



**NJSSNA Spring 2024 Conference:
Emerging Legal Issues in School Health**

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Key Topics

- Curriculum, PD Mandates
- Duty to Report
- FERPA, HIPAA, Emergencies & Doctor's Notes
- Field Trips
- Athletics and PPE Forms
- Administration of Medication
- Student Mental Health
- Immunization Requirements
- Case Law

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 **NJPSAFE**
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Law, Ethics and Governance for All Leaders,
including an Overview of New and Emerging Issues

NEW CURRICULUM AND PROFESSIONAL DEVELOPMENT REQUIREMENTS

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Mental Health Instruction

- **P.L. 2019, c. 222 (8/9/19)** – Requires health curriculum for public school students in grades kindergarten through grade 12 to include instruction on mental health.
- **P.L. 2023, c. 201 (1/8/24)** – Requires school districts to provide instruction on grief as part of NJSLS.

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New Curriculum Mandate

- **P.L. 2023, c. 60 (May 15, 2023)**
 - Provide instruction on prevention of Lyme Disease and other tick-borne diseases; requires DOH to publish certain guidelines concerning ticks.
 - Includes biology of tick species, tick habitats, diseases transmitted by ticks, recommended attire and repellants to help protect an individual from ticks, how to perform tick checks, proper techniques for the removal of ticks, and symptoms an individual may experience after receiving a tick bite as part of curriculum.
 - Boards shall consult resources from multiple nationally-recognized organizations.
 - First full school year following enactment
 - https://pub.njleg.state.nj.us/Bills/2022/PL23/60_.PDF
- **NJDOE Broadcast Email – 9/27/23 Ticks and Tick-Borne Illness Education**

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P.L. 2023, c. 111

- **AN ACT** concerning annual **suicide prevention instruction** for public school teaching staff members and amending P.L.2005, c.310.
-
- **BE IT ENACTED** by the Senate and General Assembly of the State of New Jersey:
-
- 1. Section 2 of P.L.2005, c.310 (C.18A:6-112) is amended to read as follows:
- 2. a. The State Board of Education, in consultation with the New Jersey Youth Suicide Prevention Advisory Council established in the Department of Children and Families pursuant to P.L.2003, c.214 (C.30:9A-22 et seq.), shall, as part of the professional development requirement established by the State board for public school teaching staff members, **require each public school teaching staff member to complete at least two hours of instruction in suicide prevention**, to be provided by a licensed health care professional with training and experience in mental health issues, in each professional development period. The instruction in suicide prevention shall include information on the relationship between the risk of suicide and incidents of harassment, intimidation, and bullying and information on reducing the risk of suicide in students who are members of communities identified as having members at high risk of suicide.

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New Employees to be Trained

- b. Not including teaching staff members subject to the requirements of subsection a. of this section and not including licensed mental health care professionals, a school employee or an employee of a contracted service provider who has **regular and direct contact with students, as determined by the board of education, shall complete a one-time training program in suicide prevention, awareness, and response identified by the Department of Education pursuant to subsection c. of this section.** A person subject to the requirements of this subsection shall complete the required training program not less than 12 months from the date of the identification by the department of training programs or 12 months from the person's date of hire, whichever occurs later.

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P.L. 2023, c. 111

- Each person who is required pursuant to subsection a. or subsection b. of this section to complete a suicide prevention training program shall have a duty to warn and protect when the following conditions exist:
 - (1) a student has communicated to that person a clearly identifiable threat of imminent, serious physical violence against oneself and the circumstances are such that a reasonable person would believe the student intended to carry out the threat; or
 - (2) the circumstances are such that a reasonable person would believe the student intended to carry out an act of imminent, serious physical violence against oneself.
 - A person acting in good faith and who takes reasonable steps to discharge a duty to warn and protect shall be immune from civil and criminal liability in regard to that disclosure.⁴

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DUTY TO REPORT

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Overview of Duty to Report

Suicidal ideation or attempt – Duty of Care toward students	Suspected Child Abuse/Neglect – N.J.S.A. 9:6-8.10	Suspected of Being Under the Influence – See N.J.S.A. 18A:40A-12	Suspected HIB – See N.J.A.C. 6A:16-7.7
Dating Violence	Discrimination	Sexual Offenses	Situations that present a danger to adults and/or students
Situations that create a hostile educational environment for adults and/or students	Weapons and other criminal activity	Other code of conduct issues – See N.J.A.C. 6A:16-7.1	As required under MOA with law enforcement
As necessary to address IEP or 504 plan – See N.J.A.C. 6A:14		Other Foreseeable Harm!	

