

## ARTICLE V: STUDENT HEALTH

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## **POLICY 7-5.1 SAFETY**

### **Generally**

A primary consideration in all student activities and classes shall be the safety of the student. Hanover County Public Schools shall comply with the Code of Virginia requirements in matters relating to health, physical examinations, inoculations, and safety issues. Interpretations of any such regulations shall be sought from the Hanover County Department of Health.

### **Accident Prevention**

Hanover County students shall be instructed properly in accident prevention including proper conduct on streets and highways, the operation of motor vehicles and fire prevention.

### **Classes**

Students shall be carefully supervised at all times and extreme caution should be exercised in those classes where machinery or chemicals are used or in use. Protective eye devices shall be worn where required by law and in instances where any danger to the eyes of the student might be present.

### **Outside the Classroom**

Extreme care shall be taken that all equipment or grounds used by the students are free from hazardous conditions.

### **Student-Athlete Concussions During Extracurricular Activities**

Hanover County Public Schools desires the safe return to activity for all student-athletes participating in extracurricular physical activities following an injury, but particularly after a concussion or a suspected concussion. A concussion is defined as a brain injury that is characterized by an onset of impairment of cognitive and/or physical functioning, and is caused by a blow to the head, face or neck, or a blow to the body that causes a sudden jarring of the head (i.e., a helmet to the head, being knocked to the ground). A concussion can occur with or without a loss of consciousness, and proper management is essential to the immediate safety and long-term future of the injured individual.

The purpose of this policy is to ensure (i) that coaches, school staff, volunteers, student-athletes, and their parents or guardian are aware of the short-term and long-term effects of concussions; (ii) that concussed student-athletes are identified, removed from play immediately, and referred appropriately; and (iii) that concussed student-athletes are returned to play only after receiving appropriate medical care, given adequate time to heal, and are symptom free.

**LEGAL REFERENCE:** Code of Virginia, 1950, as amended, §§ 22.1-135, 22.1-136, 22.1-204, § 22.1-271.5, 22.1-274.1, and 22.1-275.

*Amended: August 9, 2011*

### **ACCOMPANYING REGULATIONS**

7-5.1 (A) SAFETY  
7-5.1 (B) EMERGENCIES  
7-5.1 (C) ACCIDENTS: INJURIES  
7-5.1 (D) STUDENT-ATHLETE CONCUSSIONS DURING EXTRACURRICULAR ACTIVITIES

## **REGULATION 7-5.1(A): SAFETY**

### **For Art, Science and Vocational Laboratories**

Students working with art materials or in laboratory settings should:

1. Dress appropriately for laboratory situations. Avoid neckties, loose jewelry, and excessively loose or bulky clothing. Safely secure long hair.
2. Read and complete all pre-laboratory assignments.
3. Learn the names and uses of standard art, science and vocational equipment.
4. Use only tools, equipment and materials that are assigned; never lend or borrow.
5. Know the use and location of safety equipment, i.e., fire extinguishers, fire blanket, safety goggles, first aid kit and protective clothing.
6. Always follow prescribed regulations for the wearing of safety goggles.
7. Remove all unnecessary materials (purses, notebooks, books, etc.) from the work area. Keep only required materials, directions, and data sheets in the work area.
8. Work quietly and remain in the assigned area. Do not engage in disruptive behavior or horseplay. Always conduct themselves safely.
9. Perform only activities or experiments that have been authorized by the teacher.
10. Follow all written and verbal instructions carefully. Ask questions about instructions they do not understand.
11. Re-read chemical labels and equipment instructions until understood. Be certain to use the proper items and know how to use them correctly before beginning an activity.
12. Keep hands and other items away from mouth, eyes, and body when conducting a laboratory exercise. Wash hands thoroughly at the conclusion of each laboratory or work session.
13. Clean and return all materials, tools, and equipment to the proper place.
14. Report ALL accidents and spills to the teacher immediately.
15. Discard all waste in designated receptacles. Never dispose of solids in sinks.
16. Never handle broken glass with bare hands. Use a brush and dust-pan or wet cotton-wads to pick up materials. Dispose of glassware in marked containers.
17. Remember, students MAY NOT:
  - a. remove tools, equipment, materials, or chemicals from the classroom or laboratory;
  - b. use laboratory tools, materials and equipment, such as gas, water electricity and chemicals unless instructed to do so;
  - c. enter storage areas;
  - d. take food or beverages into the laboratory;
  - e. leave power equipment running while unattended;
  - f. leave heat sources unattended;
  - g. leave chemical containers uncovered;
  - h. handle electrical equipment with wet hands;
  - i. ever apply substances directly to any part of the body.

