

SCHOOL ADMINISTRATIVE UNIT 79

JLC

SCHOOL HEALTH SERVICES

The Board may appoint a school nurse to function in the school health program and to provide school health services. A school nurse shall be a registered professional nurse licensed in New Hampshire. The Board may employ or contract with a Licensed Practical Nurse (LPN) or a Licensed Nursing Assistant (LNA) to work under the direct supervision of the school Registered Nurse (RN).

Responsibilities of the school nurse include, but are not limited to: providing direct health care to students and staff; providing leadership for the provision of health services; promoting a healthy school environment; promoting health; serving in a leadership role for health policies and programs; and serving as a liaison between school personnel, family, community, and health care providers. Additionally, the school nurse is responsible for developing procedures to address and meet special physical health needs of students. Such procedures may be developed and implemented on a case-by-case basis.

All injuries or illnesses occurring during the school day are to be reported to the school nurse or to the building principal. Students attending school during the extended day, night, summer school programs or any other time when the school nurse is not in the building are to report to the supervising adult. The school nurse, principal or designee will notify parents/guardians before a student who is injured or ill is permitted to go home. Students will not be allowed to leave school without first notifying either the school nurse or principal of his/her injury or illness. Additionally, parent/guardian notification and authorization is necessary before any student will be released from school due to injury or illness.

Emergency medical care will be provided pursuant to the guidelines of Board Policy EBBC/JLCE.

Any pupil who is required to take prescribed medication during the school day will do so consistent with the provisions of Department of Education Rule 311.02. Clarification of these provisions are in Board Policy JLCD and Appendix JLCD-R.

In addition to the provisions of this policy, the school nurse is responsible for the oversight of other school services, including but not limited to: assessing and responding to student health needs, maintaining accurate health records, screening for vision, hearing and BMI according to national recommendations, participating on 504 and IEP teams (if requested), health promotion, disease and injury prevention initiatives, student wellness, and other responsibilities and services as dictated by law or Board policy.

Legal References:

RSA 200:27, School Health Services, RSA 200:29, School Nurse, RSA 200:31, School Health Personnel, RSA 326-B, Nurse Practice Act
NH Code of Administrative Rules, Section ED 302.12 (b), School Health Services
NH Code of Administrative Rules, Section Ed 311, School Health Services

1st Reading: February 9, 2009
2nd Reading: February 23, 2009
Adopted: February 23, 2009

Gilman School District Policy

ADMINISTERING MEDICATION TO STUDENTS

The Superintendent shall be responsible for establishing specific procedures to control medications administered in schools.

Prescribed medication should not be taken during the school day, if at all possible. Medication is to be administered by the school nurse, principal or other designee. Medication will be administered in school only after receiving and filing in the student's health record the following:

1. A written statement from the licensed prescriber detailing the method of taking the medication, dosage and the time schedule of the medication.
2. A written authorization from the parent/guardian indicating the desire that the school assist the student in taking the prescribed medication.

All medication should be delivered to appropriate school personnel by the parent/guardian. All prescription medication must be delivered and contained in its original pharmacy container. The school nurse is directed to keep such medications in a locked cabinet or refrigerator. No more than a 30-day supply will be kept and maintained by the school. The school nurse will contact the parent/guardian regarding any unused medication. Such medication shall be picked up by the parent/guardian within ten days after its use is discontinued. If the parent/guardian does not pick up the medication within ten days, the school nurse may dispose of the unused medication and record as such in the student's health record file.

The school nurse is responsible for keeping accurate records regarding the administration of medication to students.

Students may possess and self-administer an epinephrine auto-injector if the student suffers from potentially life-threatening allergies. Both the student's parent/guardian and physician must authorize such self-possession and self-administration. If a student finds it necessary to use his/her auto-injector, he/she shall immediately report to the nearest supervising adult. The school nurse or building principal may maintain at least one epinephrine auto-injector, provided by the student, in the nurse's office or other suitable location. Additionally, students may possess and self-administer a metered dose inhaler or a dry powder inhaler to alleviate or prevent asthmatic symptoms, auto-injectors for severe allergic reactions, and other injectable medications necessary to treat life threatening allergies. The student's parent/guardian must authorize such self-possession and self-administration.

Students shall not share any prescription or over-the-counter medication with another student. Notice of this prohibition will be provided in student handbooks. Students acting in violation of this prohibition will be subject to discipline consistent with applicable Board policies.

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This policy shall extend to any school-sponsored activity, event or program.

