

WEIL'S CODE OF RHODE ISLAND RULES
AGENCY 14. DEPARTMENT OF HEALTH
SUB-AGENCY 000. GENERAL
CHAPTER 011. SCHOOL HEALTH PROGRAMS

CRIR 14-000-011 (2008)

14 000 011 SCHOOL HEALTH PROGRAMS

AGENCY 08. DEPARTMENT OF ELEMENTARY AND SECONDARY
EDUCATION

SUB-AGENCY 000. GENERAL

CHAPTER 005. SCHOOL HEALTH PROGRAMS

INTRODUCTION

These Rules and Regulations for School Health Programs (R16-21-SCHO) are promulgated pursuant to the authority conferred under RIGL Chapters 16-21, 35-4, and 23-1-18(4) and are established for the purpose of adopting prevailing standards pertaining to school health programs.

Amendments were also promulgated in January 1996 for the purpose of addressing cases of anaphylaxis among students in Rhode Island schools. Anaphylaxis is a medical condition which requires immediate attention. Because children spend a significant portion of their time at school, it is crucial that school personnel are trained to respond effectively to cases of anaphylaxis.

In the development of these amended regulations, consideration was given to: (1) alternative approaches; and (2) overlap or duplication which may result from the amended regulations. Based on information available, no alternative approach, overlap or duplication was identified. Consequently, these regulations are adopted in the best interest of students in this state. Professional staff at the Departments of Health and Education shall be available to provide guidance on the implementation of these rules and regulations, as needed.

These Rules and Regulations for School Health Programs (R16-21-SCHO) shall supersede all previous rules and regulations pertaining to school health programs and the health and safety of pupils and promulgated by the Departments of Education and Health and filed with the Secretary of State.

PART I

DEFINITIONS AND GENERAL REQUIREMENTS

Section 1.0 Definitions.

Wherever used in these rules and regulations the terms listed below shall be construed as follows:

1.1 "Added sweetener" shall mean any additive, including natural or artificial additives that enhances the sweetness of the beverage, including, added sugar, but does not include, the naturally occurring sugar or sugars that are contained within milk or fruit juice.

1.2 "Anaphylaxis" refers to a potentially fatal, acute allergic reaction to a substance (such as stinging insects, foods and medications) that is induced by an exposure to the substance. Manifestations of anaphylaxis may be cutaneous (such as hives, itchiness, swelling), cardiorespiratory (swelling of tongue, throat, wheezing, difficulty breathing, low blood pressure), central nervous system (lethargy, coma) and others.

1.3 "At school", as used in section 36.0 herein, means in a classroom, elsewhere on or immediately adjacent to school premises, on a school bus or other school-related vehicle, at an official school bus stop, or at any school-sponsored activity or event whether or not it is held on school premises.

1.4 "Audiologist" means an individual licensed in this state in accordance with the Rules and Regulations for Licensing Speech Pathologists and Audiologists (R5-48-SPA) of reference 8 who specializes in preventing, identifying, and assessing hearing disorders, as well as providing audiologic treatment including hearing aids and other assistive listening devices.

1.5 "Audiometric aide" means an individual registered in this state in accordance with the Rules and Regulations for Licensing Speech Pathologists and Audiologists (R5-48-SPA) of reference 8.

1.6 "Certified health educator" means an individual who holds the appropriate certification as a health educator in accordance with the requirements of the Rhode Island Department of Elementary and Secondary Education.

1.7 "Certified school nurse-teacher" means an individual who is licensed as a professional (registered) nurse in this state pursuant to Chapter 5-34 of the RIGL and is certified by the Rhode Island Department of Elementary and Secondary Education as a Certified School Nurse-Teacher.

1.8 "Community" means any city, town or regional school district established pursuant to state law and/or the Department for Children, Youth, and Families and any school operated by the state Department of Elementary and Secondary Education; provided, however, that the Department for Children, Youth and Families shall not have those administrative responsibilities and obligations as set forth in Chapter 2 of Title 16 ("Education"); provided, however, the member towns of the Chariho Regional High School District, created by Chapter 55 shall constitute separate and individual

communities for the purpose of determining and distributing said Foundation Level School support including state aid for non-capital excess expenses for the special education of handicapped children provided for in Chapter 16-24-6 of the RIGL for all grades financed in whole or in part by said towns irrespective of any regionalization pursuant to Chapter 16-7 of the RIGL entitled, "Foundation Level School Support."

