIVE SCHOOL BOARD	Policy Code: JLCD
Adoption 5/6/09 Second Revision/Adopted 10/07/09	Page 1 of 3

ADMINISTERING MEDICATION TO STUDENTS

The Board acknowledges that in certain instances it may be necessary for a student to have medication administered to him/her while in attendance at school. The Board discourages the administration of medication on school premises where other options exist. Whenever possible, it is recommended that the first dose of a newly-prescribed medication be given at home.

I. Request to Administer Medications Pursuant to Health Provider Order

The following procedure must be followed for any prescription medication to be administered to a student pursuant to a health care provider's order. Such an order must be obtained from a health care provider who has a current medical license with a scope that includes prescribing medication.

1. The parent/legal guardian shall obtain a copy of the **Oyster River Cooperative School District** Request/Permission to Administer Medication in School Forms.
2. The parent/legal guardian and the student's health care provider shall complete and sign the Request/Permission Forms.
3. The parent/legal guardian shall return the Request/Permission Forms to the **School Nurse** along with the medication:
 - In the original manufacturer or pharmacy container with prescription label;
 - Including no more than a 30 school day supply.

If the parent/legal guardian notifies the **School Nurse** in advance, another responsible adult may deliver the medication to school.

4. The **School Nurse** shall review the Request/Permission Form for completeness and clarity, and verify the amount of medication received. If the nurse has any questions or concerns about the form, he/she will contact the parent/legal guardian and/or health care provider, as appropriate, for more information.
5. If there is a later change in the medical order (such as change in dose, frequency or type of medication), a new Request/Permission Form must be completed.
6. Medication orders must be renewed at least annually.
7. Medication no longer required (or remaining at the end of the school year) must be removed by the parent/legal guardian. Medication not removed by the parent/legal guardian in a timely manner shall be disposed of by the school unit.
8. The Board disclaims any and all responsibility for the diagnosis, prescription of treatment, and administration of medication for any student.

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II. Self-Administration of Medications

Asthma Inhalers, Epinephrine Auto-Injectors, and Insulin Pumps

Students shall be authorized to possess and self-administer emergency medication from an asthma inhaler, epinephrine auto-injectors (EpiPen), or insulin pump if the following requirements are met.

1. The student must have the prior written approval of the student's health care provider and, if the student is a minor, the prior written approval of his/her parent/legal guardian (see Request/Permission Form).
2. The student's parent/legal guardian must submit written verification from the student's health care provider confirming that the student has the knowledge and skills to safely possess and use an asthma inhaler, EpiPen, or insulin pump in school.
3. The **School Nurse** shall evaluate the student's technique to ensure proper and effective use of an asthma inhaler, EpiPen or insulin pump in school.

III. Dispensation of Over the Counter Medications

With prior parental/legal guardian permission, students may receive certain over the counter medications at school such as: Tylenol, ibuprofen, Tums, Benadryl, cough drops, topical cream.

IV. Personnel Authorized To Administer/Dispense Medications

Medications may be administered by the **School Nurse** or by a building principal or other authorized staff member if the nurse is not available. The only exception is for injectable prescription medications, which must be administered by the **School Nurse** or other person authorized under the Nurse Practice Act.

V. Confidentiality of Information

To the extent legally permissible, school staff may be provided with such information regarding a student's medication(s) as may be in the best interest of the student.

VI. Storage of Medications/Recordkeeping

1. All medications shall be stored in a secure space in the school nurse's office or school office and locked at all times except during the actual administration of medication. Medications requiring refrigeration shall be stored in a locked container in a refrigerator.
2. Emergency medications may be secured in other locations readily accessible only by authorized staff.
3. The exact doses of medication needed for a field trip or other off-site school-sponsored

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activity may be transferred to a newly-labeled container.

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4. A Medication Record shall be maintained by the **School Nurse**/designee, including the Request/Permission Forms and individual medication records for each student to document the administration of all medications.
5. The **School Nurse** will communicate with the parent/legal guardian and the health care provider as appropriate regarding any significant observations or adverse reactions concerning a student's medication.

VII. Administrative Procedures

The Superintendent/designee shall develop any administrative procedures necessary to implement this policy and as required by New Hampshire Department of Education Rules.

