



Regulation of the Chancellor

Number: **A-701**

Subject: **SCHOOL HEALTH SERVICES**

Category: **STUDENTS**

Issued: **March 25, 2021**

SUMMARY OF CHANGES

This regulation updates and supersedes Chancellor's Regulation A-701 dated August 15, 2012.

Changes:

- Updates information concerning student health forms, notices, and records, as well as definition of parent whenever used in this regulation (Section I).
- Clarifies requirement to submit completed comprehensive medical examination upon admission to 3-K and pre-kindergarten programs and K-12 schools, and also if the student turns 5 years old after admission (Section II.A.1).
- Clarifies that medical evaluations provided to the Committee on Special Education shall be conducted by the student's primary care provider, not an OSH physician (Section II.A.2).
- Updates the physical examination form requirements for participation in interscholastic sports (Section II.A.2).
- Updates reporting requirements for student height and weight measurements (Section II.B).
- Updates student vision screening requirements, responsibilities of DOHMH and DOE staff, reporting, and notice to parents (Section II.C).
- Removes provisions concerning hearing screening (Sections I.B, II.C).
- Updates state immunization mandates and removes religious exemption in accordance with New York Public Health Law § 2164, and specifies DOHMH system of record for immunization data (Section III).
- Clarifies language concerning provisional immunization requirements for new entrants, and the rights of students in temporary housing (Section III.B).
- Clarifies process and timelines for requesting medical exemptions to immunization requirements (Section III.C).
- Adds New York City requirement for influenza immunizations for students aged 6 months to 59 months (Section III.F).

- Updates information regarding the exclusion of students with exemptions during outbreaks of diseases preventable by immunization (Section III.G).
- Removes provisions concerning tuberculosis testing.
- Updates and clarifies information concerning the storage, recordkeeping, and administration of medication to students in school and at other DOE programs and activities, as well as information concerning requests for accommodations (Section IV.A).
- Adds information concerning the administration to students of emergency medications such as epinephrine and glucagon (Section IV.B).
- Updates requirements regarding emergency home contact information (Section V.A).
- Updates first aid and emergency care protocols, including for calling 911 (Section V.B).
- Clarifies the requirements for schools to maintain Automated External Defibrillators (Section V.C).
- Sets forth the process for establishing OSH Medical Room facilities, School-Based Health Centers, and School-Based Health Center Dental programs (Section VI).
- Updates DOE offices charged with reviewing and approving proposals for school health projects and research (Section VII).
- Adds waiver provision (Section VIII).
- Updates contact information for inquiries about this regulation (Section IX).



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ABSTRACT

The Office of School Health, a joint office of the New York City Department of Health and Mental Hygiene and the New York City Department of Education, is responsible for overseeing and ensuring the provision of school health programs and services pursuant to the New York State Education Law, the New York State Public Health Law, and the New York City Health Code. This Chancellor's Regulation describes procedures for compliance with these laws and regulations.

I. BACKGROUND

A. School Health Programs

1. School Health Programs support student education and development.
2. Delivery of specific health services to individual students is the joint responsibility of the New York City Department of Education (DOE) and the New York City Department of Health and Mental Hygiene (DOHMH).
3. The Office of School Health (OSH) is a joint program of the DOE and the DOHMH and is responsible for the development and monitoring of school health programs, policies, and procedures.

B. Student Health Records

1. Student health records provide current and historical student health information, facilitate communication among different health service providers, and alert school staff to important health issues that may affect a student's well-being and learning. Health forms and notices are available at: <https://infohub.nyced.org/in-our-schools/translations/forms/health-forms-and-notices>. A student's health record includes:
 - a. Data maintained on Automate the Schools (ATS), a student-specific computerized system maintained by the DOE, such as information regarding immunizations, vision screening, health services, Section 504

Accommodation Plans (504 Plans), health alerts, and health insurance coverage.