## **REGULATION 7-5.1 (B): EMERGENCIES**

When emergencies occur, responsible personnel shall consult and follow the relevant school crisis management plan developed pursuant to Policy 4-2.2.

## REGULATION 7-5.1 (C): ACCIDENTS: INJURIES

### Generally

Accidents, injuries and serious illnesses of students shall be reported to the principal promptly. Every effort shall be made to contact the parent or guardian. School personnel should not go beyond emergency first aid measures. If the parent or guardian cannot be contacted, school personnel shall call the rescue squad or transport the student to his doctor or home as the individual case may require. Under no circumstances should the student be permitted to start home alone or be taken home and left alone.

The principal shall file a written report of injuries with the division superintendent's office promptly.

## REGULATION 7-5.1 (D): STUDENT-ATHLETE CONCUSSIONS DURING EXTRACURRICULAR ACTIVITIES

### 1. Definitions:

- a. **"Concussion"** means a brain injury that is characterized by an onset of impairment of cognitive and/or physical functioning, and is caused by a blow to the head, face or neck, or a blow to the body that causes a sudden jarring of the head (for example, a helmet to the head, or being knocked to the ground). A concussion can occur with or without a loss of consciousness.
- b. **"Licensed Health Care Provider"** – means a physician (MD), physician assistant (PA), osteopath (DO) or athletic trainer (ATC) licensed by the Virginia Board of Medicine; a neuropsychologist licensed by the Board of Psychology; or a nurse practitioner (NP) licensed by the Virginia State Board of Nursing.

### 2. Hanover County Public Schools Concussion Management Team

- a. The Hanover County Public Schools Concussion Management Team (CMT) shall be appointed by the Superintendent of Schools or his/her designee and shall include a school administrator, an athletic administrator, a licensed health care provider, a coach, a parent or guardian of a student-athlete, a student-athlete, and any other person the Superintendent appoints because of the person's particular knowledge and/or expertise.
- b. The CMT shall develop concussion training materials for school personnel, volunteers, student-athletes, and parents of student-athletes. The CMT also shall develop concussion reporting, management, and review protocols for the school division. The CMT shall maintain a record of all incidents where a student-athlete has been removed from a game, competition, or practice because he or she has been suspected of sustaining a concussion.
- c. The CMT shall appoint a chairperson and meet at least once per semester to evaluate the school division's training materials, concussion reporting, management, and review protocols annually.

### 3. Required Concussion Training for School Personnel and Volunteers

- a. Every coach, assistant coach, school staff, adult volunteer, or other person serving in a coaching or advisory role over student-athletes during games, competitions, or practices shall receive training in the signs and symptoms of

sports-related concussions, strategies to reduce the risk of concussions, ways to seek proper medical treatment for concussions, and the process by which a concussed student-athlete may safely return to practice or competition. Each school principal or his/her designee shall maintain a written record of the names and dates of completion for all persons completing the school's concussion training. The principal or his/her designee shall provide the CMT with a written record of the names and dates of completion for all persons completing the school's concussion training.

- b. The principal or his/her designee shall ensure that no person is allowed to coach or advise a student-athlete in any practice, game, or competition who has not completed the school's concussion training within the previous twelve months.

4. Required Training for Student-Athletes and Parents/Guardians

- a. Each school principal or his/her designee shall ensure that each student-athlete and the student-athlete's parent or guardian review concussion training materials developed by the CMT and sign a statement acknowledging receipt of such information prior to participating in any extracurricular physical activity. The concussion training materials shall describe the short-and long-term health effects of concussions.
- b. The signed statements acknowledging the receipt of concussion training materials shall be valid for one calendar year and will satisfy the concussion training requirements for all of a student-athlete's extracurricular physical activities for a calendar year. The principal or his/her designee will provide the CMT with a written record of the signed statements for all persons receiving the school's concussion training materials.

