

**NONPUBLIC SCHOOL NURSING PROGRAM
GUIDELINES**

Based on Current Statute and Code

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PART I - NONPUBLIC SCHOOL NURSING SERVICES PROGRAM STATUTES AND ADMINISTRATIVE CODE

Purpose

This document provides the statutes and administrative code related to the Nonpublic School Nursing Services Program. In addition, it provides New Jersey Department of Education (NJDOE) policies and guidelines for implementation of this program.

Links to the following statutes and administrative code can be found at:

<http://www.state.nj.us/education/code/>.

Nonpublic School Nursing Services Statutes

N.J.S.A. 18A:40-23. Findings, declarations

The Legislature hereby finds and determines that the welfare of the State requires that all school-age children be assured equal access to appropriate health care services. In order to achieve this objective, it is the intent of the Legislature to require that the State and local communities provide basic nursing services for children in both public and nonpublic schools.

L.1991,c.226,s.1.

N.J.S.A. 18A:40-24. Definitions

As used in this act:

"Commissioner" means the State Commissioner of Education.

"Nonpublic school" means an elementary or secondary school within the State, other than a public school, offering education for grades kindergarten through 12, or any combination of them, wherein any child may legally fulfill compulsory school attendance requirements and which complies with the requirements of Title VI of the "Civil Rights Act of 1964," Pub.L.88-352, (42 U.S.C. s.2000d et seq.)

"Support limit" means the maximum amount which may be appropriated each year for the purposes of this act for each pupil enrolled full-time in nonpublic schools of the State.

L.1991,c.226,s.2.

N.J.S.A. 18A:40-25. Provision of nursing services to pupils in nonpublic schools

Each board of education of a district in which a nonpublic school is located shall:

- a. provide nursing services for pupils who are enrolled full-time in the nonpublic school. The services shall include:
 - (1) assistance with medical examinations, including dental screening;
 - (2) conducting screening of hearing examinations;
 - (3) the maintenance of student health records, and notification of local or county health officials of any student who has not been properly immunized; and
 - (4) conducting examinations of pupils between the ages of 10 and 18 for the condition known as scoliosis.

- b. adopt written policies and procedures extending the emergency care provided to public school pupils to those pupils who are enrolled full-time in the nonpublic school who are injured or become ill at school or during participation on a school team or squad.

L.1991,c.226,s.3.

N.J.S.A. 18A:40-26. Provision of additional medical services to nonpublic school pupils

Each board of education of a district in which a nonpublic school is located may:

- a. within the limit of funds appropriated or otherwise made available, adopt policies and procedures to provide the pupils who are enrolled full-time in the nonpublic school with additional medical services; and
- b. provide the necessary equipment, materials and services for immunizing the pupils who are enrolled full-time in the nonpublic school from the diseases which pupils are required to be immunized against by the State Sanitary Code adopted pursuant to section 7 of P.L.1947, c.177 (C.26:1A-7) or for diseases against which immunization may be recommended by the State Department of Health.

L.1991,c.226,s.4.

N.J.S.A. 18A:40-27. Instructional services not included

The nursing services provided to nonpublic schools under sections 3 and 4 of this act shall not include instructional services.

L.1991,c.226,s.5.

N.J.S.A. 18A:40-27.1. Provision of nursing services to preschool pupil in nonpublic schools, certain circumstances

The nursing services provided pursuant to P.L.1991, c.226 ([C.18A:40-23 et seq.](#)) may also include, in the event of an emergency, the provision of nursing services to a preschool pupil enrolled in the nonpublic school.

L.2014, c.3, s.1.

N.J.S.A. 18A:40-28. Provision of nursing services through collaboration contracts

A board of education may join with other boards of education or contract with any public or private agency approved by the commissioner for the provision of nursing services required or permitted under sections 3 and 4 of this act. Prior to any change in the provision of these services, the board shall provide timely and meaningful consultation with appropriate nonpublic school representatives, including parents.

L.1991, c.226, s.6; amended 2014, c.67, s.1.

N.J.S.A. 18A:40-29. Nonpublic school may decline nursing services

A nonpublic school may decline the nursing services which are required or permitted under sections 3 and 4 of this act by submitting written notification to the board of education from the appropriate administrator of the nonpublic school.

L.1991,c.226,s.7.

N.J.S.A. 18A:40-30. Pupils of nonpublic schools not compelled to receive services

A pupil who is enrolled in a nonpublic school and whose parent or guardian objects to the pupil receiving any services provided under this act shall not be compelled to receive the services except for a physical or medical examination to determine whether the pupil is ill or infected with a communicable disease.

L.1991,c.226,s.8.

N.J.S.A. 18A:40-31 . Determination of support limit for school year

- a. The support limit for the 1997-98 school year shall be \$61.44. For each school year thereafter the commissioner shall determine the support limit by multiplying the support limit for the previous school year times the sum of 1.0 plus the average annual percentage increase in the consumer price index for the New York and Philadelphia areas during the fiscal year preceding the prebudget year as reported by the United States Department of Labor.
- b. On or before November 5 of each year, each board of education shall forward to the commissioner an estimate of the cost of providing, during the next school year, the services required pursuant to this act and the number of pupils attending nonpublic schools located within the district as of the last school day of October of the current school year, excluding those pupils who have refused nursing services pursuant to section 8 of this act. The commissioner shall provide State aid to each school district in an amount equal to the number of nonpublic school pupils within the district identified by the district on or before November 5 multiplied by the State support limit. In the event that the expenditure incurred by any district is less than the amount of State aid received, the district shall refund the unexpended State aid after the completion of the school year, but not later than December 1 of the following school year.
- c. If in any year, the amount of State aid appropriated is insufficient to carry out in full the provisions of this act, the commissioner shall apportion that appropriation among the districts in proportion to the State aid each district would have received had the full amount of State aid been appropriated. In any year, no district shall be required to make expenditures for the purposes of this act in excess of the amount of State aid received for these purposes.

L.1991,c.226,s.9; amended 1996, c.138, s.69.

Nonpublic School Nursing Services Administrative Code

6A:16-2.5 School health services to nonpublic schools

- (a) The district board of education having nonpublic schools within school district boundaries shall provide nursing services to students enrolled in a nonpublic school, pursuant to [N.J.S.A. 18A:40-23 et seq.](#), as follows:
 1. The school district shall provide services to students who are enrolled full-time;
 2. Services shall be made available only to students of a nonpublic school that provided to the district board of education a report of the type and number of services provided during the previous school year;
 3. The provision of nursing services shall include:

- i. Assistance with medical examinations including dental screening;
 - ii. Screening of hearing;
 - iii. Maintenance of student health records and notification of local or county health officials of any student who has not been properly immunized pursuant to [N.J.A.C 8:57-4.1 through 4.20](#); and
 - iv. Scoliosis examinations of students between the ages of 10 and 18.
 - 4. The district board of education shall make every attempt to provide nursing services for students in nonpublic schools beginning at the start of the school year and continuing throughout the school year.
- (b) The district board of education in which the nonpublic school is located shall adopt written policies and procedures for the extension of emergency care provided to public school students to full-time nonpublic school students who are injured or become ill at school or during participation on a school team or squad pursuant to [N.J.A.C. 6A:16-2.1\(a\)4](#). The district board of education may include in its adopted written policies and procedures the provision of nursing services to preschool students enrolled in nonpublic schools in the event of an emergency, pursuant to [N.J.S.A. 18A:40-27.1](#).
- (c) The district board of education having nonpublic schools within school district boundaries may provide to nonpublic students additional medical services pursuant to [N.J.S.A. 18A:40-26.a](#), including necessary equipment, materials, and services for immunizing from diseases students who are enrolled full-time in the nonpublic school pursuant to [N.J.A.C. 18A:40-26.b](#) and as required by [N.J.A.C. 8:57-4](#).
- 1. Equipment comparable to that used in the school district may be loaned without charge to the nonpublic school for the purpose of providing services under this section. However, such equipment shall remain the property of the district board of education.
 - 2. Costs of supplies comparable to that used in the school district and transportation may be charged to the funds allocated for each participating nonpublic school provided the costs are directly related to the required basic nursing services and the permitted additional medical services.
- (d) Nursing services funded by the district board of education pursuant to [N.J.S.A. 18A:40-23 et seq.](#) shall be provided by a registered nurse licensed by the New Jersey State Board of Nursing who is an employee of the school district or a third-party contractor or is an independent contractor.
- (e) A district board of education either shall employ a qualified independent contractor to provide nursing services or shall contract, pursuant to [N.J.S.A. 18A:40-28](#), with other district boards of education or with a public or private agency approved by the Commissioner to provide nursing services, pursuant to [N.J.A.C. 6A:14-5.2](#). Prior to any change in the provision of nursing services, the district board of education shall provide timely and meaningful consultation with appropriate nonpublic school representatives, including parents, pursuant to [N.J.S.A. 18A:40-28](#).
- (f) The nursing services provided to nonpublic school students shall not include instructional services.
- (g) A nonpublic school may decline nursing services required or permitted under this subchapter by submitting to the district board of education notification signed by the chief school

administrator of the nonpublic school pursuant to [N.J.S.A. 18A:40-29](#) and still may request additional services pursuant to (c) above.

