

STUDENTS Series 5000 Policy #5013.3.1

### **School District Medical Advisor**

EASTCONN shall appoint an Agency medical advisor and appropriate medical support service personnel including nurses.

The Agency medical advisor, in cooperation with the EASTCONN Board of Directors and the board of health/health department for the school district, shall:

- 1. Plan and administer each Agency's health program,
- 2. Advise on the provision of Agency health services,
- 3. Provide consultation on the Agency health environment, and
- 4. Perform any other duties as agreed between the advisor and the EASTCONN Board of Directors.

EASTCONN health efforts shall be directed toward detection and prevention of health problems and to emergency treatment, including the following student health services:

- 1. Appraising the health status of student and Agency personnel;
- 2. Counseling students, parents, and others concerning the findings of health examination;
- 3. Encouraging correction of defects;
- 4. Helping prevent and control disease;
- 5. Providing emergency care for student injury and sudden illness;
- 6. Maintaining school health records.

### **Health Records**

There shall be a health record for each student enrolled in EASTCONN's schools and will be maintained in the school nurse's room. For the purposes of confidentiality, records will be treated in the same manner as the student's cumulative academic record.

Student health records are covered by the Family Educational Rights and Privacy Act (FERPA) and are exempt from the Health Insurance Portability Accountability Act (HIPAA) privacy rule. However, it is recognized that obtaining medical information from health care providers will require schools to have proper authorization and to inform parents that such information once released by health care providers is no longer protected under HIPAA but is covered under FERPA.

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## Students

### Student Health Services (continued)

### **Regular Health Assessments**

Prior to enrollment in kindergarten, each child shall have a health assessment by one of the following medical personnel of the parents or guardians choosing to ascertain whether the student has any physical disability or other health problem tending to prevent him or her from receiving the full benefit of school work and to ascertain whether such school work should be modified in order to prevent injury to the student or to secure for the student a suitable program of education:

- 1. a legally qualified physician;
- 2. an advanced practice registered nurse;
- 3. a registered nurse;
- 4. a physician's assistant.
- 5. an Agency's medical advisor.
- 6. a legally qualified practitioner of medicine, an advanced practice registered nurse, or a physician assistant stationed at any military base.

Such health assessment shall include:

- 1. Physical examination which shall include hematocrit or hemoglobin tests, height, weight, blood pressure, and a chronic disease assessment which shall include, but not be limited to, asthma and allergies.
- 2. Updating of immunizations required under C.G.S. 10-204a as periodically amended;
- 3. Vision, hearing, postural, and gross dental screening;
- 4. If required by the school district medical advisor, testing for tuberculosis and sickle cell anemia or Cooley's Anemia;
- 5. Any other information including a health history as the physician believes to be necessary and appropriate.

Health assessments shall also be required in grades 6 or 7 and in grades 9 or 10 by a legally qualified physician of each student's parents or guardians own choosing, or by the school medical advisor, or the advisor's designee, to ascertain whether a student has any physical disability or other health problem. Such health assessments shall include:

1. Physical examination which shall include hematocrit or hemoglobin tests, height, weight, blood pressure, and a chronic disease assessment which shall include, but not be limited to, asthma and allergies.

- 2. Updating of immunizations required under C.G.S. 10-204a and the Department of Public Health, Public Health Code, 10-204a-2a, 10-204-3a and 10-204a-4;
- 3. Vision, hearing, postural, and gross dental screening;

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## **Students**

### **Student Health Services**

### Regular Health Assessments (continued)

- 4. If required by EASTCONN's medical advisor and the local health department, testing for tuberculosis and sickle cell anemia or Cooley's Anemia.
- 5. Any other information including a health history as the physician believes to be necessary and appropriate.

A child will not be allowed, as the case may be, to begin or continue in EASTCONN schools unless health assessments are performed as required. Students transferring into the district must provide evidence of required Connecticut vaccinations, immunizations, and health assessments at enrollment and prior to school attendance.

Health assessments will be provided by the school medical advisor or the advisor's designee without charge to all students whose parents or guardians meet the eligibility requirement of free and reduced priced meals under the <u>National School Lunch Program</u> or for free milk under the special milk program.

The EASTCONN Board of Directors shall annually designate a representative to receive reports of health assessments and immunizations from health care providers.