5. Removal from Extracurricular Physical Activities and Gradual Return to Sport Progression Program

When a student-athlete is suspected of sustaining a concussion by the athletic trainer, coach, or member of the school staff, in practice or during a game, that student will be removed from the activity at that time. Once removed from play, the student-athlete in question will be evaluated and the concussion management plan shall be implemented as outlined below:

- a. An evaluation/sideline assessment of student-athlete will be conducted:
  - If there is a Licensed Health Care Provider on-site, he/she shall evaluate the student-athlete at the time of removal, utilizing a standardized concussion sideline assessment instrument (e.g., the Sideline Concussion Assessment Tool (SCAT2), the Standardized Assessment of Concussion (SAC), or the Balance Error Scoring System (BESS))
    - i. If the Licensed Health Care Provider's evaluation determines that the student-athlete is suspected of having sustained a concussion, that determination is final. The student-athlete shall not be allowed to return to any activities (conditioning, practices or game) that day and may not return to any activities until evaluated and cleared by a Licensed Health Care Provider.

- ii. If the Licensed Health Care Provider's evaluation determines that the student-athlete is **not** suspected of having sustained a concussion, the student-athlete may resume the activity.
- If there is no Licensed Health Care Provider available, the coaching staff must act more conservatively. The student-athlete will be removed from the activity immediately. The athlete will not be allowed to return to any activities (conditioning, practices or game) that day and may not return to any activities until evaluated and cleared by a Licensed Health Care Provider.
- b. A member of the coaching or school staff shall contact the student-athlete's parent immediately to notify him/her of the injury. If the student-athlete has been removed from the activity, the staff member also shall provide the parent with the HCPS Concussion Medical Evaluation Form (to be completed by a Licensed Health Care Provider), written information on the Gradual Return to Sport Progression Program, and a chart of signs and symptoms of a concussion.
- c. The student-athlete will begin the Gradual Return to Sport Progression Program when:
  - The student-athlete has received written medical clearance (using a HCPS Concussion Medical Evaluation Form) from a Licensed Health Care Provider; and,
  - The student-athlete no longer exhibits any signs or symptoms consistent with a concussion (asymptomatic).
- d. Returning to play:
  - Once a Licensed Health Care Provider has approved a student-athlete's return to play, the Athletic Trainer will begin to implement the Gradual Return to Sports Progressive Program for the student-athlete. (Middle school student-athletes must report to the Athletic Trainer at the student's corridor high school.)
  - The student-athlete must progress through each step of the program as long as he or she remains asymptomatic. The student-athlete's progress will be monitored by the Athletic Trainer. The student-athlete's progress through each step will take at least 24 hours, and progression through the entire program takes a minimum of 5-7 days to complete, depending on the nature of the sport. The student-athlete may resume full game participation upon completion of the program, provided concussion symptoms do not return. A return of concussion symptoms indicates inadequate recovery from the concussion. If concussion symptoms return during the student-athlete's progression through the program, the student-athlete may not progress further in the program until he/she is asymptomatic again for 24 hours. Once the student-athlete has been asymptomatic for 24 hours, he/she must repeat the last step in the program the student-athlete completed.
- e. The role of the Athletic Trainer will be to frequently monitor and evaluate the student-athlete from the moment of the injury until return to play. This will include a daily re-evaluation of the student-athlete, supervision in the gradual return to sport progression program, and providing final return to play clearance. (See chart below.)

- f. The coach and/or Athletic Trainer of a student-athlete may elect not to allow a student-athlete to return to extracurricular physical activities, even after the production of written medical release from the student-athlete's licensed health care provider, if the coach and/or Athletic Trainer observe signs and symptoms of concussions.
6. Helmet Replacement and Reconditioning
- a. All helmets used in school physical activities must conform to the National Operations Committee on Standards for Athletic Equipment (NOCSAE) and must be certified as conforming by the manufacturer at the time of purchase.
  - b. Reconditioned helmets which have been purchased must be recertified as conforming to the NOCSAE by the reconditioner.