- (h) A student who is enrolled in a nonpublic school and whose parent objects to the student receiving any service provided under this subchapter shall not be compelled to receive the service except for a physical or medical examination to determine whether the student is ill or infected with a communicable disease pursuant to [N.J.S.A. 18A:40-30](#).
- (i) The district board of education shall provide health services based upon the following:
 - 1. The funding for services shall be based upon the nonpublic school enrollment on the last school day prior to October 16 of the preceding school year;
 - 2. The funding for services shall be based on a report provided to the Department by the school district or nonpublic school that includes the nonpublic school enrollment on the last day prior to October 16 of the preceding school year; and
 - 3. The funds expended by the district board of education for administrative costs shall be limited to the actual costs or six percent of the funds allocated annually for each participating nonpublic school, whichever is less. Administrative costs shall include, but not be limited to, the costs related to the school district's annual consultation, bidding, program and contract management, and oversight and quality control.
- (j) The chief school administrator or his or her designee of the school district in which a nonpublic school is located shall confer annually with the administrator of the nonpublic school for the following purposes:
 - 1. To advise the nonpublic school of the amount of funds allocated to it by the Department for the provision of health services for full-time students enrolled in the nonpublic school;
 - 2. To agree on the basic health services that shall be provided and the additional medical services, equipment, or supplies that may be provided as set forth in [N.J.S.A. 18A:40-23 et seq.](#);
 - 3. To discuss the criteria to be used in the school district's selection of a nursing service provider for the nonpublic school;
 - 4. To ascertain the level of satisfaction of the nonpublic school with the current nursing service provider;
 - 5. If the chief school administrator or designee and the nonpublic school administrator cannot reach agreement regarding the health services and additional medical services to be provided, the county office of education shall provide assistance;
 - 6. To assure that a description of the provision of nursing services is reflected in the school district's nursing services plan; and
 - 7. To ensure nonpublic school students in the school district who are knowingly without medical coverage have access to the NJ FamilyCare program and to make accessible information regarding the program to the students, pursuant to [N.J.S.A. 18A:40-34](#).
- (k) For the purposes of monitoring and recordkeeping, the district board of education providing health services to nonpublic schools shall submit to the executive county superintendent on or before October 1 annually the following information and shall provide a copy to the chief school administrator of each nonpublic school within school district boundaries:
 - 1. A written statement verifying that the required conference was held with the nonpublic school;

2. A copy of the contract with an independent contractor or agency to provide services, if applicable, and approved minutes of the district board of education meeting approving the contract that describes the methods by which the health services will be provided to nonpublic school students for the ensuing year, including a rationale for the distribution of funds; and
3. A description of the type and number of services that were provided during the previous school year on a Commissioner-approved form.

PART II - GUIDELINES FOR IMPLEMENTATION

Nonpublic School Eligibility Requirements

- Nonpublic Schools must have registered with the NJDOE and have completed the Nonpublic Enrollment Report annually.
- Students must be in grades Kindergarten to 12 and meet the age requirement of the public school district where the nonpublic school is located. *Please note: schools with preschool programs may be asked to provide proof that student enrollment data on the Nonpublic Enrollment Report only counts students in Kindergarten to grade 12.*
- Students must be enrolled full-time in the nonpublic school.
- There is no resident requirement for eligible students.

Note: As of May, 2014, in accordance with [N.J.A.C. 6A:16-2.5\(b\)](#), the district board of education may include in its adopted written policies and procedures the provision of nursing services to preschool students enrolled in nonpublic schools in the event of an emergency.

Nonpublic School Participation Requirements

The chief school administrator of each nonpublic school must:

- Complete the Nonpublic Enrollment Report annually. Failure to complete this report annually will result in forfeiture of services for the following school year.
- Update school contact information such as address, phone numbers, and email addresses with NJDOE.
- Attend an annual consultation meeting with the local school district.
- Provide the completed [Annual Nonpublic School Nursing Report Form](#) to the local school district at or before the annual consultation meeting.

District Consultation Requirements

The school district is required to provide annual consultation, according to [N.J.A.C. 6A:16-2.5\(j\)](#), as well as “timely and meaningful consultation” prior to any change in the provision of nursing services, pursuant to [N.J.A.C. 6A:16-2.5\(e\)](#).

The objective of *timely* and *meaningful* consultation is to provide the best services possible to the students in nonpublic schools. Toward that end, the NJDOE recommends that discussions occur between the appropriate district administrator and the head of the nonpublic school and or his/her designee in a timeframe suitable to understand the students’ needs and properly arrange for services to begin at the start of the school year. If competitive contracting for services is to occur, the consultation should occur no later than the end of March to have sufficient time to receive and consider the bids. If the consultation occurs before the funding notices have been sent to districts (mid-July), the funding amount can be shared with the nonpublic schools *after the consultations*, at which point adjustments to services, service hours and equipment/supplies can be made. Ideally, consultations should occur more than once a year: no later than the end of May, provided there is no change in the service provider, and mid-way through the school year to discuss any remaining funds and how they should be spent. In general, there should be regular communication during the year to discuss any issues with nonpublic programs.

Districts that contract with a third party provider may wish to invite the provider to the consultation meeting. Third party providers may coordinate the scheduling of the meetings to enable their

attendance, but the NJDOE strongly advises that the appropriate district administrator attend the meeting since the district is responsible for the delivery of services to the nonpublic schools. The NJDOE requires that the discussions between the district and the nonpublic school designees include the following topics, which are enumerated on the [consultation form](#):

- The basic nursing services to be provided
- Supplies and equipment to be provided
- The start date for nursing services
- Any amount of funds remaining near the end of the school year, with sufficient time for the funds to be used in an efficient and effective manner
- How the nursing position will be filled in the event of a long-term absence or leave

If a change to a provider is contemplated, the following topics also should be discussed:

- Input from both the nonpublic school administrator/designee and parents regarding their level of satisfaction with the current provider and any concerns relative to the delivery and quality of services and outcomes desired (required in code as of 2015). Input from parents may be gathered through a survey, a face-to-face meeting or through the nonpublic school administrator.
- The board's reasons why it wants to change the provider
- A listing of providers being considered and their suitability for the students' needs
- If applicable, the criteria to be used in the contracting process for nursing services (the public school district should consider the needs and requests of the nonpublic school, including requesting the nurse who will provide services)

Once a decision to change providers has been made, and prior to the effective date of the change in service, the nonpublic school must be notified.

The NJDOE recommends that districts consider more than the hourly rate and number of service hours when making a decision to hire a nurse or choose a third party provider. The lowest cost nurse or provider may provide more hours, but may not meet the needs of the nonpublic school or provide the best quality nursing services. Considerations should include the quality of the nursing services provided, the consistency of nursing services from year to year, the number of hours that can be provided, and the specific needs of the nonpublic school when choosing a provider or nurse. The NJDOE has provided a [model proposal evaluation methodology](#) with a weighting of criteria to help districts evaluate the nursing service provider proposals they receive.

Telephone conferencing is acceptable, provided the district obtains a signature from the nonpublic school administrator on the [consultation form](#) acknowledging the discussion of the required topics.

The district is responsible for retaining letters of correspondence, notices of consultation and signed consultation forms.

District Fiscal Management

Districts receive funds for nonpublic nursing services from the NJDOE and must spend them in accordance with statutory and regulatory restrictions, as follows:

- The funding amount is based on the nonpublic school enrollment report¹ from the preceding school year.
- The nonpublic school must have provided an [Annual Nonpublic School Nursing Report](#) of services from the previous year to the district.
- The funds expended by the district board of education for administrative costs shall be limited to the actual costs or six percent of the funds allocated for each participating nonpublic school, whichever is less.
 - The district may, at its discretion, retain up to six percent of the allocated health services funds to cover its actual administrative costs or pass it on to the third party contractor.
 - The six percent administrative cost is strictly related to the district's responsibility in providing nursing services. These administrative costs include, but are not limited, to the costs relating to the district's annual consultation, bidding, program and contract management, and oversight and quality control, and are not to be confused with other types of costs over which the NJDOE has no jurisdiction, such as administrative or overhead costs that a nursing service agency may build into its service fee.

Districts Contracting with a Third Party Provider

The public school district may keep any portion of the six percent administrative fee specified in the code, turn the six percent over to the third party provider to administer the program, or split the fee with the third party provider, at its discretion. Use of the administrative fee should be written into the contract with the third party.

There are no fiscal restrictions expressed in the nursing services statutes or administrative code on how much profit or administrative or overhead costs a third-party service provider builds into its budget. NJDOE does not have authority to regulate the service providers' cost structures or the specificity of the financial information they must reveal to the public², though districts can require specific financial information as part of the bidding and contracting processes.

If a district board of education contracts with a third party provider, it is recommended that the third party provider provide the nursing services specified in [N.J.S.A. 18A:40-25](#) through [26](#), rather than subcontracting to another provider. Since program delivery is the district's responsibility, intervening providers may make this more challenging and may add additional administrative costs, thereby reducing the funding available for services.

NJDOE recommends that any contracts with third party providers be reviewed on an annual basis and that out-clauses be included to allow for contract termination, should it be needed.

For information on public school contracts law, please refer to the following links:

- [N.J.S.A. 18A:18A-1 et seq.](#)
- [Department of Community Affairs](#)
- [Local Public and Public School Contract Laws Administrative Code](#)

District Monitoring and Recordkeeping

Districts must submit on or before October 1 annually the following information to the executive county superintendent of education and the chief school administrator of the nonpublic schools:

¹ The enrollment report opens in October of each year and closes in November and is used to determine the school's allocation for nursing, technology and textbook services for the following school year.

² Districts must provide financial information requested on the [Distribution of Nonpublic Nursing Funds Form](#).

1. A copy of the signed consultation form
2. A copy of the contract with an independent provider and approved minutes of the district board of education meeting approving the contract that describes the methods by which the health services will be provided to nonpublic school students for the ensuing year
3. A [Distribution of Nonpublic Nursing Funds Form](#), designed to be filled out with budgeted amounts at the start of the year and then the actual amounts provided after the completion of the school year to identify any differences. This improves the district's ability to monitor the program and increases transparency for the nonpublic schools
4. A description of the type and number of services that were provided during the previous school year on the [Annual Nonpublic School Nursing Report Form](#)

PART III - HEALTH STATUTES RELATING TO DISTRICT AND NONPUBLIC SCHOOLS

The following statutes³ concern school health and nursing services policy and procedural requirements.

