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Part CLVII. Bulletin 135—Health and Safety

Chapter 1. Foreword

§101. Purpose

A. This bulletin contains policies passed by the Board of Elementary and Secondary Education (BESE) regarding the health and safety of students while at school, traveling on school transportation, and at school sponsored events.

B. Sections of this bulletin have been jointly promulgated by the Louisiana State Board of Nursing (LSBN) and BESE. Any waivers, deletions, additions, amendments, or alterations to policies within those sections shall be approved by both BESE and LSBN.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 and R.S. 17:7.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 39:1029 (April 2013).

Chapter 3. Health

§301. Health Screening

A. Every LEA, during the first semester of the school year or within 30 days after the admission of any students entering the school late in the session, shall test the sight, including color screening, for all first grade students, and hearing of each and all students under their charge, except those students whose parent or tutor objects to such examination. Such testing shall be conducted by appropriately trained personnel, and shall be completed in accordance with the schedule established by the American Academy of Pediatrics.

B. Upon the request of a parent, student, school nurse, classroom teacher, or other school personnel who has reason to believe that a student has a need to be tested for dyslexia, that student shall be referred to the school building level committee for additional testing. Local school systems may provide for additional training for school nurses to aid in identifying dyslexic students. Refer to §1123 Bulletin





- b. dosage form;
- c. strength;
- d. quantity;
- e. name of manufacturer and/or distributor; and
- f. manufacturer's lot or batch number.

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d. a list of all medications that the student is currently receiving at home and school, if that listing is not a violation of confidentiality or contrary to the request of the parent/guardian or student;

e. a list of names and telephone numbers of persons to be notified in case of medication emergency in addition to the parent or guardian and licensed prescriber;

f. arrangements for the safe delivery of the medication to and from school in the original labeled container as dispensed by the pharmacist; the medication shall be delivered by a responsible adult;

g. unit dose packaging shall be used whenever possible.

2. All aerosol medications shall be delivered to the school in premeasured dosage.

3. No more than a 35 school day supply of medication shall be kept at school.

4. The initial dose of a medication shall be administered by the student's parent/guardian outside the school jurisdiction with sufficient time for observation for adverse reactions.

5. The parent/guardian shall also work with those personnel designated to administer medication as follows:

a. cooperate in counting the medication with the designation school personnel who receives it and sign a drug receipt form;

b. cooperate with school staff to provide for safe, appropriate administration of medications to students, such as positioning, and suggestions for liquids or foods to be given with the medication;

c. assist in the development of the emergency plan for each student;

d. comply with written and verbal communication regarding school policies;

e. grant permission for school nurse/physician consultation; and

f. remove or give permission to destroy unused, contaminated, discontinued, or out-of-date medications according to the school guidelines.

H. Student Confidentiality

1. All student information shall be kept confidential.

1.1. Notwithstanding any provision of law or any rule, regulation, or policy to the contrary, the governing authority of each public elementary and secondary school shall permit the self-administration of medications by a student with asthma or diabetes or the use of auto-injectable epinephrine by a student at risk of anaphylaxis, provided that the student's



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a. a2()-6 (b)-1.80 (i)-1.80 (c)-1.60 (e)-2.80 (i)-10.10 (s) (g)-5z2bd1.90 ()d.80 (h)-6.90 (i)1.80 7-364.40 (b)-6 (e)-2.80 (t)1.10 (i) Exception. A professional licensing board has cause to believe that a licensee, within its jurisdiction, improperly trained an unlicensed diabetes care assistant or improperly assessed the ability of an unlicensed diabetes care assistant to perform his or her desig364.404210 (g)-5z2bd3.50 ()-3f.50 (E)-u.90 (g)-6 (c64.4042103.50 ice)-2.26ss2()8.90 (2()1

3. The curriculum for training the unlicensed diabetes care assistants shall include, but not be limited to the following topics:

a. recognize the signs and symptoms of hyperglycemia and hypoglycemia;

b. understand the details of the student's diabetes management treatment plan and when to contact the school nurse for additional directions on how to treat the student's change in condition;

c. understand the proper action to take if student's blood glucose levels are outside the target ranges specified in his diabetes management and treatment plan;



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- i. the circumstances in which the disease is contagious to others;
- ii. any infections or illnesses the student/staff member could have as a result of the disease that would be contagious through casual contact in the school situation;
- iii. the age, behavior, and neurologic development of the student;
- iv. the expected type of interaction with others in the school setting and the implications to the health and safety of others involved;
- v. the psychological aspects for both the infected individual remaining in the school setting;
- vi. consideration of the existence of contagious disease occurring within the school population while the

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and supplies shall include but shall not be limited to gloves, anti-bacterial soaps and wipes, paper towels, and masks.

E. Notwithstanding any provision of law or any rule, regulation, or policy to the contrary, no employee other than a registered nurse, licensed medical physician, an appropriate licensed health professional, or hired and trained unlicensed nursing personnel or unlicensed assistive personnel as defined by the Louisiana State Board of Nursing shall be required to perform an tracheostomy suctioning procedure on any child in an educational setting. However, nothing in this Section shall prohibit an employee who volunteers to perform such procedure and who complies with the training and demonstration requirements as provided in Paragraphs B.2 and 3 of this Section from being allowed to perform such procedure on a child in an educational setting.

F. For purposes of this Section, appropriate licensed health professional shall include a licensed practical nurse.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:436(A)(2) and (E).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 39:1037 (April 2013).

Chapter 5. Injury Management Program Rules for Serious Sports Injuries

did view educational information regarding the nature, and risks associated with, serious sport injuries.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1299.186.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 40:762 (April 2014), amended LR 47:451 (April 2021).

§505. Injury Management Program Protocol for Serious Sports Injuries

A. A student-athlete, who reports, or exhibits, any sign or symptom of a possible serious sports injury, defined as any loss of function as a result of a direct or indirect injury, shall immediately be disqualified from continued participation and be removed from practice, training or competition.

1. A direct injury refers to an injury which results from participation in the fundamental skills of the sport. This may