- b. The OSH Automated Student Health Record (ASHR), which includes data from ATS and additional information entered by OSH clinical staff, such as school nurses, physicians, and nurse practitioners.
 - c. Form CH205 - Child and Adolescent Health Examination Form.
 - d. Medication Administration Forms (MAFs) and other health services forms, if applicable.
 - e. Form 103S - School Medical Record, the student's individual health record maintained by OSH, which includes specific details of assessment, treatment, communication, and disposition.
 - f. Form 104S - Cumulative Health Record, which includes the DOE classroom teacher's record of observations, as well as screenings and other specific health information.
 - g. Certificate of immunization and other records relating to student immunization.
2. Access to information
- a. Student health records are confidential documents.
 - b. OSH staff shall inform the principal and other appropriate school staff of health information that may affect a student's participation in school activities or that is needed to comply with specific health mandates. Information will be shared in a manner that is consistent with principles of medical record confidentiality.
 - c. ASHR and all health-related forms noted above are confidentially maintained by OSH. A parent may submit written requests to OSH to obtain copies of health records maintained by OSH. Requests for health records made by persons other than a student's parents must comply with the principles of medical record confidentiality.
 - d. The term "parent," whenever used in this regulation, means the student's parent or guardian, or any person in a parental or custodial relationship to the student, or the student if they are an emancipated minor or have reached 18 years of age.

II. MEDICAL EVALUATIONS

A. Physical Examinations

1. New Entrants

- a. All students entering a DOE 3-K or pre-kindergarten program or a DOE school for the first time must receive a comprehensive medical examination conducted by a licensed medical provider (physician, nurse practitioner, or physician

assistant) and submit a CH205 form completed by their provider. The examination must take place within 12 months prior to school entry.

- b. Pre-kindergarten students who remain enrolled in school must submit a new CH205 in kindergarten. Students less than 5 years old at the time of school entry must submit a new CH205 form based on a new medical examination following their 5th birthday.
- c. A student may not be excluded from school for lack of a medical evaluation. If the parent cannot present documentation of such an evaluation, an OSH physician will evaluate the student at school in accordance with Article 49.05 of the New York City Health Code and complete a CH205 form for the student. The parent must be notified of the examination and strongly encouraged to attend. In the absence of a parent, a chaperone assigned by OSH must be present during the physical examination.

2. Special Circumstances

a. Special Education Evaluations

As part of an initial special education evaluation, the DOE school or Committee on Special Education (CSE) must request that the parent have the student's primary care provider complete a form summarizing a physical examination of the student performed within the past year, and return the form to the school/CSE. The form should include vision and hearing screening results. These examinations are not performed by OSH physicians.

b. Interscholastic Sports

- i. Prior to participation in interscholastic sports, a student must present proof of a physical examination by providing a completed DOE interscholastic sports physical examination form to the school Athletic Director or sport coach.
- ii. A physician, nurse practitioner, or physician's assistant must examine the student and certify on the specific DOE interscholastic sports physical examination form that there are no health conditions that preclude safe participation in sports events or training in accordance with Public Schools Athletic League rules. A new evaluation is required each school year.
- iii. If the student is unable to present proof of such physical examination, an OSH physician or nurse practitioner may perform the examination at school. The parent must complete the history form and provide written consent for the exam. If the parent cannot be present for the examination, a chaperone assigned by OSH must be present. Physicians must document the evaluation on the specific DOE interscholastic sports physical examination form.

B. Height and Weight

Students must have their height and weight measured and recorded during each school year as a part of the NYC FITNESSGRAM measurement process. This must be done by the classroom teacher or the physical education teacher in a manner that ensures the confidentiality of the results and is respectful of student privacy. Results must be entered into the NYC FITNESSGRAM online application by the physical education teacher or principal/designee. NYC FITNESSGRAM results will be used to establish a body mass index (BMI) for each student and the results will be communicated to parents.

C. Vision Screening

All new entrants to a DOE school must be screened within six (6) months of entry. Students must also be screened in pre-kindergarten, kindergarten, and grades 1, 3, and 5. In addition, the school may conduct a vision screening of a student or recommend that the parent have the student's vision tested, if school staff suspect the student may have vision problems that impact school performance.