In addition to the provisions set forth herein, the school nurse and Principal are responsible for ensuring the provisions of Ed. 311.02, Medication During The School Day, are followed.

Legal References:

RSA 200:42, Possession and Use of Epinephrine Auto-Injectors Permitted

RSA 200:43, Use of Epinephrine Auto-Injector

RSA 200:44, Availability of Epinephrine Auto-Injector

RSA 200:45, Student Use of Epinephrine Auto-Injectors - Immunity

RSA 200:46, Possession and Self-Administration of Asthma Inhalers Permitted

RSA 200:27, Use of Asthma Medications by Students – Immunity

N.H. Code of Administrative Rules – Section Ed. 306:12 (b) (2), Special Physical Health Needs of Students

N.H. Code of Administrative Rules – Section Ed. 311.02 (d); Medication During School Day.

1st Reading: January 26, 2009

2nd Reading: February 23, 2009

Adopted: February 23, 2009

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JLCD-R ADDENDUM

ADMINISTERING MEDICINE TO STUDENTS

In May 2003 House Bill 57 and 92, which pertains to the use and possession of inhalers and Epi-Pens by students, was approved providing that the required documentation by a physician is provided to the school prior to students possessing these medications at school.

Medication Instructions

If a student is in need of medicine during the school day, the parent, guardian, or responsible adult must bring to school the original container accompanied by a written statement from the prescribing physician detailing the name of the medication, dosage, and the time schedule to be observed. The medication provided will be inventoried immediately. Students are not to bring medications or pills (including vitamins, aspirin or ibuprofen) of any sort to the school or on the school bus. Medication will not be dispensed to the student unless these procedures are followed.

Disciplinary action may take place if a student violates these guidelines.

Reference: Policy JLCD-R

1st Reading: January 26, 2004

2nd Reading: February 9, 2004

Adopted: February 9, 2004

ADMINISTERING MEDICINE TO STUDENTS

- A. Policies and regulations in the matter of medication in schools:
1. For the purpose of clarification, the school nurse may administer medicinal preparations. Further, a designee of the Superintendent of Schools may assist* the student in taking prescribed medications only.
 2. In the absence of the school nurse, the designee of the Superintendent of Schools may assist* the student in taking prescribed medication.
- B. Physician's orders for medicinal preparation for use by the student shall specify in writing the duration of the order, name of the drug and the dosage. Physician's orders shall be renewed each school year if long-term (or more often if a change in medication) dosage or time schedule is indicated.
1. Upon receiving a request from the parent or physician relative to a particular student's need for medication during school hours, the school nurse should contact the parent and family physician and give due consideration to whether the student should remain at home, or whether the medication can be taken at home before and after school is in session.
 2. In those instances when medication must be taken during the school day, arrangements will be developed to accomplish this. The prescribing physician will be responsible for the medical care of the student, but assistance in his assessment of the student's health/condition/program will be given upon reasonable request in the form of reasonable reports designed by the physician from the classroom teacher and/or school nurse on the appearance, behavior and classroom achievement of the student.
 3. The school nurse should obtain additional information regarding medication, such as side-effects of the drug, results of possible refusal of child to take medication, etc.
 - a. The medication should be delivered directly to the school nurse or principal by the parent or guardian.
 - b. The medication should be delivered in a container properly labeled with the student's name, the physician's name, the date of the original prescription, the name and strength of medication and directions for administering the medication.
 4. Parents may request non-prescription medication such as Tylenol, Advil, cough syrup, with verbal, telephone or written consent, to be administered by the nurse or administration.

*Clarification – having the required medication available to the student as needed and observing the student as he/she takes, or does not take his own medication.

ADMINISTERING MEDICINE TO STUDENTS

- C. **MEDICATION:** storage, return to parents, etc.
1. All prescribed medication shall be stored in a designated and secure place. The principal or school nurse shall be responsible for the key or combination of a locked cabinet.
 2. Not more than one month's supply of a prescribed medication shall be stored in a school.
 - a. Internal medication shall not be stored in schools unless currently prescribed for an individual student.
 - b. Unused medication shall be picked up by parent or guardian within ten days, or disposal by the school nurse will be carried out and such recorded.

D. **Guidelines for recording:**

A plan for recording prescribed medication taken by each student including the date, time and quantity – and initials of person assisting the student – must be set up. Each school shall keep a record with consecutively dated pages, in which shall be recorded, the medication taken by a student and will show: the date, time of administration, the kind and quantity of medicinal preparation, the name of the prescribing physician, and the signature or initials of the legal and appropriate adult administering the medication.