**Gradual Return to Sport Progressive Program Chart**

<b>Rehabilitation Stage</b>	<b>Functional exercise at each stage of rehabilitation</b>	<b>Objective of each stage</b>
1. No Activity	Complete physical and cognitive rest	Recovery
2. Light aerobic exercise	Walking, swimming, stationary cycling at less than 70% maximum heart rate; no resistance exercises	Increase heart rate
3. Sport-Specific exercise	Specific sport-related drills but no head impact	Add movement
4. Non-contact training drills	More complex drills, may start light resistance training	Exercise, coordination, and cognitive load
5. Full contact practice	After medical clearance, participate in normal training activities  <i>*At the conclusion of day five, the student will be reevaluated to determine if additional rehabilitation is required depending on the nature of the sport to resume full game participation provided symptoms do not return. A return of symptoms indicates inadequate recovery from the concussion.</i>	Restore confidence and assess functional skills by coaching staff
6. Return to play	Normal game play	

\* Table/Chart adapted taken from:  
 Concussion Rehabilitation/Stepwise Return to Play (from the American Academy of Pediatrics- Sport-Related Concussion in Children and Adolescents – Published August 2010  
 Journal of Science and Medicine in Sport – Consensus statement – Concussion Conference in Zurich, November 2008

*Adopted: September 27, 2011*

## **POLICY 7-5.2: STUDENT INSURANCE**

### **Generally**

The division superintendent or his designee shall make available through each local school student accident and dental insurance programs covering accidents occurring during the time students are under the supervision of school personnel. The insurance is voluntary on the part of students and parents, and they shall pay the premium.

The division superintendent or his designee shall elect annually a company to provide such insurance. Criteria for the selection of such insurance company shall include, but not be limited to cost, service and other specifications judged to be of importance. The amount of staff time invested in this program shall be kept to a minimum.

**LEGAL REFERENCE:** Code of Virginia, 1950, as amended, §§ 22.1-78, 22.1-79.

*Recodified: August 2000*

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## **POLICY 7-5.3: COMMUNICABLE DISEASES**

Hanover County Public Schools recognizes the importance of protecting its students and employees from the transmission of communicable diseases which represent a threat to their health and safety, while also protecting the legitimate interests and rights of students and employees with communicable diseases. In carrying out this responsibility, the Hanover County School Board directs the division superintendent to act in compliance with applicable law to exclude from school attendance any person who has a communicable disease. Both the decision to remove the student or employee and the decision to readmit the student or permit the employee to return to work shall be made by the division superintendent based upon consultation with the local health department, the student's or employee's physician and/or other medical authorities. See Policy and Regulation 7-2.1.

The identity of a student who has a communicable disease will be kept confidential and will be revealed only in accordance with state law. An alternative educational program should be made available to any student whose removal pursuant to this Policy is expected to result in a prolonged absence from school or where otherwise required by law.

Administrative procedures concerning the exclusions of employees and students with communicable diseases will be consistent with the requirements of law, including the policies of the Virginia Department of Education, and should reflect current medical knowledge and research.

**LEGAL REFERENCE:** Code of Virginia, 1950, as amended, §§ 22.1-271.3, 22.1-271.4.

*Recodified: August 2000*

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## **POLICY 7-5.4 BLOOD BORNE CONTAGIOUS OR INFECTIOUS DISEASES**

The attendance at school of Hanover County students who suffer from blood borne diseases which are infectious or contagious, such as AIDS and Hepatitis B, and which may be transmitted by the exchange of body secretions, shall be determined by the division superintendent on a case-by-case basis. The division superintendent shall obtain the advice of the local department of health to assist him in making his determination. The student may be excluded from school and school-related functions pending the division superintendent's decision. The division superintendent shall issue regulations setting forth the procedures to be followed to effectuate this Policy. See Policy and Regulation 7-2.1.

The identity of a student who has tested positive for human immunodeficiency virus shall be confidential in accordance with state law.

An alternative educational program shall be made available to any student whose removal pursuant to this Policy is expected to result in a prolonged absence from school or where otherwise required by law.

Training in the use of universal precautions for handling blood shall be conducted periodically in accordance with state and federal law. Universal precautions for handling blood shall be implemented within the school setting and on buses in accordance with state and federal law and guidelines. *See Regulation 7-2.1.*

**LEGAL REFERENCE:** Code of Virginia, 1950, as amended, §§ 22.1-272, 22.1-271.4.

*Recodified: August 2000*

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## **POLICY 7-5.5 ADMINISTERING MEDICINES TO STUDENTS**

### **Prescription Medicines**

Hanover County Public School personnel may give medication to students only with a written order of a physician, physician's assistant, or nurse practitioner and a signed request from a parent or guardian. Such medicine must be in the original container and delivered to the principal, school nurse, or school division designee by the parent or guardian of the student.

