



PROMOTING HEALTH AND LEARNING

SCHOOL NURSING
PRACTICE IN
NEW JERSEY'S
PUBLIC SCHOOLS

JUNE 2020 SUPPLEMENT



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Process

This document was developed to inform school nurses and school health stakeholders about emerging issues and new laws adopted by the New Jersey State Legislature since the publication of “Promoting Health and Learning: School Nursing Practice in New Jersey’s Public Schools” in June 2018. It serves as a supplement to the original June 2018 document and was developed by the following NJSSNA members:

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INTRODUCTION



The New Jersey State School Nurses Association (NJSSNA) was pleased to provide the first electronic “Practice Guide” for nurses working in New Jersey’s public schools. *Promoting Health and Learning: School Nursing Practice in New Jersey’s Public Schools* serves as an important resource for practitioners and policy makers. As a living document, it aims to reflect current practice, acknowl-

edging that both public health and education constantly change. Throughout this document, “Practice Guide” refers to the 2018 document published by NJSSNA.

Change requires frequent review and analysis. Since June 2018, the New Jersey State Legislature has enacted a number of new laws that impact school nursing and school health. Rather than completely revise the Practice Guide every time a new law or regulation is adopted, the NJSSNA developed a review and revision process to ensure that school nurses get information in an efficient and timely fashion.

There are two phases to that process:

Phase One: January-July 2020

The NJSSNA will:

1. Identify new laws, regulations, or practice issues (e.g. new meds, devices) that immediately impact school nursing practice;
2. Develop an electronic supplement to *Promoting Health and Learning: School Nursing Practice in New Jersey’s Public Schools* (June 2018) focusing on new and necessary issues impacting school nursing practice; and,
3. Make members and stakeholders aware of other laws and regulations that may impact student health and safety but may not be the primary responsibility of the certified school nurse.

Phase One culminates in a dated supplemental electronic document summarizing new laws or requirements. The original June 2018 Practice Guide was not revised or edited as part of this process.



Phase Two: July 2020-June 2021

The NJSSNA will:

1. Review the June 2018 version of the Practice Guide, chapter by chapter, for content that needs updating or removal (e.g. no longer applicable);
2. Review the 2018 version of the Practice Guide to determine new and necessary content (e.g. new medications);
3. Review the 2018 Practice Guide for typos, missing headers, broken links, and minor changes;
4. Secure writers for new material who will work with the project chair, editor, and graphics designer to update the document; and,
5. Inform members and stakeholders via the NJSSNA website of the completion of the updated Practice Guide, formally referred to as *Promoting Health and Learning: School Nursing Practice in New Jersey's Public Schools - Second Edition*.

Phase Two will incorporate any changes or new material included in the supplement. In addition, new content identified by the NJSSNA's Standards and Practice Committee and Legislative Committee will be included in the updated document. School nurses will be notified when the new document is posted and advised to update district and school practices and policies accordingly. The new document will be referred to as the "second edition" with a new date of publication.

Promoting Health and Learning: School Nursing Practice in New Jersey's Public Schools: 2020 Supplement

The purpose of 2020 Supplement is to provide school nurses and other stakeholders with information on new laws and emerging issues since the publication of the original document in June 2018. NJSSNA's Legislative Committee identified new laws adopted within the last two years and organized them into five categories:

- A. Health Education
- B. School Nursing Services
- C. Certification, Professional Conduct, and Training
- D. School/Student Health Policies and Practices
- E. General School Policies and Practices
- F. Nursing Practice and Licensure

The laws were cross-referenced with the content of the 2018 Practice Guide and assigned a "chapter" that most closely aligned with the new requirements. Not all laws directly impact school nursing practice—some are simply "good to know" while others directly impact school health services policies and practices.

How to Use the Supplement

The supplement focuses on newly adopted laws not addressed in the original Practice Guide as well as changes to existing laws and practices. **Please note that the June 2018 edition of *Promoting Health and Learning: School Nursing Practice in New Jersey's Public Schools* is not being revised at this time.** You should continue to use the 2018 Practice Guide until notified by NJSSNA that a new edition has been released. This 2020 Supplement serves as a bridge from the June 2018 edition to the second edition planned for publication in 2021.

The 2020 Supplement aligns with the 2018 Practice Guide, using the same color schemes and structures. Each chapter identifies the **Topic** and its **Current Location in the Practice Guide**. This is followed by a brief **Background and Rationale**, providing the reader with context, data, and other important information about the topic or issue. **Applicable Laws and Regulations** follow, providing the reader with the legal citation and, in some cases, a summary of the new law. **Additional Points for School Nursing Practice** provide resources and information to help school nurses implement the new mandates. Please note that some chapters have no changes at this time.

