

Table of Contents

Title 28

EDUCATION

Part CLVII. Bulletin 135—Health and Safety

Chapter 1.	Foreword.....	1
§101.	Purpose	1
§103.	Definitions [Formerly §701].....	1
Chapter 3.	Health.....	1
§301.	Health Screening	1
§303.	Immunizations	1
§305.	Administration of Medication	3
§307.	Diabetes Management and Treatment	6
§309.	Communicable Disease Control	8
§311.	School Health Forms	11
§313.	Non-Complex Health Procedures.....	11
Chapter 5.	Sports Injury and Health Management Program	12
§501.	Injury Management Program.....	12
§503.	Injury Management Program Protocol for Educational Training on Serious Sports Injuries	12
§505.	Injury Management Program Protocol for Serious Sports Injuries	13
§507.	Serious Heat Illness and Acclimatization.....	13
§509.	Automated External Defibrillators (AED)	14
Chapter 7.	Behavioral Health Services.....	14
§701.	Definitions	14
§703.	Behavioral Health Services for Students.....	15
§705.	Behavioral Health Service Complaint Procedures	16

Title 28 EDUCATION

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).

§103. Definitions [Formerly §701]

Appropriate Mid-Level Provider—a health care provider duly authorized by a supervising MD/DO to provide care for sports injuries in accordance with their respective scopes of practice. For the purpose of this injury management program, the following health care providers may function as an appropriate mid-level provider onsite at any school-sponsored or sanctioned athletic activity: physician assistant (PA) licensed to practice in Louisiana; a registered nurse practitioner licensed to practice in Louisiana; an athletic trainer (AT) certified by LSBME to practice in Louisiana.

Loss of Function—any sign of inability to perform any sport specific activity or movement. This may include, but not limited to, walking/running with a limp or holding/protecting a body part, or any other impaired movement.

Responsible School Personnel—the individual(s) (i.e., head coach, assistant coach, etc.) designated by the respective school with the responsibility for student-athlete safety.

Return-to-Play (RTP)—a term used to describe when a student-athlete, who has followed a step-wise protocol, is released to return to practice or competition.

Step-Wise RTP Protocol—a protocol, approved by a MD/DO, delineating a sequence of progressive activities (which may include strength, stability, agility, etc.) designed to allow the athlete a gradual return to physical activity, and eventually sport practice or competition.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 40:763 (April 2014).

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 in *Bulletin 741—Louisiana Handbook for School Administrators*.

C. The LEA shall keep a record of such examination, shall be required to follow up on the deficiencies within 60 days, and shall notify in writing the parent or tutor of every student found to have any defect of sight or hearing.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:2112.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 39:1029 (April 2013), amended LR 39:3258 (December 2013).

§303. Immunizations

A. Each student entering any school within the state for the first time, at the time of registration or entry, shall present satisfactory evidence of immunity to or immunization against vaccine-preventable diseases according to a schedule approved by the Department of Health and Hospitals (DHH), Office of Public Health (OPH) or shall present evidence of an immunization program in progress. Each person entering the sixth grade in any school within the state shall present satisfactory evidence of immunity to or immunization against vaccine preventable diseases according to a schedule approved by the Department of Health and Hospitals, Office of Public Health or shall present evidence of an immunization program in progress.

1. The schedule shall include, but not be limited to measles, mumps, rubella, diphtheria, tetanus, whooping cough, poliomyelitis, and hemophilus influenzae type B invasive infections.

2. The schedule may provide specific requirements based on age, grade in school, or type of school. At its own

EDUCATION

discretion and with the approval of the OPH, an educational institution or licensed day care center may require immunizations or proof of immunity more extensive than required by the schedule approved by the Office of Public Health.

3. Any communication issued to persons, parents, or guardians regarding immunization requirements for a student attending or seeking to enter any school shall include information regarding immunization exemptions.

B. A student transferring from another LEA in or out of the state shall submit either a certificate of immunization or a letter from his personal physician or a public health clinic indicating immunizations against the diseases in the schedule approved by the Office of Public Health having been performed, or a statement that such immunizations are in progress.

C. If booster immunizations for the diseases enumerated in the schedule approved by the Office of Public Health are advised by that office, such booster immunizations shall be administered before the student enters a school system within the state.

D. School administrators shall be responsible for checking students' records to see that the provisions of this Section are enforced and electronically transmit immunization compliance reports to the OPH through the Louisiana Immunization Network for Kids Statewide (LINKS) when the school operates an existing student-specific electronic data system.

E. No student attending or seeking to enter any school shall be required to comply with the provisions of this Section if the student or the student's parent or guardian submits either a written statement from a physician stating that the procedure is contraindicated for medical reasons, or a written dissent from the student or his parent or guardian is presented.

F. In the event of an outbreak of a vaccine-preventable disease at the location of a school, the principal is empowered, upon the recommendation of the OPH, to exclude from attendance unimmunized students until the appropriate disease incubation period has expired or the unimmunized person presents evidence of immunization.

G. Meningococcal Disease; Information; Immunization

1. LEAs that provide information relative to immunizations are required to provide parents and/or guardians with information relative to the risks associated with meningococcal disease. The information shall include the availability, effectiveness and known contraindications of immunization against this disease, causes and symptoms of the disease, how the disease is spread, and places where a student may be immunized and where parents may obtain additional information. Information shall be updated annually if new information is available. The information shall also include notice that the student may be exempt from compliance with this Subsection under the conditions set forth in Paragraph 5 of this Subsection.

2. Students entering sixth grade shall provide evidence of current immunization against meningococcal disease as a condition of entry into the sixth grade at any school in the state.

3. A student who is 11 years old and is entering a grade other than the sixth grade and a student who is 16 years old and is entering a grade other than eleventh grade must provide satisfactory evidence of current immunization against meningococcal disease as a condition of entry into such grade at any school in the state.

4. Each student who is 11 years old and each student who is 16 years old and is participating in an approved home study program pursuant to R.S. 17:236.1 must provide satisfactory evidence of current immunization against meningococcal disease to BESE, as required.

5. The provisions of Paragraphs 2-4 of this Subsection shall not apply to students whose parent or legal guardian have submitted either a signed waiver stating that the student shall not be immunized against meningococcal disease for personal reasons, a written statement from a physician stating that the immunization is contraindicated for medical reasons, or a written explanation indicating the student is unable to comply due to a shortage of available vaccines against meningococcal disease.

6. The administrator of each school is responsible for checking students' records to ensure that the provisions of this Section are enforced.

H. Human Papillomavirus

1. Each LEA that provides information relative to immunizations shall provide to the parent or legal guardian of each student in grades 6-12 information relative to the risks associated with human papillomavirus and the availability, effectiveness, and known contraindications of immunizations against human papillomavirus.

2. This information will be provided by the LDE and updated annually if new information on human papillomavirus becomes available.

I. No teacher, school employee, or administrator shall discriminate based on a student's vaccination status to determine eligibility or participation in any classroom, school, or extracurricular activity, including organizing seating arrangements or issuing surveys to students relative to vaccine status.

J. No person shall be required to receive a COVID-19 vaccine as a condition of initial enrollment or continuing attendance at any public school or facility.

