

GEORGIA DESTINATIONS CAREER ACADEMY (GADCA) HEALTH, SAFETY, AND NURSING POLICY

Adopted On: July 11, 2023

Last Updated On: July 11, 2023

Last Reviewed On: June 26, 2024

The Board of GADCA adopts the following policy, effective on the date of adoption by the Board.

1. Policy: GADCA Health, Safety and Nursing Policy
2. Policy Statement: The school will implement the policy and procedures to meet the requirements of:
 - References:
 - O.C.G.A. 20-2-771.2 (School Health Nurse Programs)
 - O.C.G.A. 20-2-773 (Restrictions on Student Health Services)
 - O.C.G.A 20-2-774 (Self-administration of Asthma Medication by Students)
 - O.C.G.A 20-2-776 (Possession and Self-administration of Auto-injectable Epinephrine Authorized)
 - O.C.G.A 20-2-776.1 (Auto-injectable Epinephrine School Policy)
 - O.C.G.A 20-2-776.4 (Levalbuterol Sulfate Policies)
 - O.C.G.A. § 20-2-779.3 (Seizure Action Plan)
 - O.C.G.A 20-2-779 (Diabetes Medical Management Plan)
3. Scope: This policy applies to all official GADCA sponsored face to face events
 - Approval Authority: GADCA School Board
 - Contact: Head of School
 - Effective Date: July 11, 2022
 - Review Date: Annually

Procedures:

- The school shall collect Form 3300 (Certificate of Vision, Hearing, Dental & Nutrition Screening) and Form 3231 (Certificate of Immunization) from each student prior to enrollment. Students are referred to the public health department or their physician's office to meet Georgia Department of Human Services requirements.
- The school will collect a Health and Emergency Form for each student at state testing and events where a parent or legal guardian will not be present. Forms will include student medical history, medical insurance information, emergency contact and primary doctor name/contact information.
- A school nurse will be employed or contracted to carry out a school nursing program as needed. A staff member certified in CPR will be present to perform emergency basic lifesaving skills at each official in-person event. Staff will engage in First Aid Training yearly prior to the administration of the state testing.

- A school nursing program may not dispense contraceptives or abortifacients or perform or refer students for abortions.
- A basic first aid kit will be on site at each official in-person event to address minor scrapes and bruises. The school shall identify the closest local emergency service and closest defibrillator for each official in-person school event.
- The school staff shall be trained as to how to deal with health emergencies at in-person school events, including when to call 911 as needed.
- Subject to the approval by the Board, services to students under this policy may be provided through the Health Department or with private health facilities or agencies. As deemed necessary or appropriate.
 - The school authorizes the self-administration of asthma medication by a student who has asthma at any School event, provided that any student who is authorized for self-administration of asthma medication possesses and uses his or her own asthma medication.
 - The school authorizes school personnel to administer levalbuterol sulfate, if available, to a student upon the occurrence of perceived respiratory distress by the student, whether such student has a prescription for levalbuterol sulfate. The school shall provide information to school personnel on how to recognize the symptoms of respiratory distress and the correct method of administering levalbuterol sulfate.
 - The school authorizes school personnel to administer auto-injectable epinephrine, if available, to a student upon the occurrence of an actual or perceived anaphylactic adverse reaction by the student, whether such student has a prescription for epinephrine.

The school shall provide information to school personnel on how to recognize the symptoms of anaphylactic shock and the correct method of administering the auto-injectable epinephrine.

- The School authorizes students to carry and self-administer prescription auto-injectable epinephrine at all School events so long as the student's parent or guardian provides:
 - (1) A written statement from a physician licensed under Chapter 34 of Title 43 detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken, and confirming that the student is able to self-administer auto-injectable epinephrine; and
 - (2) A written statement by the parent or guardian consenting to the self-administration, providing a release for the school nurse or other designated school personnel to consult with the physician regarding any questions that may arise with regard to the medication, and releasing the school system and its employees and agents from civil liability if the self-administering student suffers an adverse reaction as a result of self-administering auto-injectable epinephrine pursuant to this Code section.
- A student may be subject to disciplinary action if he or she uses auto-injectable epinephrine in a manner other than as prescribed.

- All employees performing services under this policy shall be subject to the restrictions set forth in Official Code of Georgia §20-2-773, specifically, none of the following health services shall be provided to public school students pursuant to this policy:

- (1) Distribution of contraceptives;
- (2) Performance of abortions;
- (3) Referrals for abortion;
- (4) Dispensing of abortifacients.

- Seizure Action Plans State Law: O.C.G.A. § 20-2-779.3

Georgia law requires public schools that receive “seizure support plans” from parents or guardians requesting support or other services for students being treated for epilepsy or other seizure disorders to: (a) have a school nurse or, in the absence of a school nurse, trained seizure action plan personnel onsite and shall during regular school hours to provide the services in the plan and (b) designate trained staff to implement the services in the seizure action plan.

The school should be aware of its obligation to receive, review and implement any seizure action plans submitted by parents or guardians. The school should also designate the appropriate staff to be trained to carry out the support and services outlined in the seizure action plan. These requirements do not release the school from providing services otherwise required under federal special education laws.

- GADCA ensures that at least two school employees are trained in accordance with *Guidelines of the Care Needed for Students with Diabetes* published by the Georgia Department of Education. Training will be provided by a licensed nurse and ongoing training and monitoring will be provided as required. *Information will be provided to parents and guardians of students to determine students that apply.* Any student requiring treatment or diabetes management at in person events, specifically during state testing, shall be required to submit a Diabetes Management Plan completed by the student’s physician or healthcare provider.

Emergency Release:

In case of emergency at this or any school-sponsored event, Destinations Career Academy of Georgia will attempt to reach a parent/legal guardian or one of the emergency contacts listed below. If these contacts are unable to be reached, GADCA has my permission to secure medical attention. It is understood that GADCA, and any sponsoring district, authority, or their respective officers, agents, and employees will not be responsible for the expense incurred. Further, I agree to release and hold harmless all such parties from all causes, liability, damages, claims, demands, or losses whatsoever related to the medical condition of student to the extent allowed by law.

Emergency Contact Information (please print all information):

Emergency Contact Name: _____

Emergency Contact Relationship to Student: _____

Emergency Contact Phone Number: _____

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____

Date: _____

HEALTH & EMERGENCY INFORMATION (Please print all information)

Student Information:

Last Name: _____ **First Name:** _____

Grade _____ **Student ID:** _____

Home Telephone # _____ **Cell#** _____

Doctor's Name _____ **Doctor's Phone** _____

Insurance Carrier _____

Insurance Number _____ **Group Number** _____

Name of Insured _____

Student Medical History (Please list any serious allergies, conditions, or restrictions):

Note: Parent must remain on site to administer any medications