The supplement will be available electronically on the **NJSSNA website**.



CHAPTER UPDATES

CHAPTER 1

Chapter One: Advancing School Nursing Practice

No Changes

CHAPTER 2

Chapter Two: Working with the School Health Team

1. Topic: School Nurse Certification

Current Location in Practice Guide: pp.13-16

Background and Rationale

The State Board of Education has the authority to prescribe the requirements for issuance of an educational services endorsement. This law prescribes specific minimal requirements for the school nurse endorsement, including a college supervised practicum in both a school health office and health classroom for those seeking a school nurse instructional endorsement. Those seeking a non-instructional endorsement must complete a clinical experience in a school health office.

Applicable Laws and Regulations

https://www.njleg.state.nj.us/2016/Bills/AL17/70_.PDF

<https://www.state.nj.us/education/rpr/laws/laws.shtml>

Additional Points for School Nursing Practice

The law also requires candidates to complete coursework in the fundamentals of substance abuse.



Key Point

The NJDOE Office of Recruitment, Preparation, and Recognition provides a link to the law <https://www.state.nj.us/education/rpr/laws/laws.shtml> on the department's website. To date, N.J.A.C. 6A:9B-14.3 (School Nurse) has not been revised to reflect the changes.

2. Topic: Health and Physical Education Teacher Certification

Current Location in Practice Guide

Chapter Two focuses on the school health team but does not specifically address the role of the health and physical education teacher. Chapter Twelve addresses health education standards and programs.

Background and Rationale

Previously, individuals who held an elementary teaching endorsement were permitted to teach any subject, including health education and physical education. In July 2019, the New Jersey Legislature passed P.L. 2019, c.171 (supplementing N.J.S.A. 18A:26-2.28) which requires individuals who teach physical education in grades kindergarten through six to hold the required PE specialist certificate. Individuals who teach health education in grades K-6 must hold a health endorsement to the instructional certificate or hold a school nurse instructional endorsement. The law “grandfathers” those already employed teaching health education or physical education and holding only an elementary school endorsement.

Applicable Laws and Regulations: P.L. 2019, c. 171

Additional Points for School Nursing Practice

This law does not limit the role of the certified school nurse who holds an instructional certificate.

Chapter Three: Conducting Health Assessments and Screenings

No Changes

Chapter Four: Addressing Communicable Diseases in the School Setting

No Changes



Key Point

Due to the current pandemic and subsequent changes to public health and school policies regarding communicable diseases, this chapter will be updated once policy decisions have been finalized at the state level.

Chapter Five: Meeting the Needs of Students with Chronic Health Conditions

1. Topic: Seizure Disorders

Current Location in Practice Guide: pp.136-138

Background and Rationale

The 2018 Practice Guide stated that there were no New Jersey laws or regulations that specifically addressed students with seizure disorders or the administration of medica-



tions for these disorders by non-medical school personnel. Additionally, at the time of publication, Midazolam was not FDA approved for intranasal use (pp. 137-38 in the Practice Guide). Several changes to this information have been enacted since publication.

In January 2020, **N.J.S.A. 18A:40-12.34-12.38** (commonly referred to as “Paul’s Law”) established requirements for the care of students with epilepsy or seizure disorders while at school. The law requires a student’s parent or guardian to submit annually to the school nurse a seizure action plan. The law defines the action plan as a comprehensive document provided by the student’s physician, advanced practice nurse or physician’s assistant, which includes but is not limited to, information regarding presentation of seizures, seizure triggers, daily seizure medications, seizure first aid, and additional treatments. The school nurse then develops an individualized health care plan (IHP) and individualized emergency health care plan (IEHP) for the student based on the action plan. These plans are to be updated annually and whenever there is a change in the health status of the student.

The law also requires the school nurse to obtain a release from the parent or guardian to authorize the sharing of medical information and authorizes the school nurse to share medical information with other staff members of the school district, as necessary.

Local boards of education must ensure that all staff, including those working with students in programs outside the regular school day, are trained in the care of students with epilepsy or seizure disorders. The required training shall be approved by the New Jersey Department of Health.

In addition, the law requires that school districts provide epilepsy and seizure disorder first aid training as well as emergency and contact information to bus drivers who transport students with these conditions.