18A:40-12.3. Self-administration of medication by pupil permitted

a. board of education or the governing board or chief school administrator of a nonpublic school shall permit the self-administration of medication by a pupil for asthma or other potentially life-threatening illnesses or a life-threatening allergic reaction provided that:

(1) the parents or guardians of the pupil provide to the board of education or the governing board or chief school administrator of a nonpublic school written authorization for the self-administration of medication;

(2) the parents or guardians of the pupil provide to the board of education or the governing board or chief school administrator of a nonpublic school written certification from the physician of the pupil that the pupil has asthma or another potentially life-threatening illness or is subject to a life-threatening allergic reaction and is capable of, and has been instructed in, the proper method of self-administration of medication;

(3) the board of education or the governing board or chief school administrator of a nonpublic school informs the parents or guardians of the pupil in writing that the district and its employees or agents or the nonpublic school and its employees or agents shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil;

(4) the parents or guardians of the pupil sign a statement acknowledging that the district or the nonpublic school shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil and that the parents or guardians shall indemnify and hold harmless the district and its employees or agents or the nonpublic school and its employees or agents against any claims arising out of the self-administration of medication by the pupil; and

(5) the permission is effective for the school year for which it is granted and is renewed for each subsequent school year upon fulfillment of the requirements in paragraphs (1) through (4) of this subsection.

b. Notwithstanding any other law or regulation to the contrary, a pupil who is permitted to self-administer medication under the provisions of this section shall be permitted to carry an inhaler or prescribed medication for allergic reactions, including a pre-filled auto-injector mechanism, at all times, provided that the pupil does not endanger himself or other persons through misuse.

c. Any person who acts in good faith in accordance with the requirements of this act shall be immune from any civil or criminal liability arising from actions performed pursuant to this act.

L.1993,c.308,s.1; amended 1997, c.21; 2001, c.61, s.1; 2007, c.57, s.1.

18A:40-12.4. Rules, regulations

a. In accordance with the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.) the State

³ The statutes can be found on the NJDOE website: <http://www.state.nj.us/education/code/>

Board of Education shall promulgate such rules and regulations as it deems necessary no later than six months after the effective date of this act.

b. A board of education shall not be prohibited from permitting the administration of medication pursuant to section 1 of this act prior to the promulgation of rules and regulations by the State Board of Education.

L.1993,c.308,s.2.

18A:40-12.5. Development of policy for emergency administration of epinephrine to students

Each board of education or chief school administrator of a nonpublic school shall develop a policy in accordance with the guidelines established by the Department of Education pursuant to section 4 of P.L.2007, c.57 (C.18A:40-12.6a) for the emergency administration of epinephrine via a pre-filled auto-injector mechanism to a pupil for anaphylaxis provided that:

a. the parents or guardians of the pupil provide to the board of education or chief school administrator of a nonpublic school written authorization for the administration of the epinephrine;

b. the parents or guardians of the pupil provide to the board of education or chief school administrator of a nonpublic school written orders from the physician or advanced practice nurse that the pupil requires the administration of epinephrine for anaphylaxis;

c. the board or chief school administrator of a nonpublic school informs the parents or guardians of the pupil in writing that the district and its employees or agents or the nonpublic school and its employees or agents shall have no liability as a result of any injury arising from the administration of the epinephrine via a pre-filled auto-injector mechanism;

d. the parents or guardians of the pupil sign a statement acknowledging their understanding that the district or the nonpublic school shall have no liability as a result of any injury arising from the administration of the epinephrine via a pre-filled auto-injector mechanism to the pupil and that the parents or guardians shall indemnify and hold harmless the district and its employees or agents or the nonpublic school and its employees or agents against any claims arising out of the administration of the epinephrine via a pre-filled auto-injector mechanism; and

e. the permission is effective for the school year for which it is granted and is renewed for each subsequent school year upon fulfillment of the requirements in subsections a. through d. of this section.

The policy developed by a board of education or chief school administrator of a nonpublic school shall require:

(1) the placement of a pupil's prescribed epinephrine in a secure but unlocked location easily accessible by the school nurse and designees to ensure prompt availability in the event of an allergic emergency at school or at a school-sponsored function. The location of the epinephrine shall be indicated on the pupil's emergency care plan. Back-up epinephrine shall also be available at the school if needed;

(2) the school nurse or designee to be promptly available on site at the school and school-sponsored functions in the event of an allergic reaction; and

(3) the transportation of the pupil to a hospital emergency room by emergency services personnel after the administration of epinephrine, even if the pupil's symptoms appear to have resolved.

f. The policy developed by a board of education or chief school administrator of a nonpublic school shall also:

(1) permit the school nurse or trained designee to administer epinephrine via a pre-filled auto-injector mechanism to any pupil without a known history of anaphylaxis or any pupil whose parent or guardian has not met the requirements of subsections a., b., and d. of this section and has not received the notice required pursuant to subsection c. of this section when the nurse or designee in good faith believes that the pupil is having an anaphylactic reaction; and

(2) require each public and nonpublic school to maintain in a secure but unlocked and easily accessible location a supply of epinephrine auto-injectors that is prescribed under a standing protocol from a licensed physician or an advanced practice nurse, and is accessible to the school nurse and trained designees for administration to a pupil having an anaphylactic reaction.

L.1997, c.368, s.1; amended 2007, c.57, s.2; 2015, c.13, s.1.

18A:40-12.6. Policy for administration of epinephrine to pupil

The policy for the administration of medication to a pupil shall provide that the school nurse shall have the primary responsibility for the administration of the epinephrine. The school nurse shall designate, in consultation with the board of education, or chief school administrator of a nonpublic school additional employees of the school district or nonpublic school who volunteer to administer epinephrine via a pre-filled auto-injector mechanism to a pupil for anaphylaxis when the nurse is not physically present at the scene. In the event that a licensed athletic trainer volunteers to administer epinephrine, it shall not constitute a violation of the "Athletic Training Licensure Act," P.L. 1984, c.203 (C.45:9-37.35 et seq.).

Except as otherwise provided pursuant to subsection f. of section P.L. 1997, c.368 (C.18A:40-12.5), the school nurse shall determine that:

a. the designees have been properly trained in the administration of the epinephrine via a pre-filled auto-injector mechanism using standardized training protocols established by the Department of Education in consultation with the Department of Health;

b. the parents or guardians of the pupil consent in writing to the administration of the epinephrine via a pre-filled auto-injector mechanism by the designees;

c. the board or chief school administrator of a nonpublic school informs the parents or guardians of the pupil in writing that the district and its employees or agents or the nonpublic school and its employees and agents shall have no liability as a result of any injury arising from the administration of the epinephrine to the pupil;

d. the parents or guardians of the pupil sign a statement acknowledging their understanding that the district or nonpublic school shall have no liability as a result of any injury arising from the administration of the epinephrine via a pre-filled auto-injector mechanism to the pupil and that the parents or guardians shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of the epinephrine via a pre-filled auto-injector mechanism to the pupil; and

e. the permission is effective for the school year for which it is granted and is renewed for each subsequent school year upon fulfillment of the requirements in subsections a. through d. of this section.

The Department of Education, in consultation with the Department of Health, shall require trained designees for students enrolled in a school who may require the emergency administration of epinephrine for anaphylaxis when the school nurse is not available.

Nothing in this section shall be construed to prohibit the emergency administration of epinephrine via a pre-filled auto-injector mechanism to a pupil for anaphylaxis by the school nurse or other employees designated pursuant to this section when the pupil is authorized to self-administer epinephrine pursuant to section 1 of P.L.1993, c.308 (C.18A:40-12.3), or when there is a coexisting diagnosis of asthma, or when a prescription is received from a licensed health care professional for epinephrine coupled with another form of medication.

L.1997, c.368, s.2; amended 2007, c.57, s.3; 2012, c.17, s.74; 2015, c.13, s.2.

18A:40-12.6a. Guidelines for schools for management of food allergies, administration of epinephrine

The Department of Education, in consultation with the Department of Health, appropriate medical experts, and professional organizations representing school nurses, principals, teachers, and the food allergy community, shall establish and disseminate to each board of education and chief school administrator of a nonpublic school guidelines for the development of a policy by a school district or nonpublic school for the management of food allergies in the school setting and the emergency administration of epinephrine to students for anaphylaxis.

L.2007, c.57, s.4; amended 2012, c.17, s.75.

18A:40-12.6b. Implementation of established guidelines

Each board of education and chief school administrator of a nonpublic school shall implement in the schools of the district or the nonpublic school the guidelines established and disseminated pursuant to section 4 of P.L.2007, c.57 (C.18A:40-12.6a).

L.2007,c.57,s.5.

18A:40-12.6c. Training protocols for volunteer designees to administer epinephrine

a. In an effort to assist the certified school nurse in a public school district and the school nurse in a nonpublic school in recruiting and training additional school employees as volunteer designees to administer epinephrine for anaphylaxis when the school nurse is not physically present, the Department of Education and the Department of Health shall jointly develop training protocols, in consultation with the New Jersey School Nurses Association.

b. The certified school nurse in consultation with the board of education, or the school nurse in consultation with the chief school administrator of a nonpublic school, shall recruit and train volunteer designees who are determined acceptable candidates by the school nurse within each school building as deemed necessary by the nursing service plan.

L.2007, c.57, s.6; amended 2007, c.229; 2012, c.17, s.76.

18A:40-12.6d. Immunity from liability

No school employee, including a school nurse, or any other officer or agent of a board of education or nonpublic school or a physician or an advanced practice nurse providing a prescription under a standing protocol for school epinephrine pursuant to subsection f. of section 1 of P.L. 1997, c.368 (C.18A:40-12.5), shall be held liable for any good faith act or omission consistent with the provisions of P.L.1997, c.368 (C.18A:40-12.5 et seq.), nor shall an action before the New Jersey State Board of Nursing lie against a school nurse for any such action taken by a person designated in good faith by the school nurse pursuant to section 2 of P.L.1997, c.368 (C.18A:40-12.6). Good faith shall not include willful misconduct, gross negligence or recklessness.