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Statute on Referral for Medical Exam

- **N.J.S.A. 18A:40A-12**
- Whenever it shall appear to any teaching staff member, school nurse or other educational personnel ... that a pupil may be under the influence ... that teaching staff member ... shall report the matter as soon as possible to the school nurse or medical inspector, as the case may be, or to a [SAC], AND to the principal or, in his absence, to his designee.
- The principal ... shall immediately notify the parent or guardian and the superintendent of schools ... and shall arrange for an immediate examination of the pupil by a doctor selected by the parent or guardian, or if that doctor is not immediately available, by the medical inspector, if he is available. If a doctor or medical inspector is not immediately available, the pupil shall be taken to the emergency room of the nearest hospital for examination accompanied by a member of the school staff designated by the principal and a parent or guardian of the pupil if available.
- The pupil shall be examined as soon as possible for the purpose of diagnosing whether or not the pupil is under such influence...

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FERPA, HIPAA, DOCTOR'S NOTES, EMERGENCIES

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FERPA—Q & A on doctor notes

- Q. If a school wants to contact a child's doctor about an inaccuracy on an excuse note, do we need any special permission or may we contact the doctor directly?
- A. Under FERPA, the 2008 regulations changed the definition of "disclosure" to permit a school to contact the stated source of a record (such as a doctor's note) for verification purposes. This is not considered a disclosure and, therefore, does not violate FERPA. In other words, FERPA permits a targeted release of records back to the stated source for verification purposes.

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FERPA and HIPAA

- See Joint Guidance on Application of FERPA and HIPAA
- Generally schools are not governed by HIPAA
- ***Where the HIPAA Privacy Rule applies, does it allow a health care provider to disclose protected health information (PHI) about a student to a school nurse or physician?***
- Yes. The HIPAA Privacy Rule allows covered health care providers to disclose PHI about students to school nurses, physicians, or other health care providers for treatment purposes, **without the authorization of the student or student's parent**. For example, a student's primary care physician may discuss the student's medication and other health care needs with a school nurse who will administer the student's medication and provide care to the student while the student is at school.

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From Joint HIPAA/FERPA Guidance

- **21. Under HIPAA, when can information be shared about someone who presents a serious danger to self or others?**
- The HIPAA Privacy Rule permits a covered entity to disclose PHI, including psychotherapy notes, when the covered entity **has a good faith belief that the disclosure: (1) is necessary to prevent or lessen a serious and imminent threat to the health or safety of the patient or others and (2) is to a person(s) reasonably able to prevent or lessen the threat.** This may include, depending on the circumstances, disclosure to law enforcement, family members, the target of the threat, or others whom the covered entity has a good faith belief can mitigate the threat. The disclosure also must be consistent with applicable law and standards of ethical conduct. See 45 CFR § 164.512(j)(1)(i).
- **For example ... a mental health provider whose teenage patient has made a credible threat to inflict serious and imminent bodily harm on one or more fellow students may alert law enforcement, a parent or other family member, school administrators or campus police, or others the provider believes may be able to prevent or lessen the chance of harm.** In such cases, the covered entity is presumed to have acted in good faith where its belief is based upon the covered entity's actual knowledge (i.e., based on the covered entity's own interaction with the patient) or in reliance on a credible representation by a person with apparent knowledge or authority (i.e., based on a credible report from a family member or other person). See 45 CFR § 164.512(j)(4).

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Permissible Disclosure to Protect Health and Safety

- FERPA permits disclosure of personally identifiable information in connection with an emergency if knowledge of the information is necessary to protect the health or safety of the student or other individuals.
- What constitutes an “emergency”?
 - Based on the “totality of the circumstances” is there “an articulable and significant threat to the health or safety of a student or other individuals”?
- School officials are given the benefit of the doubt!
 - “If, based on the information available at the time of the determination, there is a rational basis for the determination, the Department will not substitute its judgment for that of the educational agency or institution in evaluating the circumstances and making its determination.” See 34 CFR 99.36.

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Threat Assessment Teams

- P.L. 2022, c. 83 – Governor Murphy signs law mandating Threat Assessment Teams
 - Goes into effect for 23-24 school year
 - Must have team in each school
- The threat assessment team, which is to be established by a board of education or board of trustees in each district, shall be multidisciplinary in membership, including:
 - A school psychologist, counselor, social worker, or other school employee with expertise in student counseling;
 - A teaching staff member;
 - A school principal or other senior school administrator;
 - A safe schools resource officer or school employee who serves as a school liaison to law enforcement; and
 - The designated school safety specialist.

