

Existing policy with revision based upon P.A. 18-168.

Students

Health Assessments and Immunizations

The Board of Education recognizes the importance of periodic health assessments, including oral health assessments, according to state health regulations.

To determine health status of students, facilitate the removal of disabilities to learning and find whether some special adaptation of the school program may be necessary, the Board of Education requires that students have health assessments.

The Board of Education adheres to those state laws and regulations that pertain to school immunizations and health assessments, including oral health assessments. It is the policy of the Board of Education to insure that all enrolled students are adequately immunized against communicable diseases. The Board may deny continued attendance in school to any student who fails to obtain the health assessments required under C.G.S. 10-206, as may be periodically amended.

Parents wishing their children exempted or excused from health assessments must request such exemption to the Superintendent of Schools in writing. This request must be signed by the parent/guardian.

Parents/guardians wanting their children excused from immunizations on religious grounds (prior to kindergarten entry and grade 7 entry) must request such exemption in writing to the Superintendent of Schools if such immunization is contrary to the religious beliefs of the child or of the parent/guardian of the child. The request must be officially acknowledged by a notary public or a judge, a clerk or deputy clerk of a court having a seal, a town clerk, a justice of the peace, a Connecticut-licensed attorney. It is the responsibility of the Principal to insure that each student enrolled has been adequately immunized and has fulfilled the required health assessments. The school nurse shall check and document immunizations and health assessments on all students enrolling in school and to report the status to the school principal. The school nurse shall also contact parents or guardians to make them aware if immunizations and/or health assessments are insufficient or not up-to-date. The school nurse will maintain in good order the immunization and health assessment records of each student enrolled.

No record of any student's medical assessment may be open to the public.

As required, the district will report, beginning in October 2017, on a triennial basis, to the Department of Public Health and to the local health director the asthma data obtained through the required asthma assessments, including student demographics. The district, as required, will also participate in annual school surveys conducted by the Department of Public Health pertaining to asthma. Individual students' names will not be disclosed.

Students

Health Assessments and Immunizations (continued)

The Superintendent of Schools or his/her designee shall give written notice to the parent/guardian of each student who is found to have any defect of vision or disease of the eyes, with a brief statement describing such defect or disease and a recommendation that the student be examined by an appropriately licensed optometrist or ophthalmologist.

Note: P.A 18-168 requires boards of education to request that students have an oral health assessment prior to public school enrollment, in grade 6 or 7, and in grade 9 or 10. The legislation establishes related requirements on providers authorized to perform the assessments, parental consent assessment forms, and records access. The specifics are detailed in the administrative regulation pertaining to this policy.

(cf. 5111 - Admission)

(cf. 5141.31 - Physical Examinations for School Programs)

(cf. 5125 - Student Records)

Legal Reference: Connecticut General Statutes

10-204a Required immunizations (as amended by PA 96-244, PA 15-174 and PA 15-242)

10-204c Immunity from liability

10-205 Appointment of school medical adviser

10-206 Health assessments (as amended by PA 17-173 and PA 18-168)

10-207 Duties of medical advisors

10-206a Free health assessments

10-208 Exemption from examination or treatment

10-208a Physical activity of student restricted; board to honor notice

10-209 School nurses

10-212 School nurses

10-214 Vision, audiometric and postural screenings. When required. Notification of parents re defects; record of results, (as amended by PA 17-173)

Students

Health Assessments and Immunizations

Legal Reference: Connecticut General Statutes (continued)

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

Department of Public Health, Public Health Code, 10-204a-2a, 10-204a-3a, 10-204a-4

20 U.S.C. Section 1232h, No Child Left Behind Act

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)

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NEW FAIRFIELD PUBLIC SCHOOLS
New Fairfield, Connecticut

Students

Health Assessments and Immunizations

In accordance with Connecticut General Statutes 10-206, 10-204a, and 10-214, the following health assessment procedures are established for students in the district:

- 1) Proof of immunization shall be required prior to school entry. A “school-aged child” also includes any student enrolled in an adult education program that leads to a high school diploma. This immunization verification is mandatory for all new school enterers and must include complete documentation of those immunizations requiring a full series. A required immunization record includes:
 - a) **For initial entry into school for kindergarten, regular and special education pre-school programs, grades 1-6:**
 - 4 doses of DPT/DTaP vaccine (Diphtheria - Pertussis - Tetanus). At least one dose is required to be administered on or after the 4th birthday for children enrolled in school at kindergarten or above. Students who start the series at age 7 or older need a total of 3 doses.
 - 3 doses of either trivalent oral polio vaccine (TOPV) or inactivated polio vaccine (IPV) with at least one dose of polio vaccine administered on or after the 4th birthday and before school entry. (This then usually results in 4 doses in total.)
 - 2 doses of MMR vaccine (measles, mumps and rubella). One dose at one (1) year of age or after and a second dose, given at least twenty-eight (28) days after the first dose, prior to school entry in kindergarten through grade twelve (12) OR disease protection, confirmed in writing, by a physician, physician assistant or advanced practical registered nurse that the child has had a confirmed case of such disease based on specific blood testing conducted by a certified laboratory. One dose on or after the child’s first birthday for enrollment in preschool.
 - 3 doses of Hepatitis B vaccine (HBV) or has had protection confirmed in writing by a physician, physician assistant or advanced practice registered nurse based on specific blood testing by a certified laboratory.
 - 1 dose of Hib (Hemophilus Influenza type b) is required of all school children who enter school **prior to their fifth birthday** or had a laboratory confirmed infection at age 24 months or older, confirmed in writing by a physician, physician assistant or advanced practice registered nurse.