K. Prior to student participation in activities, programs, presentations, or lessons during which information regarding immunizations is shared, notification and the opportunity to exempt students from participation in the activity shall be provided to parents or guardians.

1. Notification shall be provided for all individuals presenting information including, but not limited to,

school/school district personnel and/or a contracted or volunteer non-school person.

2. On-campus vaccine clinics, including school-based health centers where immunizations will be administered, shall be in compliance with the provisions of this Subsection.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6, 17:170, 17:170.2, and 17:170.4.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 39:1029 (April 2013), amended LR 45:35 (January 2019), LR 48:2549 (October 2022), LR 50:976 (July 2024), LR 51:45 (January 2025), LR 51:651 (May 2025).

§305. Administration of Medication

A. Administration of Medication

1. Each local educational governing authority shall establish guidelines based upon the joint policy of BESE and the Louisiana State Board of Nursing for the administration of medications which shall include but not be limited to the following provisions.

B. Written Orders, Appropriate Containers, Labels and Information

1. Medication shall not be administered to any student without an order from a Louisiana, or any other state of the United States, licensed physician, dentist, or other authorized healthcare prescriber and it shall include the following information:

- a. the student's name;
- b. the name and signature of the physician, dentist, or other authorized healthcare prescriber;
- c. the physician/dentist/other authorized healthcare prescriber's business address, office phone number, and emergency phone numbers;
- d. the frequency and time of the medication;
- e. the route and dosage of the medication; and
- f. a written statement of the desired effects and the child specific potential of adverse effects.

2. Medication shall be provided to the school by the parent or guardian in the container that meets acceptable pharmaceutical standards and shall include the following information:

- a. name of pharmacy;
- b. address and telephone number of pharmacy;
- c. prescription number;
- d. date dispensed;
- e. name of student;
- f. clear directions for use, including the route, frequency, and other as indicated;
- g. drug name and strength;
- h. last name and initial of pharmacist;
- i. cautionary auxiliary labels, if applicable; and

j. physician's, dentist's, or other authorized healthcare prescriber's name.

3. Labels of prepackaged medications, when dispensed, shall contain the following information in addition to the regular pharmacy label:

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

C. Administration of Medication—General Provisions

1. During the period when the medication is administered, the person administering the medication shall be relieved of all other duties. This requirement does not include the observation period required in Paragraph C.5.

2. Except in the case of a trained unlicensed diabetes care assistant administering diabetes medications or in life threatening situations, trained unlicensed school employees may not administer injectable medications.

3. All medications shall be stored in a secured locked area or locked drawer with limited access except by authorized personnel.

4. Except in Paragraph C.2, only oral medications, inhalants, topical ointments for diaper rash, and emergency medications shall be administered at school by unlicensed personnel.

5. Each student shall be observed by a school employee for a period of 45 minutes following the administration of medication. This observation may occur during instruction time.

6. School medication orders shall be limited to medication which cannot be administered before or after school hours.

D. Principal

1. The principal shall designate at least two employees to receive training and administer medications in each school.

E. Teacher

1. The classroom teacher who is not otherwise previously contractually required shall not be assigned to administer medications to students.

2. A teacher may request in writing to volunteer to administer medications to his/her own students.

3. The administration of medications shall not be a condition of employment of teachers employed subsequent to July 1, 1994.

4. A regular education teacher who is assigned an exceptional student shall not be required to administer medications.

EDUCATION

F. School Nurse

1. The school nurse, in collaboration with the principal, shall supervise the implementation of the school policies for the administration of medications in schools to insure the safety, health, and welfare of the students.

2. The school nurse shall be responsible for the training of non-medical personnel who have been designated by each principal to administer medications in each school. Except for training in administration of an opioid antagonist such as Naloxone, the training shall be at least six hours and include but not be limited to the following provisions:

- a. proper procedures for administration of medications including controlled substances;
- b. storage and disposal of medications;
- c. appropriate and correct record keeping;
- d. appropriate actions when unusual circumstances or medication reactions occur; and
- e. appropriate use of resources.

3. 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 outside tracheostomy suctioning procedure on any child in an education setting. However, nothing shall prohibit an employee who volunteers to perform such procedure and who complies with the training and demonstration requirement from being allowed to perform such procedure on a child in an educational setting.

G. Parent/Guardian

1. The parent/guardian who wishes medication administered to his/her student shall provide the following:

- a. a letter of request and authorization that contains the following information:
 - i. name of the student;
 - ii. clear instructions;
 - iii. prescription number, if any;
 - iv. current date;
 - v. name, degree, frequency, and route of medication;
 - vi. name of physician, dentist, or other authorized healthcare prescriber;
 - vii. printed name and signature of parent or guardian;
 - viii. emergency phone number of parent or guardian; and
 - ix. statement granting or withholding release of medical information;

b. written orders for all medications to be given at school, including annual renewals at the beginning of the school year;

c. a prescription for all medications to be administered at school, including medications that might ordinarily be available over the counter;

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. Except in the case of emergency medication, 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.

I.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 parent or legal guardian provides the school in which the student is enrolled with the following documentation:

- a. written authorization for the student to carry and self-administer such prescribed medications;
- b. written certification from a licensed medical physician or other authorized prescriber that the student:
 - i. has asthma, diabetes, or is at risk of having anaphylaxis;
 - ii. has received instruction in the proper method of self administration of the student's prescribed medications to treat asthma, diabetes, or anaphylaxis;
- c. written treatment plan from the student's licensed medical physician or authorized prescriber for managing asthma, diabetes, or anaphylactic episodes. The treatment plan must be signed by the student, the student's parent or other legal guardian, and the student's licensed medical physician or other authorized prescriber and shall also contain the following information:
 - i. the name, purpose, and prescribed dosage of the medications to be self-administered;
 - ii. the time or times the medications are to be regularly administered and under what additional special circumstances the medications are to be administered;
 - iii. the length of time for which the medications are prescribed;
 - d. any other documentation required by the governing authority of the public elementary or secondary school.

2. The documentation required by Paragraph 1 of this Subsection shall be kept on file in the office of the school nurse or other designated school official.

3. The governing authority of the public elementary and secondary school shall inform the parent or other legal guardian of the student in writing that the school and its employees shall incur no liability as a result of any injury sustained by the student from the self-administration of medication used to treat asthma, diabetes, or anaphylaxis. The parent or legal guardian of the student shall sign a statement acknowledging that the school shall incur no liability and that the parent or other legal guardian shall indemnify and hold harmless the school and its employees against any claims that may arise relating to the self-administration of medications used to treat asthma or anaphylaxis.

4. For the purposes of the Subsection:

Auto-Injectable Epinephrine—a medical device for the immediate self-administration of epinephrine by a person at risk for anaphylaxis.

Glucagon—is a hormone that raises the level of glucose in the blood. *Glucagon*, given by injection is used to treat severe hypoglycemia.

Inhaler—a medical device that delivers a metered dose of medication to alleviate the symptoms of asthma.

Insulin Pen—a pen-like device used to put insulin into the body.

Insulin Pump—a computerized device that is programmed to deliver small, steady, doses of insulin.

5. A student who has been granted permission to self-administer medication pursuant to this Subsection shall be allowed to carry and store with the school nurse or other designated school official an inhaler, auto-injectable epinephrine, or insulin at all times.