1. Conducting Screening

a. DOHMH Vision Screening

- i. DOHMH Vision Screening Teams shall conduct vision screening for pre-kindergarten, kindergarten, and grade 1 students.
- ii. DOHMH uploads data for students screened by the DOHMH team into ATS on a monthly basis.
- iii. DOHMH will report to the principal the names of students in pre-kindergarten, kindergarten, and grade 1 who were not screened.

b. School Screening

- i. The principal is responsible for ensuring that vision screening is completed for students in grades 3 and 5 as well as students who were not screened by DOHMH. Such screening shall assess distance visual acuity and near visual acuity.
- ii. The principal shall designate a Vision Screening team comprised of school staff members that the principal deems appropriate to conduct such screening.
- iii. The principal shall ensure that the results of the screening conducted by the school-based Vision Screening team are entered into ATS.

- iv. OSH will assist in providing training and screening materials to school-based Vision Screening teams.
2. Notification of Results
 - a. All vision screening results recommending follow up must be communicated to parents. If follow-up is needed, parents must be provided a letter recommending that the student see an eye doctor (optometrist or ophthalmologist) and a DOHMH E-12S form for the doctor to complete.
 - b. DOHMH shall provide the parent notification described herein for the screenings it conducts. The principal/designee shall provide the parent notification described herein for the screenings the school conducts.

III. IMMUNIZATION MANDATES

New York State Public Health Law (PHL) § 2164 requires immunization against poliomyelitis, mumps, measles, diphtheria, rubella, varicella, Haemophilus influenzae type b (Hib), pertussis, tetanus, pneumococcal disease, and hepatitis B for all New York State students. Immunization against meningococcal disease is also required for New York State students entering grades 7 and 12.

A. Record Keeping

1. Immunization data must be entered into ATS by the school. The school must maintain in the student's cumulative record all records relating to immunization requirements, including certificates of immunizations, requests for exemptions, and decisions on exemption requests.
2. The Citywide Immunization Registry (CIR) is the official system of record of immunization data for the DOHMH. CIR transfers immunization data to ATS on a weekly basis.

B. Provisional Immunization Requirements for New Entrants

1. New entrants may register but may not attend school unless they provide documentation that they meet the provisional immunization requirements set forth at <https://www.schools.nyc.gov/school-life/health-andwellness/>.
2. When a student does not meet immunization requirements for school attendance, the principal/designee must notify the parents by letter that their child will be excluded from school if they do not present documentation of additional immunizations within 14 calendar days of notification. If the documentation is not received in the required 14 calendar day time period, the principal must send the parent a written notice of exclusion from school. The student may not be permitted to attend school and attendance code 17 for non-attendance must be entered when a student is excluded pursuant to this paragraph.

3. If there is some evidence of immunizations, a principal may permit a student transferring from another state or country to attend school for up to 30 days (this includes the 14 calendar day time period referred to in III.B.2). Written confirmation from a licensed medical provider must be received within the 30 days or the student must be excluded from school.
4. Pursuant to the McKinney-Vento Act, as well as Chancellor's Regulation A-780, a student in temporary housing (STH) shall be immediately enrolled in school even if the student is unable to provide documentation that they meet immunization requirements. The school must assist the parent to help obtain such documentation. If immunization records cannot be obtained, the parent, in consultation with the School-Based STH Liaison(s), should be referred to a walk-in immunization clinic for assistance.

C. Immunization Schedule

1. The immunizations requirements for students up to age 18 are available at: <https://www.schools.nyc.gov/school-life/health-and-wellness/immunizations>.
2. Students must meet full immunization requirements in accordance with the Advisory Committee on Immunization Practices (ACIP) Recommended Child and Adolescent Immunization Schedule for the student to be considered in compliance and remain in school. Children who are not fully immunized can only continue to attend school if they are in the process of completing the immunization series according to the age-appropriate ACIP catch-up schedule. The ATS system will automatically flag the records of students admitted with provisional status who are not making the required progress toward full immunization.
3. The immunization requirements set forth above do not apply to students over 18 years of age. However, these students are strongly encouraged to be immunized in accordance with recommendations for immunization practice as set forth by the ACIP.

D. Medical Exemptions from Immunization Requirements

PHL § 2164 and the New York City Health Code allow for medical exemptions for immunizations. Medical exemptions, if granted, must be renewed every school year. They may be granted on a temporary basis (less than one year) according to the condition. OSH enters the approval into ATS.