Applicable Laws and Regulations: N.J.S.A. 18A:40-12.34-12.38

Additional Points for School Nursing Practice

In May 2019, the FDA approved Nayzilam (Midazolam) intranasal spray for the treatment of seizure clusters and acute repetitive seizures that are distinct from the patient’s usual seizure pattern in patients with epilepsy 12 years of age and older. The prescribing information may be found [here](#).

New Hampshire Family Voices, a network that focuses on the care of children with special healthcare needs, provides **Sample Action Plans and Forms** that can be adapted for use in schools and child care settings. The information on this website is specific to New Hampshire law. New Jersey law does not permit the delegation of seizure medications.

Epilepsy Services of New Jersey (Paul’s Law) provides information and resources including training and webinars for school personnel.

2. Topic: Diabetes

ISSUE: Approval of Baqsimi

Current Location in Practice Guide: pp.107-118

Background and Rationale

Baqsimi is a prescription medicine used to treat very low blood sugar (severe hypoglycemia) in people with diabetes ages four years and above. It should be used when someone is having a low blood sugar emergency, where the person is unable to eat or drink and needs help from someone else. The medication's website provides detailed information on when and how to administer the medication.

The FDA approved Baqsimi in 2019. It is administered like a nasal spray and comes in a single-use dispenser that requires just three steps to use: (i) remove the device from tube; (ii) insert tip of device into one nostril; (iii) push plunger all the way in to administer dose. Notably, it does not require inhalation, meaning that it can be successfully administered by another person if the receiver is unconscious.

Applicable Laws and Regulations

N.J.S.A. 40:12.14 permits authorized school employees to administer Glucagon under certain circumstances. Baqsimi is simply another form of Glucagon.

Additional Points for School Nursing Practice

The **Baqsimi** website provides information on hypoglycemia and the administration of the medication. For more information, go to: <https://www.drugs.com/baqsimi.html>.

3. Topic: Hemophilia

Current Location in Practice Guide

Hemophilia was not addressed in the 2018 Practice Guide.

Background and Rationale

New Jersey has a statewide network of centers to provide comprehensive diagnosis, treatment/management, patient/family education, and psychosocial counseling for children and adults with hemophilia or other disorders of bleeding or coagulation.

Applicable Laws and Regulations

P.L. 2019, c. 259, approved August 23, 2019 defines Hemophilia, qualitative platelet disorders, and Von Willebrand Disease and establishes programs in the New Jersey Department of Health for care and treatment.

Additional Points for School Nursing Practice

CDC Hemophilia Facts

Hemophilia Org

HANJ



4. Topic: Adrenal Insufficiency and Self Administration

Current Location in Practice Guide

Adrenal Insufficiency was not addressed in the 2018 edition of the Practice Guide.

Background and Rationale

Adrenal insufficiency is an endocrine or hormonal disorder that occurs when the body is unable to produce enough adrenal hormones. These hormones are needed to help a body respond to severe stressors, such as illness and injury. Adrenal crisis is a sudden, severe worsening of symptoms associated with adrenal insufficiency including, but not limited to, severe pain in the lower back, abdomen or legs; vomiting; diarrhea; dizziness; changes in emotional behavior; and loss of consciousness. Depending on the severity of a crisis an oral medication or an injection may be necessary.

This act amended existing statute to expand the self-administration of medication by a pupil for asthma or other life threatening illnesses to specifically include the administration of hydrocortisone sodium succinate through appropriate delivery devices. It also permits the administration of hydrocortisone sodium succinate by an employee of the school district who has volunteered and been trained to administer the medication to a specific student. The requirements apply to both public and non-public schools.

The local board of education or the governing body of a nonpublic school is required to develop policies and procedures to implement this law and to provide parents and guardians with a written statement that the district and its employees shall not incur any liability from the self-administration of this medication or from the administration of the medication by a trained delegate. It requires that the medication be placed in a secure but unlocked location, easily accessible by the school nurse and delegates, and that the location of said medication must be indicated on the student's emergency plan.

The management of adrenal crisis requires a complex emergency response. The student may experience adverse physical, emotional, behavioral signs and symptoms, such as decreased cognitive awareness and the ability to recognize the advancing signs and symptoms of an adrenal insufficiency crisis. The event may also impact the student's physical dexterity. Thus, self-administration of hydrocortisone sodium succinate (Solu-Cortef) prior to and during an adrenal insufficiency crisis can be extremely challenging for the student. The student may experience a decreased ability to respond to emotional, behavioral or physical stress. Common symptoms include low blood pressure (hypotension), which may cause lightheadedness, dizziness, or fainting along with long lasting and acute fatigue, muscle weakness, and joint and muscle pains (arthralgias, myalgias). Additionally, the student may exhibit a loss of appetite or abdominal pain as well as signs of shock.

