

I. Health Assessments:

The Manchester Board of Education (the “Board”) requires each student enrolled in the Manchester Public Schools (the “District”) to undergo health assessments as mandated by state law. The purpose of such health assessments shall be to ascertain whether a student has any physical disability tending to prevent the student from receiving the full benefit of school work and to ascertain whether school work should be modified in order to prevent injury to the student or to secure a suitable program of education for the student. Such health assessments must be conducted by one of the following qualified providers for health assessments: (1) a legally qualified practitioner of medicine; (2) an advanced practice registered nurse or registered nurse, who is licensed under state statute; (3) a physician assistant, who is licensed under state statute; (4) the school medical advisor; or (5) a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base. The Board will provide written prior notice of the health assessments required under these administrative regulations to the parent or guardian of each student subject to assessment. The parent or guardian shall be provided a reasonable opportunity to be present during such assessment or the parent or guardian may provide for such assessment. No health assessment shall be made of any public school student unless it is made in the presence of the parent or guardian or in the presence of another school employee. Any student who fails to obtain the health assessments required by these administrative regulations may be denied continued attendance in the District.

II. Health Assessments Required:

Prior to enrollment in the District, each student must undergo a health assessment, which shall include:

(a) a physical examination which includes hematocrit or hemoglobin tests, height, weight, blood pressure, and a chronic disease assessment which shall include, but not be limited to, asthma. The assessment form shall include (1) a check box for the provider conducting the assessment, to indicate an asthma diagnosis, (2) screening questions relating to appropriate public health concerns to be answered by the parent or guardian, and (3) screening questions to be answered by such provider;

(b) an updating of immunizations as required by state law;

(c) vision, hearing, speech and gross dental screenings;

(d) such other information, including health and developmental history, as the physician feels is necessary and appropriate.

The pre-enrollment assessment shall also include tests for tuberculosis, sickle cell anemia or Cooley’s anemia, and tests for lead levels in the blood if, after consultation with the school medical advisor and the local health department, the Board determines that such tests are necessary. Such tests must be conducted by a registered nurse acting pursuant to the written order of a physician, or physician’s assistant, licensed under state law, or an advanced practice registered nurse, licensed under state law.

Each student enrolled in the District must undergo a health assessment in grade 7 and in grade 10 which shall include:

(a) a physical examination which includes hematocrit or hemoglobin tests, height, weight, blood pressure, and a chronic disease assessment which shall include, but not be limited to, asthma as defined by the Commissioner of Public Health pursuant to subsection (c) of section 19a-62a of the Connecticut General Statutes. The assessment form shall include (1) a check box for the provider conducting the assessment, to indicate an asthma diagnosis,

(2) screening questions relating to appropriate public health concerns to be answered by the parent or guardian, and (3) screening questions to be answered by such provider;

(b) an updating of immunizations as required by state law;

(c) vision, hearing, postural and gross dental screenings;

(d) such other information, including health and developmental history, as the physician feels is necessary and appropriate.

The grade six/seven and grade nine/ten assessments shall also include tests for tuberculosis and sickle cell anemia or Cooley's anemia if, after consultation with the school medical advisor and the local health department, the Board determines that such tests are necessary. Such tests must be conducted by a registered nurse acting pursuant to the written order of a physician, or physician's assistant, licensed under state law, or of an advanced practice registered nurse, licensed under state law.

The Board shall provide such assessments free of charge to students whose parents or guardians meet the eligibility requirements for free and reduced price meals under the National School Lunch Program or for free milk under the special milk program.