6. Permission for the self-administration of asthma or diabetes medications or use of auto-injectable epinephrine by a student shall be effective only for the school year in which permission is granted. Permission for self-administration of asthma or diabetes medications or the use of auto-injectable epinephrine by a student shall be granted each subsequent school year, provided all of the requirements of this Subsection are fulfilled.

7. Upon obtaining permission to self-administer asthma or diabetes medication or to use auto-injectable epinephrine pursuant to this Subsection, a student shall be permitted to possess and self-administer such prescribed medication at any time while on school property or while attending a school sponsored activity.

8. A student who uses any medication permitted pursuant to this Subsection in a manner other than prescribed shall be subject to disciplinary action; however, such disciplinary action shall not limit or restrict such student's immediate access to such prescribed medication.

J. Each LEA shall adopt a policy regarding the administration of naloxone and other opioid antagonists that authorizes a school to maintain a supply of naloxone or other opioid antagonists and authorizes a school nurse or other school employee to administer naloxone or other opioid antagonists to any student or other person on local school grounds in the event of an actual or perceived opioid emergency.

1. Designated school employees other than school nurses shall receive training to address techniques on how to recognize signs of opioid-related overdose, standards and procedures for the storage and administration of naloxone or other opioid antagonist, and emergency follow-up procedures, including the requirement to summon emergency services either immediately before or immediately after administering naloxone or other opioid antagonist.

2. The following are not liable for damages in a civil action for injury, death, or loss to person or property that allegedly arises from an act or omission associated with administration or self-administration of naloxone or another opioid antagonist, unless the act or omission constitutes willful or wanton misconduct:

- a. a public or nonpublic school;

b. a public or nonpublic school employee or volunteer;

c. a licensed health professional authorized to prescribe medication who personally furnishes or prescribes naloxone or other opioid antagonist; and

d. a trained organization and its personnel.

3. The LDOE shall develop and distribute the list of approved medications. Schools may maintain a stock of certain life-saving medications dispensed with a prescription issued in accordance with this Subsection and R.S. 17:436.1.M.(1).

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:436.1 and R.S. 17:436.1(J).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education and the Board of Nursing, LR 39:1030 (April 2013), amended LR 39:2193 (August 2013), LR 50:1148 (August 2024), LR 51:45 (January 2025).

§307. Diabetes Management and Treatment

NOTE: This Rule was developed in coordination with the Louisiana State Board of Nursing (LSBN). Any waivers, deletions, additions, amendments, or alterations to this policy shall be approved by both BESE and LSBN.

A. Diabetes Treatment Plans

1. Any public elementary or secondary school student who seeks care for his diabetes while at school or participating in a school related activity shall submit a diabetes management and treatment plan on an annual basis.

2. Such plan shall be developed by a physician licensed in Louisiana or adjacent state, or other authorized health care prescriber licensed in Louisiana who is selected by the parent or guardian to be responsible for such student's diabetes treatment.

3. The diabetes management plan shall be kept on file in the school in which the child is enrolled and shall include:

a. a detailed evaluation of the student's level of understanding of his condition and his ability to manage his diabetes;

b. the diabetes-related healthcare services the student may receive or self-administer at school or during a school-related activity;

c. a timetable, including dosage instructions, of any diabetes medications to be administered to the student or self-administered by the student; and

d. the signature of the student (if age appropriate), the student's parent or legal guardian, and the physician or other authorized health care prescriber responsible for the student's diabetes treatment.

4. The plan shall be submitted annually to the principal or appropriately designated school personnel:

a. prior to or within five school days after the beginning of each school year;

b. upon enrollment, if the student enrolls in the school after the beginning of the school year;

c. as soon as practicable following the student's receipt of a diagnosis of diabetes; or

d. as warranted by changes in the student's medical condition.

5. The school nurse will be given not less than 5 school days to develop the individualized healthcare plan (IHP) and shall implement the IHP within 10 school days upon receipt of the diabetes treatment plan.

a. The school nurse must assess the stability of the student's diabetes for the school setting prior to the development of the IHP in order to provide continuity of care in the school setting.

6. The parent or legal guardian shall be responsible for all care related to the student's diabetes management and treatment plan until all authorized physicians orders, parent authorization, and all medical supplies deemed necessary to care for the student in the school setting have been received by the school nurse.

7. The school nurse shall be responsible for implementing and/or supervising the diabetes management and treatment plan for the student on campus, during school related activities, and during school related transportation of the student for the current year.

B. Provision of Care—General Information

1. Upon receipt of the diabetes management and treatment plan, the school nurse shall conduct a nursing assessment of the student in his educational environment and develop the IHP.

2. The school nurse or the trained unlicensed diabetes care assistant authorized by the school nurse shall provide care to a student with diabetes, or assist a student with the self-care of his diabetes, in accordance with the student's diabetes management and treatment plan and IHP.

3. Diabetes management and treatment shall be provided to a student with diabetes during the school day and any school-related activity. School-related activities include but are not limited to extracurricular activities and sports.

4. No physician, nurse, school employee, school, or school district shall be liable for civil damages or subject to disciplinary action under professional licensing regulation or school disciplinary policies as a result of the activities of an unlicensed diabetes care assistant.

a. Exception. If 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 designated functions, then the professional licensing board may bring disciplinary action against the licensee.

5. With written permission from a student's parent or legal guardian, a school may provide a school employee with responsibility for providing transportation or supervision of a student with diabetes during an off-campus activity with an information sheet that provides the following information:

- a. the identity of the student;
- b. a description of potential emergencies that may occur as a result of the student's diabetes and the appropriate responses to such emergencies; and
- c. the telephone number of the person(s) to be contacted in case of an emergency.

C. Unlicensed Diabetes Care Assistants—General Information

1. The school nurse may utilize a trained unlicensed diabetes care assistant in the treatment and care of a student with diabetes.

2. An unlicensed diabetes care assistant is defined as a school employee who is not a healthcare professional, who is willing to complete training requirements established by this Rule, and is determined competent by the school nurse to provide care and treatment to students with diabetes.

3. A school employee shall not be subject to any penalty or disciplinary action for refusing to volunteer or serve as an unlicensed diabetes care assistant.

4. If a school chooses to use unlicensed diabetes care assistants to provide care for students with diabetes at school or during a school-related activity, all of the rules of this section shall be followed.

5. Supervision requirements for unlicensed diabetes care assistants shall be as follows.

- a. Unlicensed diabetes care assistants may serve under the supervision of the school nurse or school principal for diabetes management care.

- b. Unlicensed diabetes care assistants shall serve under the supervision of a school nurse for medication administration.

- i. Where a school nurse is not physically present, he or she must be available by phone for immediate access to the school.

6. Protocols for administration of medication for the treatment of diabetes shall be consistent with Bulletin 135, §305.

D. Role of Unlicensed Diabetes Care Assistants

1. An unlicensed diabetes care assistant may provide diabetes care to a student only in accordance with the student's diabetes management and treatment plan.

- a. The student's parent or legal guardian must sign an agreement authorizing such care.

- b. The agreement must be on file with the school.