1.9 "Confidential health care information" means all information relating to a patient's health care history, diagnosis, condition, treatment or evaluation obtained from a health care provider who has treated the patient.

1.10 "Controlled substance" means a drug, substance, or immediate precursor in schedules I--V of Chapter 21-28-1.02 of the RIGL.

1.11 "Dental hygienist", as used herein, means an individual licensed to practice dental hygiene in the United States.

1.12 "Dentist", as used herein, means an individual licensed in the United States to practice dentistry.

1.13 "Education record" means those records that are: 1. directly related to a student; and 2. maintained by an educational agency or institution or by a party acting for the agency or institution.

1.14 "Emergency" means a medical or psychological condition where the absence of immediate intervention could reasonably be expected to result in placing the student's health (or another student's health) in serious jeopardy; serious impairment to bodily or psychological functions; or serious dysfunction of any bodily organ or part.

1.15 "Emergency care plan (ECP)" means a set of procedural guidelines that provides specific directions about what to do in a particular emergency situation. A student with special health care needs may have both an ECP and an individualized health care plan (IHCP). The ECP may be formulated as part of the IHCP.

1.16 "Epinephrine auto-injectors" refers to any device that is used for the automatic injection of epinephrine into the human body to prevent or treat anaphylaxis.

1.17 "Eye care provider", as used herein, means an individual licensed in the United States to practice optometry or medicine (i.e., ophthalmology).

1.18 "Follow up" means the contact with a student, parent as defined herein, and/or service provider to verify receipt of services, provide clarification and determine the need for additional assistance.

1.19 The "governing body" means the body or board or committee or individual, or the designated agent(s) or designee(s) of the aforementioned, responsible for, or who has control over, the administration of any elementary or secondary school, public or non-

public, in the state of Rhode Island.

1.20 "Harassment, intimidation or bullying", as used in section 36.0 herein, means an act that violates a school committee's policy enacted under section 16-21-26 RIGL to prevent harassment, intimidation, or bullying.

1.21 "Hazardous chemical" means a chemical for which there is statistically significant evidence based on at least one study conducted in accordance with established scientific principles that acute or chronic health effects may occur in exposed employees. The term "health hazard" includes chemicals that are carcinogens, toxic or highly toxic agents, reproductive toxins, irritants, corrosives, sensitizers, hepatotoxins, nephrotoxins, neurotoxins, agents that act on the hematopoietic systems, and agents that damage the lungs, skin, eyes, or mucous membranes.

1.22 "Health" is the quality of a person's physical, psychological, and sociological functioning that enables him or her to deal effectively with self and others in a variety of situations.

1.23 "Health care provider/agency" means any person/agency licensed by this state to provide or otherwise lawfully able to provide health care services, including, but not limited to, a physician, chiropractor, hospital, intermediate care facility or other health care facility, dentist, dental hygienist, nurse, physician assistant, nurse practitioner, optometrist, podiatrist, pharmacist, physical therapist, psychiatric/clinical social worker, mental health counselor, or psychologist and any officer, employee or agent of that provider acting in the course and scope of his/her employment or agency related to or supportive of health services.

1.24 "Health education" means comprehensive sequential K through 12 instruction that builds a foundation of health knowledge, develops the motivation and skills required of students to cope with challenges to health and provides learning opportunities designed to favorably influence health attitudes, practices and behavior that will impact lifestyles, educational performance and achievements and long range health outcomes and is in accordance with the requirements of section 3.4 herein.

1.25 "Healthier beverages" shall be defined as:

1.25.1 Water, including carbonated water, flavored or sweetened with one hundred percent (100%) fruit juice and containing no added sweetener.

1.25.2 Two percent (2%) fat milk, one percent (1%) fat milk, nonfat milk, and dairy alternatives, such as fortified soy beverages; plain or flavored, with a sugar content of not more than four (4) grams per ounce.

1.25.3 One hundred percent (100%) fruit juice or fruit based drinks that are composed of no less than fifty percent (50%) fruit juice and have no added sweetener.