III. Oral Health Assessments:

- A. Prior to enrollment in the District, in grade 7 and in grade 10, the Board shall request that each student undergo an oral health assessment. Such oral health assessments must be conducted by one of the following qualified providers for oral health assessments: (1) a dentist licensed under state law; (2) a dental hygienist licensed under state law; (3) a legally qualified practitioner of medicine trained in conducting oral health assessments as a part of a training program approved by the Commissioner of Public Health; (4) a physician assistant licensed under state law and trained in conducting oral health assessments as part of a training program approved by the Commissioner of Public Health; or (5) an advanced practice registered nurse licensed under state statute and trained in conducting oral health assessments as part of a training program approved by the Commissioner of Public Health.
- B. The oral health assessment identified in subsection A above shall include a dental examination by a dentist, or a visual screening and risk assessment for oral health conditions by a dental hygienist, legally qualified practitioner of medicine, physician assistant, or advanced practice registered nurse. The assessment form shall include a check box for the qualified provider conducting the assessment to indicate any low, moderate or high risk factors associated with any dental or orthodontic appliance, saliva, gingival condition, visible plaque, tooth demineralization, carious lesions, restorations, pain, swelling or trauma.
- C. No oral health assessment shall be made of any public school student unless the parent or guardian of the student consents to such assessment and such assessment is made in the presence of the parent or guardian or in the presence of another school employee. The parent or guardian shall be provided with prior written notice of an oral health assessment and be provided with a reasonable opportunity to opt the child out of such assessment, or the parent or guardian may provide for such oral health assessment.
- D. If the Board hosts a free oral health assessment event where qualified providers (identified in subsection A above) perform oral health assessments of children attending a public school, the Board shall notify the parents and guardians of such children of the event in advance and provide an opportunity for parents and guardians to opt their child(ren) out of such event. The Board shall infer parent/guardian consent for each child whose parent or guardian did not opt the child out of the free oral health assessment event and shall provide such child with a

free oral health assessment; however, such child shall not receive dental treatment of any kind unless the child's parent or guardian provides informed consent for such treatment.

- E. Any student who fails to obtain an oral health assessment requested by the Board shall not be denied enrollment or continued attendance in the District.

IV. Screenings Required:

The Board will provide annually to each student enrolled in kindergarten and grades one and three to five, inclusive, a vision screening. Such vision screening may be performed using a Snellen chart or an equivalent screening device, or an automated vision screening device. The Superintendent shall give written notice to the parent or guardian of each student (1) who is found to have any defect of vision or disease of the eyes, with a brief statement describing the defect or disease and a recommendation that the student be examined by an optometrist or ophthalmologist licensed pursuant to state law, and (2) who did not receive such vision screening, with a brief statement explaining why such student did not receive such vision screening.

The Board will provide annually to each student enrolled in kindergarten and grades one and three through five, inclusive, audiometric screening for hearing. The Superintendent shall give written notice to the parent or guardian of each student (1) who is found to have any impairment or defect of hearing, with a brief statement describing the impairment or defect, and (2) who did not receive an audiometric screening for hearing, with a brief statement explaining why such student did not receive an audiometric screening for hearing.

The Board will provide postural screenings for (1) each female student in grades five and seven, and (2) each male student in grade eight or nine. The Superintendent shall give written notice to the parent or guardian of each student (A) who evidences any postural problem, with a brief statement describing such evidence, and (B) who did not receive a postural screening, with a brief statement explaining why such student did not receive such postural screening.

All of the screenings required under these administrative regulations will be performed in accordance with regulations applicable to such screenings as adopted by the State Board of Education.

V. Assessment/Screening Results:

The results of each assessment and screening required or requested by these administrative regulations shall be recorded on forms supplied by the State Board of Education. Each qualified provider performing health assessments or oral health assessments under these administrative regulations shall sign each form and any recommendations concerning a student shall be in writing. Assessment/screening forms shall be included in the cumulative health record of each student and they shall be kept on file in the school attended by the student. If a student transfers to another school district in Connecticut, the student's original cumulative health record shall be sent to the chief administrative officer of the new school district and a true copy retained by the Board. For a student leaving Connecticut, a copy of the records, if requested, should be sent and the original maintained.

Appropriate school health personnel shall review the results of each assessment and screening. If the reviewing school health personnel judge that a student is in need of further testing or treatment, the Superintendent shall give written notice to the parent or guardian of such student and shall make reasonable efforts to ensure that such further testing or treatment is provided. Reasonable efforts shall include determination of whether the parent or guardian has obtained the necessary testing or treatment for the student, and, if not, advising the parent or guardian how such testing or treatment may be obtained. The results of such further testing or treatment shall be recorded, kept on file and reviewed by appropriate school health personnel in the same

manner as the results of the health assessments and screenings required or requested under these administrative regulations.