2. An unlicensed diabetes care assistant, in accordance with the diabetes management and treatment plan on file for a student, may provide diabetes care to a student, or assist a student in the self-care of his diabetes by:

- a. checking and recording blood glucose and ketone levels;

- b. responding to blood glucose and ketone levels;

- c. administering emergency treatment as prescribed in the student's diabetes treatment plan and/or IHP;

- d. following carbohydrate counting guidelines established by the school district or school; and

- e. following medication administration protocols established by the school district or school.

3. Methods for training unlicensed diabetes care assistants include:

- a. at least six hours of diabetes management and treatment instruction;

- b. at least five return demonstrations of 100 percent skill competency; and

- c. annual skill competency demonstration.

4. The unlicensed diabetes care assistant must be monitored by the school nurse for compliance of treatment plan and skill level.

5. The unlicensed diabetes care assistant must notify the school nurse of any changes in the status of the student.

6. During the specific time spent on management and/or treatment of the student with diabetes, the unlicensed diabetes care assistant shall be relieved of all other duties.

7. In performance of their duties, unlicensed diabetes care assistants shall be exempt from any applicable state law or rule that restricts the activities that may be performed by a person who is not a healthcare professional.

E. The Role of the School Nurse

1. The school nurse, in collaboration with the principal, shall supervise the implementation of the school policies for diabetes management and treatment and for the administration of medications in the schools to ensure the safety, health, and welfare of the students.

2. The school nurse or other healthcare professional with expertise in caring for persons with diabetes, in accordance with their authorized scope of practice, shall be responsible for the training and competency evaluation of non-medical personnel who have volunteered to serve as a diabetes care assistant.

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;

EDUCATION

d. perform finger sticks to check blood glucose levels, check urine ketones levels, properly record the results, and notify the school nurse;

e. administration of medication as ordered by physician, other authorized healthcare prescriber in accordance with school policies, procedures and the student's diabetes management treatment plan;

f. recognize complications which require emergency assistance;

g. understand carbohydrate counting, the recommended schedules and food intake for meals and snacks for a student with diabetes, the effect of physical activity on blood glucose levels, and the proper actions to be taken if a student's schedule is disrupted during school or any school related activity;

h. review of school or school district policies related to confidentiality and blood borne pathogens.

F. The Role of the Student with Diabetes in Self-Care

1. In accordance with a student's diabetes management and treatment plan the school shall permit the student to attend to the self-management, administration of medications, treatment and documentation as outlined in his diabetes management plan.

H. The Role of the Principal

1. In consultation with the school nurse, if one is available, the principal may:

a. receive diabetes management and treatment plan;

b. seek school employee who is willing to be trained to serve as the unlicensed diabetes care assistant;

c. ensure the school has at least one unlicensed diabetes care assistant, if the school has a full time nurse, or at least three unlicensed diabetes care assistants if the school has no full time nurse;

d. require the school to develop carbohydrate count standard guides for those students who eat school provided lunches;

e. supervise the implementation of the school policies for diabetes management and treatment and for the administration of medications in the schools to ensure the safety, health, and welfare of the students;

f. ensure appropriate supervision of the unlicensed diabetes care assistant.

I. The Role of the Parent/Legal Guardian

1. Annually submit a copy of the student's diabetes management and treatment plan to the principal of the school in which in student is enrolled.

2. Give consent to implementation of the diabetes management and treatment plan.

3. Work with appropriate school personnel in development of the individualized healthcare plan and provision of care for the student until the individualized

healthcare plan and diabetes management and treatment plan can be implemented.

4. Provide written calculation of carbohydrates in meals when lunch is provided from home.

5. Provide necessary supplies and equipment to deliver diabetes management and treatment plan.

6. Follow protocols for administration of medication consistent with Bulletin 135, §305.

J. Distribution of Type I Diabetes Information. The LDOE shall provide informational materials developed by LDH to each LEA. Each LEA shall distribute the information to parents and legal guardians of all pre-k, elementary, and secondary students upon enrollment and annually thereafter by posting the information on the school website or by electronic distribution. The information includes, but is not limited to:

1. a description of type 1 diabetes;

2. a description of the risk factors and warning signs associated with type 1 diabetes;

3. a description of the need for screening of all students for early detection of type 1 diabetes using a blood autoantibody test; and

4. a recommendation that a parent or guardian of a student displaying warning signs associated with type 1 diabetes or positive early detection screening results should immediately consult with the student's primary care provider to develop an appropriate treatment plan. The treatment plan may include consultation with and examination by a specialty care provider, including but not limited to a properly qualified endocrinologist.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:436.3, and R.S. 17:436.3.1.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education and the Board of Nursing, LR 39:1033 (April 2013), amended LR 39:2194 (August 2013), LR 39:3069 (November 2013), LR 51:2066 (December 2025).

§309. Communicable Disease Control

A. The LDE will work cooperatively with the Louisiana Department of Health and Hospitals for the prevention, control and containment of communicable diseases in schools and shall assist in the dissemination of information relative to communicable diseases to all school governing authorities, including but not limited to information relative to imminent threats to public health or safety which may result in loss of life or disease.

B. Students are expected to be in compliance with the required immunization schedule.

1. The principal is required under R.S. 17:170 to exclude children from school attendance who are out of compliance with the immunizations required by this statute.

2. School personnel will cooperate with public health personnel in completing and coordinating all immunization data, waivers and exclusions, including the necessary Vaccine

Preventable Disease Section's school ionization report forms (EPI-11, 11/84) to provide for preventable communicable disease control.

C. The local superintendent or chief charter school officer may exclude a student or staff member for not more than five days, or the amount of time required by state or local public health officials, from school or employment when reliable evidence or information from a public health officer or physician confirms him/her of having a communicable disease or infestation that is known to be spread by any form of casual contact and is considered a health threat to the school population. Such a student or staff member may be excluded unless state or local public health officers determine the condition is no longer considered contagious.

D. Mandatory screening for communicable diseases that are known not to be spread by casual contact shall not be required as a condition for school entry or for employment or continued employment.

E. Irrespective of the disease presence, routine procedures shall be used and adequate sanitation facilities shall be available for handling blood or bodily fluids within the school setting or on school buses. School personnel shall be trained in the proper procedures for handling blood and bodily fluids and these procedures shall be strictly adhered to by all school personnel

F. Any medical information that pertains to students or staff members, proceedings, discussions and documents shall be confidential information. Before any medical information is shared with anyone in the school setting, a "need-to-know" review shall be made which includes the parent/guardian, student if age 18, employee or his/her representative unless the information is required to meet the mandates of federal or state law or regulation, or BESE policy.

G. A local superintendent may only exclude a student or employee from a school or employment setting when reliable evidence or information from a public health officer or physician confirms that a student/staff member is known to have a communicable disease or infection that is known not to be spread by casual contact if a review panel is held to ensure due process.

H. Due Process Procedures

1. The Review Panel

a. Communicable diseases that are known not to be spread by casual contact (e.g., AIDS, Hepatitis B and other like diseases) will be addressed on a case-by-case basis by a review panel.

b. Panel membership:

- i. the physician treating the individual;
- ii. a health official from the local parish health department;
- iii. a child/employee advocate (e.g., nurse, counselor, child advocate, social worker, employee

representative, etc., from in or outside the school setting) approved by the infected person or parent/guardian;

iv. a school representative familiar with the student's behavior in the school setting or the employee's work situation (in most cases the building principal or in the case of a special education student, a representative may be more appropriate);

v. either the parent/guardian of a child, a student if 18, employee, or their representative; and

vi. the school system superintendent.

c. The superintendent will assign a stenographer to record the proceedings.

d. The superintendent will designate the chair of the panel.

e. The chair of the review panel will designate the panel member who will write the proposal for decision.