1. Request for Exemption: In order to request a medical exemption, parents must submit a Medical Request for Immunization Exemption form completed and signed by a New York State licensed physician, indicating a valid medical contraindication to specific vaccine(s). School officials shall forward the completed request form to the DOE Borough/Citywide Office Health Director, who will submit it to OSH. An OSH Central Office physician will review and approve or deny

requests for medical exemptions. Students are permitted to remain in school while the initial request is being reviewed. If the initial request for medical exemption is denied, parents may request reconsideration and submit additional documentation within 14 calendar days of the receipt of the denial letter. If no reconsideration is sought by the end of this period, these students must be excluded from school immediately.

2. Request for Reconsideration: Parents may submit to the school a request for reconsideration of a medical exemption denial within 14 calendar days of the receipt of the denial letter, and may provide additional medical documentation, which will be reviewed by an OSH physician. Students are permitted to remain in school during the reconsideration process. If the request for medical exemption is again denied, parents may submit an appeal within 14 calendar days of the receipt of the second denial letter. If no appeal is submitted by the end of this period, these students must be excluded from school immediately.
3. OSH Medical Director Appeal: Parents may submit to the school an appeal of the medical exemption denial within 14 calendar days for a final determination. School officials shall forward the appeal to the OSH Medical Director, who will review the appeal in consultation with the Bureau of Immunization. Students may remain in school during the pendency of the OSH Medical Director's decision. If the appeal is denied, these students must be excluded from school immediately. All decisions by the OSH Medical Director regarding medical exemption appeals are final.

E. Appeal to the New York State Commissioner of Education

A parent of a student excluded from school for not meeting immunization requirements or whose request for a medical exemption from immunization requirements was denied may appeal by petition to the Commissioner of Education within 30 calendar days of the OSH Medical Director's decision. Students will not be permitted to remain in school during this appeal process.

F. New York City Influenza Immunization Requirements

Article 43 of the New York City Health Code requires students aged 6 months to 59 months in school-operated early education programs to be immunized each year before December 31 against influenza.

G. Exclusions during Outbreaks of Diseases Preventable by Immunization

In the event of any outbreak in a school of a vaccine-preventable disease listed in PHL § 2164, the DOHMH may require a school to exclude from attendance all students who either have been exempted from immunization or are in the process of receiving required immunizations. Such exclusion shall continue until the DOHMH determines that the danger of transmission has passed.

IV. MEDICATIONS AND ACCOMMODATIONS

A. Medication Administration and Procedures

1. Medication may be administered to a student in school and other DOE programs and activities in accordance with an MAF completed by a healthcare provider and signed by a parent. Medical procedures may be performed during the school day and during DOE programs and activities in accordance with a Request for Provision of Medically Prescribed Treatment completed by a healthcare provider and signed by a parent. The health care provider must be a physician, nurse practitioner, or physician assistant licensed to practice in New York, New Jersey, or Connecticut. These forms may be obtained by parents at their child's school or on the DOE website and once completed must be submitted to OSH staff. Any changes to the MAF must be in writing and signed by a licensed health care provider. A new MAF and/or Request for Provision of Medically Prescribed Treatment must be submitted to OSH or the school nurse before the start of each school year or as soon as possible thereafter.
2. Only a licensed health care provider is permitted to administer medication to a student, with the exception of life-saving medications such as epinephrine or glucagon. All medication must be hand-delivered to the school in the original pharmacy container. If there is a nurse assigned to the school, the nurse will maintain and administer medications as per OSH policies and procedures. If there is no assigned nurse in the school, the principal/designee will store the medication in a locked cabinet or refrigerator and will maintain a medication log (and other documentation as indicated) for each student approved to receive medication in school. Persons who are trained to administer medication may access and administer as needed. Students who are identified as "independent" or "supervised" on their current MAF may access, self-carry, and self-administer their medication.
3. If a student's medication administration affects their ability to participate in school and other DOE programs and activities on an equal basis with their peers who do not have disabilities, and/or if the student otherwise requires accommodations, a parent may contact the school-based Section 504 Coordinator (available at every school) and request an accommodation pursuant to the procedures set forth in Chancellor's Regulation A-710.