Students

Health Assessments and Immunizations (continued)

- a) **For initial entry into school for kindergarten, regular and special education pre-school programs, grades 1-6:** (continued)
- Varicella (Chickenpox) Immunity -
 - (i) All students born January 1, 1997 or later must show proof of immunity to varicella (chickenpox) for entry into licensed pre-school programs and kindergarten; or on or after August 1, 2011 for entry into kindergarten two (2) doses shall be required, given at least three (3) months apart, the first dose on or after the 1st birthday.
 - (ii) Proof of immunity includes any of the following:
 - * Documentation of age appropriate immunizations considered to be one dose administered on or after the student's first birthday (if the student is less than 13 years old) or two doses administered at least 30 days apart for students whose initial vaccination is at thirteen years of age or older.
 - * Serologic evidence of past infection, confirmed in writing by a physician, physician assistant or advanced practice registered nurse based on specific blood testing by a certified laboratory, or
 - * Statement signed and dated by a physician, physician assistant or advanced practice registered nurse indicating a child has already had varicella (chickenpox) based on diagnosis of varicella or verification of history of varicella. (Date of chickenpox illness not required)
 - (iii) All students are required to show proof of immunity (see above) to Varicella for entry into 7th grade.
 - Hepatitis A – Requirement for PK and K for children born on or after January 1, 2007, is enrolled in preschool or kindergarten on or after August 1, 2011.
 - (i) Two (2) doses of hepatitis A vaccine given at least six (6) months apart, the first dose given on or after the child's first birthday; or
 - (ii) Has had protection against hepatitis A confirmed in writing by a physician, physician assistant or advanced practice registered nurse based on specific blood testing by a certified laboratory.

Students

Health Assessments and Immunizations (continued)

a) For initial entry into school for kindergarten, regular and special education pre-school programs, grades 1-6: (continued)

- Influenza Requirement for PK.
 - (i) Effective January 1, 2012 and each January 1 thereafter, children aged 24-59 months enrolled in preschool are required to receive at least one (1) dose of influenza vaccine between August 1 and December 31 of the preceding year (effective August 1, 2011).
 - (ii) Children aged 24-59 months who have not received vaccination against influenza previously must be given a second dose at least twenty-eight (28) days after the first dose.
- Pneumococcal Disease Requirement for PK and K
 - (i) Effective August 1, 2011 all students born on or after January 1, 2007, enrolled in PK and K who are less than five (5) years of age must show proof of having received one (1) dose of pneumococcal conjugate vaccine on or after the student's first birthday.
 - (ii) An individual shall be considered adequately protected if currently aged five (5) years or older.

b) For entry into seventh (7th) grade

All students in grades K-12 are required to show proof of 2 doses of measles, mumps, rubella vaccine at least 28 days apart with the first dose administered on or after the first (1 st) birthday, or laboratory confirmation of immunity confirmed in writing by a physician, physician assistant or advanced practice registered nurse.
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- Proof of having received 2 doses of measles-containing vaccine.

In those instances at entry to seventh grade, where an individual has not received a second dose of measles contained vaccine, a second dose shall be given. If an individual has received no measles containing vaccines, the second dose shall be given no less than thirty (30) days after the first. (Students entering 7th grade must show proof of having received 2 doses of measles-containing vaccine)

Students

Health Assessments and Immunizations (continued)

b) For entry into seventh (7th) grade (continued)

- Proof of Varicella (Chickenpox) Immunity.
 - (i) On or after August 1, 2011, two doses, given at least three (3) months apart, the first dose on or after the individual's first (1st) birthday and before the individual's thirteenth (13th) birthday or two doses given at least twenty-eight (28) days apart if the first dose was given on or after the individual's thirteenth (13th) birthday,
 - (ii) Serologic evidence of past infection, or
 - (iii) A statement signed and dated by a physician, physician assistant, or advanced practice registered nurse indicating that the child has already had varicella (chickenpox) based on family and/or medical history. (Date of chickenpox illness not required)
- Proof of at least one dose of Hepatitis B vaccine or show proof of serologic evidence of infection with Hepatitis B.
- Proof of Diphtheria-Pertussis-Tetanus Vaccination (Adolescent Tdap Vaccine Requirement for Grade 7 Students)
 - (i) On or after August 1, 2011, an individual eleven (11) years of age or older, enrolled in the seventh (7th) grade, shall show proof of one (1) dose of diphtheria, tetanus and pertussis containing vaccine, (Tdap booster) in addition to completion of the recommended primary diphtheria, tetanus and pertussis containing vaccination series unless:
 - (ii) Such individual has a medical exemption for this dose confirmed in writing by a physician, physician assistant or advanced practice registered nurse based on having last received diphtheria, tetanus and pertussis containing vaccine less than five (5) years earlier and no increased risk of pertussis according to the most recent standards of care for immunization in Connecticut (C.G.S. 19a-7f)
- Meningococcal Vaccine (MCV4) Required for Grade 7 Students
 - (i) Effective August 1, 2011, one dose of meningococcal vaccine

NOTE: Students must show proof of 3 doses of Hepatitis B vaccine or serologic evidence of infection to enter eighth grade.