2. Case Review Process

a. Upon learning of a student/staff member with the LEA who has been identified as having a communicable disease that is known not to be spread by casual contact, the superintendent shall:

i. immediately consult with the physician of the student/staff member or public health officer who has evidence of a present or temporary condition that could be transmitted by casual contact in the school setting:

(a). if the public health officer indicates the student/staff member is well enough to remain in the school setting and poses no immediate health threat through casual contact to the school population because of their illness, the student/staff member shall be allowed to remain in the school setting while the review panel meets;

(b). if the public health officer indicates the student/staff member is currently not well enough to remain in the school setting and/or the affected individual currently has evidence of an illness or infection that poses a potential health threat through casual contact to the school population because of the illness, the student/staff member shall be excluded from the school setting while the review panel meets;

(c). if the public health officer recommends exclusion because a public health threat exists, the review panel will discuss the conditions under which the individual may return to school;

ii. immediately contact the review panel members to convene a meeting to explore aspects of the individual's case;

iii. submit to the parent/guardian or infected person if 18 or older, a copy of the communicable disease control policy;

iv. observe all federal and state statutes, federal and state regulations, and all BESE policies pertaining to provision of special educational services.

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3. The Review Panel Process

a. The review panel shall meet within 24-48 hours to review the case. The following aspects should be considered in that review:

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 infected person is in attendance;

vii. consideration of a potential request by the person with the disease to be excused from attendance in school or on the job;

viii. the method of protecting the student/staff member's right to privacy, including maintaining confidential records;

ix. recommendations as to whether the student/staff member should continue in the school setting or if currently not attending school, under what circumstances he/she may return;

x. recommendations as to whether a restrictive setting or alternative delivery of school programs is advisable;

xi. determination of whether an employee would be at risk of infection through casual contact when delivering an alternative educational program;

xii. determination of when the case should be reviewed again by the panel; and

xiii. any other relevant information.

b. Proposal for Decision

i. Within three operational days (i.e., a day when the school board central office is open for business) after the panel convenes, the superintendent shall provide a written decision to the affected party based on the information brought out in the review panel process and will include the rationale for the decision concerning school attendance for the student or continuation of employment for staff member.

ii. If the decision is to exclude the affected person from the school setting because of the existence of a temporary or present condition that is known to be spread by casual contact and is considered a health threat, the written decision shall include the conditions under which the exclusion will be reconsidered.

iii. If the affected person is a special education student, an individualized education program conference must be convened to determine the appropriateness of the program and services for the student.

4. Appeal Process

a. Rehearing Request

i. The parent, guardian or affected person who considers the proposal for decision unjust may request a rehearing, in writing, directed to the superintendent within three days of the date of the decision. Grounds for requesting a rehearing are limited to:

(a). new evidence or information that is important to the decision; or

(b). substantial error of fact.

ii. The superintendent, within 48 hours from the date of receipt of the request for rehearing, shall either grant or deny the request for rehearing. If the request for rehearing is granted, the chair shall reconvene the same panel that originally heard the matter within five business days of the date the hearing is granted.

iii. Within three operational days (a day when the school system's central office is open for business) after the rehearing, the superintendent shall submit the decision to the parent/guardian or affected person.

b. Request for a Local Board Decision

i. The parent/guardian, affected person or their representative, may make a final written appeal to the president of the local board of education within five operational days after the superintendent's decision. The board shall meet within three operational days and hear the student/staff member's appeal along with the proposal for decision and superintendent's decision. Within two business days of the hearing, the board shall render its decision in writing with copies sent to the superintendent, health department official, and parent/guardian or affected person.

ii. Should the superintendent deny the request for rehearing, the appellant may appeal to the local board of education by exercising the process in Subparagraph b.

iii. Review Panel Request for Appeal. If the proposal for decision or the superintendent's decision is contrary to the majority opinion of the review panel, a majority of the panel has the right to appeal either decision in the same manner stated in the appeal process.

5. General

a. If the affected student cannot attend school, the LEA will provide an alternative education setting.

i. If the public health officer determines there is a risk of infection to an employee through casual contact while delivering this program, the employee will not be required to provide educational services.

ii. If the public health officer determines there is no risk of infection to an employee, the employee will be expected to participate in the delivery of educational services.

b. The review panel member who is serving as the advocate for the infected individual (or another person designated by the panel and approved by the parent/guardian, or the infected person) will serve as the liaison between the student/staff member, family and attending physician as it relates to the school setting.

c. These procedures in no way limit or supersede the procedural due process requirements established in 29 USC 706(7), R.S. 17:1941, 7946, and 20 USC 1400-1485 et seq.

6. Confidentiality

a. All persons involved in these procedures shall be required to treat all proceedings, deliberations, and documents as confidential information. Records of the proceedings and the decisions will be kept by the superintendent in a sealed envelope with access limited to only those persons receiving the consent of the parent/guardian or infected person as provided in 20 USC 1232(g).

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(10)(15), R.S. 17:170, R.S. 17:437, R.S. 17:1941, and 20 USCS 1232.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 39:1035 (April 2013), amended LR 41:371 (February 2015), LR 51:46 (January 2025).

§311. School Health Forms

A. LEAs may implement the use of the standardized school health forms to eliminate the duplication of information submitted to schools and school nurses relative to health information and screenings, allergies, illnesses, sports physicals, medication administration, and prescribed procedures.

B. These forms will be made available for download via the Internet on the LDE website and on the Louisiana Department of Health and Hospitals website.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:5.12., 20 USCS 6301 et seq., and 20 USCS 1232.

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

§313. Non-Complex Health Procedures

A. The term *noncomplex health procedure* shall mean a task which is safely performed according to exact directions, with no need to alter the standard procedure, and which yields predictable results. It shall include the following:

1. modified activities of daily living which require special instruction such as toileting/diapering, bowel/bladder training, toilet training, oral/dental hygiene, lifting/positioning, and oral feeding;

2. health maintenance procedures such as postural drainage, percussion, tracheostomy suctioning, and gastrostomy feeding and monitoring of these procedures;

3. screenings such as growth, vital signs, hearing, vision, and scoliosis.

B. No city or parish school board shall require any employee other than a registered nurse, licensed medical physician, or an appropriate licensed health professional to perform noncomplex health procedures until all the following conditions have been met.

1. A registered nurse or a licensed medical physician and, when appropriate, another licensed health professional employed by a city or parish school board, has assessed the health status of the specific child in his specific educational setting and has determined that, according to the legal standards of the respective licensed health professional performing such procedure, the procedure can be safely performed, the results are predictable, and the procedure can be delegated to someone other than a licensed health professional following documented training.

2. The registered nurse or the licensed medical physician and, when appropriate, another licensed health professional shall train, in his or her area of expertise, at least two such employees to perform noncomplex health procedures on the specific child in his educational setting. The employees shall be given not less than four hours of training in the area of noncomplex health procedures.