The self-administration of any medication can be difficult for some students. Hydrocortisone sodium succinate requires multi-step preparation as it is not pre-prepared nor an auto-injector. The preparation and reconstitution of hydrocortisone sodium succinate

involves reconstituting the medication powder by pressing down on a plastic activator and agitating the solution to dissolve the medication. Once dissolved, the top of the stopper must be wiped with a suitable germicide and a needle/syringe must be inserted into the stopper. The vial is then inverted and the medication withdrawn into the syringe. The medication must be injected into the thigh or buttocks muscle.

At this time, there is no self-administration or inclusive drug administration kit available on the pharmaceutical market for the injection of hydrocortisone sodium succinate. Subsequently, the certified school nurse is responsible for training volunteer delegates how to prepare and administer an intramuscular injection when the student is unable to self-administer the medication. In addition, delegates must be trained to provide support for the student until emergency personnel arrive. Delegates are not permitted to conduct assessments or make judgements about the need for emergency care but must follow what is specifically outlined in the student's individualized emergency healthcare plan (IEHP) and Individualized Healthcare Plan (IHP), based on orders written by the student's personal physician or advanced practice nurse.

Applicable Laws and Regulations

N.J.S.A. 18A: 40-12.29: Emergency Administration of Hydrocortisone Sodium Succinate

https://www.njleg.state.nj.us/2018/Bills/PL19/118_.PDF

Additional Points for School Nursing Practice

https://www.pfizer.com/products/product-detail/solu_cortef

<https://www.chop.edu/conditions-diseases/adrenal-insufficiency>

<https://www.drugs.com/cg/adrenal-insufficiency-in-children.html>

<https://www.caresfoundation.org/emergency-medical-care/>



Key Point

The management of adrenal crisis requires a complex emergency response and the self-administration of hydrocortisone sodium succinate (Solu-Cortef) prior to and during an adrenal insufficiency crisis can be extremely challenging for the student or delegate. The NJSSNA did not support this new requirement due to the serious nature of the condition and the complexity of the emergency response.

5. Topic: Nurse Licensure Compact

Current Location in Practice Guide

The Nurse Compact is referenced in a Key Point on page 91 of the 2018 Practice Guide.



Background and Rationale

In July 2019, the State of New Jersey enacted legislation that enters it into the Nurse Licensure Compact with all other jurisdictions that legally join in the compact. This provides for a multi-state license to practice as a registered professional nurse or licensed practical/vocational nurse, as issued by a home state to a resident in that state. In essence, this law establishes multi-state licensing privileges.

Applicable Laws and Regulations

https://www.njleg.state.nj.us/2018/Bills/AL19/172_.HTM

Additional Points for School Nursing Practice

This law will impact school nurses who are often required to travel out-of-state with students on school-sponsored trips. The Board of Nursing is responsible for the regulations to implement this action.

Chapter Six: Preparing for Emergencies and Crisis

1. Topic: Opioid Antidotes

Current Location in Practice Guide

The administration of Naloxone is addressed on pp.158-161.

Background and Rationale

In January 2018, the New Jersey Legislature amended P.L. 2013, c. 46 which permitted the emergency administration of opioid antidotes. P.L. 2017, c. 381 (adopted January 16, 2018) clarifies that authorized persons and entities may administer a single dose of any opioid antidote, or multiple doses of any intranasal or intramuscular opioid antidote, to overdose victims with immunity under the Overdose Protection Act. In August 2018, the Legislature amended the existing law to establish requirements for the emergency administration of opioid antidotes in schools. The law requires local school governing bodies of public, charter, and nonpublic schools to develop policy and procedures for the emergency administration of opioid antidotes to a student, staff member, or other person experiencing an opioid overdose.

The **NJDOE Guidelines for Administration of an Opioid Antidote** provide policy and procedural guidance for the implementation of the law. The guidance specifically references the role of the school physician and certified school nurse. Pursuant to N.J.S.A. 18A:40-12.24(c)(1), the certified school nurse has primary responsibility for the emergency administration of an opioid antidote. Districts and schools must designate additional employees who volunteer to administer an opioid antidote in the event that a person experiences an opioid overdose when the certified school nurse is not physically present at the scene. Designees are only authorized to administer an opioid antidote after completing

training pursuant to N.J.S.A. 18A:40-12.25(b), subject to all other requirements of the law.