L.2007,c.57,s.7; amended 2015, c.13, s3.

18A:40-12.6e. Funds used for compliance in nonpublic schools [Effective in 2015-2016 school year]

Notwithstanding any law to the contrary, funds appropriated or otherwise made available pursuant to P.L. 1991, c.226 (C.18A:40-23 et seq.) may be used to comply with the requirements of subsection f. of section 1 of P.L. 1997, c.368 (C.18a:40-12.5) in nonpublic schools.

L.2015, c. 13, s4.

18A:40-12.7. Nebulizer required in schools

Each public and nonpublic school in the State shall have and maintain for the use of pupils at least one nebulizer in the office of the school nurse or a similar accessible location.

L.2001,c.61,s.2.

18A:40-12.8. Regulations for use of nebulizer in schools

The State Board of Education, in consultation with the Commissioner of Health, shall adopt regulations requiring each public school board of education to develop policies for the administration of asthma medication through the use of a nebulizer by the school nurse or other person authorized by regulation. The regulations shall include:

- a. a requirement that each certified nurse or other person authorized to administer asthma medication receive training in airway management and in the use of nebulizers and inhalers consistent with nationally recognized standards, including, but not limited to, those of the National Institutes of Health and the American Association of Allergy and Immunology; and
- b. a requirement that each pupil authorized to use asthma medication pursuant to section 1 of P.L.1993, c.308 (C.18A:40-12.3), or a nebulizer have an asthma treatment plan prepared by the physician of the pupil, which shall identify, at a minimum, asthma triggers, the treatment plan, and such other elements as shall be determined by the State Board of Education.

L.2001, c.61, s.3; amended 2012, c.17, s.77.

18A:40-12.9. Annual asthma education opportunities

The Commissioner of Education shall ensure that annual asthma education opportunities are made available for medical inspectors and all members of the teaching staff.

L.2001,c.61,s.4.

18A:40-12.10. Reimbursement to school

A public or nonpublic school shall apply to the Department of Education for reimbursement of the costs incurred in implementing the provisions of this act. The department is authorized to accept contributions of funds to reimburse public and nonpublic schools for those costs.

L.2001,c.61,s.5.

18A:40-21.1. Hepatitis B vaccination required for public, private school students in grades nine through twelve

The Commissioner of Health shall require the immunization of a child for hepatitis B as a condition of enrollment in grades nine through 12.

b. Beginning with the 2003-2004 school year, a principal, director or other person in charge of a public or private school in this State shall not knowingly admit or retain in grades nine through 12 a child whose parent or guardian has not submitted acceptable evidence of the child's immunization for hepatitis B prior to or during enrollment in ninth grade, as provided by regulation of the Commissioner of Health.

c. The Commissioner of Health shall adopt rules and regulations pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.) to carry out the purposes of this section.

L.2002, c.58, s.3; amended 2012, c.17, s.78.

Advisory Note: The current minimum immunization requirements for school attendance in New Jersey can be found in the regulations for the New Jersey Department of Health: N.J.A.C. 8:57-4: IMMUNIZATION OF PUPILS IN SCHOOL <http://www.state.nj.us/health/cd/imm.shtml> and <http://www.state.nj.us/education/students/safety/health/cdpr/>.

18A:40-21.2. Distribution of fact sheet on meningitis

a. (1) For the 2006 school year, a school district shall distribute to parents and guardians of students in grades 6 through 12 the educational fact sheet on meningitis prepared pursuant to section 1 of P.L.2006, c.64 (C.26:2X-3), in a manner prescribed by the Commissioner of Education.

(2) Beginning with the 2007 school year, a school district shall distribute the educational fact sheet annually to parents or guardians of students in the sixth grade in a manner prescribed by the Commissioner of Education.

b. The Commissioner of Education shall also make the educational fact sheet available to private schools educating students in grades 6 through 12, or any combination thereof. Such schools are encouraged to distribute the fact sheet to parents or guardians of students at the school; however, nothing in this section shall be construed to require such schools to distribute the fact sheet.

L.2006, c.64, s.2.

Advisory Note: Immunization requirements for the meningitis vaccine now require students entering sixth grade to get the vaccine. If they do not get it they can be excluded from school. The current minimum immunization requirements for school attendance in New Jersey can be found in the regulations for the New Jersey Department of Health: N.J.A.C. 8:57-4: IMMUNIZATION OF PUPILS IN

SCHOOL <http://www.state.nj.us/health/cd/imm.shtml> and <http://www.state.nj.us/education/students/safety/health/cdpr/>.

18A:40-34. Regulations adopted by Commissioner of Education relative to children's health care coverage

The Commissioner of Education, in consultation with the Commissioner of Human Services and pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), shall adopt regulations to:

a. provide for the implementation by the board of education in each school district of such procedures by each public elementary and secondary school in the district as the commissioner deems necessary to effectuate the purposes of subsection h. of section 5 of P.L.2005, c.156 (C.30:4J-12); and

b. facilitate and provide for the participation of nonpublic elementary and secondary schools in the enrollment initiative created pursuant to subsection h. of section 5 of P.L.2005, c.156 (C.30:4J-12).

L.1999, c.171,s.3; amended 2005, c.156, s.7.

18A: 40-41. Sudden cardiac arrest pamphlet; development, distribution

a. The Commissioner of Education, in consultation with the Commissioner of Health, the American Heart Association, and the American Academy of Pediatrics, shall develop a pamphlet that provides information about sudden cardiac arrest to student-athletes and the parents or guardians of student athletes and shall post the information on the Department of Education's website. The pamphlet shall include: an explanation of sudden cardiac arrest; its incidence among student athletes; a description of early warning signs, including fainting, labored breathing, chest pains, dizziness and abnormal heart rate, and the risks associated with continuing to play or practice after experiencing one or more of the symptoms; an overview of the options that are privately available to screen for cardiac conditions that may lead to sudden cardiac arrest, including a statement about the limitations of these options ; and a form to be signed by the student athlete and his parent or guardian acknowledging receipt and review of the pamphlet.

b. The commissioner shall distribute the pamphlet, at no charge, to all school districts and nonpublic schools in the State and shall update the pamphlet as necessary.

c. Each school district and nonpublic school shall distribute the pamphlet to the parents or guardians of students participating in athletic activities.

d. A student participating in or desiring to participate in an athletic activity and the student's parent or guardian shall, each year and prior to participation by the student in an athletic activity, sign and return to the student's school the form developed by the commissioner pursuant to subsection a. of this section acknowledging the receipt and review of the informational pamphlet.

e. As used in this section, "athletic activity" means: interscholastic athletics; an athletic contest or competition, other than interscholastic athletics, that is sponsored by or associated with a school district or nonpublic school, including cheerleading and club-sponsored sports activities; and any practice or interschool practice or scrimmage for those activities.

L.2007, c.125, s.1; amended 2012, c.17, s.80; 2013, c.71, s.5; 2013, c.209, s.7.

18A:40-41a. Schools required to have automated external defibrillator

a. Notwithstanding the provisions of any law, rule, or regulation to the contrary, beginning on September 1, 2014, the board of education of a public school district and the governing board or chief school administrator of a nonpublic school that includes any of the grades kindergarten through 12 shall ensure that:

(1) each public or nonpublic school has an automated external defibrillator, as defined in section 2 of P.L.1999, c.34 (C.2A:62A-24), which is made available in an unlocked location on school property with an appropriate identifying sign. The defibrillator shall be accessible during the school day and any other time when a school-sponsored athletic event or team practice is taking place in which pupils of the district or nonpublic school are participating. The defibrillator shall be within reasonable proximity of the school athletic field or gymnasium, as applicable;

(2) a team coach, licensed athletic trainer, or other designated staff member if there is no coach or licensed athletic trainer, who is present during the athletic event or team practice, is trained in cardio-pulmonary resuscitation and the use of the defibrillator in accordance with the provisions of section 3 of P.L.1999, c.34 (C.2A:62A-25). A school district or nonpublic school shall be deemed to be in compliance with this requirement if a State-certified emergency services provider or other certified first responder is on site at the event or practice; and

(3) each defibrillator is tested and maintained according to the manufacturer's operational guidelines and notification is provided to the appropriate first aid, ambulance, or rescue squad or other appropriate emergency medical services provider regarding the defibrillator, the type acquired, and its location in accordance with section 3 of P.L.1999, c.34 (C.2A:62A-25).

b. A school district or nonpublic school and its employees shall be immune from civil liability in the acquisition and use of defibrillators pursuant to the provisions of section 5 of P.L.1999, c.34 (C.2A:62A-27).

L.2012, c.51, s.1.

18A:40-41b. Emergency action plan

a. The board of education of a public school district and the governing body or chief school administrator of a nonpublic school that includes any of the grades kindergarten through 12 shall establish and implement an emergency action plan for responding to a sudden cardiac event including, but not limited to, an event in which the use of an automated external defibrillator may be necessary.

b. The emergency action plan shall be consistent with the provisions of section 1 [C. 18A:40-41a] of this act and also, at minimum, include the following:

(1) a list of no less than five school employees, team coaches, or licensed athletic trainers who hold current certifications from the American Red Cross, American Heart Association, or other training program recognized by the Department of Health and Senior Services, in cardio-pulmonary resuscitation and in the use of a defibrillator. The list shall be updated, as necessary, at least once in each semester of the school year; and

(2) detailed procedures on responding to a sudden cardiac event including, but not limited to, the identification of the persons in the school who will be responsible for: responding to the person

experiencing the sudden cardiac event, calling 911, starting cardio-pulmonary resuscitation, retrieving and using the defibrillator, and assisting emergency responders in getting to the individual experiencing the sudden cardiac event.

L.2012, c.51, s.2.