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Role of Key Stakeholders in Threat Assessment

- School Nurse
- School Physician
- School Counselor, SAC, Social Worker, School Psychologist, I & RS Team Members
- Case Manager
- Administrators
- Students
- Parents
- Outside providers (no consent needed if emergency disclosure)

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Keystone Law – Minor Consent

- Under the **Boys and Girls Clubs Keystone Law (P.L. 2015, c. 287)** minors who are 16 or 17 years of age may consent to receive treatment for mental health needs without parental consent. Note various ages/consent requirements:
 - Treatment for mental illness, emotional disorders, age 16+
 - **Substance Use, alcoholism treatment extends to all minors (not just 16+)**
 - Treatment for suspected HIV/Aids age 13+
 - Treatment for suspected venereal disease, any age
 - Treatment for sexual assault any age, then requires parental notice, unless physician believes not in best interests of child
- Where minor can consent, confidentiality rights apply directly to the minor, no notice to parent unless treating doctor believes in best interest of child
- See Q & A
- Note there is a bill pending, A2328, that would change the age to 14²¹ for minors to access treatment services directly

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FIELD TRIPS

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Foreseeable Dangers

- Out of State/Country
- Medical /Special Needs Students
- Food Allergies
- Drug/Alcohol Use
- Losing a Child Accidentally
- Student Purposely Evading Staff Supervision
- Getting into Dangerous Situations
- Causing Harm to Each Other, Staff
- Causing Harm to the Public
- Emergency Situations (Fire, Accident, Shooter, etc.)
- Causing Embarrassment/Harm to Self, Others, School

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So What Do We Do?

- One option – No field trips!
 - BUT that option will cause significant educational harm to students
- Better Option – Exercise Reasonable Care and Supervision
 - Proper Planning
 - Professional Development for Staff/Volunteers
 - Sufficient Number of Chaperones
 - Clear Delineation of Roles for Staff v. Parent Chaperones
 - Clear Protocols
 - Proper Notice to Parents and Students Regarding Rules
 - Signing of appropriate permission slips, waivers

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Nursing Licensure Compact

- Provides specific authorization to practice nursing in states included in the compact
- Must apply to receive multi-state license
- New Jersey [Board of Nursing Information on Applying for NJ Multi-State License](#)
- National Information - [Compact Nursing States List 2024 | Licensure Map \(nurse.org\)](#)
- In those states not participating in Compact, or for those who don't have license, need to determine that State's requirements for school nurse
- For outside of country, need to continue to implement NJ requirements for student care, may not permit lower standard (e.g., lower drinking age in other countries)

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Students with Special Needs

- Must be allowed to participate in field trips to the same extent as all other students. Participation cannot be conditioned upon a parent being able to attend the field trip. This may require a school nurse to be on the field trip, depending on the needs of the student.
- See 34 C.F.R. § 104.33(a). (requires students with disabilities to have an equal opportunity to participate in extracurricular and other nonacademic activities)

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Transportation and Special Needs Students

- Proper Training for Staff on Bus – See N.J.A.C. 6A:27-11.3
- Information Sharing on Student Medical Needs – FERPA
 - Legitimate Educational Interest – See 20 U.S.C. §1232g
- Policy on transportation of medication – See N.J.A.C. 6A:16-2.1
- Administration of medication – See N.J.S.A. 18A:40-12.5 and 12.6
 - Self administration – See N.J.S.A. 18A:40-12.3
 - Nurse and/or designee as required
 - Over-the-counter medication – board policy (include parent waiver, consent)
- Transporting specialized equipment – See N.J.A.C. 13:20-49D-14
 - Crutches, walkers, oxygen bottles, ventilators
 - Must be securely fastened at mounting location able to withstand pulling force up to 5 times the weight of the item OR retained in a closed, latched compartment
- Using Public Transportation – Potential Issues

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NJDOE Transportation Guidance

2. Should specialized training be provided to those who will transport special needs students? Who is responsible for this training?

Yes, additional training in the transportation of special needs students should be provided to all drivers and aides assigned to routes carrying special needs students. Any other school bus drivers who could at any time substitute for a regularly assigned driver on such routes should also receive this additional training. School districts are responsible for ensuring that drivers are properly trained. Even if districts have contracted with a service provider to complete required training, the district is responsible to ensure that the training is properly carried out and contractual training obligations are met.