Applicable Laws and Regulations

N.J.S.A.18A:40-12.23-28

Additional Points for School Nursing Practice

NJDOE Guidelines for Administration of an Opioid Antidote

Opioid Abuse Toolkit for Communities: Rutgers

2. Topic: Sports Related Injuries

Current Location in Practice Guide

Required emergency policies are addressed on p.150. Extreme weather and temperatures are addressed in Chapter 13 on pp. 306-308. Neither are sport-specific.

Background and Rationale

New Jersey law and regulations require that school districts adopt policies to protect the health and safety of students and staff and that those policies detail procedures to follow should illness or injury occur. N.J.A.C. 6A:16-2.3(a)4i states that the school physician is responsible for the development and implementation of school district policies and procedures related to health, safety, and medical emergencies. The school physician establishes standards of care for emergency situations and medically related care involving students and school staff. The orders must be adopted by the district board of education and reviewed and reissued before the beginning of each school year.

In January 2020, the New Jersey Legislature adopted P.L. 2019, c.292 which requires the governing bodies of public and nonpublic schools with grades 6-12 to establish and implement an emergency action plan for responding to serious or potentially life-threatening sports-related injury. The plan must be developed in collaboration with local emergency medical services providers. The plan does not specifically reference the role of the certified school nurse; however, it does require schools to maintain a list of current employees who are trained in first aid or cardio-pulmonary resuscitation. The law does not specify who develops these policies and procedures; however, the school physician is responsible for policies as outlined in N.J.A.C. 6A:16-2.3.

Applicable Laws and Regulations: P.L. 2019, c. 292

Additional Points for School Nursing Practice

Even though the school nurse is not specifically referenced in the law, the school nurse should work with the school physician, athletic trainer, and athletic director to ensure that emergency policies and procedures align with standards of care and practices in the district and fulfill the requirements set forth in other laws and regulations, such as those addressing head injuries, concussion care, and anaphylaxis.

NJSIAA Policies 2019-2020



3. Topic: Student Identification

Current Location in Practice Guide: Student identification is not addressed.

Background and Rationale

The law permits each school district to develop and implement a policy requiring all students to carry a school identification card issued by the district while the student is at any school sponsored, off-campus activity such as field trips or interscholastic sports programs. The law also permits school districts to develop and implement a policy that requires a list of names of students being transported by a school bus to a school-sponsored activity such as a field trip or sporting event. The law specifies that the list is to be submitted to the school principal or designee and maintained for use in case of emergency.

Applicable Laws and Regulations

P.L. 2018, c. 57 (supplementing N.J.S.A. 18A:36-43 and 39-19.8)

Additional Points for School Nursing Practice

The legislation was part of a school bus safety package. School nurses may be asked to attend to students involved in a school bus accident and may be asked to maintain the emergency lists called for in the law. Student identification cards may also be used during fire and safety drills and emergency evacuations.

4. Topic: Panic Alarms

Current Location in Practice Guide: This topic was not addressed.

Background and Rationale

Alyssa's Law requires each public elementary and secondary school building to be equipped with at least one panic alarm for use in a school security emergency. A panic alarm is a silent security system signal directly linked to local enforcement authorities.

Applicable Laws and Regulations

P.L. 2019, c. 33 (supplementing N.J.S.A. 18A:41-10-13)

Additional Points for School Nursing Practice

NJDOE Guidance Alyssa's Law

Chapter Seven: Documenting Care and Services

No Changes

Chapter Eight: Supporting Students with Special Needs

Topic: Deaf Student's Bill of Rights

Current Location in Practice Guide

While mandated auditory screening is discussed on pp. 37-41 and students with special needs are discussed in Chapter Eight, the specific rights of students who are deaf, hard of hearing, or deaf-blind are not addressed.

Background and Rationale

The Deaf Student's Bill of Rights Act (P.L.2019, c. 204) was adopted in August 2019. The law requires school districts to provide appropriate screening and assessment of hearing and vision capabilities and communication and language needs at the earliest possible age and the continuation of screening and evaluation services throughout the educational experience. It also addresses socialization, placement, instruction, and access to all programs such as recess, lunch, extracurricular activities, media showings, and driver education.

Applicable Laws and Regulations

N.J.S.A.18A:46-2.7-2.9

Additional Points for School Nursing Practice

While the certified school nurse is not specifically referenced in this law, it may require local school districts to update policies and procedures for auditory and visual screenings conducted by the school nurse or other appropriately licensed school personnel (e.g. speech and language specialists, audiologists).