1.25.4 Vegetable-based drinks that are composed of no less than fifty percent (50%) vegetable juice and have no added sweetener.

1.26 "Healthier snacks" shall be defined as:

1.26.1 Individually sold portions of nuts, nut butters, seeds, eggs, and cheese packaged for individual sale, fruit, vegetables that have not been deep fried, and legumes. 3

1.26.2 Individually sold portions of low fat yogurt with not more than four (4) grams of total carbohydrates (including both naturally occurring and added sugars) per ounce and reduced fat or low fat cheese packaged for individual sale.

1.26.3 Individually sold enriched or fortified grain or grain product; or whole grain food items that meet all of the following standards based on manufacturers' nutritional data or nutrient facts labels:

(i) Not more than thirty percent (30%) of its total calories shall be from fat.

(ii) Not more than ten percent (10%) of its total calories shall be from saturated fat.

(iii) Not more than seven (7) grams of total sugar (includes both naturally occurring and added sugars) per ounce.

1.27 "Hearing impairment" means an impairment in hearing, whether permanent or fluctuating, that affects a student's educational performance.

1.28 "Individualized health care plan (IHCP)" means a comprehensive plan for care of children with special health care needs developed by the certified school nurse teacher in collaboration with the student, parents/guardians, school staff, community, and health care provider(s), as appropriate.

1.29 "Individualized health services" means services provided to individual students who attend school within the community which are specific to the health needs of the individual student, such as medication administration, and are not included in the health examination/screenings, record keeping and reporting requirements described in section 6.1.1 herein.

1.30 "Laboratory" means a facility where the laboratory use of hazardous chemicals occurs. It is a place where relatively small quantities of hazardous chemicals are used on a non-production basis.

1.31 "Local education agency" means an educational agency at the local level that exists primarily to operate schools or to contract for educational services for elementary and secondary public and non-profit private schools. For non-profit private schools, this includes the building owner.

1.32 "Mandated instructional outcomes" are statements which indicate what health knowledge and skills students should have at the completion of a specific health unit.

1.33 "Medication" means a prescription substance regarded as effective for the use for which it is designed in bringing about the recovery, maintenance or restoration of health, or the normal functioning of the body.

1.34 "Parent" means a natural parent, a legal guardian or an individual acting as a parent in the absence of a parent or a legal guardian.

1.35 "Physician", as used herein, means an individual licensed in the United States to practice allopathic or osteopathic medicine. Chiropractic physicians licensed under the provisions of Chapter 5-30 of the Rhode Island General Laws, as amended, shall be entitled to the same services of the laboratories of the Department of Health and other institutions, and shall be subject to the same duties and liabilities, and shall be entitled to the same rights and privileges in their professional calling pertaining to public health which may be imposed or given by law or regulations upon or to physicians qualified to practice medicine by section 537-2 of the Rhode Island General Laws, as amended; provided, however, that chiropractic physicians shall not write prescriptions for drugs for internal medication nor practice major surgery.

1.36 "Population-based health services" means services provided to all students attending school within the community which are not focused on the individual health needs of the particular student but are provided to all students as part of the health examination/screenings, record keeping and reporting requirements described in section 6.1.1 herein.

1.37 "Prescription" means an order for medication signed by a licensed practitioner with prescriptive authority or transmitted by the practitioner to a pharmacist by telephone, facsimile, or other means of communication and recorded in writing by the pharmacist.

1.38 "Record" means any information recorded in any way, including, but not limited to, handwriting, print, tape, electronic storage, computer diskette, film, microfilm, and microfiche.

1.39 "RIGL" means Rhode Island General Laws, as amended.

1.40 "School" means all public or privately supported schools for students in grades Kindergarten (K) through 12 in Rhode Island. In addition, a preschool program operated by or within an approved school (per the requirements of section 2.1 herein) shall be considered a "school" for the purposes of the rules and regulations herein.

1.41 "School personnel" means all persons employed directly by the school or under contract to the school.

1.42 "Scoliosis screening" means screening for detection of an abnormal curvature of the spine, as defined by current American Academy of Orthopaedic Surgeons and Scoliosis

Research Society standards.

