

SUBJECT: 2014 School Health Legislative Changes

Greetings ACPS School Board & Staff:

The purpose of this memo is to inform you of several changes in school health laws passed by the 2014 General Assembly and signed by the Governor. Changes in student rights to carry diabetes supplies and self-manage diabetes, immunization changes, and the designation of a private place for employees and students to breastfeed were all addressed in this session. Implementation for each change is July 1, 2014. **Please note my comments in red.**

House Bill 134 (Cole) requires local school boards to permit students with diabetes to self-check blood glucose levels and treat abnormalities on school property, school buses, and at school-sponsored events. Students must have approval from the prescribing health care provider and parental consent in order to self-manage care. The Virginia Department of Education will be revising the *Manual for Training Public School Employees in the Administration of Insulin and Glucagon* to include this language by July 1, 2015. The language of this bill is as follows:

*Each local school board shall permit each enrolled student who is diagnosed with diabetes, with parental consent and written approval from the prescriber, as that term is defined in § [54.1-3401](#), to (i) carry with him and use supplies, including a reasonable and appropriate short-term supply of carbohydrates, an insulin pump, and equipment for immediate treatment of high and low blood glucose levels, and (ii) self-check his own blood glucose levels on a school bus, on school property, and at a school-sponsored activity. **We currently have procedures in place for this requirement. It is not new for ACPS.***

House Bill 1031 (Orrock) makes technical changes to immunization requirements. The requirement for a booster dose of diphtheria toxoid and tetanus toxoid for sixth grade enrollment has been eliminated. The requirement for a booster dose of acellular pertussis remains in effect, but the explanatory statement, “if at least five years have passed since the last dose of a pertussis vaccine” has been eliminated. Most students receive this vaccine as the Tdap. The Tdap vaccine is not part of a series, and there is no grace period for compliance. Students may meet enrollment requirements by providing documentation of having received the vaccine, a medical exemption specific for Tdap, a religious exemption, or through protections provided under the Military Compact. **School nurses have already been advised of this change and are adapting procedures.**

The number of doses and the age range for administration of the pneumococcal vaccine changed for preschool students. Under House Bill 1031, one to four doses, dependent on the age of the child at first dose, of properly spaced pneumococcal conjugate vaccine is required for children up to 60 months of age. This is not an enrollment requirement for kindergarten students. Attachment A to this memo provides the exact wording of applicable sections of House Bill 1031. **School nurses have already been advised of this change and are adapting procedures.**

Finally, House Bill 720 (McClellan) requires local school boards to adopt policies to set aside a space for employees and students to express milk to feed their children. Specific instructions are found in the bill language below:

*Each local school board shall adopt a policy to set aside, in each school in the school division, a non-restroom location that is shielded from the public view to be designated as an area in which any mother who is employed by the local school board or enrolled as a student may take breaks of reasonable length during the school day to express milk to feed her child until the child reaches the age of one. **Standard operating procedures for this requirement will be communicated from our Wellness Coordinator.***

Should you have any further questions, please contact Tia Campbell, school health specialist, at 804-786-8671, or by e-mail at tia.campbell@doe.virginia.gov.