1. If student refuses to take or spills medication, or medication is lost or has run out, such shall be recorded.
2. If a recording error occurs, notation is to be made and correct data recorded.
 - a. Such a record shall be available to representatives from the State Division of Public Health and/or State Department of Education.
 - b. Each record should be kept in a designated place for three years from the date of last transaction (entry) recorded in the book.

E. **Student Health Records:**

Physicians' written orders and the written authorization of parents or guardians should be filed with the student's cumulative health record and kept for three years.

An appropriate summary completed at least once every school year for each medication prescribed and taken should become part of the student's health record.

1st Reading: January 26, 2004
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FIRST AID AND EMERGENCY MEDICAL CARE

All school personnel have responsibilities in connection with injuries and emergencies occurring in school and at school-sponsored events, which may be classified as follows: (1) administering first aid; (2) summoning medical assistance; (3) notifying administration; (4) notifying parents; and (5) filing accident/injury reports.

School personnel must use reasonable judgment in handling injuries and emergencies. Caution should be exercised not to minimize or maximize any injury or illness. All personnel will understand the proper steps to be taken in the event of an injury or emergency.

The Superintendent will ensure that at least one other person on staff, aside from the school nurse, has current first aid and cardiopulmonary certification (CPR). If the school nurse or licensed practical nurse is not available, the person(s) who have current first aid and CPR certification is authorized to administer first aid and CPR as needed.

The school will obtain at the start of each school year emergency contact information of parents or legal guardian for each student and staff member. See Appendix JLCE-R for a sample form.

The school physician, school nurse, or specially trained staff members shall assist in the treatment of injuries or emergency situations. Such individuals have the authority to administer oxygen in case of a medical emergency, if available and if appropriate. This authorization extends to administering oxygen to students without prior notification to parents/guardians.

Additionally, the school physician, school nurse, or specially trained staff members may also administer epinephrine to any student in case of a medical emergency, if appropriate. This authorization extends to administering epinephrine without prior notification to parents/guardians.

For significant injuries, the staff person witnessing the event must fill out an accident report, which must be submitted to administration so that he/she is informed and a basis is established for the proper processing of insurance claims and remediation if necessary.

The District makes it possible for parents to subscribe to student accident insurance at low rates. This program is offered each year during September. The District does not provide student accident insurance.

Legal References:

RSA 200:40, Emergency Care

RSA 200:40-a, Administration of Oxygen by School Nurse

NH Code of Administrative Rules, Section Ed. 306.12(b), School Health Services

1st Reading: January 26, 2009

2nd Reading: February 23, 2009

Adopted: February 23, 2009

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JLCE-R

EMERGENCY INFORMATION FORM

Student's Last Name _____ First _____
Please Print

Address _____

Telephone: _____

Mother: Address _____ Tel. _____

Father: Address _____ Tel. _____

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

- 1. Name _____
Address _____ Tel. _____
- 2. Name _____
Address _____ Tel. _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements deemed necessary.

Local Physician's Name _____

Address _____

Office Telephone _____ Home Telephone _____

Signature Date

See policy JLCE

WELLNESS POLICY

The Board recognizes the importance of proper nutrition and developmentally appropriate physical activity as ways of promoting healthy lifestyles, minimizing childhood obesity, and preventing other diet related chronic diseases. The Board also recognizes that health and student success are inter-related. It is, therefore, the goal of the Board that the entire learning environment be aligned to positively influence a student's understanding, beliefs, and habits as they relate to good nutrition and physical activity.

As part of the program, students will be given opportunities to gain the knowledge, skills, behavior and motivation needed to be physically active for life through daily activity offerings such as recess periods, physical education classes, walking programs, the integration of physical activity into the academic curriculum, and after school programs including intramurals, interscholastic athletics, and physical activity clubs. The Board directs the building principal to encourage student physical activity on a daily basis.

All foods available on school grounds and at school sponsored activities will meet or exceed the district's nutrition standards. In no circumstances will such offerings be less restrictive than the regulations and guidance issued by the US Secretary of Agriculture as applicable to schools. Food should be served with consideration toward variety, appeal, taste, safety and packaging to ensure that students will participate in consuming high quality meals. These nutrition guidelines apply to the school lunch and breakfast program, food and beverages sold in vending machines, snack bars, school stores, concession stands, at parties/celebrations/meetings during the school day and as part of fundraising activities.