1.43 "Self-administration" of medication means that the student uses the medication in the manner directed by the health care provider, without additional assistance or direction.

1.44 "Self-carry" means that the student carries medication on his/her person, in the event that self-administration is necessary, with safety to him/herself and other students.

1.45 "Snack" means a food that is generally regarded as supplementing a meal, including, but not limited to: chips, crackers, onion rings, nachos, French fries, donuts, cookies, pastries, cinnamon rolls, and candy.

1.46 "Speech or language impairment" means a disorder in articulation, language, voice and/or fluency that adversely affects the student's educational performance. A speech and language impairment may range in severity from mild to severe; it may be developmental or acquired. A speech and language impairment may be the result of a primary disabling condition or it may be secondary to other disabling conditions. A dialect is a variation of a symbol system used by a group of individuals that reflects and is determined by shared regional, social or cultural/ethnic factors and is not considered to be a disorder of speech.

1.47 "Speech/language pathology" includes identification of students with speech or language impairments; diagnosis and appraisal of specific speech or language impairments; referral for medical or other professional attention necessary for the habilitation of speech or language impairments; provision of speech and language services for the habilitation or prevention of communicative impairments; and counseling and guidance of parents, children and teachers regarding speech and language impairments.

1.48 "Speech/language pathologist" means a professional who identifies, assesses, diagnoses, prevents, and treats speech, voice, language, communication, and swallowing disorders.

1.48.1 "Certified speech/language pathologist" means a speech/language pathologist certified by the Rhode Island Department of Elementary and Secondary Education to perform speech-language pathology services for the public school system.

1.48.2 "Licensed speech/language pathologist" means a speech/language pathologist licensed by the Rhode Island Board of Examiners in Speech Pathology and Audiology to perform speech-language pathology services in all settings outside the public school system.

1.49 "Speech/language pathology aide" means an individual registered in this state in accordance with the Rules and Regulations for Licensing Speech Pathologists and Audiologists (R5-48SPA) of reference 8.

1.50 "Student" means any individual who is or has been enrolled at an educational agency or institution and regarding whom the agency or institution maintains educational records.

1.51 "Vision screening," as used herein, means a limited series of tests to identify individuals who may have a vision or eye health problem.

1.52 "Visual impairments" include:

a) "Partial sight" means a visual acuity ranging from 20/70 to 20/200 in the better eye after refraction, or a significant loss of fields of vision in both eyes as a result of, but not limited to, hemeralopia, glaucoma, retinitis pigmentosa, retinoschisis, or diabetes retinopathy that, with correction, affects a student's educational performance.

b) "Blindness" means a visual acuity ranging from a central visual acuity of 20/200 or less in the better eye after refraction, or a peripheral field of vision that subtends an angle no greater than twenty (20) degrees that, even with correction, affects a student's educational performance.

Section 2.0 General Requirements.

2.1 All schools that are approved pursuant to RIGL sections 16-19-1 and 16-19-2 shall have a comprehensive school health program consisting of health education, health services and a healthful school environment, approved by the State Commissioner of Elementary and Secondary Education and the Director of Health in accordance with RIGL section 16-21-7. The health education program (curriculum and personnel) for non-public schools shall be consistent with the provisions of section 3.1 herein.

2.2 Each community, school district and appropriate non-public school authority (e.g. the superintendent, the headmaster, or the principal) shall be responsible for a comprehensive school health program (health education, health services, healthful school environment) and shall develop a manual of procedures (protocols) governing health education, health services and a healthful school environment. This manual shall be available at the Superintendent's office and at each school, both public and non-public, within the district. Such procedures shall pertain to no less than the statutory and regulatory requirements herein and shall furthermore include provisions pertaining to, but not limited to, the following:

2.2.1 The education of children infected with HIV/AIDS, based on the most current Rhode Island Department of Elementary and Secondary Education and the Rhode Island Department of Health Policy Guidelines on Infected Students and Employees.