Chapter Nine: Promoting Social, Emotional, and Mental Health

1. Topic: Smokeless Tobacco in Schools

Current Location in Practice Guide: pp. 200-204

Background and Rationale

This law specifically prohibits the use of smokeless tobacco in any area of any building of, or on the grounds, of any public school. For the purposes of the law, smokeless tobacco is defined as the inhalation, chewing, or placement in the oral cavity of snuff, chewing tobacco, or any other substance that contains tobacco. The law requires that the board of education post signs making it clear that the use of smokeless tobacco is prohibited. School districts and individuals that do not comply may be fined. Students



who violate the provisions of the law and subsequent district policy shall be prohibited from all extracurricular activities, including interscholastic athletics. In addition, the student's parking permit and privileges will be revoked.

Applicable Laws and Regulations

P.L. 2017, c. 284 was approved on January 16, 2018. The act supplemented C.26:3D-66, which falls under the jurisdiction of the New Jersey Department of Health: Health and Vital Statistics.

Additional Points for School Nursing Practice

While the school nurse is not referenced in this law, note that the local board of health has the authority to investigate any complaints.

2. Topic: Flavored Vapor Products

Current Location in Practice Guide: E-cigarettes are addressed on pp. 200-204.

Background and Rationale

This law focuses on the sale of vapor products with a "characterizing" flavor. This means a distinguishable flavor, taste, or aroma other than tobacco including but not limited to any fruit, chocolate, honey, candy, mint, wintergreen or other similar flavorings. The flavor ban took effect on April 20, 2020.

Applicable Laws and Regulations: P.L. 2019, c. 425

NOTE: In New Jersey the sale and distribution of electronic smoking devices to persons under age 21 are prohibited (N.J.S.A. 2A:170-51.4 and N.J.S.A. 2C:33-13.1). Liquid nicotine must be sold in child-resistant containers (N.J.S.A. 2A:170-51.9). The use of electronic smoking devices is prohibited in all places that smoking is prohibited by the New Jersey Smoke Free Air Act (N.J.S.A. 26:3D-55 et seq.).

Additional Points for School Nursing Practice

CDC Basic Info

CDC's Visual Dictionary of Vaping

Vaping Info for Teachers and Parents

3. Topic: Sexual Assault Victim's Bill of Rights

Current Location in Practice Guide: p. 219

Background and Rationale

This law establishes the Sexual Assault Victim's Bill of Rights, which provides parameters for the investigation of alleged sexual assault. It allows for no-cost services of a sexual response team composed of a certified forensic nurse examiner, a confidential sexual violence advocate, and a law enforcement official. The Sexual Assault Victim's Bill of

Rights states that all survivors of sexual violence have the right to be treated with dignity and compassion and the right to be free from blame. It also affirms that the survivor should be free from any suggestion that they contributed to the risk of being assaulted.

Applicable Laws and Regulations: P.L. 2019, c. 103

Additional Points for School Nursing Practice

Bill of Rights

New Jersey Coalition Against Sexual Assault

4. Topic: Sexual Assault Defined

Current Location in Practice Guide: pp. 219-222

Background and Rationale

This law defines sexual assault and criminal sexual contact. It amends N.J.S.2C-14.2 and 14.3 which are discussed in Chapter Nine of the Practice Guide.

Applicable Laws and Regulations: P.L. 2019, c. 108

Additional Points for School Nursing Practice

Sexual Assault Resources

Sexual Assault Hotline

CDC Sexual Violence Fact Sheet

Chapter Ten: Supporting Children, Adolescents, and Families

1. Topic: Child Abuse and Neglect

Current Location in Practice Guide: pp. 244-250

Background and Rationale

The Legislature passed several bills that address child abuse and neglect training and reporting.

Chapter 40 (amending N.J.S.A.9:6-8.10 and 8.14) and Chapter 46 (supplementing N.J.S.A.18A:6-38.5) address a number of issues related to the prevention and reporting of child abuse and neglect. Chapter 40 addresses the failure of any person failing to report suspected child abuse while Chapter 46 specifically addresses the failure of a teaching staff member to report.



Chapter 178 (supplementing N.J.S.A.18A:33-28) requires local boards of education to prominently display information about the state's toll free hotline for reporting child abuse.

Chapter 5 (supplementing N.J.S.A.18A:6-7.6-7.13) requires school districts, charter schools, nonpublic schools and contracted service providers to conduct an employment investigation into any disciplinary actions, resignations or terminations, license revocations, or other actions pursuant to allegations of child abuse or sexual misconduct.