### **Nonprescription Medications**

Hanover County Public School personnel may give non-prescription medication to students only with the written permission from the parent or guardian. Such permission shall include the name of the medication, the required dosage of the medication, and the time the medicine is to be given. Such medicine must be in the original container and delivered to the principal, school nurse, or school division designee by the parent or guardian of the student. In order for medication to be given to a student for more than ten (10) consecutive school days, written permission from the student's physician shall be required.

### **Guidelines**

The division superintendent shall develop guidelines for administration of medicines to students and for the secure storage of such medicines.

### **Self-Care for Students Who Are Diagnosed with Diabetes**

Hanover County Public Schools students with a diagnosis of diabetes, with parental consent and written approval from the prescriber (as that term is defined in Virginia Code §54.1-3401) may (i) carry with him/her and use supplies, including a reasonable and appropriate short-term supply of carbohydrates, an insulin pump, and equipment for immediate treatment of high and low blood glucose levels, and (ii) self-check his/her own blood glucose levels on a school bus, on school property, and at a school-sponsored activity.

A School Board employee who is a registered nurse, licensed practical nurse, or certified nurse aide and who has been trained in the administration of insulin, including the use and insertion of insulin pumps and the administration of glucagon, may assist a student who is diagnosed with diabetes and who carries an insulin pump with the insertion or reinsertion of the pump or any of its parts. Written permission from the student's prescriber and parental consent shall be obtained for any such employee to assist with the insertion or reinsertion of the pump or any of its parts. Nothing in this policy requires any employee to assist with the insertion or reinsertion of the pump or any of its parts.

### **Student Possession and Self-Administration of Asthma Medications**

Hanover County Public Schools students with a diagnosis of asthma may possess and self-administer inhaled asthma medication during the school day, at school-sponsored activities, or while on a school bus or other school property, consistent with the provisions of this Policy and applicable law.

1. The student must provide to the relevant school clinic a completed Authorization and Permission for Administration of Medication form, signed by his parent, guardian or legal custodian. The student must also provide a written order from an appropriate health care provider as is further described in paragraph 2, below. The medication must be properly labeled by the pharmacy or physician. The nurse or clinic attendant may require the student to demonstrate his ability to safely and effectively self-administer the medication, consistent with the other provisions of this Policy. To evaluate the efficacy of the medication, the elementary school students who self-administer asthma medications should report to the nurse or clinic attendant within a reasonable time after taking the medications. Secondary school students who need and self-administer the three doses of asthma medication per school day should report to the nurse or clinic attendant as soon as possible after administering the third dose for evaluation of respiratory status.
2. The student must provide a written order from his primary care provider, medical specialist, licensed physician or a licensed nurse practitioner, which order must include: (i) the student's name; (ii) a statement that the student has a diagnosis of asthma and approval to self-administer inhaled asthma medications that have been prescribed or authorized for the student; (iii) the name and dosage of the medication, the frequency in which it is to be administered and certain circumstances which may warrant the use of inhaled asthma medications, such as before exercising or engaging in physical activity to prevent the onset of asthmatic symptoms or to alleviate asthmatic symptoms after the onset of an asthmatic episode; and (iv) an attestation that the student has demonstrated an ability to safely and effectively self-administer inhaled asthma medications.
3. With cooperation from the student, his family and relevant school officials, the school nurse or clinician will develop an individualized health care plan for the student, which plan shall include emergency procedures for any life-threatening conditions. The student's parent, legal guardian, or custodian shall complete the Parental Permission for Medical Care form.
4. School officials, including the relevant nurse or clinician, will not impose any limitations or restrictions on or revoke permission for the student to possess or self-administer inhaled asthma medications without first consulting with the student's parent, legal guardian or custodian.
5. Self-administration of inhaled asthma medications by Hanover County Public Schools students shall be consistent with the purposes of the Virginia School Health Guidelines and the Guidelines for Specialized Health Care Procedure Manuals, which are jointly issued by the Virginia Departments of Education and Health.
6. Disclosure or dissemination of information pertaining to the health condition of a student to School Board employees shall comply with the provisions of Virginia Code §§ 22.1-287 and 22.1-289, and the federal Family Education Rights and Privacy Act of 1974, as amended, 20 U.S.C. §§ 22.1-1232(g).

Any school principal or other School Board employee who, in good faith, without compensation, and in the absence of gross negligence or willful misconduct, supervises the self-administration of inhaled asthma medications by a student, may not be held liable for any civil damages for acts or omissions resulting from same supervision.