The Board directs the Superintendent to develop procedures to implement this policy based on compliance with national and statewide nutritional guidelines for healthy living.

Legal References:

RSA 189:11-a, Food and Nutrition Programs

Section of 204 of Public Law 108-265, Child Nutrition and WIC Reauthorization Act of 2004

NH Code of Administrative Rules, Section Ed. 303.01 (g), Substantive Duties of School Boards.

NH Code of Administrative Rules, Section Ed. 306.011, Food & Nutrition Services

NH Code of Administrative Rules, Section Ed. 306.40, Health Education Program

NH Code of Administrative Rules, Section Ed. 306.41, Physical Education Program

1st Reading: January 26, 2009

2nd Reading: February 23, 2009

Adopted: February 23, 2009

SCHOOL ADMINISTRATIVE UNIT 79

JLCJ

CONCUSSIONS AND HEAD INJURIES

The School Board recognizes that concussions and head injuries are commonly reported injuries in children and adolescents who participate in sports and other recreational activities. The Board acknowledges the risk of catastrophic injuries or death is significant when a concussion or head injury is not properly evaluated and managed. The Board recognizes that the majority of concussions will occur in "contact" or "collisions" sports. However, in order to ensure the safety of all District student-athletes, this policy will apply to all competitive athletic activities as identified by the board and administration.

Consistent with the National Federation of High School (NFHS) and the New Hampshire Interscholastic Athletic Association (NHIAA), the District will utilize recommended guidelines, procedures and other pertinent information to inform and educate coaches, youth athletes, and parents/guardians of the nature and risk of concussions or head injuries, including the dangers associated with continuing to play after a concussion or head injury.

Annually, the district will distribute a head injury and concussion information sheet to all parents/guardians of student-athletes in competitive sport activities prior to the student-athlete's initial practice or competition.

For purposes of this policy, "student-athlete" means a student involved in any intramural sports program conducted outside the regular teaching day or competitive student sports program between schools in grades 4 through 12.

For purposes of this policy, "student sports" means intramural sports programs conducted outside the regular teaching day for students in grades 4 through 12 or competitive athletic programs between schools for students in grades 4 through 12, including all NHIAA sanctioned activities, including cheer/dance squads, or any other district-sponsored sports or activities as determined by the board or administration.

All coaches, including volunteers, will complete training as recommended and/or provided by NHIAA, New Hampshire Department of Education and/or other pertinent organizations. Additionally, all coaches of competitive sport activities will comply with NHIAA recommended procedures for the management of head injuries and concussions.

Athletic Director or Administrator in Charge of Athletic Duties

Updating: Each spring, the athletic director or designee shall review any changes that have been made in procedures required for concussion and head injury management or other serious injury by consulting with the NHIAA or the District's on-call physician, if applicable. If there are any updated procedures, they will be adopted and used for the upcoming school year.

Identified Sports: Identified sports include all NHIAA-sanctioned activities, including cheer/dance squads, and any other district-sponsored sports or activities as determined by the district.

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Coach Training: All coaches shall undergo training in head injury and concussion management at least once every two years by one of the following means: (1) through viewing the NHIAA sport-specific rules clinic; or (2) through viewing the NHIAA concussion clinic found on the MHSA Sports Medicine page at www.mhsa.org.

Parent Information Sheet: On a yearly basis, a concussion and head injury information sheet shall be distributed to the student-athlete and the athlete's parent/guardian prior to the student-athlete's initial practice or competition. This information sheet may be incorporated into the parent permission sheet that allows students to participate in extracurricular athletics.

Coach's Responsibility: A student-athlete who is suspected of sustaining a concussion or head injury or other serious injury in a practice or game shall be immediately removed from play.

Administrative Responsibilities: The Superintendent or his/her designee will keep abreast of changes in standards regarding concussion, explore staff professional development programs relative to concussions, and will explore other areas of education, training and programs.

Removal From Play and Protocol For Return To Play

Any coach, official, licensed athletic trainer, or health care provider who suspects that a student-athlete has sustained a concussion or head injury in a practice or game shall immediately remove the student-athlete from play. A student-athlete who has been removed from play shall not return to play on the same day or until he/she is evaluated by a health care provider and receives medical clearance and written authorization from that health care provider to return to play. The student-athlete shall also present written permission from a parent/guardian to return to play.

The District may limit a student-athlete's participation as determined by the student's treating health care provider.

