



# PUBLIC SCHOOLS OF NORTH CAROLINA

State Board of Education | Department of Public Instruction

Office of Charter Schools

## GUIDANCE for QUALITY

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### STUDENT HEALTH AND SAFETY

In accordance with G.S. [115C-218.175\(a\)](#), a charter school shall meet the same health and safety requirements required of a local school administrative unit. Navigating student health requirements can pose a challenge especially for schools that do not employ a school nurse. School health consultants are available as a resource to assist schools (see map on page 2)

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#### GUIDANCE RESOURCES

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[Medical Exemption](#)

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[NC Health Departments](#)

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### IMMUNIZATIONS

Charter Schools are subject to the same immunization requirements as traditional public schools. In addition, the statutes within the [Charter School Law](#) require additional information regarding specific immunizations to be distributed. All children attending a NC public school shall be immunized accordance with [G.S. 130A-155](#) unless the family provides evidence of a [medical](#) or [religious](#) exemption.

[G.S. 130A-155](#). Submission of certificate to child care facility, preschool and school authorities; record maintenance; reporting. As a public entity, charter schools are subject to public immunization requirements contained in this statute.

[G.S. 115C-218.175\(a\)](#)

The Department of Public Instruction shall ensure that charter schools provide parents and guardians with information about meningococcal meningitis and influenza and their vaccines at the beginning of every school year. This information shall include the causes, symptoms, and how meningococcal (*continue on page 2*)

(continued from page 1) meningitis and influenza are spread and the places where parents and guardians may obtain additional information and vaccinations for their children.

The Department of Public Instruction shall also ensure that charter schools provide parents and guardians with information about cervical cancer, cervical dysplasia, human papillomavirus, and the vaccines available to prevent these diseases. This information shall be provided at the beginning of the school year to parents of children entering grades five through 12. This information shall include the causes and symptoms of these diseases, how they are transmitted, how they may be prevented by vaccination, including the benefits and possible side effects of vaccination, and the places where parents and guardians may obtain additional information and vaccinations for their children.

## PREVENTABLE RISKS FOR PRETERM BIRTH

The Department of Public Instruction shall also ensure that charter schools provide students in grades seven through 12 with information annually on the preventable risks for preterm birth in subsequent pregnancies, including induced abortion, smoking, alcohol consumption, the use of illicit drugs, and inadequate prenatal care.



### School Health Nurse Consultants North Carolina Division of Public Health

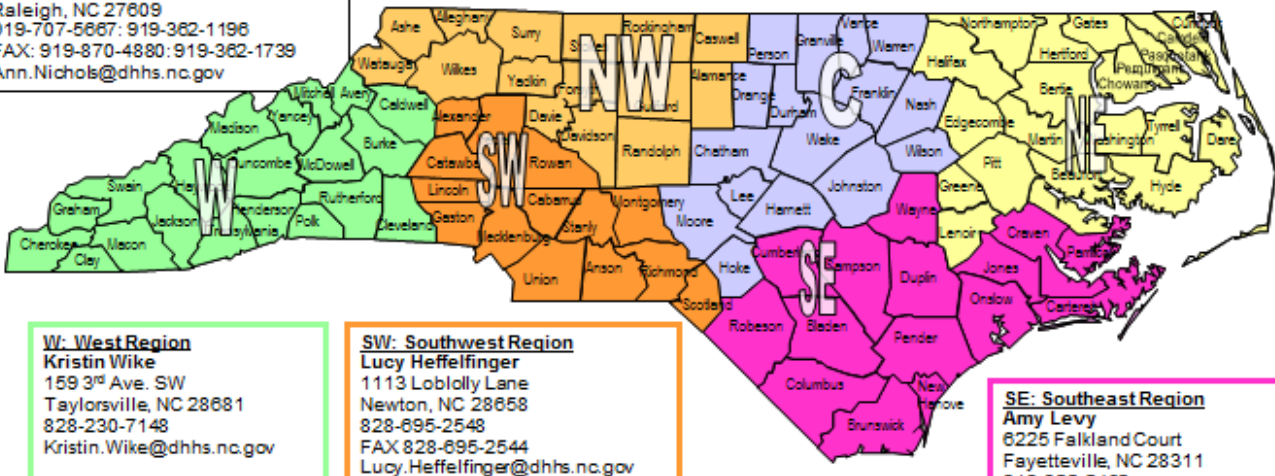


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## SAFE SURRENDER

G.S.115C-218.175(a)

The Department of Public Instruction shall also ensure that charter schools provide students in grades nine through 12 with information annually on the manner in which a parent may lawfully abandon a newborn baby with a responsible person, in accordance with G.S. 7B-500.