The District shall report to the local health department and the Department of Public Health, on a triennial basis, the total number of children per school and on a district-wide basis having a diagnosis of asthma (1) at the time of public school enrollment, (2) in grade six or seven, and (3) in grade nine or ten. The report shall contain the asthma information collected as required under Section II of these administrative regulations and shall include information regarding each diagnosed child's age, gender, race, ethnicity and school.

VI. Exemption:

Nothing in these administrative regulations shall be construed to require any student to undergo a physical or medical examination or treatment, or be compelled to receive medical instruction, if the parent or legal guardian of such student or the student, if the student is an emancipated minor or is eighteen (18) years of age or older, notifies the teacher or principal or other person in charge of such student in writing that the student objects on religious grounds to such physical or medical examination or treatment or medical instruction.

VII. Other Non-Emergency Invasive Physical Examinations and Screenings:

- A. In addition to the screenings listed above, the District may, from time to time, require students to undergo additional non-emergency, invasive physical examination(s)/screening(s).
- B. A non-emergency, invasive physical examination or screening is defined as:
 - 1. any medical examination that involves the exposure of private body parts; or
 - 2. any act during such examination that includes incision, insertion, or injection into the body, but does not include a hearing, vision, or scoliosis screening; and
 - 3. is required as a condition of attendance, administered by the school and scheduled by the school in advance; and
 - 4. is not necessary to protect the immediate health and safety of the student, or of other students.
- C. If the district elects to conduct any such examinations, then, at the beginning of the school year, the administration shall give direct notice to parents of affected students of the district's intent to conduct the non-emergency invasive physical examination(s) and/or screening(s) described in this subsection. Such notice shall include the specific or approximate dates during the school year of the administration of such non-emergency invasive physical examination(s)/screening(s).
- D. Upon request, the administration shall permit parents or students over the age of eighteen (18) (or emancipated minors) to opt out of participation in the non-emergency invasive physical examination(s)/screening(s) described in this subparagraph.

VIII. School Representative to Receive Information Concerning Health Assessments:

The Board designates **[insert name of responsible staff member]** as the representative for receipt of reports from health care providers concerning student health assessments and oral health assessments.

ADMINISTRATIVE REGULATIONS REGARDING IMMUNIZATIONS

I. Immunization Requirements

In accordance with state law and accompanying regulations, the Manchester Public Schools (the "District") requires each child to be protected by adequate immunization against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, haemophilus influenzae type B, hepatitis A, hepatitis B, varicella, pneumococcal diseases, meningococcal disease and any other vaccine required by the schedule for active immunization as determined by the Commissioner of Public Health pursuant to Conn. Gen. Stat. § 19a-7f, before being permitted to enroll in any program or school under its jurisdiction.

Among other requirements, before being permitted to enter seventh grade, the District requires each child to be vaccinated against meningococcal disease. The District further requires each child to receive a second immunization against measles and tetanus, diphtheria and pertussis (Tdap) before being permitted to enter seventh grade.

Further, each child must have received two doses of immunization against varicella before being permitted to enter kindergarten and seventh grade, and each child must have received two doses of immunization against rubella and mumps before being permitted to enter grades kindergarten through twelve.

By January 1 of each year, children aged 24-59 months enrolled in the District's preschool program must show proof of receipt of at least one dose of influenza vaccine between August 1 and December 31 of the preceding year. All children aged 24-59 months who have not received vaccination against influenza previously must show proof of receipt of two doses of the vaccine the first influenza season that they are vaccinated. Children seeking to enroll in the District's preschool program between January 1 and March 31 are required to receive the influenza vaccine prior to being permitted to enter the program. Children who enroll in the preschool program after March 31 of any given year are not required to meet the influenza vaccine requirement until the following January.]