2.2.2 Substance abuse, based on the Model Policy for Tobacco, Alcohol, and Other Illicit Drug Use promulgated by the Rhode Island Substance Abuse Policy Task Force and the Rhode Island Department of Elementary and Secondary Education;

2.2.3 The use of alcohol and tobacco products on school premises and at authorized school activities;

2.2.4 Suicidal behavior;

2.2.5 The prevention and management of injuries and violent behaviors for the protection and safety of students on school premises and at authorized school activities; and

2.2.6 Provisions regarding the three (3) statutory waivers for exclusion of a child from certain areas of the health education curricula (see sections 5.1.7.2 sexuality and family life; 5.1.8.2 HIV/AIDS; and 5.1.12.1 the characteristics, symptoms or treatment of disease).

2.3 Each community, school district and appropriate non-public school authority (e.g., the superintendent, the headmaster, or the principal) shall be responsible to provide an adequate number of personnel for a school health program (health education, health services and environmental health) in accordance with the statutory and regulatory requirements therein.

2.3.1 Such personnel shall include no less than a school physician, dentist, certified school nurse-teacher and personnel as set forth in section 3.3 herein.

2.4 The superintendent of each school district, and the appropriate non-public school authority (e.g., the headmaster or principal) shall designate an individual(s) or committee to be accountable for the school or school district health program (health education, health services and a healthful school environment). The names of this/these individual(s) shall be included in the annual report (see section 2.5 herein).

2.5 A report pertaining to the district's school health program (health education, health services and a healthful school environment) shall be submitted to the state Commissioner of Elementary and Secondary Education and the state Director of Health by the responsible school authority of public (the district superintendent) and non-public schools (the principal or headmaster). Such report (prepared with input from district school improvement teams, when appropriate) shall be submitted to the Commissioner of Elementary and Secondary Education and the Director of Health on forms provided by the Rhode Island Departments of Elementary and Secondary Education and Health, no later than sixty (60) days from a date established by the Departments of Education and Health.

2.6 No requirement of the rules and regulations herein shall be construed as requiring a certified school nurse-teacher or other licensed health care provider to act in a manner contrary to the provisions of the laws and regulations governing the practice of said profession.

2.7 Nothing in these rules and regulations herein is meant to preclude any student or the

parents of any student from pursuing their rights to appropriate educational services and accommodations guaranteed by federal and state laws.

[portions omitted]

Section 18.0 Diabetes Care Management.

The provisions of this section shall take effect on August 29, 2005.

18.1 Each school district shall develop a policy or protocol that allows children who are diagnosed with diabetes to self-manage their disease whenever possible. Such policy or protocol shall be developed in collaboration with licensed health care providers, parents, students, school administrators, and certified school nurse teachers.

18.1.1 Such policy or protocol shall require no less than the following:

18.1.1.1 Developing an individualized health care plan (IHCP) and an emergency care plan (ECP);

18.1.1.2 Permitting self-testing in the classroom or other appropriate place(s) on the school campus or at school-sponsored activities, as designated in the IHCP;

18.1.1.3 Permitting healthier snacks, as defined herein, in the classroom or other appropriate place(s) on the school campus or at school-sponsored activities, as designated in the IHCP;

18.1.1.4 Permitting bathroom and water fountain privileges in the classroom or other appropriate place(s) on the school campus or at school-sponsored activities as designated in the IHCP,

18.1.1.5 Ensuring the accompaniment of a symptomatic child to a health area by a designated adult, per the IHCP and the ECP.

18.2 Each child diagnosed with diabetes shall have as part of their permanent school health record, an individualized health care plan (IHCP) and an emergency care plan (ECP) to ensure optimum health and safety for the child while at school or at school-sponsored activities.

18.3 All school personnel who may be involved in the care of a student who has been diagnosed with diabetes shall be informed of the IHCP and the ECP, as appropriate.

Section 19.0 Medication Administration.

Each public school district or non-public school authority shall develop protocols or procedures related to medication administration in schools that include, at a minimum, the following provisions:

19.1 A certified school nurse-teacher shall administer medication(s) to student(s) within the public school setting except as provided in sections 19.9, 19.10 or 19.11 herein. Such a certified school nurse-teacher shall be licensed in Rhode Island in accordance with the requirements of Chapter 5-34 of the RIGL. He/she shall also be certified in accordance with the provisions of Chapter 16-21-8 of the RIGL.

