

Students

Student Health Services

School District Medical Advisor

The Board of Education (Board) shall appoint a school district medical advisor and appropriate medical support service personnel including nurses.

The school district medical advisor, in cooperation with the Board shall:

1. Plan and administer each school's health program,
2. Advise on the provision of school health services,
3. Provide consultation on the school health environment, and
4. Perform any other duties as agreed between the advisor and the appointing board of education.

School 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 school personnel;
2. Counseling students, parents, and others concerning the findings of health examination;
3. Providing assistance to families to address health care issues;
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 the school district which 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.

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. 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, and blood pressure;
2. Updating of immunizations required under C.G.S. 10-204a as periodically amended;
3. Vision, hearing, postural, and gross dental screening;
4. Any other information including a health history as the physician believes to be necessary and appropriate.

Health assessments shall also be required in grade 6 and in grade 10 by a legally qualified physician of each student's parents or guardians own choosing, 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, and blood pressure;
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;
4. 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 district 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.

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Student Health Services

Regular Health Assessments (continued)

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 chief administrative officer of the school district to which such student moves and a true copy of the student's cumulative health records maintained with the student's academic records. The Superintendent of Schools, or designee, shall notify parents of any health-related problems detected in health assessments and shall make reasonable efforts to ensure that further testing and treatment is provided, including advice on obtaining such required testing or treatment.

Students who are in violation of Board requirements for health assessments and immunizations will be excluded from school after appropriate parental notice and warning.

Vision Screening

All students in grades K-9 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 school nurse 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-9. 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 school nurse 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.

Students

Student Health Services (continued)

Postural Screening

School nurses will screen all female students in grades 5 and 7 and male students in grade 8 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 school nurse shall cause a written notice to be given to the parent or guardian of each student found to have any postural defect or 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.*

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:

1. birth in a high risk country of the world (see list of countries in Appendix) and do not have a record of a TST (tuberculin skin test) or IGRA (interferon-gamma release assay) performed in the United States;
2. travel to a high risk country, staying at least a week with substantial contact with the indigenous population 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, or
5. lives with anyone who has been in a homeless shelter, jail or prison, uses illegal drugs or has an HIV infection.

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)

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Student Health Services

Tuberculin Testing (continued)

Immunizations/Vaccinations

No student will be allowed to enroll in any program operated as part of the district schools without adequate immunization against the following diseases:

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

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

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Student Health Services

Immunizations/Vaccinations (continued)

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, a Connecticut attorney, or a school nurse; or
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.

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 year. Each participant in a sport program must annually complete a health questionnaire before participating in each sport.

Parents are expected to use the services of their private physician. 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 school nurse.

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

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.

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Student Health Services

Student Medical Care at School (continued)

Schools shall maintain files of emergency information 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.

(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)

Legal Reference: Connecticut General Statutes

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 and PA 11-179.

10-206a Free health assessments.

10-207 Duties of medical advisors, as amended by P.A. 12-198.

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. (as amended by P.A. 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)

Students

Student Health Services (continued)

Legal Reference: Connecticut General Statutes
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)

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CROMWELL PUBLIC SCHOOLS
Cromwell, Connecticut

List of High Risk¹ Tuberculosis Countries

Afghanistan	Georgia	Paraguay
Algeria	Ghana	Peru
Angola	Guam	Philippines
Anguilla	Guatemala	Poland
Argentina	Guinea	Portugal
Armenia	Guinea-Bissau	Qatar
Azerbaijan	Guyana	Republic of Korea
Bahrain	Haiti	Republic of Moldova
Bangladesh	Honduras	Romania
Belarus	India	Russian Federation
Belize	Indonesia	Rwanda
Benin	Iraq	Saint Vincent and the Grenadines
Bhutan	Japan	Sao Tome and Principe
Bolivia (Plurinational State of)	Kazakhstan	Senegal
Bosnia and Herzegovina	Kenya	Serbia
Botswana	Kiribati	Seychelles
Brazil	Kuwait	Sierra Leone
Brunei Darussalam	Kyrgyzstan	Singapore
Bulgaria	Lao Peoples Democratic Republic	Solomon Islands
Burkina Faso	Latvia	Somalia
Burundi	Lesotho	South Africa
Cambodia	Liberia	Sri Lanka
Cameroon	Libyan Arab Jamahiriya	Sudan
Cape Verde	Madagascar	Suriname
Central African Republic	Malawi	Swaziland
Chad	Malaysia	Syrian Arab Republic
China	Maldives	Tajikistan
China, Hong Kong Sp. Admin. Region	Mali	Thailand
China, Macao Administrative Region	Marshall Islands	The former Yugoslav Rep. of Macedonia
Colombia	Mauritius	Timor-Leste
Comoros	Micronesia (Federated States of)	Togo
Cong	Mongolia	Tonga
Cook Islands	Montenegro	Trinidad and Tobago
Cote d'Ivoire	Morocco	Tunisia
Croatia	Mozambique	Turkey
Democratic People's Rep. of Korea	Myanmar	Turkmenistan
Democratic Republic of the Congo	Namibia	Tuvalu
Djibouti	Nepal	Uganda
Dominican Republic	New Caledonia	Ukraine
Ecuador	Nicaragua	United Republic of Tanzania
El Salvador	Niger	Uruguay
Equatorial Guinea	Northern Mariana Islands	Uzbekistan
Eritrea	Pakistan	Vanuatu
Estonia	Palau	Venezuela (Bolivarian Republic of)
French Polynesia	Panama	Viet Nam
Gabon	Papua New Guinea	Yemen
Gambia	Paraguay	Zambia
		Zimbabwe

¹Greater than 20/100,000 populationEstimates can be found at <http://apps.who.int/ghodata/?vid=500>