Exemption from the applicable requirements of these administrative regulations shall be granted to any child who, before being permitted to enroll:

- (1) presents a certificate from a physician, physician assistant, advanced practice registered nurse or local health agency stating that initial immunizations have been given to such child and additional immunizations are in process
 - (A) under guidelines and schedules specified by the Commissioner of Public Health; or
 - (B) in the case of a child enrolled in a preschool program or other prekindergarten program who, prior to April 28, 2021, was exempt from the applicable immunization requirements upon presentation of a statement that such immunizations would be contrary to the religious beliefs of such child or the parents or guardian of such child, as such additional immunizations are recommended, in a written declaration, in a form prescribed by the Commissioner of Public Health, for such child by a physician, a physician assistant or an advanced practice registered nurse. Such statement of religious beliefs shall be acknowledged by a judge of a court of record or a family support magistrate, a clerk or deputy clerk of a court having a seal, a town clerk, a notary public, a justice of the peace, an attorney admitted to the bar of this state, or a school nurse; or
- (2) presents a certificate, in a form prescribed by the Commissioner of Public Health pursuant to Section 7 of Public Act No. 21-6, from a physician, physician assistant, or advanced practice registered nurse stating that in the

opinion of a such physician, physician assistant, or advanced practice registered nurse such immunization is medically contraindicated because of the physical condition of such child; or

- (3) in the case of measles, mumps or rubella, presents 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
- (4) in the case of haemophilus influenzae type B, has passed such child's fifth birthday; or
- (5) in the case of pertussis, has passed such child's sixth birthday.

II. Exemptions Based on Religious Beliefs

A. Children Enrolled in Kindergarten Through Twelfth Grade On or Before April 28, 2021

The immunization requirements set forth in Section I of these administrative regulations **shall not apply** to any child who is enrolled in kindergarten through twelfth grade on or before April 28, 2021 if:

- 1. such child presented a statement, prior to April 28, 2021, from the parents or guardians of such child that such immunization is contrary to the religious beliefs of such child or the parents or guardians of such child, and
- 2. such statement was acknowledged by a judge of a court of record or a family support magistrate, a clerk or deputy clerk of a court having a seal, a town clerk, a notary public, a justice of the peace, an attorney admitted to the bar of the State of Connecticut, or a school nurse.

B. Students Who Transfer from Another Public or Private School in Connecticut

The immunization requirements set forth in Section I of this policy **shall not apply** to any student who:

- 1. transfers to the District from another public or private school in Connecticut, and
- 2. was enrolled in kindergarten through twelfth grade in the other public or private school on or before April 28, 2021, and
- 3. presented a statement, prior to April 28, 2021, from the parents or guardians of such child that such immunization is contrary to the religious beliefs of such child or the parents or guardians of such child, and such statement was acknowledged by a judge of a court of record or a family support magistrate, a clerk or deputy clerk of a court having a seal, a town clerk, a notary public, a justice of the peace, an attorney admitted to the bar of the State of Connecticut, or a school nurse.

C. Children Enrolled in Preschool or Prekindergarten Prior to April 28, 2021

Any child who is enrolled in a preschool program or other prekindergarten program prior to April 28, 2021 who:

- 1. presented a statement, prior to April 28, 2021, from the parents or guardians of such child that such immunization is contrary to the religious beliefs of such child or the parents or guardians of such child, and

2. such statement was acknowledged by a judge of a court of record or a family support magistrate, a clerk or deputy clerk of a court having a seal, a town clerk, a notary public, a justice of the peace, an attorney admitted to the bar of the State of Connecticut, or a school nurse, but
3. did not present a written declaration from a physician, a physician assistant or an advanced practice registered nurse stating that additional immunizations are in process as recommended by such physician, physician assistant or advanced practice registered nurse, rather than as recommended under guidelines and schedules specified by the Commissioner of Public Health

shall comply with the immunization requirements provided for in Section I of these administrative regulations on or before September 1, 2022, or not later than fourteen (14) days after transferring to a program operated by a school under the jurisdiction of the District, whichever is later.

In accordance with state law, the Manchester Board of Education ("Board") and the District shall not be liable for civil damages resulting from an adverse reaction to a nondefective vaccine required to be administered by state law.

If the parents or guardians of any child are unable to pay for any required immunization, the expense of such immunization shall, upon the recommendation of the Board, be paid by the town of the child's residence.

The District designates Marney Reardon, Coordinator of School Health Services, as the representative for receipt of reports from health care providers concerning student immunizations.