The permission granted a student with a diagnosis of asthma to possess and self-administer inhaled asthma medications shall be effective for one school year. Permission to possess and self-administer inhaled asthma medications shall be renewed annually. For the purposes of this section, "one school year" means 365 calendar days.

### **Stock Epinephrine**

Each school within the school division will properly maintain and store at least two (2) unexpired doses of auto-injectable epinephrine (hereinafter "stock epinephrine"). Stock epinephrine shall be administered only by a school nurse or other school board employee who has been authorized by a prescriber and has been trained in the administration of epinephrine. Stock epinephrine shall be administered to any student believed to be having an anaphylactic reaction on school premises, during the school day. This policy does not extend to activities off school premises (such as traveling on a school bus, attending field trips, etc.) or to activities outside the academic day (such as sporting events, extra-curricular activities, etc.). This policy is not intended to replace student-specific orders or individual parent-provided medications.

**LEGAL REFERENCE:** Code of Virginia, 1950, as amended, § 22.1-78, 22.1-274.01:1, 22.1-274.2, 22.1-287, 22.1-289, 54.1-2952.2, 54.1-2957.02, 54.1-3408; Family Education Rights and Privacy Act of 1974, 20 U.S.C. § 1232(g).

*Recodified: August 2000*

*Amended: July 13, 2010, August 14, 2012, June 10, 2014, July 11, 2017*

## **ACCOMPANYING REGULATION**

### **REGULATION 7-5.5 GUIDELINES FOR ADMINISTERING MEDICINES TO STUDENTS**

Any student who must take medication during school hours must have the parent/guardian complete an Authorization and Permission for Administration of Medication Form, available in the school clinic. Students diagnosed with diabetes, with parental consent and written approval from the prescriber, may carry and use supplies for the treatment of high and low blood glucose levels, and self-check his/her own blood glucose levels, as authorized in Policy 7-5.5. All other medication must be brought to school in the original container which shall be maintained in and dispensed from the school clinic. Medication should be labeled with student's name, name of medication, dosage, directions for use (time to be given), and date. Self-administration of asthma medication may be arranged through the building principal and school nurse.

#### **Prescription Medication**

1. A written order from the student's physician giving the name, dosage and time to be administered is required for each medication. The prescription label on the bottle may be accepted as the physician's order for those medications given for less than ten (10) consecutive school days.
2. The medication must be brought to school by the parent or legal guardian in the original container which is appropriately labeled by the pharmacist or the physician. An Authorization and Permission for Administration of Medication Form must be completed by the parent. The physician's order and medication label must agree.
3. Only a one (1) week or less supply of medication should be brought to school unless medication is taken on a daily basis throughout the school year. Unused medication should be picked up by the parent or legal guardian.
4. The School Medication Record is utilized to document when each medication dose is given to a student.
5. Exceptions to these regulations may be necessary depending on individual circumstances. Exceptions may be authorized only by the principal or his designee.

#### **Non-Prescription Medication**

1. Written permission for a student to take non-prescription medication at school must indicate student's name, the name of medication, dosage, time to be given, and the parent or legal guardian's signature.
2. The medication and permission must be delivered to the school by the parent or legal guardian in the original container.
3. Any non-prescription medication which is to be given for more than ten (10) consecutive school days must be authorized in writing by a physician.
4. The School Medication Record is utilized to document when each medication dose is given to a student.
5. Exceptions to these regulations may be necessary depending on individual circumstances. Exceptions may be authorized only by the principal or his designee.

The possession, sale, distribution, or use of alcohol, imitation alcohol (including non-alcoholic malt beverages), dangerous and/or illegal drugs (including anabolic steroids) or substances, or being under their influence is prohibited and will result in strict disciplinary action as prescribed in the Code of Student Conduct.

### **Administration of Medications by Unlicensed Assistive Personnel**

Hanover County Public Schools shall allow the administration of medications to students in accordance with a physician's instructions pertaining to dosage, frequency, and manner of administration and with written authorization of a parent by an employee not licensed by the boards of nursing or medicine, in accordance with school board regulations relating to training, security and record keeping. Training for such persons shall include but not limited to medical terminology and abbreviations (including definitions and or descriptions), an overview of medications, how to maintain aseptic techniques, what must be addressed prior to administering medications, general medication administration procedures, route-specific medication procedures, emergency protocol for medication related reactions, safe storage of medications, and a review of all forms needed for the safe and efficient administration of medication. The training program administered by school health services, will be accomplished through a program by the local school boards, in consultation with the local departments of health.

