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 and the board of health/health department for the school district, 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. 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 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 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.

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 school 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, and blood pressure;

2. Updating of immunizations required under C.G.S. 10-204a as periodically amended;

3. Vision, hearing, postural, and gross dental screenings;

4. If required by the school district medical advisor, testing for tuberculosis and sickle cell anemia or Cooley's anemia. Students born in high risk countries and entering school in Connecticut for the first time should receive either TST (tuberculin skin test) or IGRA (interferon gamma release assay). Any individual found to be positive shall have an appropriate medical management plan developed that includes a chest radiograph. Students not already known to have a positive test for tuberculosis shall be tested if they meet any of the risk factors for TB infection, as described in the administrative regulations accompanying this policy.

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, 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 screenings;

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.

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.

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 National School Lunch Program or for free milk under the special milk program.

The Board of Education 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 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 assure 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-6, will be screened using a Snellen chart, or equivalent screening, by the school nurse or school health aide. Additional vision screenings 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-3, grade 5. Additional audiometric screenings 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 Superintendent 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

School nurses will screen all students in grade 5 and 6 for scoliosis or other postural problems. Additional postural screenings 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 Superintendent 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.

Immunizations/Vaccinations

No student will be allowed to enroll in district schools without vaccination against smallpox and 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. Student 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.

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 statement from their parents or guardians that such immunization would be contrary to the religious beliefs of such child; 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 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 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.

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 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.
(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. 6142.5 Interscholastic/Intramural Athletics)
(cf. 6171 Special Education)

Legal Reference: Connecticut General Statutes

10-203 Sanitation.
10-204 Vaccination.
10-204a Required immunizations.
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 advisers, (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 made 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 screenings: When required; notification of parents re defects; record of results.
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.
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)

Board Adopted:

AUTHORIZATION FOR THE ADMINISTRATION OF ASPIRIN OR ASPIRIN LIKE SUBSTITUTES

TO BE USED ONLY FOR PARENTAL/GUARDIAN REQUESTS FOR ASPIRIN AND ASPIRIN LIKE SUBSTITUTES (ACETAMINOPHEN, IBUPROFEN) WITHOUT AN AUTHORIZED PRESCRIBER ORDER.

The state laws and regulations permit boards of education and schools to accept requests from parents/guardians to give aspirin or an aspirin like substitute (acetaminophen or ibuprofen) to a student. The Norfolk Board of Education requires the order of an authorized prescriber.

Information provided by parent/guardian: Date of Request_____

Name of Student_____ Date of Birth_____

Address:_____ Town:_____

Reason Medication is to be given:_____
_____

Name of Medication:_____

Amount and frequency:_____

Time of administration:_____

Medication to be Administered From: _____ To:_____
(Date) (Date)

If the student can administer his/her own medication please indicate you feel your child is capable of self administration: Yes___ No___

I hereby request that the medication listed above be administered to my child by the appropriate school personnel and in accordance with state regulations. I understand that I, must supply the school with the medication in the original container, properly labeled, and will provide no more than the supply of said medication requested by the school. I understand this medication will be destroyed if it is no picked up within one week following termination of the request or one week beyond the close of the school year.

Name:_____ Relationship to child:_____

Signature:_____ Date:_____ Time:_____

Address:_____ Telephone:_____

Received by: Name:_____ Title:_____

Administration of Medications Form #2

Student's Name Grade/Home Room

Authorized Prescriber Phone No.

Drug(Name) Form Dosage/Time Ordered

ASA or ASA like substitute requested by parent - no M.D. order

Strength Route Dates Administered From /To

Parent's Name Phone No.

Student's allergies to food or drugs:

Received from Date Rec'd

Pharmacy Date to re-order

Side Effects of Medication to be observed

Prescription Prescription Date

Rec'd Checked by Quantity

Date Mo.-Day-Yr.	Time Given AM	PM	Dose Given	Legal Signature of Nurse/Principal/ Teacher Administering Medication	Comments	Amt of Control Drug Remaining

File in Student's Cumulative Health Record when medication has been completed or discontinued

MEDICATION ERROR OR INCIDENT REPORT

Date of Report_____ School_____ Prepared by_____

Name of Student:_____ Grade_____

Home Address:_____ Phone_____

Date error occurred:_____ Time noted:_____

Person Administering Medication_____

Authorized Prescriber:_____

Reason medication was prescribed:_____

Date of Order:_____ Instructions for Administration:_____

Medication(s)	Dose	Route	Sched. Time	Dispen.Pharm.	Prescription No.

Describe the error and how it occurred (use reverse side if necessary)

Action Taken:

Authorized Prescriber notified: Yes___ No___ Date_____ Time_____

Parent notified: Yes___ No___ Date_____ Time_____

Outcome:

Name:_____ _____ _____ _____
Print or Type Signature Title Date