Chapter 109 (supplementing N.J.S.A.18A:26-24) requires all candidates for teacher certification to complete a course or training that includes the recognition of, and the requirement to report, child abuse and sexual abuse. This law takes effect with the 2020-2021 school year.

Applicable Laws and Regulations

- P.L. 2019, c. 46 Failure to Report
- P.L. 2019, c. 40 Failure to Report
- P.L. 2019, c. 178 Hotline Posted
- P.L. 2018, c. 5 Employment History
- P.L. 2019, c. 109 Training Prospective Teachers

Additional Points for School Nursing Practice

School nurses provide professional development for school personnel on child abuse and neglect and the requirements to report. They may be called upon to advise school administrators on their obligations under the law.

NJDCF Reporting

NJDCF Laws

Prevent Child Abuse NJ

2. Topic: Exclusions from School

Current Location in Practice Guide: pp. 257-261

Background and Rationale

On January 13, 2020, the New Jersey State Legislature amended N.J.S.A.18A:38-5.1 to require that any board of education member who votes to exclude from any public school a child between the ages of four and 20 years on the basis of the child's race, creed, color, national origin, ancestry or other protected category or immigration status is guilty of a disorderly persons offense.

Applicable Laws and Regulations: P.L. 2019, c. 311

Additional Points for School Nursing Practice

NJDOE Immigrant Enrollment

3. Topic: Child Trafficking Awareness for School Districts

Current Location in Practice Guide

This topic was not included but aligns with the sections on child abuse and neglect in Chapter 10.

Background and Rationale

Human trafficking is a form of modern day slavery. Traffickers use force, fraud or coercion on victims for the purpose of either sexual exploitation or labor. The New Jersey State Legislature passed this law to provide direction to schools to create awareness of child trafficking, including warning signs, risk factors, and prevention.

Applicable Laws and Regulations: P.L. 2019, c. 189 (supplementing N.J.S.A. 18A: 6-131.2-131.3)

Additional Points for School Nursing Practice

NJDOE Resources Human Trafficking

Federal Information and Resources

NJ Human Trafficking Task Force

Chapter Eleven: Promoting Employee Wellness

No Changes

Chapter Twelve: Educating Students, Staff, and Families

1. Topic: Safe Haven Education

Current Location in Practice Guide: p. 258

Background and Rationale

This law requires the New Jersey Department of Education (NJDOE) to include information on the New Jersey Safe Haven Infant Protection Act in the Comprehensive Health and Physical Education Student Learning Standards for pupils in grades 9-12. In August 2000, the New Jersey Safe Haven Infant Protection Act was enacted. The law allows an individual to give up an unwanted infant safely, legally, and anonymously. The parents, or



someone acting on their behalf, can leave an unharmed baby less than 30 days old with staff at any hospital emergency room, police station, fire station, or ambulance, first aid or rescue squad. The New Jersey Department of Children and Families (NJDCF) ensures that the infant is placed with a foster or pre-adoptive home.

Applicable Laws and Regulations: P.L. 2019, c. 250

Additional Points for School Nursing Practice

NJ Safe Haven

2. Topic: Mental Health Education

Current Location in Practice Guide

Mental health issues are addressed on pp. 207-214 but are not specifically referenced in the chapter on health education.

Background and Rationale

P.L. 2019, c. 222 (supplementing N.J.S.A.18A:35-4.39) specifically requires the health curriculum to include instruction on mental health in grades K-12. It also requires the inclusion of information on substance abuse pursuant to existing requirements. Mental health education must be included in the Comprehensive Health and Physical Education Student Learning Standards.

Applicable Laws and Regulations: P.L. 2019, c. 222

Additional Points for School Nursing Practice

NJ Council on Mental Health Stigma

NJSBA Mental Health Task Force Report 2019

3. Topic: Sexual Abuse and Assault Prevention Education

Current Location in Practice Guide

Sexual violence is addressed on pp. 218-223 but is not addressed in the chapter on health education.

Background and Rationale

P.L. 2019, c. 185 (supplementing N.J.S.A.18A:35-4.5a and N.J.S.A.18A:6-131.1) requires each school district to incorporate age-appropriate sexual abuse and assault awareness and prevention education in grades preschool through 12. In addition, the law permits teaching staff members to fulfill professional development requirements as required by the State Board of Education through participation in one or more hours of training on sexual abuse and assault awareness and prevention.

Applicable Laws and Regulations: P.L. 2019, c. 185

Additional Points for School Nursing Practice

School nurses may be called upon to deliver training programs for school staff on sexual assault prevention as part of child abuse training.