The current required immunizations for elementary (including preschool), middle and high school students can be found at: https://portal.ct.gov/-/media/SDE/School-Nursing/Forms/Immunization_Requirements.pdf.

In implementing these regulations, the District shall consider state guidance and supporting documents and comply with applicable law.

Legal Reference:

Connecticut General Statutes:

§ 10-206	Health assessments
§ 10-206a	Free health assessments
§ 10-206d	Oral health assessments
§ 10-208	Exemption from examination or treatment
§ 10-209	Records not be public. Provision of reports to schools
§ 10-214	Vision, audiometric and postural screenings: When required; notification of parents re defects; record of results

Public Act. No. 21-95, "An Act Concerning Assorted Revisions and Additions to the Education Statutes."

Public Act No. 21-121, "An Act Concerning the Department of Public Health's Recommendations Regarding Various Revisions to the Public Health Statutes."

State of Connecticut Department of Education, Bureau of Health/Nutrition, Family Services and Adult Education, Cumulative Health Records Guidelines (Revised Jan. 2012),
https://portal.ct.gov/-/media/SDE/School-Nursing/Publications/CHR_guidelines.pdf

Federal Law:

Elementary and Secondary Education Act of 1965, as amended by the Every Student Succeeds Act, Public Law 114-95, at 20 U.S.C. §§ 1232h(c)(2)(C)(iii) and 1232h(c)(6)(B).

Connecticut General Statutes

§ 10-204a Required immunizations
§ 10-204c Immunity from liability
Public Act No. 21-6, "An Act Concerning Immunizations"

Regulations of Connecticut State Agencies
§ 10-204a-2a Adequate Immunization

Letter to Superintendents of Schools et al. from Connecticut State Departments of Public Health and Education, *Reinstatement of Prekindergarten and Kindergarten School Immunization Entry Requirement for Haemophilus Influenza Type B (Hib) Vaccine*, June 25, 2010.

Letter to Superintendents of Schools et al. from Connecticut State Departments of Public Health and Education, *Changes in the Immunization Requirements for School Entry*, March 15, 2011.

State Department of Education, Guidance Regarding Public Act 21-6, "An Act Concerning Immunizations," May 25, 2021.

ADOPTED _____

REVISED: _____

6/25/2021

NOTICE OF FREE ORAL HEALTH ASSESSMENT

The Manchester Public Schools (the "District") shall hold a free oral health assessment event for students on _____ ***[insert date and time of event]*** at your student's school. The oral health assessment shall consist of ***[insert one of the following options depending on the professional staffing the oral health assessment event: (1) a dental examination by a dentist OR (2) a visual screening and risk assessment for oral health conditions by a dental hygienist, legally qualified practitioner of medicine, physician assistant, or advanced practice registered nurse.]*** The practitioner conducting the oral health assessment shall indicate any low, moderate or high risk factors associated with any dental or orthodontic appliance, saliva, gingival condition, visible plaque, tooth demineralization, carious lesions, restorations, pain, swelling or trauma. No student shall receive dental treatment of any kind as part of the free oral health assessment event.

This event is free of charge. You may be present during the oral health assessment of your student, if you so wish. When, based on the results of the assessment and in the judgment of school health personnel, your student is in need of further testing or treatment, you will be notified by the District.

You may elect for your student not to participate in the free oral health assessment event. ***If you do not want your student to participate, you must sign the form below and return that section of the form to _____ by _____. If you fail to return the form by this date, you have consented to the free oral health assessment and your student will participate.*** If your student does not participate in the school's event, you will be asked to provide documentation that your student has received an oral health assessment, in accordance with state law.

If you have questions or concerns regarding the free oral health assessment event, please contact _____.

FREE ORAL HEALTH ASSESSMENT EVENT - _____ ***[insert date of event]***

Name of student: _____ Student's Date of Birth: _____

Student's Address: _____

Parent/Guardian Name (print): _____

As the parent/guardian of the above-named student, I elect for my student to not participate in the free oral health assessment. I understand that I will be asked by school officials to provide documentation that my student has received an oral health assessment by a qualified professional. I further understand that this "opt-out" is effective only for the free oral health assessment event being held on the date listed above.

Parent/Guardian Signature

Date

Revised 8/1/2018