Students

Health Assessments and Immunizations (continued)

Immunization requirements are satisfied if a student:

- i) presents verification of the above mentioned required immunizations;
- ii) presents a certificate from a physician, physician assistant, advanced practice registered nurse or a local health agency stating that initial immunizations have been administered to the child and additional immunizations are in process;
- iii) presents a certificate from a physician stating that in the opinion of the physician immunization is medically contraindicated in accordance with the current recommendation of the National Centers for Disease Control and Prevention Advisory Committee on Immunization Practices because of the physical condition of the child;
- iv) presents a written statement officially acknowledged by a notary public or a judge, family support magistrate, clerk/deputy clerk of a court having a seal, a town clerk, a justice of the peace, a Connecticut-licensed attorney or from the parents or guardian of the child that such immunization would be contrary to religious beliefs of the child or his/her parents/guardians;
- v) he/she has had a natural infection confirmed in writing by a physician, physician assistant, advanced practice registered nurse or laboratory.

Health assessment and health screening requirements are waived if the parent legal guardian of the student or the student (if he or she is an emancipated minor or is eighteen years of age or older) notifies the school personnel in writing that the parent, guardian or student objects on religious grounds. (CGS 10-204a)

Students failing to meet the above requirements shall not be allowed to attend school.

- 2) A physical examination including blood pressure, height, weight, hematocrit or hemoglobin, and a chronic disease assessment which shall include, but not be limited to, asthma and which must include public health related screening questions for parents to answer and other screening questions for providers and screenings for hearing, vision, speech, and gross dental shall be required for all new school enterers, and students in grade 6 or grade 7 and grade 9 or 10. This health assessment must be completed prior to school entry. This assessment must be conducted within the school year for students in grade 6 and 10.

The assessment shall also include tests for tuberculosis, sickle cell anemia or Cooley's anemia and test for lead levels in the blood when the Board of Education, after consultation with the school medical advisor and the local health department, determine such tests are necessary.

Students

Health Assessments and Immunizations (continued)

3) Health screenings shall be required for all students according to the following schedule:

Vision Screening	Grades K, 1, 3, 4, 5
Audiometric Screening	Grades K, 1, 3, 4, 5
Postural Screening	Grades 5 and 7 for female students Grades 8 or 9 for male students

The school system shall provide these screening to students at no cost to parents. Parents shall be provided an annual written notification of screenings to be conducted. Parents wishing to have these screenings to be conducted by their private physician shall be required to report screening results to the school nurse. The District shall provide a brief statement to parents/guardians of students not receiving the required vision, hearing or postural screening explaining why the student did not receive such screening(s).

(Health assessments may be conducted by a licensed physician, advanced practice registered nurse or physician assistant.)

A test for tuberculosis, as indicated above, is not mandatory, but should be performed if any of the following risk factors prevail:

1. birth in a high risk country of the world (to include all countries in Africa, Asia, the former Soviet Union, Central and South America, Dominican Republic and Haiti);
2. travel to a high risk country since the previously required examination;
3. extensive contact with persons who have recently come to the United States since the previously required examination;
4. contact with persons suspected to have tuberculosis;
5. have been incarcerated;
6. have been living in a homeless shelter, or
7. have HIV infection.

Health assessments completed within one (1) year of new school entry will be accepted by the school system.

Failure of students to satisfy the above mentioned health assessment shall result in exclusion from school.

Schools shall report to the Department of Public Health and to the local health director the asthma data obtained through school assessments, including student demographics.

Student Medical Care at School

School 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.

Students

Health Assessments and Immunizations (continued)

Schools 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 be 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 school district medical advisor will be notified of school district actions.

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- (cf. 5142 - Student Safety)
- (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)

- Legal Reference: Connecticut General Statutes
- 10-203 Sanitation.
 - 10-204a Required immunizations.
 - 10-204c Immunity from liability
 - 10-205 Appointment of school medical advisors.
 - 10-206 Health assessments.
 - 10-206a Free health assessments.
 - 10-207 Duties of medical advisers.
 - 10-208 Exemption from examination or treatment.
 - 10-208a Physical activity of student restricted; boards to honor notice.
 - 10-209 Records not to be public.
 - 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.

Students

Health Assessments and Immunizations

Legal Reference: Connecticut General Statutes (continued)

- 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.

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

Department of Public Health, Public Health Code – 10-204a-2a, 10-204a-3a and 10-204a-4, as amended.

20 U.S.C. Section 1232h, No Child Left Behind Act.

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