4. Topic: Consent for Physical Contact and Sexual Activity

Current Location in Practice Guide

Sexual violence is addressed on pp. 218-223 with an overview of the legal aspects of consent.

Background and Rationale

P.L. 2019, c.15 (supplementing N.J.S.A. 18A:35-4.37-38) requires school districts to incorporate age-appropriate instruction in grades six through 12 on the law and meaning of consent for physical contact and sexual activity as part of the district's implementation of the Comprehensive Health and Physical Education Student Learning Standards.

Applicable Laws and Regulations: P.L. 2019, c. 15

Additional Points for School Nursing Practice

Harvard Consent for All Ages

Advocates for Youth: Rights, Respect, Responsibility

Amaze Sexual Health Curriculum

5. Topic: Sexually Explicit Images

Current Location in Practice Guide: pp. 220-221

Background and Rationale

This law requires local boards of education to include instruction on the social, emotional, and legal consequences of distributing and soliciting sexually explicit images through electronic means one time during middle school. It requires that such instruction occur as part of the school's implementation of the Comprehensive Health and Physical Education Student Learning Standards.

Applicable Laws and Regulations

P.L. 2018, c. 80 (supplementing N.J.S.A. 18A:35-4.32-4.33)

Additional Points for School Nursing Practice

The law requires schools to include instruction on sexting one time in middle school. School nurses may be responsible for classroom instruction on topics related to human sexuality and may participate in health curriculum development. The law does not define "middle school" or reference specific ages or grades for such instruction.



AAP Social Media and Sexting

6. Topic: History of Disabled and LGBT Persons

Current Location in Practice Guide

Issues related to LGBT persons are found on pp. 223-228 in the 2018 Practice Guide. Issues related to individuals with disabilities can be found in Chapter Eight.

Background and Rationale

This law specifically addresses instruction and instructional materials in all content areas, not just health education. It requires a board of education to include instruction on the political, economic, and social contributions of persons with disabilities and lesbian, gay, bisexual and transgender people in an appropriate place in the curriculum of middle and high school students. It requires school districts to adopt inclusive instructional materials.

Applicable Laws and Regulations

.L. 2019, c. 6 (supplementing N.J.S.A. 18A: 35-4.35-36)

Additional Points for School Nursing Practice

GLSEN Inclusive Classroom Resources

Disability Issues Resources

Chapter Thirteen: Promoting a Healthy School Environment

Topic: Heat Participation Policy Athletics

Current Location in Practice Guide

Extreme weather and temperatures are addressed in Chapter 13 on pp. 306-308.

Background and Rationale

P.L. 2019, c. 293 requires any school district which is a member of any voluntary association which oversees activities associated with statewide interscholastic sports programs to adopt the Heat Participation Policy required by the New Jersey State Interscholastic Athletic Association (NJSIAA). The law also requires schools to purchase a WetBulb Globe Temperature (WBGT) tool to measure heat stress in direct sunlight at the practice or game site.

Applicable Laws and Regulations: P.L. 2019, c. 293

Additional Points for School Nursing Practice

The WetBulb Globe Temperature (WBGT) is a measure of the heat stress in direct sunlight, which takes into account: temperature, humidity, wind speed, sun angle, and cloud cover (solar radiation). This differs from the heat index, which takes into consideration temperature and humidity and is calculated for shady areas. These instruments can be purchased from school health and sports companies.

NJSIAA Heat Participation Policy

NJSIAA Heat Policy FAQs

NJSIAA Heat Acclimatization Policy

Chapter Fourteen: Improving School Health and School Nursing Practice

No Changes

Other New Laws

The following new laws may be of interest to school nurses but are not addressed in the Practice Guide.

1. Recess: P.L. 2018, c. 73 (supplementing N.J.S.A.18A: 5-4.31)

This requires public school districts to provide a daily recess period of at least 20 minutes for students in grades K-5. Recess may not be used to meet health and physical education course requirements. Nothing in the law prohibits school staff from denying recess for a student on the advice of a medical professional, school nurse, or based on the student's 504 plan. Students with violations of the student code of conduct may be denied access to recess but must participate in restorative justice activities and may not be denied recess more than twice per week.

2. School Meals: P.L. 2019, c. 307 (supplementing N.J.S.A.18A:33-27.1)

This law requires the New Jersey Department of Agriculture to work with the NJDOE to develop promotional materials (e.g. pamphlets, webinars, sample parent letters) about school meals with emphasis on the National School Lunch Program, the federal School Breakfast Program, and the federal Summer Food Services program.

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