Concussion Awareness and Education

To the extent possible, the Board encourages the administration to implement concussion awareness and education into the district's physical education and/or health education curriculum. The administrative decision will take into account all relevant considerations, including time, resources, access to materials, and other pertinent factors.

Academic Issues in Concussed Students

In the event a student is concussed, regardless of whether the concussion was a result of a school-related or non-school-related activity, school district staff should be mindful that the concussion may affect the student's ability to learn. In the event a student has a

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concussion, that student's teachers will be notified. Teachers should report to the school nurse if the student appears to have any difficulty with academic tasks that the teacher believes may be related to the concussion. The school nurse will notify the student's parents and treating physician. Administrators and district staff will work to establish a protocol and course of action to ensure the student is able to maintain his/her academic responsibilities while recovering from the concussion.

Section 504 accommodations may be developed in accordance with applicable law and board policies.

Legal References

RSA [200:49](#), Head Injury Policies for Student Sports

RSA [200:50](#), Removal of Student-Athlete

RSA [205:51](#), School Districts; Limitation of Liability

RSA [200:52](#), Definitions

RSA [194:3-d](#), School District Computer Networks

[47 U.S.C. §254](#), Requirements For Certain Schools – Internet Safety

[20 U.S.C. §6777](#), Enhancing Education Through Technology – Internet Safety

1st Reading: October 8, 2013

2nd Reading: November 12, 2013

Adopted: November 12, 2013

SCHOOL GUIDANCE AND COUNSELING PROGRAM

The School Board is committed to ensuring a high quality school guidance program that is comprehensive, developmentally appropriate, fosters academic achievement and personal growth and is provided to all District students in an equitable manner.

The program will include the following:

Distribution of information and support to students and families about academic programming, community support and other relevant information.

Coordination with national standards.

Prevention, intervention and crisis response services.

Promotion of personal, interpersonal, health, academic and career development for all students through classroom programs and other services.

All provisions of NH Administrative Rules, Section Ed 306, Minimum Standards for Public School Approval.

It is the policy of this Board that at all grade levels, school counselors collaborate with parents, students, staff, and community to remove barriers to learning and provide opportunities and support to empower students to embrace their full potential and achieve their academic and personal aspirations. The guidance counselor is responsible for developing a program or plan that identifies student success in academic performance, social awareness and career planning.

This policy will be reviewed in accordance with the Board's policy review process.

Legal References:

NH Code of Administrative Rules, Section Ed. 306.13, Guidance Plan

NH Code of Administrative Rules, Section Ed. 306.15 (b), Provision of Staff, Guidance

NH Code of Administrative Rules, Section Ed. 306.39 (c)and 306.39 9d), Guidance Program

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2nd Reading: February 23, 2009

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SCHOOL ADMINISTRATIVE UNIT 79

JLDBA

BEHAVIOR MANAGEMENT AND INTERVENTION

It is the policy of the Board to promote good behavior in a safe and orderly environment where all students can be fully engaged in the learning process. To ensure that our students and staff are protected against disruptive behavior, the board directs the Superintendent to set forth procedures for behavior management and interventions that are designed to maintain a positive environment conducive to learning.

Student conduct that disrupts class work, involves disorder, or invades the rights of others will not be tolerated and may be cause for suspension or other disciplinary action.

The administration of disciplinary action will focus both on consequences and on changing or managing inappropriate behavior.

It is important that there be careful evaluation of the individual situation so that the school's response to the student is appropriate.

If the student has an Individualized Education Program (IEP), the process will follow federal and state laws governing special education.

All available resources should be utilized, including preventive and responsive interventions to support students' needs. These interventions should include psychological, curricular and behavioral services, which should take place within classrooms, schools and alternative settings. Exclusion from the classroom should be the disciplinary action of last resort.

The Superintendent will also ensure that classroom behavior management skills are addressed through professional development and that there is an adequate system of record keeping regarding disciplinary infractions and interventions.

The use of corporal punishment is prohibited in district schools.

This policy will be reviewed on an ongoing basis in accordance with the Board's policy review process.

Legal References:

NH Code of Administrative Rules, Section Ed 306.04 (a) (16), Behavior Management and Intervention for Students.

1st Reading: February 23, 2009

2nd Reading: March 9, 2009

Adopted: March 9, 2009

REPORTING SUSPECTED CHILD ABUSE OR NEGLECT

Because of their sustained contact with school-age children, school employees are in an excellent position to identify abused or neglected children and to refer them for treatment and protection.