18A:40-41c. Rules, regulations

The State Board of Education, in consultation with the Commissioner of Health and Senior Services, and in accordance with the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), shall adopt rules and regulations as may be necessary to implement the provisions of this act.

L.2012, c.51, s.3.

18A:40-41d. Student-Athlete Cardiac Screening professional development module

a. The Commissioners of Education and Health, in consultation with the New Jersey Chapter of the American Academy of Pediatrics, the New Jersey Academy of Family Physicians, the American Heart Association, and the New Jersey Chapter of the American College of Cardiology, shall develop, by the 2013-2014 school year, a Student-Athlete Cardiac Screening professional development module to increase the assessment skills of those health care practitioners who perform student-athlete physical examinations and screenings. The module shall include, but need not be limited to, the following:

- (1) how to complete and review a detailed medical history with an emphasis on cardiovascular family history and personal reports of symptoms;
- (2) identifying symptoms of sudden cardiac arrest that may require follow up with a cardiologist;
- (3) recognizing normal structural changes of the athletic heart;
- (4) recognizing prodromal symptoms that precede sudden cardiac arrest;
- (5) performing the cardiovascular physical examination;
- (6) reviewing the major etiologies of sudden unexplained cardiac death with an emphasis on structural abnormalities and acquired conditions; and
- (7) when to refer a student to a cardiologist for further assessment.

b. The module developed pursuant to subsection a. of this section and the pamphlet developed pursuant to section 1 of P.L.2007, c.125 (C.18A:40-41) shall be posted on the websites of the Department of Education, the American Academy of Pediatrics, the New Jersey Academy of Family Physicians, the American Heart Association, the American College of Cardiology, the Athletic Trainers' Society of New Jersey, the State Board of Medical Examiners, the New Jersey State Board of Nursing, and the New Jersey State Society of Physician Assistants.

c. A physician, advanced practice nurse, or physician assistant who performs a student-athlete's annual physical examination prior to the student's participation in a school-sponsored interscholastic or intramural athletic team or squad as required pursuant to subsection a. of section 2 of P.L.2013, c.71 (C.18A:40-41.7) shall complete the Student-Athlete Cardiac Screening professional development module

developed pursuant to subsection a. of this section. Upon performing a physical examination required by subsection a. of section 2 of P.L.2013, c.71 (C.18A:40-41.7), the physician, advanced practice nurse, or physician assistant shall sign the certification statement on the Preparticipation Physical Evaluation form required pursuant to subsection a. of section 2 of P.L.2013, c.71 (C.18A:40-41.7) attesting to the completion of the module. The board of education of a public school district and the governing board or chief school administrator of a nonpublic school shall retain the original signed statement to attest to the qualification of the health care practitioner to perform the physical examination required by subsection a. of section 2 of P.L.2013, c.71 (C.18A:40-41.7).

L.2013, c.71, s.3.

18A:40-41e. Short title

Sections 2 through 5 of P.L.2013, c.209 (C.18A:40-41f through C.18A:40-41i) and P.L.2007, c.125 (C.18A:40-41) shall be known and may be cited as the "Sudden Cardiac Arrest Prevention Act."

L.2013, c.209, s.1.

18A:40-41f. Definition

As used in sections 3 through 5 of P.L.2013, c.209 (C.18A:40-41g through C.18A:40-41i), "athletic activity" means: interscholastic athletics; an athletic contest or competition, other than interscholastic athletics, that is sponsored by or associated with a school district or nonpublic school, including cheerleading and club-sponsored sports activities; and any practice or interschool practice or scrimmage for those activities.

L.2013, c.209, s.2.

18A:40-41g. Informational meeting

A school district or nonpublic school may hold an informational meeting prior to the start of each athletic season for students-athletes, their parents or guardians, coaches, athletic trainers, the school physician, school nurses, and other school officials on the nature, risk, symptoms and early warning signs, prevention, and treatment of sudden cardiac arrest.

L.2013, c.209, s.3.

18A:40-41h. Removal of athlete showing warning signs from activity; violations, penalties

A student who exhibits symptoms or early warning signs of sudden cardiac arrest, as determined by an athletic trainer if one is on site, or if an athletic trainer is not on site, then a game official, team coach, licensed physician, or other official designated by the student's school, while participating in an athletic activity, shall be immediately removed from the athletic activity by the coach. The student shall not be eligible to return to athletic activity until he is evaluated and receives written clearance from a licensed physician.

b. A student who exhibits symptoms or early warning signs of sudden cardiac arrest at any time prior to or following an athletic activity shall be prohibited from participating in an athletic activity. The student shall not be eligible to return to athletic activity until he is evaluated and receives written clearance from a licensed physician.

c. The board of education of a school district or the governing body or chief school administrator of a

nonpublic school, as appropriate, shall ensure that a person who coaches a school district or nonpublic school athletic activity who knowingly violates the provisions of subsection a. or b. of this section shall be:

- (1) suspended from coaching any athletic activity for the remainder of the season for a first violation;
- (2) suspended from coaching any athletic activity for the remainder of the season and the entire next season for a second violation; and
- (3) permanently suspended from coaching any athletic activity for a third violation.

L.2013, c.209, s.4.

18A:40-41i. Certification required for coaches

A person who coaches a school district or nonpublic school athletic activity shall hold a current certification in cardio-pulmonary resuscitation from the American Red Cross, American Heart Association, or other training program recognized by the Department of Health.

L.2013, c.209, s.5.

18A:40-41j. Nonprofit youth-serving organizations encouraged to promulgate information protocol

All nonprofit youth-serving organizations as defined in section 1 of P.L.1999, c.432 (C.15A:3A-1) including, but not limited to, Little Leagues, Babe Ruth Leagues, Pop Warner Leagues, Police Athletic Leagues, and youth soccer leagues, which organize, sponsor, or are otherwise affiliated with youth athletic events, are encouraged to:

- a. direct the parent or guardian of each child participating in a youth athletic event to the sudden cardiac arrest information posted on the Department of Education's website pursuant to section 1 of P.L.2007, c.125 (C.18A:40-41); and
- b. follow the protocol concerning removal-from-play established pursuant to section 4 of P.L.2013, c.209 (C.18A:40-41h) of a child who exhibits symptoms or early warning signs of sudden cardiac arrest during a youth athletic event, or who exhibits symptoms or early warning signs of sudden cardiac arrest at any time prior to or following a youth athletic event.

L.2013, c.209, s.6.

18A:40-41.1. Findings, declarations relative to head injuries of student athletes

The Legislature finds and declares that:

- a. A concussion is caused by a blow or motion to the head or body that disrupts the normal functioning of the brain, and can cause significant and sustained neuropsychological impairments including, but not limited to, problem solving, planning, memory, and behavioral problems;
- b. The federal Centers for Disease Control and Prevention estimates that 300,000 concussions are sustained during sports-related activity in the United States, and more than 62,000 concussions are sustained each year in high-school contact sports;
- c. Although concussions are one of the most commonly reported injuries in children and adolescents

who participate in sports and recreational activities, little effort and resources have been committed to inform athletes, coaches, and parents and guardians about the causes and symptoms of concussions;

d. If a person sustains a second concussion while still having symptoms of a previous concussion, it can lead to the severe impairment and even the death of the victim, and is referred to as second-impact syndrome; and

e. In order to ensure the safety of student-athletes, it is imperative that athletes, coaches, and parents and guardians are educated about the nature and treatment of concussions and other sports-related head injuries, and that all measures are taken to prevent a student-athlete from experiencing second-impact syndrome.

L.2010, c.94, s.1.

18A:40-41.2. Interscholastic athletic head injury safety training program

a. The Department of Education shall work to develop and implement, by the 2011-2012 school year, an interscholastic athletic head injury safety training program. The program shall be completed by a school physician, a person who coaches a public school district or nonpublic school interscholastic sport or cheerleading program, and an athletic trainer involved in a public or nonpublic school interscholastic sports program or cheerleading program. The safety training program shall include, but need not be limited to, the following:

(1) the recognition of the symptoms of head and neck injuries, concussions, and injuries related to second-impact syndrome; and

(2) the appropriate amount of time to delay the return to competition or practice of a student-athlete or cheerleader who has sustained a concussion or other head injury.

b. The department shall update the safety training program as necessary to ensure that it reflects the most current information available on the nature, risk, and treatment of sports-related concussions and other head injuries.

c. The department shall develop an educational fact sheet that provides information about sports-related concussions and other head injuries. A school district or a nonpublic school that participates in an interscholastic sports program or cheerleading program shall distribute the educational fact sheet annually to the parents or guardians of student-athletes and cheerleaders and shall obtain a signed acknowledgment of the receipt of the fact sheet by the student-athlete or cheerleader and his parent or guardian.

L.2010, c.94, s.2; amended 2011, c.168, s.1.

18A:40-41.3. Written policy for school district concerning prevention, treatment of sports-related head injuries

a. Each school district shall develop a written policy concerning the prevention and treatment of sports-related concussions and other head injuries among student-athletes and cheerleaders. The policy shall include, but need not be limited to, the procedure to be followed when it is suspected that a student-athlete or cheerleader has sustained a concussion or other head injury. When developing the district policy, a school district shall review the model policy established by the Commissioner of Education

pursuant to subsection b. of this section, the policies established by the New Jersey State Interscholastic Athletic Association, the National Collegiate Athletic Association, and the recommendations made by the Brain Injury Association of New Jersey Concussion in Sports Steering Committee, the Athletic Trainers' Society of New Jersey, and other organizations with expertise in the area of preventing or treating sports-related concussions and other head injuries among student-athletes and cheerleaders. Each school district shall implement the policy by the 2011-2012 school year.

The policy shall be reviewed annually, and updated as necessary, by the district to ensure that it reflects the most current information available on the prevention, risk, and treatment of sports-related concussions and other head injuries.

b. To assist school districts in developing policies concerning the prevention and treatment of sports-related concussions and other head injuries among student-athletes and cheerleaders, the Commissioner of Education shall develop a model policy applicable to grades kindergarten through 12. This model policy shall be issued no later than March 31, 2011.