More information about Safe Surrender can be found on the [Department of Health and Human Services website](#).

## DIABETES CARE PLANS

The Department of Health and Human Services monitors schools for compliance with required diabetes care plans and training. Schools are surveyed each spring and the results are reported to the State Board of Education. Schools failing to meet compliance with the diabetes care plans may be placed on governance warning status if the school fails to make corrective action to become compliant with statute.

The Department of Public Instruction shall also ensure that the guidelines for individual diabetes care plans adopted by the State Board of Education under G.S. 115C-12(31) are implemented in charter schools in which students with diabetes are enrolled and that charter schools otherwise comply with the provisions of G.S. 115C-375.3.

## DIABETES TRAINING IN A SCHOOL SETTING

The American Diabetes Association (ADA) provides materials for school use that were also the basis for creating the North Carolina guidelines required under G.S. 115C-375.3 (SB 911 and SB 938). Forms for written care plans and other documents are available at

<http://www.diabetes.org/living-with-diabetes/parents-and-kids/diabetes-care-at-school/>

DHHS recommends this site for training videos and power point presentations are also at this site in addition to being posted on YouTube at

<https://www.youtube.com/watch?v=ih1NXYx2k9g&feature=share&list=EC3DE9DDE8EB2A2E56>

NC Diabetes in Schools guidelines require annual generalized instruction of all school staff in schools in which diabetic students are enrolled. This training should include general information about diabetes and how to recognize signs of hyper- and hypoglycemia. In addition, at least two staff persons must also be intensively trained related to the direct care and support of the individual student, as outlined in a medical management plan. Records of training should be maintained and compliance reporting is completed through the Division of Public Health in the spring of each school year. In the absence of a school nurse, the medical management plan should be completed by the student's health care provider with the input of the parents. The student specific intensively trained school staff persons, the health care provider and the family form a team in support of the diabetic student in school. The intensively trained school staff persons also need individual student care instruction in procedures (such as blood glucose monitoring) and the medical plan. Suggestions for obtaining this instruction include the use of the student's health care provider, the parents, and/or other locally available qualified individuals (arrangement with LEA school nurses, local health department staff person, local medical center clinic, etc.)

The following videos at the YouTube site are suitable for the two levels of care in schools as indicated.

[Generalized Training and Intensive Training - Total Time Required, 20 minutes](#)

[Intensive Training Only - Select the Student Specific Insulin Method \(8,9,10\) – Total Time Required, 15 minutes](#)

# EPINEPHRINE AUTO-INJECTORS

Action Steps for Charter School Staff Related to

G.S.115C-375.2A. School Supply of Epinephrine Auto-injectors

1. Read the legislation completely through section 8.23 (Board of Pharmacy Rule Setting), effective date **11/1/2014**.

2. School level decisions in preparation:

Designate school personnel to receive training and annual re-training.

Develop a related Action Plan (procedure) for use of the injector in an emergency. Descriptive plans currently in use for individual students may be appropriate to edit for general use. A plan should include symptoms, response, emergency service calls, parent/physician calls and follow up. A sample is available at [https://www.nasn.org/portals/0/resources/faat\\_no\\_ECP.pdf](https://www.nasn.org/portals/0/resources/faat_no_ECP.pdf).

Establish a system for reporting auto-injector use and follow-up. A sample form is available at [Sample Epinephrine Reporting Form](#).

Make decisions on storage location, "secure but unlocked and easily accessible" / expiration date monitoring/replacement process after use or expiration.

Assure completion of a cardiopulmonary resuscitation certification course for trained staff members and maintenance of training records. Certification courses should be available through local chapters of the American Heart Association, American Red Cross, and/or local hospitals or medical facilities.

Plan for availability for school –sponsored events on school property.

Consider creating a school policy as part of a medication policy. A sample is available at [Sample School District Anaphylaxis Policy](#).

Maintain records on training and related items on this list.

3. Train designated staff using a local school nurse, a qualified representative of the local health department, or the video presentation provided by NC DPH School Health Unit (available early October 2014).

4. Acquire the prescription in the approved manner stated in the legislation on or after 11/1/2014.

5. When prescription is in place, fill through a pharmacy of choice or the Epi-pens for Schools program <http://epipen4schools.com/>.

6. The NC Division of Public Health School Health Nurse Consultant team is available for assistance related to resources for health care needs in charter schools. Please review the map at this link to contact your region specific consultant, if needed:

<http://www.ncdhhs.gov/dph/wch/doc/aboutus/maps/RSNCmap2014.pdf>

For more information, contact your school's assigned Office of Charter Schools consultants. A directory of staff can be found at <http://www.ncpublicschools.org/charterschools/consultants/>.