19.2 A certified school nurse-teacher or other registered nurse shall administer medication to student(s) in a non-public school except as provided in sections 19.9, 19.10 or 19.11 herein. Such a registered nurse shall be licensed in Rhode Island in accordance with the requirements of Chapter 5-34 of the RIGL.

19.3 No lay person, other than a parent, shall administer medication to a student in the school setting. Exceptions: sections 17.5, 17.6, 17.10 herein (related to the administration of epinephrine).

Provisions Related to Nurse Administration

19.4 Each dose of medication administered by a certified school nurse-teacher or other registered nurse shall be documented. Documentation shall include: date, time, dosage, route of administration and the signature of the certified school nurse-teacher or other registered nurse administering the medication or supervising the student in self-administration. In the event a dosage is not administered as ordered, the reason(s) therefore shall be noted.

19.5 All medications to be administered by the certified school nurse-teacher or other registered nurse, as provided herein, shall be kept in a secured cabinet.

19.6 A licensed provider's (with prescriptive privileges) order shall be obtained and verified by the certified school nurse-teacher or other registered nurse for all medications to be administered by the certified school nurse-teacher or registered nurse, including school physician standing orders. Verbal orders to the nurse and facsimile transmissions may be accepted. Verbal orders shall be followed up by a written order from the licensed prescriber within three (3) working days. Upon receipt, the orders shall be confirmed with the parent by the nurse.

19.7 For prescription medications, all parent authorizations and licensed provider's orders shall be renewed no less than annually by the certified school nurse-teacher or other registered nurse.

Controlled Substances

19.8 No controlled substance shall be in the possession of or administered by anyone other than a certified school nurse-teacher, other registered nurse, licensed prescriber, or parent of the child for whom the medications have been prescribed. A student may deliver his/her own medication to school in accordance with protocols or procedures

developed by the school but may not self-administer the controlled substance while on school property. Exception: see section 19.11 herein.

Prescription Medications

19.9 All school districts or authorities shall develop protocols or procedures to permit students to self-carry and/or self-administer prescription medication if the student, parent, certified school nurse-teacher or registered nurse, and licensed prescribing health care provider enter into a written agreement that specifies the conditions under which the prescription medication must be self-carried and/or self-administered. The school principal shall be informed of the existence of said agreement.

19.9.1 The protocols or procedures related to student self-administration of prescription medications shall include provisions for the following:

19.9.1.1 All medications shall be stored in their original prescription-labeled containers.

19.9.1.2 A licensed health care prescriber's written order shall be provided.

19.9.1.3 A written parent authorization shall be obtained and verified by the certified nurse-teacher or other registered nurse.

19.9.2 A student shall be prohibited from sharing, transferring, or in any way diverting his/her own medication(s) to any other person.

19.9.3 No school teacher, school administrator, or school health personnel, or any other school personnel shall be liable for civil damages which may result from acts or omissions which may constitute ordinary negligence when a student self-carries and/or self-administers his/her own medication(s) in accordance with these rules and regulations. This immunity does not apply to acts or omissions constituting gross negligence or willful or wanton conduct.

[portions omitted]

Medication Administration at Off-site School-sponsored Activities

19.11 Each school district or non-public school authority shall develop a procedure or protocol to allow students to self-carry and self-administer a day's supply of medication, including a controlled substance, during an off-site school-sponsored activity. Said medication shall be supplied by the parent and shall be stored and transported in a properly labeled container.

19.11.1 Said medication shall be supplied by the parent with a parent's written authorization for use of the medication during the off-site school-sponsored activity and shall be stored and transported in its original prescription-labeled container (in the case of a prescription medication) or its manufacturer-labeled container (in the case of a

nonprescription medication).

19.11.2 In the case of a prescription medication, a licensed health care prescriber's written order shall be provided, if it is not already on file in the school.

19.11.3 A student shall be prohibited from sharing, transferring, or in any way diverting his/her own medication(s) to any other person.

19.11.4 No school teacher, school administrator, or school health personnel, or any other school personnel shall be liable for civil damages which may result from acts or omissions which may constitute ordinary negligence when a student self-carries and/or self-administers his/her own medication(s) in accordance with these rules and regulations. This immunity does not apply to acts or omissions constituting gross negligence or willful or wanton conduct.