3. Prescribed Procedures.

a. Following the training provided for in Paragraph 2, no noncomplex health procedure, except screenings and activities of daily living such as toileting/diapering, toilet training, oral/dental hygiene, oral feeding, lifting, and positioning may be performed unless prescribed in writing by a physician licensed to practice medicine in the state of Louisiana or any other state of the United States.

b. The employee, other than the registered nurse, licensed medical physician, or appropriate licensed health professional shall be required to complete, under the direct supervision or coordination of a registered nurse, a minimum of three satisfactory demonstrations. Upon satisfactory completion of these noncomplex health procedures, the registered nurse, licensed medical physician, or appropriate licensed health professional and the trainee shall sign a standard form indicating that the trainee has attained the prescribed level of competency. A copy of this form shall be kept on file by the school system.

4. Individuals who are required to perform noncomplex health procedures and have been trained according to the provisions of this Section, may not decline to perform such service at the time indicated except as exempted for reasons as noted by the licensed medical physician or registered nurse. The reasons for such exemption shall be documented and certified by the licensed medical physician or a registered nurse within seventy-two hours.

5. Any employee shall have the right to request that another school board employee be present while he or she is performing noncomplex health procedures for a student, to serve as a witness to the procedure. After making such a request, the employee shall not be required to perform noncomplex health procedures without such a witness.

C. For the purposes of this Section:

Employee—any appropriate member of the education staff.

D. Each city and parish school board shall provide the necessary safety equipment, materials, and supplies to each employee who performs noncomplex health procedures as provided in this Section. Such safety equipment, materials, 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), LR 51:46 (January 2025).

Chapter 5. Sports Injury and Health Management Program

§501. Injury Management Program

A. Each high school that sponsors or sanctions any athletic activity in Louisiana and which requires a participating student to regularly practice or train and compete, shall be subject to the terms of the injury management program contained in this Chapter.

B. This Chapter does not create any liability for, or create a cause of action against, a school, its officers, or its employees.

C. To carry out the duties prescribed in this Chapter, a school may contract for and accept private contributions, gifts, and grants, or in-kind aid from the federal government, the state, or any other source.

D. No school or school system shall be required to incur any financial cost related to the implementation of this Chapter, unless funds are appropriated by the legislature for such purpose.

E. The provisions of this Chapter shall not apply to concussions, as the protocols specific to these injuries shall be governed by the Louisiana Youth Concussion Act.

F. Each school shall establish a comprehensive Emergency Action Plan (EAP) for each location of assembly located on the member school campus. A venue specific EAP must be reviewed annually prior to each sport season with all

appropriate personnel. Recommended personnel include Emergency Medical Services (EMS), school public safety officials, school administrators, on-site medical personnel or school medical staff such as team physicians or athletic trainers, and all pertinent coaching staff members.

1. The venue specific EAP must be accessible to all personnel involved in a potential emergent situation.

2. The venue specific EAP must be available on site.

3. All emergency equipment available on site must be listed in the EAP.

4. The EAP must identify key personnel and responsibilities for implementation of the plan of action including a designated chain of command.

5. The EAP must include appropriate contact information for the local and/or responding EMS personnel.

6. A Pregame Administrative Conference (PAC) is required prior to all LHSAA sanctioned events to review the EAP. The EAP must provide a formal process to evaluate all post emergency incidents with appropriate personnel. The evaluation must be retained on file.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1299.186 and R.S. 40:1087.1.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 40:762 (April 2014), amended LR 47:450 (April 2021).

§503. Injury Management Program Protocol for Educational Training on Serious Sports Injuries

A. Each high school coach and non-faculty coaches certified by the Coaches Education and Certification Program shall receive annual documented training related to serious sports injuries in accordance with the National High School Coaches Association and the Louisiana High School Coaches Association. Each approved workshop or online course(s) shall be designed to educate the attendees concerning concussion awareness, exertional heat illness, sudden cardiac arrest, and the nature, and risks associated with, serious sport injuries.

1. Each school board or district shall determine an appropriate method of documentation that each respective high school coach received such approved educational training regarding the nature, and risks associated with, serious sport injuries.

2. The director of the Louisiana High School Officials Association shall determine an appropriate method of documentation that each game official received such approved educational training regarding the nature, and risks associated with, serious sport injuries.

B. Each high school student-athlete, and his/her respective parent(s) or guardian(s), shall annually acknowledge the risks of serious sports injuries prior to the student-athlete's participation in any school sponsored sports event. Each student and parent/guardian shall review either printed or verifiable electronic information regarding the

nature and risks of serious sports injuries, as provided by the school or school district.

1. Each school board or district shall determine an appropriate method of documentation that each respective high school student-athlete, and his/her parent/guardian(s), did view educational information regarding the nature, and risks associated with, serious sport injuries.

2. Each LEA shall distribute information relative to cardiac health including, at a minimum, the requirements that a student athlete who has or has had a cardiac health issue must meet before returning to participation in athletics.

a. The information will be provided to LEAs by LDOE.

b. Coaches, athletic trainers, athletic directors, or other appropriate school personnel shall collect parent signatures to verify receipt and understanding of the requirements.

C. Effective beginning with the 2025-2026 school year and subject to the availability of funds, any high school employee who serves as a coach for the school shall obtain and maintain certification in CPR, first aid, and AED use consistent with national evidence-based emergency cardiovascular care guidelines. This requirement is contingent upon the following:

1. The legislature appropriates funds in an amount necessary to implement the provisions of Subsection C of this Section; or

2. Grants or other private donations are made to the school to pay for the costs of implementing the provisions of Subsection C of this Section.

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), LR 51:46 (January 2025).

§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 include, but not limited to, fractures, dislocations, injuries to the eyes, dental, or any other acute episode of musculoskeletal injury.

2. An indirect injury refers to an injury caused by a systemic failure (usually cardiac or respiratory in nature) resulting from exertion while participating in an activity, or by a complication which may be secondary to a non-fatal injury. This may include, but not limited to, abnormal/difficulty in breathing, the appearance of dizziness

or confusion or any other unusual behavior exhibited by a student-athlete.

B. The student-athlete shall be evaluated for a serious sports injury, as determined by a doctor of medicine/doctor of osteopathic medicine (MD/DO), and appropriate medical treatment rendered in a timely manner.

1. If a MD/DO is not immediately available, the injured student-athlete may be triaged by an appropriate mid-level provider duly authorized by a MD/DO.

2. If no such caregiver(s) is immediately available, then the designated responsible school personnel shall ensure that medical treatment is rendered in a timely manner.

C. If the student-athlete's injury is not a serious sports injury, then a return-to-play (RTP) clearance may be provided by an onsite MD/DO or an appropriate mid-level provider duly authorized by a MD/DO.

D. A student-athlete with a serious sports injury may only be allowed to return to practice, training, or competition after a RTP clearance is provided by a MD/DO to the athletic trainer or coach. The clearance provided by a MD/DO shall include a step-wise RTP protocol.