B. Emergency Medications

1. Epinephrine

Epinephrine injection is used along with emergency medical treatment to treat anaphylaxis, a severe, life-threatening medical condition occurring in allergic

individuals after exposure to specific allergens (such as foods or insect stings). The OSH stocks epinephrine in its medical rooms for emergency administration by its staff in case of anaphylaxis. Consistent with Chancellor's Regulation A-715, the OSH will train teachers, paraprofessionals, and other school staff assigned to work with students with severe allergies, in the use of the epinephrine auto-injector for MAFs. Trained staff will ensure that the epinephrine auto-injector remains in close proximity to the student with the MAF.

2. Glucagon

Glucagon is a prescription medication that raises the level of glucose in the blood and is used to treat severe hypoglycemia (low blood glucose) in students with diabetes. The OSH will train teachers, paraprofessionals, and other school staff to administer glucagon to students with diabetes in accordance with a student's Diabetes Medication Administration Form (DMAF) and/or 504 Plan.

V. EMERGENCY MEDICAL SITUATIONS

A. Emergency Home Contact Information

Emergency contact information must be maintained in each student's ATS file, and on an emergency home contact card, known as the blue card (see NYC Health Code § 45.19). The blue card must be completed as students enter school and must be updated each school year or as needed. Updating the emergency contact information is critical for day-to-day issues requiring parental contact (e.g. individual medical concerns), as well as large-scale school emergencies (e.g. evacuations). Updated information must be shared with the school nurse, if one is assigned in the school.

B. First Aid

1. When a student is injured or becomes ill and needs immediate medical care, the principal/designee shall obtain the necessary emergency medical care and notify the parent. First aid in school is limited to addressing the student's immediate medical needs. In administering first aid, standard precautions and infection-control practices must be followed to prevent transmission of infectious diseases.
2. If the condition warrants more emergency care than can be given in the school, the principal/designee must call 911. In such situations where it is not practicable to contact the principal/designee, OSH clinical staff or other responding staff member must call 911 and immediately thereafter notify the principal/designee.
3. When 911 is called for a student, the principal/designee must immediately attempt to reach the parent to notify them that 911 was called.
4. If the school staff is unable to contact the student's parent, the on-scene 911 responders will obtain relevant information from DOE staff and others as

appropriate and then determine whether the student requires emergency medical treatment and/or transport. If it is determined that the student will be transported to the hospital and the parent has not arrived, a designated school staff member must accompany the student. If the parent does not arrive by the end of the staff member's school day, the staff member must contact the principal/designee for further instructions.

C. Automated External Defibrillators (AEDs)

1. Every school must have and maintain at least one AED and ensure the presence of personnel trained to use the AED and administer Cardiopulmonary Resuscitation (CPR) at all school-sponsored or school-approved curricular or extracurricular events or activities. Schools are also required to make AED(s) available with the presence of trained AED/CPR personnel at any school-sponsored athletic contest regardless of location of site or time. AEDs are not required for most class trips.
2. Public school facilities and staff are considered "public access defibrillation providers" and are subject to the requirements, limitations, and liability as defined in PHL Article 30. The principal is responsible for ensuring accessibility of the AED and the presence of staff trained in its use as well as in CPR for all school programs and events in that school as required by this legislation. The OSH staff (with the agency under contract to the DOE for management of the AED program) maintains records of AED placement, oversees the periodic testing of the AEDs, and provides ongoing training for staff.
3. For more details about the AED requirement, refer to: <http://www.p12.nysed.gov/sss/schoolhealth/schoolhealthservices/Article19Sections.html>.

D. Do Not Resuscitate (DNR) Orders

A parent may submit a request for the DOE to honor an out-of-hospital DNR order to the student's principal. The principal will forward the request to the OSH for review. The OSH will consult with the DOE's Office of Legal Services, make a determination, and inform the principal and other appropriate staff.