### **Epinephrine**

Parents of students with known life-threatening allergies and/or anaphylaxis are expected to provide the school with all necessary medications for implementing the student's specific order(s), along with written instructions from the student's health care provider for handling anaphylaxis, on an annual basis.

### Training

Administrators at each school shall be responsible for identifying at least two employees, in addition to the school nurse, to be trained in the administration of epinephrine by auto-injector. Training shall be conducted in accordance with the most current edition of the Virginia Department of Education's Manual for Training Public School Employees in the Administration of Medication. Training shall be conducted at least annually.

### Post Event Actions

Once epinephrine is administered, local Emergency Medical Services (911) shall be activated.

### Storage, Access and Maintenance

Epinephrine should be stored in a safe, unlocked and accessible location, in a dark place at room temperature (between 59-86 degrees F). Epinephrine should not be maintained in a locked cabinet or behind locked doors. Staff should be made aware of the storage location in each school. It should be protected from exposure to heat, cold or freezing temperatures. Exposure to sunlight will hasten deterioration of epinephrine more rapidly than exposure to room temperatures. The expiration date of epinephrine solutions should be periodically checked; the drug should be replaced if it is approaching the expiration date. The contents should periodically be inspected through the clear window of the auto-injector. The solution should be clear; if it is discolored or contains solid particles, replace the unit.

Each school should maintain documentation that stock epinephrine has been checked on a monthly basis to ensure proper storage, expiration date, and medication stability.

The school division shall maintain a sufficient number of extra doses of epinephrine for replacement of used or expired school stock on the day it is used or discarded. Expired auto-injectors or those with discolored solution or solid particles should not be used. They should be discarded in a sharps container.

*Amended: August 10, 2010, August 14, 2012, June 10, 2014*

#### **POLICY 7-5.6 PSYCHOLOGICAL EVALUATION AND SURVEYS OF STUDENTS**

Psychiatric or psychological examination, testing or treatment, or survey, analysis or evaluation conducted as part of any program which is funded by the United States Department of Education shall be conducted in accordance with 20 U.S.C. § 1232h. Any such examination, testing or treatment within the definition of human research as defined by § 22.1-16.1 of the Code of Virginia shall be conducted in accordance with state law and regulation.

**LEGAL REFERENCE:** Code of Virginia, 1950, as amended, §§ 22.1-16.1, 32-162.16 et seq.; 20 U.S.C. Section 1232(h), 45 C.F.R. Section 46.

*Recodified: August 2000*

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#### **POLICY 7-5.7 CHILD ABUSE AND NEGLECT REPORTING**

Every employee of Hanover County Public Schools who, in his professional or official capacity, has reason to suspect that a child is an abused or neglected child, shall immediately report the matter to:

1. The local department of social services where the child resides or where the abuse or neglect is believed to have occurred;
2. The Virginia Department of Social Services toll-free child abuse and neglect hotline; or
3. The person in charge of the school or department, or his designee, who shall make the report immediately.

Posted in each school within the School Division shall be a notice that: i) any teacher or other person employed in a public or private school who has reason to suspect that a child is an abused or neglected child, including any child who may be abandoned, is required to report such suspected cases of child abuse or neglect to local or state social services agencies or the person in charge of the relevant school or his designee; and (ii) all persons required to report cases of suspected child abuse or neglect are immune from civil or criminal liability or administrative penalty or sanction on account of such reports unless such person has acted in bad faith or with malicious purpose. The notice shall also include the Virginia Department of Social Services toll-free child abuse and neglect hotline.

**LEGAL REFERENCE:** Code of Virginia, 1950, as amended, § 22.1-291.3; 63.2-1509, et seq.

*Recodified: August 2000*

*Amended: September 14, 2004*

## **POLICY 7-5.8 BUS AND SAFETY PATROLS**

### **Bus Patrols**

The Hanover County Public Schools administration may organize school bus safety patrols to assist bus drivers in carrying out safe practices on and around school buses. The patrols shall have the responsibility for cooperating with the driver and principal in the interest of the safe operation of the buses.