L.2010, c.94, s.3; amended 2011, c.168, s.2.

18A:40-41.4. Removal of student athlete from competition, practice; return

A student who participates in an interscholastic sports program or cheerleading program and who sustains or is suspected of having sustained a concussion or other head injury while engaged in a competition or practice shall be immediately removed from the competition or practice. A student-athlete or cheerleader who is removed from competition or practice shall not participate in further sports or cheerleading activity until he is evaluated by a physician or other licensed healthcare provider trained in the evaluation and management of concussions, and receives written clearance from a physician trained in the evaluation and management of concussions to return to competition or practice.

L.2010, c.94, s.4; amended 2011, c.168, s.3.

18A:40-41.5. Immunity from liability

a. A school district and nonpublic school shall not be liable for the injury or death of a person due to the action or inaction of persons employed by, or under contract with, a youth sports team organization that operates on school grounds, if the youth sports team organization provides the district or nonpublic school, as applicable, with the following:

(1) proof of an insurance policy of an amount of not less than \$50,000 per person, per occurrence insuring the youth sports team organization against liability for any bodily injury suffered by a person; and

(2) a statement of compliance with the school district or nonpublic school's policies for the management of concussions and other head injuries.

b. As used in this section, a "youth sports team organization" means one or more sports teams organized pursuant to a nonprofit or similar charter or which are member teams in a league organized by or affiliated with a county or municipal recreation department.

L.2010, c.94, s.5.

18A:40-41.6. Short title

Sections 2 through 4 of this act shall be known and may be cited as the "Scholastic Student-Athlete Safety Act."

L.2013, c.71, s.1.

18A:40-41.7. Preparticipation Physical Evaluation Form required for student-athletes; certification statement

a. The board of education of a public school district and the governing board or chief school administrator of a nonpublic school shall require that prior to the participation of any student enrolled in grades six to 12 on a school-sponsored interscholastic or intramural athletic team or squad, the student shall have a physical examination using the "Preparticipation Physical Evaluation" form developed jointly by the American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. The Preparticipation Physical Evaluation form shall include the History and Physical Examination components. The Preparticipation Physical Evaluation form shall also include a certification statement, to be signed by the licensed physician, advanced practice nurse, or physician assistant who performed the physical examination, attesting to the completion of the current professional development module developed pursuant to subsection a. of section 3 of P.L.2013, c.71 (C.18A:40-41d).

b. The physical examination required by subsection a. of this section shall be conducted within 365 days prior to the first day of official practice in an athletic season and shall be conducted by a licensed physician, advanced practice nurse, or physician assistant. Each student whose physical examination was completed more than 90 days prior to the first day of official practice in an athletic season shall provide a health history update questionnaire, completed and signed by the student's parent or guardian. The completed health history update questionnaire shall be reviewed by the school nurse and, if applicable, the school athletic trainer and shall include information as to whether, in the time period since the date of the student's last preparticipation physical examination, the student has:

- (1) been advised by a licensed physician, advanced practice nurse, or physician assistant not to participate in a sport;
- (2) sustained a concussion, been unconscious or lost memory from a blow to the head;
- (3) broken a bone or sprained, strained, or dislocated any muscles or joints;
- (4) fainted or blacked out;
- (5) experienced chest pains, shortness of breath, or heart racing;
- (6) had a recent history of fatigue and unusual tiredness;
- (7) been hospitalized, visited an emergency room, or had a significant medical illness;
- (8) started or stopped taking any over the counter or prescribed medications; or
- (9) had a sudden death in the family, or whether any member of the student's family under the age of

50 has had a heart attack or heart trouble.

c. A board of education of a public school district and the governing board or chief school administrator of a nonpublic school shall not permit a student enrolled in grades six to 12 to participate on a school-sponsored interscholastic or intramural athletic team or squad unless the student has completed a Preparticipation Physical Evaluation form and, if applicable, a completed health history update questionnaire as required by subsections a. and b. of this section.

L.2013, c.71, s.2.

18A:40-41.8. Findings, declarations relative to protective eyewear for children participating in sports

The Legislature finds and declares that:

a. Eye injuries are the leading cause of preventable blindness and visual impairment in children, and most injuries occurring in school-aged children are sports-related;

b. Every 16 minutes a child incurs a sports-related eye injury severe enough to require a visit to the emergency room;

c. According to Prevent Blindness America, 90% of all eye injuries can be avoided by the use of appropriate eye protection; and

d. It is necessary and prudent to educate parents and children about sports-related eye injuries in order to reduce the needless loss of sight that can occur during sports activities.

L.2013, c.183, s.1.

18A:40-41.9. Development of educational fact sheet providing information relative to sports-related eye injuries

a. The Commissioner of Education shall develop within 120 days of the effective date of this act, an educational fact sheet that provides information about sports-related eye injuries. The educational fact sheet shall include, but need not be limited to:

(1) a list of the most common sports-related eye injuries and the recognition of the symptoms of those injuries;

(2) a recommendation that children seek treatment and advice from a licensed health care professional regarding the appropriate amount of time to delay the return to sports competition or practice after sustaining an eye injury;

(3) a recommendation that all children participating in school sports or recreational sports wear protective eyewear;

(4) information concerning the purchase of appropriate protective eyewear; and

(5) any other information the commissioner deems appropriate.

b. Each school district and nonpublic school shall distribute the educational fact sheet annually to the parents or guardians of the students.

L.2013, c.183, s.2.

18A:40-42. Educational fact sheet about HPV

a. The Commissioner of Education, in consultation with the Commissioner of Health, shall develop an educational fact sheet about the human papillomavirus (HPV) for distribution to parents or guardians of students in grades seven through 12. The educational fact sheet shall include information about the causes, symptoms and means of transmission of HPV, and where additional information can be obtained.

b. For the 2007-2008 school year, a school district shall distribute to parents and guardians of students in grades seven through 12 the educational fact sheet on HPV, in a manner prescribed by the Commissioner of Education.

c. Beginning with the 2008-2009 school year, a school district shall distribute the educational fact sheet annually to parents or guardians of students in grade seven in a manner prescribed by the Commissioner of Education.

d. The Commissioner of Education also shall make the educational fact sheet available to private schools educating students in grades seven through 12. Such schools are encouraged, but not required, to distribute the fact sheet to parents or guardians of students at the school.

L.2007, c.134, s.2; amended 2012, c.17, s.81.

18A:40-43. Information available to certain public school students about "New Jersey Safe Haven Infant Protection Act"

In the 2006-2007 school year and in each school year thereafter, each board of education which operates an educational program for public school students in grades 7 through 12 shall:

a. ensure that posters providing information on the provisions of the "New Jersey Safe Haven Infant Protection Act," P.L.2000, c.58 (C.30:4C-15.5 et al.), are prominently displayed in the school nurse's office and health education classrooms;

b. have pamphlets and other educational materials providing information about the safe haven procedures available in the guidance office of every public school with students in grades 7 through 12 for free distribution to students; and

c. utilize, for the purposes of this section, informational pamphlets, posters and other educational materials distributed by the Department of Children and Families pursuant to section 1 of P.L.2007, c.143 (C.30:4C-15.11).

L.2007, c.143, s.2.

18A:40-44. Information relative to child's exposure to violence on electronic devices

a. The Department of Education shall prepare and make available on the department's Internet website, both in print and in an easily printable format, information on how a parent can limit a child's exposure to violence on television, cell phones, computers, and other electronic devices. The department shall

update this information whenever new information about a child's exposure to violence on television and other electronic devices becomes available. The information shall include, but not be limited to:

- (1) research and statistics on how violent behavior increases after exposure to violent films, music, television, or video games;
- (2) scientific findings that show children who play violent video games are more likely to be involved in physical altercations with classmates, perform poorly on academic tasks, and are unable to relate to adults in positions of authority;
- (3) factors that increase the probability a child will be at risk of violent behavior, including, but not limited to, exposure or involvement in violence at critical stages of childhood development, poor socioeconomic conditions, and poor parenting skills;
- (4) symptoms of a child's overexposure to violence, including, but not limited to, sleeplessness, anxiety, depression, feelings of hopelessness, truancy, and difficulty in school;
- (5) predictors of violent behavior in children, including but not limited to, dishonesty, disobedience, favorable attitude toward violence, hostility toward police, substance abuse, aggressive or antisocial behavior, and involvement in nonviolent criminal offenses; and
- (6) effective strategies, based on a child's age and stage of development, that will help a parent monitor or restrict a child's exposure to violence on television and other electronic devices, including, but not limited to, the use of screening software or other technologies that prevent a child from watching television programs a parent deems inappropriate, co-viewing and commenting on television programs that depict violence, and familiarization with video game advisory labels and rating systems that make it more difficult for children to purchase and play such games.

b. The department shall prepare an informational pamphlet that contains the information posted on its website pursuant to subsection a. of this section, and shall update the pamphlet as necessary. The department shall distribute the pamphlet, at no charge, to all school districts in the State, and shall make additional copies available to nonpublic schools upon request.

c. In the 2013-2014 school year and in each school year thereafter, each school district shall distribute the pamphlet to the parents or guardians of students attending the schools of the district.

L.2013, c.146, s.1.

18A:40-45. Rules, regulations

The Department of Education, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), shall adopt rules and regulations to effectuate the purposes of this act.

L.2013, c.146, s.2.

18A:40A-5. Loaning of educational materials

The board of education in each school district in the State in which a nonpublic school is located shall have the power and duty to loan to all pupils attending nonpublic schools located within the district all educational materials developed by the Commissioner of Education pursuant to this act for the

instruction of public school pupils on the nature and effects of drugs, alcohol, anabolic steroids, tobacco and controlled dangerous substances. The Commissioner of Education shall make these materials available so that the local board of education shall not be required to expend funds for the loan of these materials.