E. The game official's role during a contest shall be to ensure the immediate removal of any student-athlete who reports or exhibits any sign or symptom of a serious sports injury from that contest until a RTP clearance has been provided by an onsite MD/DO or an appropriate mid-level provider duly authorized by a MD/DO. [The game official shall always rule on the side of caution, with the health and safety of the athlete being his/her primary and foremost concern.]

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).

§507. Serious Heat Illness and Acclimatization

A. Each school participating in interscholastic sports shall follow best practices for any activity that does not occur in a climate-controlled facility. These best practices shall follow modified guidelines of the American College of Sports Medicine and the National Athletic Trainers Association regarding heat acclimatization and wet globe temperature policy. The policies shall be implemented on all school campuses where summer conditioning, pre-season practices or games, and fall or spring sports occur, including all activities when a coach is present.

B. Wet Bulb Globe Temperature Best Practices

1. Schedule practices during times of various Wet Bulb Globe Temperature (WBGT) levels.

2. The ratio of workout time allotted for rest and hydration during various WBGT levels will result in modified or terminated practice(s) or contest(s) in consideration of safe playing conditions.

3. Rest time should involve unrestricted access to fluids such as water or electrolyte beverages.

4. Sports requiring helmets, including but not limited to football, baseball, lacrosse, and field hockey, should be removed during rest time.

5. The site of rest time should be in a shaded area.

6. When the WBGT reading is $>85.0^{\circ}$, cold-water immersion tubs or equivalent should be available to aid in the cooling process within the shaded area.

a. An instrument approved to measure WBGT must be utilized at each outdoor practice. WBGT readings should be taken at the practice site a minimum of every hour, beginning 30 minutes before the start of practice or contest. All readings should be recorded or data logged in either written or electronic form. In the event that a modification or cancellation is required, documentation using the WBGT Environment Modification/Cancellation Log must be completed.

b. In the event of potential Exertional Heat Stroke (EHS), each school participating in interscholastic sports must be properly prepared and equipped to initiate Cold Water Immersion (CWI) or Cold Tub. Cooling techniques must be implemented immediately and EMS concurrently contacted, noting that the focus is to cool first and then transport.

c. The best practices shall be carried out by a licensed athletic trainer, designated healthcare provider, or individual appointed by the athletic director.

C. Heat Acclimatization

1. The heat acclimation period is defined as the initial 14 days of preseason practice for all student athletes. During the 14 days there shall be no more than two days of rest, or the acclimatization process will restart to day one. The goal of the acclimation period is to gradually increase exercise heat tolerance and endurance to enhance athletic performance safely during warm and hot conditions. The heat acclimation period will begin on the first day of the start of the official sports season date as defined by the LHSAA. Any practices or conditioning conducted prior to this time should not be considered a part of the heat acclimation period.

D. Heat Acclimatization Best Practices

1. Regardless of the conditioning program and conditioning status leading to the first formal practice, all student athletes, including those that arrive at preseason practice after the first day, will follow the 14-day heat acclimation period.

2. Schools must follow the statewide policy for conducting practices and voluntary conditioning workouts in all sports. All preseason sports will begin with a 14-day acclimation period.

3. During days 1-5, no more than one practice can occur per day. If the team has one practice per day, the practice should not exceed 3 hours. During the first 5 days, a one-hour maximum walk-through is permitted; however, there must be a 3-hour break between practice and walk-through or vice versa.

4. Days 6-14 may include double-practice days, provided teams do not schedule more than one practice on consecutive days. Teams should not have more than 5 hours of practice in a day, with one practice not to exceed 3 hours. If there are 2 practices in one day, there must be a minimum 3-hour break in a cool environment between the end of one practice and the beginning of the second practice.

5. With sports requiring protective equipment, during days 1–2 of first formal practices, a helmet must be the only protective equipment permitted. During days 3–5, only helmets and shoulder pads should be worn. Beginning on day 6, all protective equipment may be worn, and full contact may begin.

6. Football only: on days 3–5, contact with blocking sleds and tackling dummies may be initiated.

7. Full-contact sports: 100 percent live contact drills should begin no earlier than day 6.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1299.186 and R.S. 40:1087.1.

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

§509. Automated External Defibrillators (AED)

A. Each elementary, middle, and secondary school shall have an AED on its premises in an easily accessible location.

B. Each elementary, middle, and secondary school shall have a cardiac emergency response plan that establishes the specific steps to reduce death from cardiac arrest. The plan shall include at a minimum:

1. list of cardiac emergency response team;
2. procedures for activating the team in response to a sudden cardiac arrest;
3. placement and maintenance of AED; and
4. staff training.

C. Any elementary, middle, and secondary school that sponsors an interscholastic athletic event shall have an AED, a written cardiac emergency response plan, and a trained AED user who is also trained in first-aid and CPR on-site at the event at all times.

D. Provisions of the plan and appropriate training shall be in accordance with Louisiana Department of Health, LAC 48:I.Chapter 61.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1137.3.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 50:178 (February 2024).

Chapter 7. Behavioral Health Services

§701. Definitions

Applied Behavior Analysis Provider—a provider who is licensed, certified, or registered by the Louisiana Behavior Analyst Board and is in good standing to provide applied behavior analysis services.

Applied Behavior Analysis Services—the design, implementation, and evaluation of systematic instructional and environmental modifications by an applied behavior analysis provider to produce socially significant improvements in behavior as described in the Behavior Analyst Practice Act.

Behavioral Health Evaluation—process and analysis that includes, but is not limited to, diagnosis, type of intervention, length of intervention, identification of student goals, identification of impact of student behavior on a student's educational program, and recommendations for applied behavior analysis services.

Behavioral Health Provider—a provider who is licensed by the Louisiana Department of Health or a health profession licensing board and is in good standing to provide behavioral health services in Louisiana including but not limited to a psychiatrist, psychologist, medical psychologist, licensed specialist in school psychology, marriage and family therapist, professional counselor, clinical social worker, applied behavior analysis provider, or a behavioral health provider organization licensed to provide behavioral health service in Louisiana.

Behavioral Health Services—services that include but are not limited to individual psychotherapy, family psychotherapy, psychotropic medication management, community psychiatric support and treatment, crisis intervention, and medically necessary applied behavior analysis services.

Evaluator—a licensed psychiatrist, psychologist, medical psychologist, licensed specialist in school psychology, professional counselor, marriage and family therapist, clinical social worker, or applied behavior analysis provider who is certified by the respective board of examiners in Louisiana to provide necessary evaluations and who is not an employee of the public school governing authority or LDOE.

Independent Third-Party Payor—an individual who serves as a case reviewer for Medicaid or commercial insurers.

Medically Necessary Services—any services provided for diagnosis, treatment, cure, or relief of a health condition, illness, injury, or disease except for clinical trials that are described within the policy, not for experimental, investigational, or cosmetic purposes, and are within the generally accepted standards of medical care in the community, not solely for the convenience of the insured, the insured's family, or the provider.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:1944 and R.S. 17:173.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 51:46 (January 2025).

§703. Behavioral Health Services for Students

A. A public school governing authority shall not prohibit a behavioral health service provider from providing medically necessary behavioral health services authorized by an independent third-party payor, including but not limited to

Medicaid and commercial insurance, to a student at school during school hours if the student's parent or legal guardian requests such services from the provider.