Health assessment results and recommendations signed by the examining physician or authorized medical personnel shall be recorded on forms provided by the Connecticut State Board of Education and kept on file in the school the student attends. Upon written authorization from the student's parent or guardian, original cumulative health records shall be sent to the Principal of the school to which such student moves and a true copy of the student's cumulative health records maintained with the student's academic records. EASTCONN's Executive Director, or designee, shall notify parents of any health-related problems detected in health assessments and shall make reasonable efforts to assure that further testing and treatment is provided, including advice on obtaining such required testing or treatment.

Students who are in violation of the EASTCONN Board of Directors' requirements for health assessments and immunizations will be excluded from school after appropriate parental notice and warning. Health assessments shall be completed during the 6<sup>th</sup> and 9<sup>th</sup> grade years. Students entering the 7<sup>th</sup> and 10<sup>th</sup> grade years without compliant HAR's will be excluded on a date mutually agreed upon by nursing and administration. Guardians will be notified by mail, phone and certified letter as appropriate of Policy and Exclusion Date. Students entering EASTCONN must meet the grade

requirements by a date mutually agreed upon by nursing and administration. Medical Advisor shall be notified of any students to be excluded.

# P5141(d)

## Students

## Student Health Services (continued)

## **Vision Screening**

All students in grades K, 1, 3, 4, & 5 will be screened using a Snellen chart, or equivalent screening, by the school nurse or school health aide. Additional vision screening will also be conducted in response to appropriate requests from parents/guardians or professionals working with the student in question. Results will be recorded in the student's health record on forms supplied by the Connecticut State Board of Education, and the superintendent shall cause a written notice to be given to the parent or guardian of each student found to have any defect of vision, with a brief statement describing such defect.

As necessary, special educational provisions shall be made for students with disabilities.

### **Hearing Screening**

All students will be screened for possible hearing impairments in grades K, 1, 3, 4, & 5. Additional audiometric screening will be conducted in response to appropriate requests from parents/guardians or professionals working with the student. Results will be recorded in the student's health record on forms supplied by the Connecticut State Board of Education, and the EASTCONN Executive Director or their designee shall cause a written notice to be given to the parent or guardian of each student found to have any defect of hearing, with a brief statement describing such defect.

As necessary, special educational provisions shall be made for students with disabilities.

## **Postural Screening**

EASTCONN nurses will screen all female students in grades 5 and 7 and male students in grade 8 or 9 for scoliosis or other postural problems. Additional postural screening will also be conducted in response to appropriate requests from parents/guardians or professionals working with the student. Results will be recorded in the student's health record on forms supplied by the Connecticut State Board of Education, and the Executive Director shall cause a written notice to be given to the parent or guardian of each student found to have any postural defect of problem, with a brief statement describing such defect or disease.

As necessary, special educational provisions shall be made for students with disabilities.

## **Tuberculin Testing**

**Note:** The Connecticut Department of Public Health discourages routine TB testing of all students at school enrollment or for any of the required health assessment. It is recommended that students, at each mandated health assessment, be screened for their risk of exposure to TB. A child, determined to be at risk for exposure to TB should be required to be tested.

In addition to tuberculin testing, if required by the school district medical advisor, as part of regular student health assessments, all new students, including preschool students, will be required to have at least one test for tuberculosis prior to entry in district schools, if determined to be at risk for exposure to TB.

## Students

## **Student Health Services**

## Tuberculin Testing (continued)

Students born in high risk countries who are entering schools in Connecticut for the first time should receive either a TST (tuberculin skin test) or an IGRA (interferon-gamma release assay). Anyone found to be positive shall have an appropriate medical management plan developed that include a chest radiograph.

A test for tuberculosis should be performed if any of the following risk factors prevail:

Birth, travel, or residence for at least one month in a country with an elevated TB rate

- Includes any country other than the United State, Canada, Australia, New Zealand, or a county in extern or northern Europe.
- If resources require prioritization within this group, prioritize patients with at least one medical risk for progression (see the CT Tuberculosis Risk Assessment User Guide for this list attached).
- IGRA is preferred over TST for non-U.S.-born persons  $\geq 2$  years old

Immunosuppression, current or planned:

• HIV infection, organ transplant recipient, treated with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone ≥2mg/kg/day, or ≥15 mg/day for ≥1 month) or other immunosuppressive medication

Close contact to someone with infectious TB disease:

• Should test if patient has never been tested for this exposure

## SEE RISK ASSESSMENT FORM ATTACHED

The results of the risk assessment and testing, when done, should be recorded on the State of Connecticut Health Assessment Record (HAR-3) or directly in the student's Cumulative Health Record (CHR-1)

## Immunizations/Vaccinations

No student will be allowed to enroll in any program operated as part of EASTCONN without adequate immunization against the following diseases unless under age:

- 1. Measles
- 2. Rubella
- 3. Poliomyelitis

- 4. Diphtheria
- 5. Tetanus
- 6. Pertussis
- 7. Mumps
- 8. Hemophilus influenza type B
- 9. Any other vaccine required by Section 19a-7f of Connecticut General Statutes.
- 10. Hepatitis B
- 11. Varicella (chickenpox)
- 12. Hepatitis A
- 13. Pneumococcal disease
- 14. Influenza
- 15. Meningococcal disease

# P5141(f)

## **Students**

Student Health Services

Immunizations/Vaccinations (continued)

All students in grades K-12 are required to have received 2 doses of measles, mumps and rubella vaccine or serologic proof of immunity. Students entering kindergarten and seventh grade shall show proof of having received 2 doses of varicella vaccine, laboratory confirmation of immunity, or present a written statement signed by a physician, physician assistant or advanced practice registered nurse indicating the individual has had varicella based on family or medical history. (Varicella requirement effective August 1, 2011)

All seventh grade students must show proof of 1 dose of meningococcal vaccine and 1 dose of Tdap in addition to the completion of the primary DTP series.

All students in grades K-12 are required to have 3 doses of Hepatitis B vaccine or serologic evidence of immunity.

Students shall be exempt from the appropriate provisions of this policy when:

- 1. they present a certificate from a physician or local health agency stating that initial immunizations have been given and additional immunizations are in process under guidelines and schedules specified by the Commissioner of Health Services; or
- 2. they present a certificate from a physician stating that in the opinion of such physician, immunization is medically contraindicated because of the physical condition of such child; or
- 3. they present a written statement from their parents or guardians that such immunization would be contrary to the religious beliefs of such child or his/her parents/guardians; such statement to be officially acknowledged by a notary public or a judge, a court clerk/deputy clerk, a town clerk, a justice of the peace, or a Connecticut attorney.
- 4. in the case of measles, mumps or rubella, present a certificate from a physician, physician assistant or advanced practice registered nurse or from the Director of Health in such child's present or previous town of residence, stating that the child has had a confirmed case of such disease; or
- 5. in the case of Hemophilus influenza type B has passed his or her fifth birthday; or
- 6. in the case of diphtheria, tetanus and pertussis, has a medical exemption confirmed in writing by a physician, physician assistant or advanced practice registered nurse (per C.G.S. 19a-7f).

The school nurse will report to the local Director of Health any occurrence of State of Connecticut defined reportable communicable diseases.

# P5141(g)

## **Students**

### Student Health Services (continued)

#### **Oral Health Assessments**

Parents are encouraged to have oral health assessments for their child(ren) prior to enrollment in an EASTCONN school, in grade 6 or 7, and in grade 9 or 10. Such assessment may be conducted by a dentist, dental hygienist, physician, physician assistant (PA), or an advanced practice registered nurse (APRN), if he or she is trained in conducting such assessments as part of a DPHapproved training program. When conducted by a dentist the oral assessment must include a dental examination. If another such provider conducts the assessment, it must include a visual screening and risk assessment.

Parent/guardian consent is required prior to the oral health assessment. The assessment is to be made in the presence of the parent/guardian or another school employee. The parent/guardian must receive prior written notice and have a reasonable opportunity to opt his/her child out of the assessment, be present at the assessment, or provide for the assessment himself or herself.

A child's EASTCONN school enrollment continued attendance shall not be denied for his/her failure to receive the oral health assessment.

EASTCONN may host a free oral health assessment event at which a qualified provider performs such oral health assessments. Parents/guardians will be given prior notice of such a free screening event providing the parents/guardians the opportunity to opt their children out of the assessment event. If the parent/guardian does not do so, the child must receive an assessment free of charge. The child is prohibited by the legislation from receiving any dental treatment as part of the assessment event without the parent's/guardian's informed consent.

The results of an oral health assessment shall be recorded on forms supplied by the State Board of Education. The provider performing the assessment must completely fill out and sign the form. Recommendations by the provider shall be in writing. For any child who receives an oral health assessment, the results must be included in the child's cumulative health record.