VI. SCHOOL-BASED HEALTH SERVICES

A. OSH Medical Room facilities

1. OSH medical room staff provide health care services for students. Medical records created in OSH medical rooms are the property of OSH.
2. Procedures for Establishing OSH Services

The DOE shall provide on a full-time basis one nurse at each elementary school that:

- Has at least two hundred students enrolled on the last day of the second month of the preceding school year;

- Submits a written request to the OSH Borough Nursing Director that such nurse be provided; and
- Maintains an appropriate Medical Room wherein such nurse can carry out their nursing duties.

3. Medical Room Facilities for OSH Health Staff

A school's Medical Room must comply with the requirements set forth in NYC Health Code § 49.07.

B. School-Based Health Centers

1. School-Based Health Centers (SBHCs) provide preventive and primary health care services for students who have parental consent to receive such services on file. In addition, SBHCs provide routine school health services such as immunizations and first aid for students who have parental consent to receive such services on file. SBHC medical records are the property of the SBHC as an Article 28 provider. The NYS Department of Health (NYSDOH) is the agency that licenses all SBHCs.
2. Procedures and Facility Requirements for Establishing SBHCs
 - a. A request to establish an SBHC should be sent to OSH. Following this request, OSH and the Office of Space Planning (OSP) will jointly review the site to determine if there is space available for an SBHC.
 - b. If it is determined that space is available for an SBHC, the identified space will be jointly reviewed by OSH and the School Construction Authority (SCA).
 - c. Once a location is evaluated and approved by OSH, OSP, and the SCA, a letter of intent is issued by OSP and sent by the PHL Article 28 sponsor to the NYSDOH'S Bureau of Child and Adolescent Health. No SBHC may commence services on any school site prior to approval by the NYSDOH's Bureau of Child and Adolescent Health and OSH. A copy of the completed state application must also be sent to OSH at: Office of School Health/ NYCDOHMH/ Adolescent Health Unit, 1 Court Square, 20th Floor, Long Island City, NY 11101 ATT: AHU Director.

C. SBHC – Dental

1. SBHC - Dental (SBHC-D) programs are able to provide a range of dental services in a fixed or mobile setting for students who have parental consent to receive such services on file. All SBHC-D programs provide preventive care, and the majority also provide restorative treatments. SBHC-D medical records are the property of the SBHC-D as an Article 28 provider. The NYSDOH is the agency that licenses all SBHC-D programs.
2. Procedures and Facility Requirements for Establishing SBHC-D Programs

- a. A request to establish a SBHC-D should be sent to OSH. The OSH and the OSP will jointly review the site to determine if there is space available for a SBHC-D.
- b. If it is determined that space is available for an SBHC-D, the identified space will be jointly reviewed by OSH and the SCA.
- c. Once a location is evaluated and approved by OSH, OSP, and the SCA, a letter of intent is issued by OSP and sent by the PHL Article 28 sponsor to the NYSDOH'S Bureau of Child and Adolescent Health.
- d. No SBHC-D may commence services on any school site prior to approval by the NYSDOH'S Bureau of Child and Adolescent Health and OSH. A copy of the completed state application must also be sent to OSH at:
NYCDOHMHEDENTAL@Health.NYC.Gov

VII. SCHOOL HEALTH PROJECTS

School health projects that provide health services or health promotion activities may supplement the School Health Program. Proposals for such projects may be initiated by DOE staff, other government units, or private organizations. The projects may include special screening tests, the distribution of health information, pamphlets or similar materials, or the collection of data from the student records or questionnaires. Active parental consent is generally needed before student specific information can be provided.

The OSH must review such projects before they are approved. If the project has a research design, the DOE'S Institutional Review Board must approve it. Additional information on research guidelines may be obtained from the DOE'S Research and Policy Support Group, NYC Department of Education, 52 Chambers Street, New York, NY, 10007.

At the end of the project, an evaluation of the project must be submitted to the appropriate parties.

VIII. WAIVER

This regulation or any portion thereof that is not otherwise required by law may be waived by the Chancellor if the Chancellor determines such waiver to be in the best interests of the NYC school district.

IX. INQUIRIES

Questions regarding this regulation should be addressed to:

Office of School Health – Office of Health Services

N.Y.C. Department of Education

28-11 Queens Plaza North – Room 402

LIC, NY 11101

Telephone: 718-391-8388

Fax: 718-391-8128