Legal Reference: RSA 200:42-47
NH Code of Admin. R. Ed. Section 306.12(b)(2); 311.02 28 CFR
Part 35 (Americans with Disabilities Act of 1990)
34 CFR Part 104 (Section 504 of the Rehabilitation Act of 1973) 34 CFR
Part 300 (Individuals with Disabilities Education Act)

<u>OYSTER RIVER COOPERATIVE SCHOOL BOARD</u>	<u>Policy Code: JLCD</u>
<u>Policy Committee Review: June 8, 2016</u>	<u>Page 1 of 1</u> <u>Category: Priority</u>

ADMINSTERING MEDICATION TO STUDENTS

The Oyster River Cooperative School District Superintendent shall be responsible for establishing specific procedures to control medications administered in schools.

Prescribed medication should not be taken during the school day, if at all possible. Medication is to be administered by the school nurse, principal or other designee. Medication will be administered in school only after receiving and filing in the student's health record the following:

1. A written statement from the licensed prescriber detailing the method of taking the medication, dosage, and the time schedule of the medication.
2. A written authorization from the parent/guardian indicating the desire that the school assist the student in taking the prescribed medication.

All medication should be delivered to appropriate school personnel by the parent/guardian. All prescription medication must be delivered and contained in its original pharmacy container. The school nurse is directed to keep such medications in a locked cabinet or refrigerator. No more than a 30-day supply will be kept and maintained by the school. The school nurse will contact the parent/guardian regarding any unused medication. Such medication shall be picked up by parent/guardian within ten days after its use is discontinued. If the parent/guardian does not pick up the medication within ten days, the school nurse may dispose of the unused medication and record as such in the student's health record file.

The school nurse is responsible for keeping accurate records regarding the administration of medication to students.

Students may possess and self-administer an epinephrine auto-injector if the student suffers from potentially life-threatening allergies. Both the student's parent/guardian and physician must authorize such self-possession and self-administration. If a student finds it necessary to use his/her auto-injector, s/he shall immediately report to nearest supervising adult. The school nurse or building principal may maintain at least one epinephrine auto-injector, provided by the student, in the nurse's office or other suitable location.

Students may possess and self-administer a metered dose inhaler or a dry powder inhaler to alleviate or prevent asthmatic symptoms, auto-injectors for severe allergic reactions, and other injectable medications necessary to treat life-threatening allergies. Both the student's parent/guardian and physician must authorize such self-possession and self-administration.

Students shall not share any prescription or over-the counter medication with another student. Notice of this prohibition will be provided in student handbooks. Students acting in violation of this prohibition will be subject to discipline consistent with applicable Board policies.

This policy shall extend to any school-sponsored activity, event, or program.

In addition to the provisions set forth herein, the school nurse and Principal are responsible for ensuring the provisions of Ed. 311.02, Medication During the School Day, are followed.

[Cross Reference: JLCD-E & E1 – Parent Request Form/Physician Medication Order](#)

Legal References:

- RSA 200:40-b, Glucagon Injections
- RSA 200:42, Possession and Use of Epinephrine Auto-Injectors Permitted
- RSA 200:43, Use of Epinephrine Auto-Injector
- RSA 200:44, Availability of Epinephrine Auto-Injector
- RSA 200:45, Student Use of Epinephrine Auto-Injectors - Immunity
- RSA 200:46, Possession and Self-Administration of Asthma Inhalers Permitted
- RSA 200:47, Use of Asthma Medications by Students - Immunity
- N.H. Code of Administrative Rules - Section Ed. 306.12(b)(2), Special Physical Health Needs of Students
- N.H. Code of Administrative Rules - Section Ed. 311.02(d); Medication During School Day

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Revised Form 9.16.09	Page 1 of 1

OYSTER RIVER COOPERATIVE SCHOOL DISTRICT

PARENT'S REQUEST/PERMISSION TO ADMINISTER MEDICATION IN SCHOOL

(PLEASE COMPLETE A SEPARATE FORM FOR EACH MEDICATION)

Student's Name _____ Grade ____ Teacher/School _____

Medication _____ Dose _____ Time(s) _____ and _____

Start Date _____ End Date _____

Reason for Medications _____

Changes: 1) _____ 2) _____

1) Date: _____ Initials: _____ 2) Date: _____ Initials: _____

Do you want medication given on field trips? Yes _____ No _____

Do you want your child called out of class if medication is forgotten? Yes _____ No _____

Additional Comments

Medication must be properly identified and delivered to the school by an adult in order to be safely administered.