L.1987, c.389, s.5; amended 1989, c.216, s.6; 1989, c.225,s.5.

18A:40A-7.1. Confidentiality of certain information provided by pupil; exceptions

a. Except as provided by section 3 of P.L.1971, c.437 (C.9:6-8.10), if a public or private elementary or secondary school pupil who is participating in a school-based drug and alcohol abuse counseling program provides information during the course of a counseling session in that program which indicates that the pupil's parent or guardian or other person residing in the pupil's household is dependent upon or illegally using a substance as that term is defined in section 2 of P.L.1987, c.387 (C.18A:40A-9), that information shall be kept confidential and may be disclosed only under the circumstances expressly authorized under subsection b. of this section.

b. The information provided by a pupil pursuant to subsection a. of this section may be disclosed:

(1) subject to the pupil's written consent, to another person or entity whom the pupil specifies in writing in the case of a secondary school pupil, or to a member of the pupil's immediate family or the appropriate school personnel in the case of an elementary school pupil;

(2) pursuant to a court order;

(3) to a person engaged in a bona fide research purpose, except that no names or other information identifying the pupil or the person with respect to whose substance abuse the information was provided, shall be made available to the researcher; or

(4) to the Division of Child Protection and Permanency or to a law enforcement agency, if the information would cause a person to reasonably suspect that the elementary or secondary school pupil or another child may be an abused or neglected child as the terms are used in R.S.9:6-1, or as the terms are defined in section 2 of P.L.1971, c.437 (C.9:6-8.9), or section 1 of P.L.1974, c.119 (C.9:6-8.21).

c. Any disclosure made pursuant to paragraph (1) or (2) of subsection b. of this section shall be limited to that information which is necessary to carry out the purpose of the disclosure, and the person or entity to whom the information is disclosed shall be prohibited from making any further disclosure of that information without the pupil's written consent. The disclosure shall be accompanied by a written statement advising the recipient that the information is being disclosed from records the confidentiality of which is protected by P.L.1997, c.362 (C.18A:40A-7.1 et seq.), and that this law prohibits any further disclosure of this information without the written consent of the person from whom the information originated. Nothing in P.L.1997, c.362 (C.18A:40A-7.1 et seq.) shall be construed as prohibiting the Division of Child Protection and Permanency or a law enforcement agency from using or disclosing the information in the course of conducting an investigation or prosecution. Nothing in P.L.1997, c.362 shall be construed as authorizing the violation of any federal law.

d. The prohibition on the disclosure of information provided by a pupil pursuant to subsection a. of this section shall apply whether the person to whom the information was provided believes that the person seeking the information already has it, has other means of obtaining it, is a law enforcement or other

public official, has obtained a subpoena, or asserts any other justification for the disclosure of this information.

L.1997, c.362, s.1; amended 1999, c.320; 2012, c.16, s.43.

18A:40A-7.2. Violations, penalties

Except as provided by section 6 of P.L.1971, c.437 (C.9:6-8.13), a person who discloses or willfully permits the disclosure of information provided by a pupil in violation of the provisions of section 1 of this act is subject to a fine of not more than \$500 for a first offense and not more than \$5,000 for a second and each subsequent offense. The penalty shall be collected and enforced in summary proceedings under "the penalty enforcement law" (N.J.S.2A:58-1 et seq.).

L.1997,c.362,s.2.

18A:40A-8. Findings, declarations

The Legislature finds and declares that:

- a. A significant number of young people are unfortunately already involved in the abuse of alcohol and other drugs;
- b. Research indicates that particular groups of youngsters, such as the children of alcoholic parents, may in fact face an increased risk of developing alcohol and other substance abuse problems and that early intervention services can be critical in their prevention, detection and treatment; and,
- c. School-based initiatives have proven particularly effective in identifying and assisting students at a high risk of developing alcohol and other drug disturbances and in reducing absenteeism, decreasing the consumption of alcohol and other drugs, and in lessening the problems associated with such addictions.

1987,c.387, s.1.

18A:40A-9. Definitions

For the purposes of this act:

"Substance" shall mean alcoholic beverages, controlled dangerous substances as defined in section 2 of P.L.1970, c.266 (C.24:21-2), anabolic steroids or any chemical or chemical compound which releases vapors or fumes causing a condition of intoxication, inebriation, excitement, stupefaction or dulling of the brain or nervous system including, but not limited to, glue containing a solvent having the property of releasing toxic vapors or fumes as defined in section 1 of P.L.1965, c.41 (C.2A:170-25.9).

"Substance abuse" shall mean the consumption or use of any substance as defined herein for purposes other than for the treatment of sickness or injury as prescribed or administered by a person duly authorized by law to treat sick and injured human beings.

L.1987, c.387, s.2; amended 1989,c.216,s.1.

18A:40A-10. Referral program in schools

Each local board of education shall, pursuant to guidelines developed by the Commissioner of Education, in consultation with the Commissioner of Health, establish a comprehensive substance abuse

intervention, prevention and treatment referral program in the public elementary and secondary schools of the district. The purpose of the program shall be to identify pupils who are substance abusers, assess the extent of these pupils' involvement with these substances and, where appropriate, refer pupils and their families to organizations and agencies approved by the Department of Health to offer competent professional treatment. Treatment shall not be at the expense of the local board of education.

Each school district shall develop a clear written policy statement which outlines the district's program to combat substance abuse and which provides for the identification, evaluation, referral for treatment and discipline of pupils who are substance abusers. Copies of the policy statement shall be distributed to pupils and their parents at the beginning of each school year.

1987,c.387, s.3.

18A:40A-11. Policies for evaluations, referral, discipline

Each board of education shall adopt and implement, in accordance with rules and regulations promulgated by the State board, policies and procedures for the evaluation, referral for treatment and discipline of pupils involved in incidents of possession or abuse of substances as defined in section 2 of this act, on school property or at school functions, or who show significant symptoms of the use of those substances on school property or at school functions. In adopting and implementing these policies and procedures, the board shall consult and work closely with a local organization involved with the prevention, detection and treatment of substance abuse approved by the Department of Health.

1987,c.387, s.4.

18A:40A-12. Reporting of pupils under influence; examination; report; return home; evaluation of possible need for treatment; referral for treatment

a. Whenever it shall appear to any teaching staff member, school nurse or other educational personnel of any public school in this State that a pupil may be under the influence of substances as defined pursuant to section 2 [C. 18A:40A-9] of this act, other than anabolic steroids, that teaching staff member, school nurse, or other educational personnel shall report the matter as soon as possible to the school nurse or medical inspector, as the case may be, or to a student assistance coordinator, and to the principal or, in his absence, to his designee. The principal or his designee, shall immediately notify the parent or guardian and the superintendent of schools, if there be one, or the administrative principal and shall arrange for an immediate examination of the pupil by a doctor selected by the parent or guardian, or if that doctor is not immediately available, by the medical inspector, if he is available. If a doctor or medical inspector is not immediately available, the pupil shall be taken to the emergency room of the nearest hospital for examination accompanied by a member of the school staff designated by the principal and a parent or guardian of the pupil if available. The pupil shall be examined as soon as possible for the purpose of diagnosing whether or not the pupil is under such influence. A written report of that examination shall be furnished within 24 hours by the examining physician to the parent or guardian of the pupil and to the superintendent of schools or administrative principal. If it is determined that the pupil was under the influence of a substance, the pupil shall be returned to the pupil's home as soon as possible and shall not resume attendance at school until the pupil submits to the principal a written report certifying that the pupil is physically and mentally able to return thereto, which report shall be prepared by a personal physician, the medical inspector, or the physician who examined the pupil pursuant to the provisions of this act.

In addition, the pupil shall be interviewed by a student assistance coordinator or another appropriately trained teaching staff member for the purpose of determining the extent of the pupil's involvement with these substances and possible need for treatment. In order to make this determination the coordinator or other teaching staff member may conduct a reasonable investigation which may include interviews with the pupil's teachers and parents. The coordinator or other teaching staff member may also consult with experts in the field of substance abuse as may be necessary and appropriate. If it is determined that the pupil's involvement with and use of these substances represents a danger to the pupil's health and well-being, the coordinator or other teaching staff member shall refer the pupil to an appropriate treatment program which has been approved by the Commissioner of Health.

b. Whenever any teaching staff member, school nurse, or other educational personnel of any public school in this State shall have reason to believe that a pupil has used or may be using anabolic steroids, that teaching staff member, school nurse, or other educational personnel shall report the matter as soon as possible to the school nurse or medical inspector, as the case may be, or to a student assistance coordinator, and to the principal or, in his absence, to his designee. The principal or his designee, shall immediately notify the parent or guardian and the superintendent of schools, if there be one, or the administrative principal and shall arrange for an examination of the pupil by a doctor selected by the parent or guardian or by the medical inspector. The pupil shall be examined as soon as possible for the purpose of diagnosing whether or not the pupil has been using anabolic steroids. A written report of that examination shall be furnished by the examining physician to the parent or guardian of the pupil and to the superintendent of schools or administrative principal. If it is determined that the pupil has been using anabolic steroids, the pupil shall be interviewed by a student assistance coordinator or another appropriately trained teaching staff member for the purpose of determining the extent of the pupil's involvement with these substances and possible need for treatment. In order to make this determination the coordinator or other teaching staff member may conduct a reasonable investigation which may include interviews with the pupil's teachers and parents. The coordinator or other teaching staff member may also consult with experts in the field of substance abuse as may be necessary and appropriate. If it is determined that the pupil's involvement with and use of these substances represents a danger to the pupil's health and well-being, the coordinator or other teaching staff member shall refer the pupil to an appropriate treatment program which has been approved by the Commissioner of Health.

L.1987, c.387, s.5; amended 1989, c.216, s.2; 2009, c.54, s.1; 2012, c.17, s.82.