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NJDOE Transportation Guidance

3. Should school bus drivers and aides be given access to student records?

School transportation providers have a legitimate educational need for access to confidential student information in order to assist them in providing appropriate and safe transportation to the student. Along with their right to this information comes the responsibility to protect it. The rights of school bus drivers and school bus aides, as school officials with a legitimate educational interest in this information can be found in Part B of the Individuals with Disabilities Education Act (IDEA) and the Family Educational Rights and Privacy Act of 1974 (FERPA). School district child study teams should readily provide the school transportation office with any information pertaining to the student that is necessary in planning for the student's transportation. The student's school bus driver and school bus aide, if applicable, as well as any substitute drivers or aides, should be given any information relative to the student which will be necessary to ensure the student's safety on the bus ride. These individuals should be trained in both the use of and reactions needed to the information, as well as district privacy policies. The National Association of State Directors of Pupil Transportation (NASDPTS) issued a paper on this subject.

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NJDOE Transportation Guidance

4. Are there any specific requirements for transporting specialized equipment which the student may require?

New Jersey Motor Vehicle administrative code sets forth the method by which various types of specialized equipment must be transported. N.J.A.C.13:20-49D-14 (a) Portable student support equipment items such as crutches, walkers, oxygen bottles, or ventilators, shall be securely fastened at a mounting location able to withstand a pulling force of five times the weight of the item or shall be retained in an enclosed, latched compartment.


5. What are the regulations governing the transporting of medication on school buses?

Each district is required to develop a policy addressing the transportation of medication on school buses in accordance with the state regulations pursuant to N.J.A.C.6A:16-2.1. In general, the transporting of medication should be a last resort. The better option is for parents to get the portion of medication to be used in school to the school nurse. **If medication must be transported on the bus, it should be in a sealed container and be labeled with the student's name, name of the medication, dosage, etc. .A designee of the school (e.g. nurse, principle) should meet the bus and take the medication from the driver.** Check with your school nurse or school physician for guidance.

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ATHLETICS

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Emergency Action Plans

- **P.L. 2019, c. 292 (1/9/2020)** - Requires certain schools to establish emergency action plans for responding to serious or potentially life-threatening sports-related injuries. Bd. of Ed. of school district or CSA of non-public school, grades 6-12. Specific to site, developed in conjunction with local EMS personnel. Specific minimum components, reviewed, updated and rehearsed annually by individuals responsible for executing the plan. State Board regulations. 2020-2021 school year.

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NJDOE Resources – Sudden Cardiac Arrest

- **Sudden Cardiac Arrest**
- Janet's Law (N.J.S.A. 18A:40-41a through 41c) (Also known as the defibrillator law)
 - Frequently Asked Questions and Answers
- P.L. 2013, c. 71, Scholastic Student-Athlete Safety Act
- P.L. 2013, c. 209, Sudden Cardiac Arrest Prevention Act
- P.L. 2013, c. 143, Sudden Cardiac Events Reporting Act

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Athletic Participation Requirements

- Medical exam required for interscholastic **AND intramural athletics** in grades 6-12
- NEW FORMS EXPECTED IN NEAR FUTURE
- NJSIAA Athlete Medical Clearance Resources
 - **Pre-Participation Physical Evaluation Form (PPE)**
 - English
 - En Español
 - **Health History Update Form**
 - English
 - En Español

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Cardiac Module

- See N.J.A.C. 6A:16-2.2(h)
- Prior to performing a preparticipation physical examination, the licensed physician, APN, or PA who performs the student-athlete's physical examination shall complete the Student-Athlete Cardiac Screening professional development module and shall sign the certification statement on the PPE form attesting to the completion, pursuant to N.J.S.A. 18A:40-41d.

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Cannot Accept w/o Certification that Cardiac Module was Completed

- If the PPE form is submitted without the signed certification statement and the school district has confirmed that the licensed physician, APN, or PA from the medical home did not complete the module, the student-athlete's parent may obtain a physical examination from a physician who can certify completion of the module or request that the school physician provides the examination.

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Must be signed by Examining Physician, APN, or PA

- The medical report shall indicate if a student is allowed or not allowed to participate in the required sports categories and shall be completed and signed by the original examining physician, APN, or PA.

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Return Incomplete Form Unless ...

- An incomplete form shall be returned to the student's medical home for completion unless the school nurse can provide documentation to the school physician that the missing information is available from screenings completed by the school nurse or physician within the prior 365 days.