Prescription medication should be accompanied by a written doctor's order and be in an original pharmacy container which identifies student, medication, dosage, time of administration, duration date, and physician's name.

Over the counter medication, in its original container, should be labeled with student's name, time to be administered, and parent written permission.

All student medications are to be kept in the nurse's office. Inhalers, insulin for insulin pumps, and single dose emergency medications such as an Epi-pen may be carried by a student if the student's physician/primary health provider provides a written order stating a medication may be kept with the student in the event of a medical emergency. To be filed in the nurse's office.

I understand that a new request must be filed each year. By signing this statement, I hereby agree to indemnify and hold harmless The Oyster River Cooperative School District, its agents, and employees from any and all liability as a result of this authorization.

I understand and agree that if the school nurse has questions regarding the "physicians/primary health" care provider's order, that the nurse may contact the child's physician and obtain additional information from him or her about medication, and I give my consent to the physician to provide that information.

Signature of Parent/Guardian _____ Relationship _____

Date _____ Phone Number _____

OYSTER RIVER COOPERATIVE SCHOOL DISTRICT

PARENT'S REQUEST FOR MEDICATION ADMINISTRATION
 (PLEASE COMPLETE A SEPARATE FORM FOR EACH MEDICATION)

Student's Name _____ Grade ____ Teacher _____

Medication _____ Dose _____ Time(s) _____ and _____

Start Date _____ End Date _____

Reason for Medications _____

Changes: 1) _____ 2) _____

Date: _____ Initials: _____ Date: _____ Initials: _____

Do you want medication given on field trips? Yes ____ No ____

Do you want your child called out of class if medication is forgotten? Yes ____ No ____

Additional Comments _____

Medication must be properly identified and delivered directly to the school by an adult in order to be safely administered.

Prescription medication should be accompanied by a written doctor's order and be in an original pharmacy container which identifies student, medication, dosage, time of administration, duration date, and physician's name.

Over the counter medication, in its original container, should be labeled with student's name, time to be administered, and parent written permission.

All student medications are to be kept in the nurse's office. Inhalers, insulin for insulin pumps, and single dose emergency medications may be carried by a student if the student's physician/primary health provider provides a written order stating a medication may be kept with the student in the event of a medical emergency.

I understand that a new request must be filed each school year. By signing this statement, I hereby agree to indemnify and hold harmless The Oyster River Cooperative School District, its agents, and employees from any and all liability as a result of this authorization.

Signature of Parent/Guardian _____ Date _____

Please Return to your school nurse: FAX #: ORHS=603-868-1355, ORMS=603-868-3469, MOH=603-742-7569, MW=603-659-8612

Oyster River Cooperative School District

Physician Medication Order

Please return to School Nurse

Date: _____

Student's name: _____

Diagnosis: _____
(If not a violation of confidentiality)

*Medication: _____

Directions: _____

*If the above medication is an asthma inhaler, Epi-pen, or insulin, does the student have permission to carry and/or self-administer his/her own medication? _____

Duration of time medication is to be administered: _____

Possible side effects: _____

Health Provider Signature: _____

Provider telephone number: _____

- 1) No prescription medication will be given at school without this completed form.
- 2) The medication must be brought in its original container labeled by the pharmacy or health care provider.
- 3) All medication brought into school must be kept in the Health Office during school hours.

Oyster River Cooperative School District
Physician Medication Order

Date: _____ School: _____

Student's Name: _____ DOB: _____

Diagnosis: _____
(If not a violation of confidentiality)

*Medication: _____

Directions: _____

*If the above medication is an asthma inhaler, Epi-pen, or insulin, does the student have permission to carry and/or self-administer his/her own medication? _____

Duration of time medication is to be administered: _____

Possible side effects: _____

Health Provider Signature: _____

Provider telephone number: _____

- 1) No prescription medication will be given at school without this completed form.
- 2) The medication must be brought in its original container labeled by the pharmacy or health care provider.
- 3) All medication brought into school must be kept in the Health Office during school hours.