B. Each public school governing authority shall adopt and make available to the public a policy to implement the provisions of this Section. The policy shall not create onerous requirements for behavioral health providers resulting in a delay or barrier to the provision of medically necessary services. The policy, at a minimum, shall include:

1. A behavioral health provider who provides services in accordance with this Section shall maintain general liability insurance coverage in an amount not less than one million dollars per occurrence and one million dollars per aggregate and provide a certificate of insurance naming the public school as the certificate holder.

2. No person who has been convicted of or pled nolo contendere to a crime listed in R.S. 15:587.1(C) shall be permitted to provide behavioral health services to a student at school during school hours. Prior to providing services in accordance with this Section, a behavioral health provider shall complete a criminal background check (CBC) conducted by the Louisiana State Police and shall pay all related costs. However, applied behavior analysis providers who are licensed, certified, or registered by the Louisiana Behavior Analyst Board, who provide documentation of having passed a CBC conducted by the Louisiana State Police and FBI, and who are in good standing with the board shall not be required by the public school governing authority to complete an additional CBC in order to begin providing behavioral health services at a school.

3. Behavioral health services shall be permitted during school hours if the student's parent or legal guardian presents a behavioral health evaluation performed by an evaluator as well as an assessment and authorized treatment plan performed by a behavioral health provider chosen by the parent or legal guardian, and the evaluation indicates that the services are necessary during school hours to assist the student with behavioral health impairments associated with a medical diagnosis that the evaluator determines are interfering with a student's ability to thrive in the educational setting.

4. A behavioral health evaluation or assessment presented by the parent or legal guardian of a student shall not be construed as an independent educational evaluation for the purposes of determining if a student meets the criteria established for eligibility for special education and related services.

5. A public school governing authority shall not prohibit a behavioral health evaluation, assessment, or authorized treatment plan from being performed on school property in order to establish medical necessity or deliver medically necessary services. Behavioral health services may be provided during any part of the school day, including any and all instructional time in English, reading, mathematics, and science. The school administrator and service provider shall work collaboratively to create a consistent schedule that meets the medical needs of the student and complies with the

provider's ethical code of conduct. In developing the student's plan, consideration shall include impacts on the school's operations and a student's testing schedule. If the parties cannot agree, then the parties shall engage in a dispute resolution process set forth by LDOE in accordance with §705 of this Chapter.

6. The public school governing authority shall not enter into a contract or an exclusive agreement with a behavioral health provider that prohibits the parent or legal guardian from choosing the behavioral health provider for the student. The provisions of this Subparagraph shall not impair any extant contract on the effective date of this Section, or the renewal thereof.

7. The cost of all behavioral health services provided to a student pursuant to this Section shall be the sole responsibility of the parent or legal guardian, individually or through an applicable health insurance policy, Medicaid, or other third-party payor, other than the public school governing authority, that has made funds available for the payment for the services provided.

8. While on a school campus, a behavioral service provider shall comply with, and abide by, the terms of any IEP, IAP, Section 504 Plan, Behavior Management Plan, or Individual Health Plan applicable to a student who is a patient of the provider. The services furnished by a provider shall be incorporated into a written treatment plan applicable to the student.

9. The parent or legal guardian of a student receiving services from a behavioral service provider shall be required to execute a "consent to release information form" between the provider and the public school governing authority.

10. The public school governing authority shall establish reporting requirements for a behavioral health provider related to the student's progress and student and school safety concerns as related to the student's educational program.

11. The public school governing authority may establish sanctions, including termination of a provider's authorization to provide services on any school campus, against a behavioral health provider for failure to comply with the policies established by the public school governing authority.

C. The failure of a public school governing authority to adopt a policy shall not be cause to prohibit the provision of behavioral health services to a student in accordance with this Section.

D. Any behavioral health evaluation, assessment, or treatment plan administered by a public school governing authority shall not supersede the behavioral health evaluation, assessment, or treatment plan provided by an independent behavioral health provider of a student's parent's choosing.

E. Any applied behavior analysis services provided by the public school governing authority in accordance with this Section shall be delivered either by behavioral health providers licensed, certified, or registered by the Louisiana Behavior Analysis Board in accordance with R.S. 37:3701 et

seq. or behavioral health providers providing services in accordance with R.S. 37:3715.

F. Nothing in this Chapter shall be construed to supersede any of the following:

1. the authority of the student's IEP team or Section 504 committee to determine appropriate services for a student in accordance with applicable federal and state law;

2. the provisions of the Behavioral Health Service Provider Licensing Law or any regulation promulgated by the Louisiana Department of Health pursuant to such law; or

3. provisions of the Behavior Analyst Practice Act.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:1944 and R.S. 17:173.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 51:46 (January 2025).

§705. Behavioral Health Service Complaint Procedures

A. Complaint Procedures. The LDOE shall establish written procedures for the purpose of resolving any complaint which is filed by an affected individual alleging that a public school governing authority has violated a requirement of R.S. 17:173 or this Chapter and that meets the requirements herein by providing for the filing of a formal written complaint with the LDOE.

B. The written complaint shall include the following information:

1. a statement that a public school governing authority has violated a requirement of R.S. 17:173 or this Chapter;

2. the facts on which the statement is based;

3. the signature and contact information for the complainant;

4. if alleging violations relevant to a specific student,

a. the name and address of the residence of the student;

b. the name of the school the student is attending;

c. in the case of a homeless child or youth, as identified in Section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)) available contact information for the student and the name of the school the student is attending;

d. a description of the nature of the problem of the student, including facts relating to the problem; and

e. a proposed resolution of the problem to the extent known and available to the party at the time the complaint is filed.

5. a proposed resolution of the problem to the extent known and available to the party at the time the complaint is filed.

C. The complaint shall allege a violation that occurred not more than one year prior to the date that the complaint is received by LDOE.

D. Upon receipt of a valid complaint, the LDOE shall review the allegations as submitted and shall provide written notice to the public school governing authority serving the student, including the following:

1. a request for specific information needed by LDOE to conduct its independent investigation of the complaint;
2. reasonable timelines established for providing such information to the LDOE; and
3. a statement of the public school governing authority's opportunity to respond to the complaint, including the opportunity to provide a proposal to resolve the complaint, at their discretion.

E. The LDOE shall provide written notice to the complainant including a statement of the opportunity to submit additional information, either orally or in writing, about the allegations in the complaint.

F. The LDOE shall review all relevant information and make an independent determination as to whether the public school governing authority is in violation of R.S. 17:173 or this Chapter and, if such violation is determined, the actions by which the public school governing authority will be required to correct the violation.

G. Final Decision. Within 60 days of the LDOE receipt of a complaint, the LDOE shall issue a written decision to the complainant and the public school governing authority that addresses each remaining allegation of the complaint and contains:

1. findings of fact and conclusions; and
2. the reason for the LDOE final decision.

H. Time Extension. The LDOE shall permit an extension of the 60-day time limit only if:

1. Exceptional circumstances exist with respect to a particular complaint; or
2. The parent, individual, or organization and the public school governing authority involved agree to extend the time to engage in negotiations or other means of non-adversarial dispute resolution.

I. The decision of the LDOE in accordance with this Section is a final decision and is not subject to appeal.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:1944 and R.S. 17:173.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 51:48 (January 2025).