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Health History Update Questionnaire

- Each student whose medical examination was completed more than 90 days prior to the first day of official practice in an athletic season shall provide a health history update questionnaire completed and signed by the student's parent or guardian. The completed health history update questionnaire shall include information as required by N.J.S.A. 18A:40-41.7.b.

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School Physician Must Approve Participation

- Each school district shall provide to the parent written notification signed by the school physician stating approval of the student's participation in athletics based upon the medical report or the reasons for the school physician's disapproval of the student's participation

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EMERGENCY AND SELF- ADMINISTRATION

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Recent NJDOE Guidance

- See NJDOE Broadcast Email – 12/13/23
Delegation of Medication Administration in
School Settings
- Makes clear that Certified School Nurses must
operate under education laws in addition to
general requirements for Registered Nurse,
and must follow all restrictions for School
Nurses related to administration of
medication

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Persons Authorized to Administer Medication

- School Physician
- Certified School Nurse OR Noncertified nurse
- Substitute School Nurse
- Student's Parent
- Student approved to self-administer
- Other school employee trained and designated by the certified school nurse to administer epinephrine or glucagon

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Noncertified Nurse

- Must be assigned to the same school building or school complex as CSN
- LPN scope of practice includes medication administration
- LPN must be supervised by CSN. As per NJ Board of Nursing
 - Supervision does not necessarily require direct continuing presence of CSN
 - May instead be “intermittent observation, direction, and occasional physical presence” of CSN

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Statutes Regarding Administration of Medication

- N.J.S.A. 18A:40-12.3 permits the self-administration of medication by a pupil for asthma or other potentially life-threatening illnesses, a life-threatening allergic reaction, or adrenal insufficiency.
- N.J.S.A. 18A:40-12.15 allows for students with diabetes to self-manage their care and administer medication related to their diabetes.
- N.J.S.A. 18A:40-12.30 requires the school nurse to designate the administration of hydrocortisone sodium succinate to employees who volunteer when the nurse is not available.
- N.J.S.A. 18A:40-12.14 requires the school nurse to designate the administration of glucagon to a student with diabetes who is experiencing severe hypoglycemia when a school nurse is not physically present at the scene.
- N.J.S.A. 18A:40-12.6c requires the school nurse to recruit and train volunteer designees to administer epinephrine via an auto injector when the nurse is not present.
- N.J.S.A. 18A:40-12.24 directs the school nurse and trained school personnel to administer opioid antidotes in the event that someone is believed to be experiencing an opioid overdose.

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Opioid Antidotes in Schools

- P.L. 2018, Chapter 106 – Requires Opioid Antidotes in Schools and Permits Emergency Administration by School Nurse or Trained Employee
 - **Effective date – December 1, 2018**
 - NJDOE Guidelines Required
 - Board policy required for emergency administration of Opioid Antidote to students, staff or others
 - Requires all Schools with any of grades 9 – 12 to obtain a standing order for these antidotes and to maintain a supply in a secure, unlocked, easily accessible location
 - Board determines quantities and types of antidotes in consultation with DOE and DOH

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Opioid Antidotes

- Must make accessible during school day, school-sponsored functions on school grounds and optionally off school grounds
- School Nurse primary responsibility
- Volunteer employee designees to be trained on standard protocols
- Must transport to ER even after administration of antidote
- Indemnity from liability
- Can enter shared service arrangements with schools and/or municipalities

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NJ Medical Marijuana Law

PL 2015 Ch. 158 – Compassionate Use Medical Marijuana Act (CUMMA)

- See May 24, 2016 Guidance from NJDOE
- Elements of Required District Policy under CUMMA:
 - Require that students be authorized to engage in the medical use of marijuana pursuant to CUMMA and that the parent, guardian or primary caregiver be authorized to assist the student
 - **Expressly authorize parents, guardians and primary caregivers to administer medical marijuana to the student while on school grounds, aboard a school bus, or attending a school-sponsored event**
 - Establish protocols for verifying registration status and ongoing authorization
 - Identify locations on school grounds
 - Prohibit administration to a student by smoking or other form of inhalation

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Paul's Law

- **P.L. 2019, c. 290 (1/9/2020)** - "Paul's Law"; authorizes parent or guardian to request use of individualized health care plan for student with **epilepsy** or seizure disorder, **which includes specific actions for non-medical school staff**. Takes effect *immediately*.
- School nurse develops plan based on **parent submitted seizure action plan**.
- "Seizure action plan" means 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.
- Annual authorization and update with training for all staff.