Please return to the school nurse:

FAX #: ORHS=603-868-1355, ORMS=603-868-3469, MOH=603-742-7569, MW=603-659-8612

OYSTER RIVER COOPERATIVE SCHOOL BOARD	Policy Code: GBGA
Date of Adoption: June 30, 1993 Code and Title Change-Adopted School Board: May 2, 2012 <u>Policy Committee Review: June 8, 2016</u>	Previously: GBE Page 1 of 1 <u>Category: Recommended</u>

STAFF HEALTH

All Oyster River Cooperative school personnel shall be required to submit a pre-employment medical examination by a licensed physician, with a written recommendation indicating that the individual is medically capable of performing his/her designated assignments within thirty (30) days of such employment. If the results are not received by the 30th day of employment, you may be subject to suspension without pay until the results are received.

In addition, prior to employing any person as a school bus operator a certificate shall be required setting forth the results of a D.O.T. physical examination conducted within thirty (30) days of such employment, and a like certificate shall be required each year thereafter.

Legal Reference: NH RSA 1971
200:36 & 200:37 - Medical Examinations

OYSTER RIVER COOPERATIVE SCHOOL BOARD	Policy Code: GCBD
Date of Adoption: February 12, 1987 Policy Committee Review – No Changes – February 20, 2013 <u>Policy Committee Review – June 8, 2016</u>	Page 1 of 1

SABBATICAL LEAVE

Purpose:

Sabbatical Leaves will be granted at the sole discretion of the Board for the purpose ~~of full-time graduate study at an accredited college or university or other approved educational activities of benefit to the school children.~~ of enabling staff members to develop professionally in a manner consistent with Individual, Building and District goals. Proposals for sabbatical leave should be either graduate study at an accredited college or university or other approved educational activities which would benefit the students of our District.

Selection Committee:

Applicants will be selected by a selection committee consisting of: the superintendent (or assistant superintendent), a principal (or his/her representative) from each school, a School Board member, and one teacher from each school. Teachers will serve for three-year terms, staggered so that at least one term expires each year. Any teachers on the committee who submit an application for sabbatical leave must resign from the committee and a replacement will be chosen. Teachers will be eligible to serve on the committee after serving three years in the District. Teacher representatives to the committee will be elected by peers from their own school.

At the end of the sabbatical a written report and evaluation of the work for which the sabbatical is granted should be submitted to the committee for approval. Once approved, the committee will recommend to the Superintendent that the School Board advance the professional to the salary step on which the professional would have been placed had the leave not been taken. Post-sabbatical presentations to the committee will occur within 45 days of returning to school.

Cross Reference:

GCBD-R – Sabbatical Proposal



SABBATICAL PROPOSAL

(This sheet must be the cover to your sabbatical proposal)

NAME: _____

SABBATICAL TITLE: _____

SCHOOL: _____

YEARS TAUGHT IN DISTRICT: _____ GRADE LEVEL/SUBJECT _____
(Minimum 6 years)

HAVE YOU RECEIVED SABBATICAL BEFORE? _____ IF SO, WHEN? _____

Discuss your proposal with your principal and obtain their signature:

 Principal's Signature

Length of sabbatical: ____ FULL YEAR ____ HALF YEAR

According to Board policy, "Sabbatical leaves will be granted at the sole discretion of the Board for the purpose of enabling staff members to develop professionally in a manner consistent with Individual, Building and District goals. Proposals for sabbatical leave should be either graduate study at an accredited college or university or other approved educational activities which would benefit the students of our District."

To that end, applicants for sabbatical leave must answer the following questions and submit their responses to the questions along with this cover document to the Superintendent's Office by the contractual date. The sabbatical questions are:

1. What essential question is guiding this sabbatical proposal?
2. Provide a detailed summary of the project to be undertaken.
3. Why do you believe this proposal will be of value to the Oyster River School District?
4. What evidence do you have that supports the need for this work?
5. How is this proposal aligned with Individual, Building and/or District goals?
6. What is the expected impact on students and/or school community?
7. How will you evaluate the success of your work?
8. How is this proposal unique and beyond the normal scope of your school role?
9. Describe how you intend to share the results of your work during the sabbatical leave with the professional staff.

Note: Board policy states that at the end of the sabbatical a written report and evaluation of the work for which the sabbatical was granted should be submitted to the committee for approval. Once approved the committee will recommend to the Superintendent that the School Board advance the professional to the salary step on which the professional would have been placed had the leave not been taken. Post-sabbatical presentations to the committee will occur within 45 days of returning to school.