Appropriate school health personnel shall review the assessment results. If it is determined that a child needs further testing or treatment, the Executive Director of EASTCONN or his/her designee shall give written notice to the child's parent/guardian and make reasonable efforts to ensure that further testing or treatment is provided. Such efforts include determining whether the parent/guardian obtained the necessary testing or treatment for the child and, if not, advising the parent or guardian on how to do so. The results of the further testing or treatment must be recorded on the assessment forms and reviewed by school health personnel.

As with other EASTCONN health assessments no records of oral health assessments may be open to public inspection; and each provider who conducts an assessment for a child seeking to enroll in a public school must provide the assessment results to the school district's designated representative and a representative of the child.

## P5141(h)

## Students

### Student Health Services (continued)

### Health Assessments/Interscholastic Sports Programs

Any student participating in an interscholastic sports program must have a health assessment, within the past thirteen months prior to the first training session for the sport or sports. After the initial examination, repeat examinations are required every two years. Each participant in a sport program must complete a health questionnaire before participating in each sport.

Parents are expected to use the services of their private physician. If a student is unable to obtain a health assessment from his/her personal physician for financial or other reasons, an examination can be arranged with school medical advisor. Health assessment results shall be recorded on forms provided by the Connecticut State Board of Education, signed by the examining physician, school medical advisor or advisor's designee, filed in the student's health folder, and maintained up to date by the EASTCONN nurse.

Coaches and physical education staff shall insure appropriate monitoring of an athlete's physical condition.

### **Student Medical Care at School**

EASTCONN personnel are responsible for the immediate care necessary for a student whose sickness or injury occurs on the school premises during school hours or in school-sponsored and supervised activities.

Each school shall maintain files of emergency information cards for each student. If a child's injury requires immediate care, the parent or guardian will be called by telephone by the nurse, the building principal, or other personnel designated by the principal, and advised of the student's condition. When immediate medical or dental attention is indicated, and when parents or guardians cannot be reached, the student will be transported to the nearest hospital unless otherwise indicated on the student's Emergency Information card. In this event, the family physician/dentist and EASTCONN medical advisor will be notified of EASTCONN actions.

(cf. 5125.11 - Health/Medical Records HIPAA)

(cf. 5142 - Student Safety)

(cf. 5141.3 - Health Assessments & Immunizations)

- (cf. 5141.4 Child Abuse and Neglect)
- (cf. 5141.5 Suicide Prevention)

(cf. 6142.1 - Family Life and Sex Education)

(cf. 6145.2 - Interscholastic/Intramural Athletics) (cf. 6171 - Special Education)

## Students

#### Student Health Services (continued)

**Connecticut General Statutes** Legal Reference: 10-203 Sanitation. 10-204a Required immunizations, as amended by PA 15-174 & PA 15-242. 10-204c Immunity from liability 10-205 Appointment of school medical advisors. 10-206 Health assessments, as amended by PA 07-58, PA 11-179 and PA 18-168. 10-206 a Free health assessments. 10-207 Duties of medical advisers, as amended by PA 12-198. 10-208 Exemption from examination or treatment. 10-208 a Physical activity of student restricted; boards to honor notice. 10-209 Records not to be public. (as amended by PA 03-211) 10-210 Notice of disease to be given parent or guardian. 10-212 School nurses and nurse practitioners. 10-212a Administration of medicines by school personnel. 10-213 Dental hygienists. 10-214 Vision, audiometric and postural screening: When required; notification of parents re defects; record of results. (As amended by PA 96-229 An Act Concerning Scoliosis Screening) 10-214a Eye protective devices. 10-214b Compliance report by local or regional board of education. 10-217a Health services for children in private nonprofit schools. Payments from the state, towns in which children reside and private nonprofit schools. Department of Public Health, Public Health Code – 10-204a-2a, 10-204a-3a and 10-204a-4 Federal Family Educational Rights and Privacy Act of 1974 (section 438 of the General Education Provisions Act, as amended, added by section 513 of P.L. 93-568, codified at 20 U.S.C. 1232g). 42 U.S.C. 1320d-1320d-8, P.L. 104-191, Health Insurance Portability and Accountability Act of 1996 (HIPAA) PA 18-168 An Act Concerning the Department of Public Health's Recommendations Regarding Various Revisions to the Public Health Statutes, Sections 7-9, 539 & 540.

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Replaces 5141