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Paul's Law NJDOE Guidance

- NJDOE Guidance Issued March 3, 2021
- Includes information on available training for school staff
- Includes required elements that must be included in seizure action plans and emergency healthcare plans
- Need to consider how to adapt to address emergencies that occur during remote instruction

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Section 504

- See OCR Parent and Educator Resource Guide to Section 504
- Need to work with families to provide reasonable accommodations for students
- If student is able to be in school with supports other than a medical doctor, student is entitled to attend

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STUDENT MENTAL HEALTH

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NJDOE Mental Health Guide

- NJDOE Memo February 9, 2022:
<https://www.nj.gov/education/broadcasts/2022/feb/09/NewJerseyComprehensiveSchool-BasedMentalHealthResourceGuideRelease.pdf>
- 200+ page guide, uses MTSS approach as framework
- Includes chapters addressing suicide prevention, risk assessment and response, substance use, reentry planning
- Wrote chapter, in collaboration with NJPN, addressing substance use and mental health
- Guide establishes expectations for best practice, **which raises potential legal liability if districts fail to consider those best practices**

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Connecting with Outside Supports

- NJ Statewide Student Support Services (NJ4S)
– [NJ4S Homepage](#)
- NJPPC - [New Jersey Pediatric Psychiatry Collaborative – Transforming Access to Children’s Mental Health Care \(nj-ppc.org\)](#)

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IMMUNIZATION REQUIREMENTS

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Enforcing Immunization Requirements – N.J.A.C. 6A:16-2.2

- **(a)** Each school district shall ensure immunization records are reviewed and updated annually pursuant to N.J.A.C. 8:57-4.1 through 4.24.
- **(b)** Each school district shall ensure a principal or the principal's designee does not knowingly admit or retain in the school building a student whose parent has not submitted acceptable evidence of the child's immunization, according to the schedule specified at N.J.A.C. 8:57-4, Immunization of Pupils in School.

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CASE LAW

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Tenure Charges for Incapacity – School Nurse

- *John Costello v. Northfield Board of Education*, 2018 WL 1630328, App. Div. (April 5, 2018)
- Cautionary tale regarding duty of care for school nurse, potential for tenure charges for breaching duty
- Series of incidents led to suspension on 2/19/15
 - 11/5/14 – improper response to student with a seizure (failed to consult teacher, turned student over to another nurse, failed to discuss seizure protocol with teacher)
 - 11/10/14 – improper response to unresponsive, gagging student (waited for a class to pass before approaching student, no sense of urgency, failed to consult teachers, pulled student to her feet and walked to nurses office)
 - 11/24/14 – audit by county found serious deficiencies in immunization records
 - 1/16/15 – Two administrators summoned to Costello's office, found 3rd grade student sitting at nurse's desk crying, teacher sitting behind the desk, then Costello got up and yelled "I am tired of this. I can't take this anymore."
 - Substitute nurse found office in disarray and discovered other deficiencies
 - Board approved doctor conducted psychological exam, determined not fit for duty, diagnosed with generalized anxiety disorder, major depression, OCD, avoidant and schizoid personality disorders
 - Costello experts contested parts of diagnosis and extent of impact
 - Arbitrator ultimately held Costello unable to perform duties of school nurse, upheld tenure charges for incapacity. Appellate Division upheld arbitrator's decision.

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INDEMNIFICATION

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Indemnification

- N.J.S.A. 18A:16-6 Board shall defray all costs of defending civil actions and save harmless against any civil judgments based on actions brought against persons holding any office, position or employment under the jurisdiction of the BOE for any *“act or omission arising out of and in the course of the performance of the duties”* of such position
- DOES NOT cover willful actions intended to cause harm and may not cover reckless actions where punitive damages result
- N.J.S.A. 18A:16-6.1 – Covers criminal complaints if employee if complaint dismissed or case results in favorable disposition for employee

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Indemnity Limits

- Does not cover punitive damages
- Does not cover disciplinary actions brought against school employee
- Does not cover costs related to hearings before NJ State Board of Nursing

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Conclusion

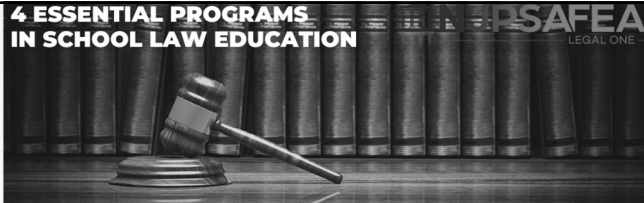
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