### **Safety Patrols**

The schools may organize safety patrols to assist students in the schools. Safety patrols may be asked to serve at designated locations. Members of school safety patrols shall receive adequate instruction in the appropriate duties and procedures and at all times shall be under the supervision of a competent adult who is a regular member of the school faculty.

**LEGAL REFERENCE:** Code of Virginia, 1950, as amended, § 22.1-78.

*Recodified: August 2000*

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## **POLICY 7-5.9 SUICIDE PREVENTION**

The Hanover County School Board is committed to protecting its students from the risk of suicide.

Any employee licensed by the Board of Education as instructional or administrative personnel who, in the scope of his/her employment, has reason to believe, as a result of direct communication from a student, that such student is at imminent risk of suicide, shall immediately notify the principal of the student's school, and shall, as soon as practicable, contact at least one of the student's parents/guardians to ask whether such parent/guardian is aware of the student's mental state and whether the parent/guardian wishes to obtain or has already obtained counseling for such student.

### **Parental Abuse or Neglect**

If the student has indicated that the reason for being at imminent risk of suicide relates to parental abuse or neglect, contact shall not be made with the parent. Instead, the employee shall, as soon as practicable, notify the local department of social services of the county or city wherein the student resides or wherein the abuse or neglect is believed to have occurred or the Virginia Department of Social Services' toll-free child abuse and neglect hotline, as required by Virginia Code § 63.2-1509. When giving this notice to the local or state department, the employee shall stress the need to take immediate action to protect the child from harm.

### **Contacting the Parent/Guardian**

If the "Parental Abuse or Neglect" section above does not apply, then the employee shall call at least one of the student's parents/guardians. When contacting a parent/guardian, the employee should:

1. Provide the employee's name and position in the school;
2. Tell the parent/guardian that the employee has reason to believe, as a result of direct communication from the student, that the student is at imminent risk of suicide;
3. Assure the parent/guardian that the student is currently safe;
4. State the legal requirement for the call, citing § 22.1-272.1 of the Code of Virginia;
5. Ask the parent/guardian whether he or she is aware of the student's mental state;
6. Ask the parent/guardian whether he or she wishes to obtain or has obtained mental counseling for the student;

7. Provide names of community counseling resources if appropriate and offer to facilitate the referral; and
8. Determine the parent's intent to seek appropriate services for the student.

#### **Inability to Reach Parent/Guardian**

If the employee is unable to make contact with the parent/guardian by the end of the school day, then the employee shall follow the school's crisis management plan.

#### **Required Documentation**

The employee shall document the phone call to the parent/guardian by recording: (a) the time and date of the call; (b) the individual contacted; (c) the parent/guardian's response; and (d) anticipated follow-up.

#### **Additional Concerns**

If parent/guardian contact is made and, in the course of this contact, relevant issues of abuse or neglect are discovered (e.g., the parent/guardian acknowledges the student's suicidal intent but indicates no intent to act for the well-being of the student), the employee shall report the abuse or neglect with the local department of social services of the county or city wherein the student resides or wherein the abuse or neglect is believed to have occurred or the Virginia Department of Social Services' toll-free child abuse and neglect hotline, as required by Virginia Code § 63.2-1509.

#### **Duty to Keep Student Safe and Secure**

A student who is at imminent risk of suicide shall remain under adult supervision until a parent/guardian or other authorized individual accepts responsibility for the student's safety.

**LEGAL REFERENCE:** Code of Virginia, 1950, as amended, §§ 22.1-272.1 and 63.2-1509; Virginia Board of Education, "Suicide Prevention Guidelines" (Rev. 2003).

*Recodified: August 2000*

*Amended: October 11, 2016*

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#### **POLICY 7-5.10 RECOMMENDATION OF MEDICATION BY SCHOOL PERSONNEL**

School personnel are prohibited from recommending the use of psychotropic medications for any student. School health staff, classroom teachers, or other school professionals may recommend that a student be evaluated by an appropriate medical practitioner. In addition, school personnel may consult with a medical practitioner who is serving the student with the written consent of the student's parent.

For the purpose of this policy, "psychotropic medications" means those medications that are prescribed with the intention of altering mental activity or state, including, but not limited to, antipsychotic, antidepressant and anxiolytic medication and behavior-altering medication.

**LEGAL REFERENCE:** Code of Virginia, 1950, as amended, section 22.1-274.3; Superintendent's Memorandum No. 54 (August 16, 2002).

*Adopted: July 16, 2003*

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