To comply with the Child Protection Act (RSA 169C, 1979) it is the policy of the School District that any teacher or other school employee who suspects that a child's physical or mental well being may be adversely affected by abuse or neglect shall report to the principal or other designated personnel who shall then call the Division of Children and Youth Services and give the following information:

1. Name, address, age and sex of student.
2. Name and address of parent or caretaker.
3. Name and address of the person allegedly responsible for the abuse and neglect, if known.
4. The name of siblings who may be in danger, if known.
5. The nature and extent of injuries or description of neglect.

It is not the responsibility of the school employee to prove that the child has been abused or neglected, or to determine whether the child is in need of protection.

An abused child is a child under the age of 18 who has been sexually molested or exploited, been psychologically injured so that said child exhibits symptoms of emotional problems generally recognized to result from consistent maltreatment or neglect; or been physically injured by other than accidental means.

Neglect means the failure to provide necessary food, care, clothing, shelter or medical attention for a child's physical, mental and emotional health.

School personnel who, in good faith, make a report of suspected child abuse or neglect, have immunity from any liabilities, civil or criminal. The good faith of the reporter is presumed.

Persons willfully failing to report are guilty of a misdemeanor which, under New Hampshire law, can mean a sentence of up to a year in jail and a \$1,000.00 fine.

Under State "Right to Know" laws, parents maintain the right of access to information compiled in their child's school records. However, it is also the school's right to withhold certain information which identified either the person who made the report or those who cooperated in a subsequent investigation, if the school believes the release of this information would be detrimental to the safety and interest of the reporting person.

Adopted: March 11, 1985
Ref. 5059

SCHOOL ADMINISTRATIVE UNIT 79

JLF

REPORTING CHILD ABUSE OR NEGLECT

Any school employee having reason to suspect that a child is being or has been abused or neglected shall immediately report his/her suspicions to the building principal. The principal shall then immediately notify the appropriate state officials at the New Hampshire Department of Health and Human Services. The principal will then notify the Superintendent that such a report to Health and Human Services has been made.

A written report shall be made by the principal or designee within 24 hours. The report should contain the name and address of the child suspected of being abused or neglected, the person responsible for the child's welfare, the specific information indicating neglect/abuse or the nature and extent of the child's injuries (including any evidence of previous injuries), the identity of the person or persons suspected of being responsible for such neglect or abuse, and any other information that might be helpful in establishing neglect or abuse or that may be required by the Department of Health and Human Services.

The Board recommends all school district employees receive routine training or information on how to identify child abuse and neglect.

Legal References:

NH Code of Administrative Rules, Section Ed 306.04 (a) (10), Reporting of Suspected Abuse or Neglect.

RSA 169-C:29, Persons Required to Report

RSA 169-C:30, Nature and Content of Report

RSA 169-C:31, Immunity from Liability

RSA 169-C:34, III, Duties of the Department of Health and Human Services

1st Reading: February 23, 2009

2nd Reading: March 9, 2009

Adopted: March 9, 2009

SCHOOL ADMINISTRATIVE UNIT 79

JLI

JOINT LOSS MANAGEMENT COMMITTEE

The Superintendent will cause the formation of the Joint Loss Management Committee as required by RSA 281-A:64, III, and a Crisis Management Plan that conforms to the national Incident Command System.

The practice of safety shall also be considered a facet of the instructional plan of the District schools by incorporating educational programs in traffic and pedestrian safety, driver education, fire prevention, emergency procedures, and others, appropriately geared to students at different grade levels.

The Principal shall be responsible for the supervision and implementation of a safety program for his/her school. General areas of emphasis shall include, but not be limited to: in-service training; accident record keeping; plant inspection; driver and vehicle safety programs; fire prevention; catastrophe planning; emergency procedures and traffic safety problems relevant to students and employees. The Principal shall be responsible for developing student safety procedures to be used on school busses, school grounds (including playgrounds), during authorized school activities (such as field trips), within the school building (including classrooms and laboratories), off school grounds during school sanctioned activities (including, but not limited to, work based learning and internships), and in the use of online resources. The safety plan will be on file in the school building and in the SAU office.

Legal References:

RSA 200:40, Emergency Care

RSA 281-A:64, III, Worker's Compensation, Safety Provisions; Administrative Penalty

NH Code of Administrative Rules, Section Ed 306.04 (a) (23), School Safety

NH Code of Administrative Rules, Section Ed 306.04 (d), School Safety Procedures

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Revised: 1st Reading: October 8, 2013

2nd Reading: November 12, 2013

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