18A:40A-13. Immunity for personnel

No action of any kind in any court of competent jurisdiction shall lie against any teaching staff member, including a student assistance coordinator, any school nurse or other educational personnel, medical inspector, examining physician or any other officer, agent or any employee of the board of education or personnel of the emergency room of a hospital because of any action taken by virtue of the provisions of this act, provided the skill and care given is that ordinarily required and exercised by other such teaching staff members, nurses, educational personnel, medical inspectors, physicians or other officers, agents, or any employees of the board of education or emergency room personnel.

L.1987, c.387, s.6; amended 1992, c.158, s.1; 2009, c.54, s.2.

18A:40A-14 . Civil immunity for reporting

Any teacher, guidance counselor, school psychologist, school nurse, student assistance coordinator or other educational or noneducational personnel, employed by or in any of the public or private schools of

this State, who in good faith reports a pupil to the principal or his designee or to the medical inspector or school physician or school nurse in an attempt to help such pupil cure his abuse of substances as defined in section 2 of this act, shall not be liable in civil damages as a result of making any such report.

Nothing in this section is intended to preclude the protections provided in section 2 of P.L.1971, c.414 (C.2A:62A-4) or otherwise provided by law.

L.1987, c.387, s.7; amended 1992, c.158, s.2; 2009, c.54, s.3.

18A:40A-15. Inservice training program

a. The Commissioner of Education, in consultation with the Commissioner of Health, shall develop an inservice training program for public school teachers to enable the teachers to recognize and respond to substance abuse by public school pupils. The program shall, at a minimum, include:

- (1) Instruction to assist the teacher in the identification of the symptoms and behavioral patterns which might indicate that a child may be involved in substance abuse;
- (2) Appropriate intervention strategies; and,
- (3) Information on the State, local and community organizations which are available for the prevention, early intervention, treatment and rehabilitation of individuals who show symptoms of substance abuse.

The inservice training program required pursuant to this section shall be updated at regular intervals in order to insure that teaching staff members have the most current information available on this subject.

b. Each local board of education shall insure that all teaching staff members in the district who are involved in the instruction of pupils are provided with the inservice training program developed pursuant to this section. The inservice training program of the local board of education shall also include information concerning the policy of the board regarding the referral for treatment of pupils involved in substance abuse, as required pursuant to section 5 of this act.

L.1987, c. 387, s.8.

18A:40A-16. Guidelines, materials for program

a. The Commissioner of Education, in consultation with the Commissioner of Health, shall establish guidelines for substance abuse education programs to be offered by local boards of education to the parents or legal guardians of public school pupils. The program shall, at a minimum, provide:

- (1) A thorough and comprehensive review of the substance abuse education curriculum which will be taught to the child of the parent or guardian during the school year, with recommendations as to the ways in which the parent or guardian may enhance, reinforce and supplement that program;
- (2) Information on the pharmacology, physiology, psychosocial and legal aspects of substance abuse, and instruction to assist the parent or guardian in the identification of the symptoms and behavioral patterns which might indicate that a child may be involved in substance abuse; and
- (3) Information on the State, local and community organizations which are available for the prevention, early intervention, treatment and rehabilitation of individuals who show symptoms of substance abuse.

b. In addition to the guidelines required pursuant this section, the Commissioner of Education, in consultation with the Commissioner of Health, shall develop and provide to local boards of education suggested materials for the substance abuse education program for parents or legal guardians of school pupils, and shall maintain and continuously update a roster of individuals or groups available to assist boards of education in implementing this program and a list of State and local agencies and organizations which are approved by the Department of Health to provide services for the prevention, early intervention, treatment or rehabilitation of individuals who show symptoms of substance abuse.

L.1987, c. 387, s.9.

18A:40A-17. Outreach program

a. Under the guidelines established by the Commissioner of Education, each local board of education shall establish an outreach program to provide substance abuse education for the parents or legal guardians of the pupils of the district. In establishing the program, the local board of education shall consult with such local organizations and agencies as are recommended by the commissioner. The board of education shall insure that the program is offered at times and places convenient to the parents of the district on school premises, or in other suitable facilities.

b. In addition to the substance abuse education program required pursuant to this section, each local board of education shall establish policies and procedures to provide assistance to parents or legal guardians who believe that their child may be involved in substance abuse. These policies and procedures shall be consistent with the policies and procedures for intervention by school personnel developed pursuant to this act.

c. The board of education in each school district in the State in which a nonpublic school is located shall have the power and duty to loan to the parents or legal guardians of all pupils attending nonpublic schools located within the district all educational materials developed by the Commissioner of Education for the instruction of the parents or legal guardians of public school pupils on the nature and effects of substances and substance abuse. The Commissioner of Education shall make these materials available so that the local board of education shall not be required to expend funds for the loan of these materials.

L.1987, c. 387, s.10.

APPENDIX - HEALTH RESOURCES FOR PUBLIC AND NONPUBLIC SCHOOLS

N.J.S.A.18A:40-41 SUDDEN CARDIAC ARREST PAMPHLET; DEVELOPMENT, DISTRIBUTION

The new "Preparticipation Physical Evaluation" form for students, available at:

<http://www.state.nj.us/education/students/safety/health/records/athleticphysicalsform.pdf> ;

Updated student health history questionnaire available at:

<http://www.state.nj.us/education/students/safety/health/records/HealthHistoryUpdate.pdf> ;

Pamphlet about sudden cardiac arrest, available at:

<http://www.state.nj.us/education/students/safety/health/services/cardiac.pdf>

Certification by the parent/guardian that they received and reviewed the pamphlet, available at

<http://www.state.nj.us/education/students/safety/health/services/SuddenCardiacDeathPamphletSignOffSheet.pdf> .

A recorded webinar is posted at:

<https://www.nj.gov/education/students/safety/health/services/AthleteWebinar.shtml>

EPINEPHRINE TRAINING PROTOCOLS

N.J.S.A. 18A:40-12.6 requires that school nurses designate, in consultation with the board of education, and train school employees who volunteer to administer epinephrine when the school nurse is not physically present at the scene. Training Protocols for the Emergency Administration of Epinephrine pursuant to N.J.S.A. 18A:40-12.3–12.6 are available at:

<http://www.state.nj.us/education/students/safety/health/services/epi.pdf>

ANNUAL INSERVICE ABOUT ASTHMA

N.J.S.A. 18A:40-12.9 requires annual asthma education opportunities for teaching staff.

Additional resources can be found at: www.pacnj.org

FOOD ALLERGIES GUIDELINES

Guidelines for the Management of Life-Threatening Food Allergies in Schools were developed in accordance with N.J.S.A. 18A:40-12.3 – 12.6 to help school district and nonpublic school staff create safe environments for students with life-threatening food allergies. The guidelines are available at

<http://nj.gov/education/students/safety/health/services/allergies.pdf>

IMMUNIZATION REQUIREMENTS FOR SCHOOL-AGE YOUTH

School immunization laws are one of the most effective tools for preventing outbreaks of contagious diseases in schools and communities. All 50 states have school immunization requirements.

Administrators of all New Jersey public and nonpublic schools, including child care, preschool, Head Start, and K-12, are responsible for ensuring that all students are in compliance with N.J.A.C. 8:57-4, Immunization of Pupils in School regulations. Information is available at:

www.state.nj.us/education/students/safety/health/cdpr .

INFLUENZA VACCINE REQUIREMENTS

New Jersey requires all children six months through 59 months of age attending any licensed child care center or preschool facility annually receive at least one dose of influenza vaccine between September 1 and December 31 of each year. There is no grace period for unvaccinated children. Students who have not received the influenza vaccine by December 31st must be excluded from the child care/preschool facility for the duration of influenza season (through March 31st), until they receive at least one dose of the influenza vaccine, or until they turn 60 months of age. An Immunization Requirements FAQs at is available at: http://www.nj.gov/health/cd/documents/vaccine_qa.pdf

TUBERCULOSIS (TB) SCREENING AND GUIDANCE

Annual School TB screening and reporting guidance can be found at

http://www.nj.gov/health/tb/documents/tb_screening_guidance.pdf and

http://www.nj.gov/health/hivstdtb/documents/tb/Tuberculosis_Testing_NJ_Schools_Updated_2018.pdf

MODEL POLICY GUIDANCE ON SPORTS-RELATED CONCUSSIONS

N.J.S.A. 18A:40-41.3 requires each school district, charter school, and nonpublic school that participates in interscholastic athletics to adopt by September 1, 2011, a policy concerning the prevention and treatment of sports-related concussions and other head injuries among student athletes. Information on the student athlete concussion policy and guidance is available at:

www.state.nj.us/education/aps/cccs/chpe/concussions/

INTERSCHOLASTIC ATHLETIC HEAD INJURY SAFETY TRAINING PROGRAM

An educational fact sheet that provides information about sports-related concussions and other head injuries is available at: <http://www.state.nj.us/education/aps/cccs/chpe/concussions/fact.pdf>

ANNUAL DISTRIBUTION OF FACT SHEET ON HUMAN PAPILLOMAVIRUS (HPV)

N.J.S.A. 18A:40-42 requires public schools to annually distribute a fact sheet about vaccination against HPV to parents or guardians of students in grade seven. *The Commissioner of Education also shall make the educational fact sheet available to private schools educating students in grades seven through 12.* Such schools are encouraged, but not required, to distribute the fact sheet to parents or guardians of students at the school. The fact sheet is available at:

www.state.nj.us/health/cd/documents/hpv_brochure.pdf

POLICIES AND ANNUAL INSERVICE ABOUT BLOOD-BORNE PATHOGENS

Federal Occupational Safety and Health regulations require annual in-service training for district school staff. N.J.A.C. 8:61-2 (New Jersey Department of Health regulation) requires public and nonpublic schools and day care facilities to establish policies and procedures for handling blood and bodily fluids, and policies and procedures for post-exposure management. Schools and day care facilities are required to provide training and appropriate supplies for all school personnel.