HEALTH SERVICES

5151.

The School Health Program, in providing health services, is responsible for all aspects of school health, including mental, dental and environmental health.

The goals of the Program are as follows:

- Facilitate access to primary health care
- Provide a system for handling crisis medical situations
- Provide systems for identification and follow through of students' health and educational needs
- Provide comprehensive and appropriate health education
- Provide a healthful and safe school environment that facilitates learning
- Provide a system of evaluation of the effectiveness of the school health program

Approved 4/28/1981 Amended 3/19/2002

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Health Records

5151.1.

The Connecticut state-mandated Cumulative Health Record (CHR-1) serves as the official student health record within Connecticut schools and as such is recognized as a legal document. It provides a systematic way to organize the collection of health information and document health services provided to an individual student.

Cumulative health records shall be maintained for all students, listing all screening results, immunizations and pertinent information, i.e., allergies, special needs, medical history, etc.

Cumulative health records shall be maintained in designated locked file cabinets located in the health room.

Documentation on the cumulative health record is the responsibility of the school health personnel.

Approved 4/28/1981 Amended 3/19/2002 Amended 2/6/2007

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Emergency Cards

5151.12.

Emergency cards shall be maintained for all students, listing names, addresses and telephone numbers of the parents/guardians and emergency contacts in the event the parent/guardian cannot be reached.

Emergency cards shall be updated at the beginning of each school year and as changes occur.

Each student's emergency card shall be maintained in the health room.

Approved 4/28/1981 Amended 3/19/2002 Amended 2/6/2007

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5151.1 R.

ADMINISTRATIVE REGULATIONS REGARDING IMMUNIZATIONS

I. Immunization Requirements

In accordance with state law and accompanying regulations, the Meriden 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 Meriden 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 [insert name of responsible staff member] 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

§ 10-204aRequired immunizations

§ 10-204clmmunity from liability

Public Act No. 21-6, "An Act Concerning Immunizations"

Regulations of Connecticut State Agencies

§ 10-204a-2aAdequate 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.

MANAGEMENT PLAN AND GUIDELINES FOR STUDENTS WITH FOOD ALLERGIES AND/OR GLYCOGEN STORAGE DISEASE

5151.2.

MANAGEMENT PLAN AND GUIDELINES FOR STUDENTS WITH FOOD ALLERGIES, GLYCOGEN STORAGE DISEASE AND/OR DIABETES

The Meriden Public Schools (the "district") recognize that food allergies, glycogen storage disease and diabetes may be life threatening. For this reason, the district is committed to developing strategies and practices to minimize the risk of accidental exposure to life threatening food allergens and to ensure prompt and effective medical response should a student suffer an allergic reaction while at school. The district is also committed to appropriately managing and supporting students with glycogen storage disease and diabetes. The district further recognizes the importance of collaborating with parents, adult students (defined as students age eighteen (18) and older) and appropriate medical staff in developing such practices and encourages strategies to enable the student to become increasingly proactive in the care and management of his/her food allergy, glycogen storage disease or diabetes, as developmentally appropriate. To this end, the district adopt the following guidelines related to the management of life threatening food allergies, glycogen storage disease, and diabetes for students enrolled in district schools.

1. Identifying Students with Life-Threatening Food Allergies, Diabetes and/or Glycogen Storage Disease

Early identification of students with life-threatening food allergies, diabetes and/or glycogen storage disease (GSD) is important. The district therefore encourages parents/guardians of students and adult students with life-threatening food allergies to notify the school of the allergy, providing as much medical documentation about the extent and nature of the food allergy as is known, as well as any known effective treatment for the allergy. The district also encourages parents/guardians of students and adult students with GSD and diabetes to notify the school of the disease, providing as much medical documentation about the type of GSD or diabetes, nature of the disease, and current treatment of the student.

Students with life-threatening food allergies and diabetes are virtually always students with disabilities and should be referred to a Section 504 team, which will make a final determination concerning the student's eligibility for services under Section 504. The Section 504 team may determine that the only services needed are in the student's Individualized Health Care Plan (IHCP) and/or Emergency Care Plan (ECP); in that case, the IHCP and/or ECP will also serve as the student's Section 504 plan. The Section 504 team will also ensure that parents receive appropriate notice and are informed of their rights under Section 504, including their right to request an impartial hearing if they disagree with the provisions in the Section 504 plan.

Students with GSD and less severe food allergies should be referred to a Section 504 team if

there is reason to believe that the student's GSD or food allergy substantially limits a major life activity. To determine whether a food allergy is severe enough to substantially limit a major life activity, the team should consider the impact on the student when the student has been exposed to the allergen and has not yet received treatment.

Major life activities include, but are not limited to:

- (i) Caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working; and
- (ii) The operation of a major bodily function, including functions of the immune system, special sense organs and skin; normal cell growth; and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive functions. The operation of a major bodily function includes the operation of an individual organ within a body system.

1. Individualized Health Care Plans and Emergency Care Plans

- 1. If the district obtains medical documentation that a student has a life-threatening food allergy, GSD, or diabetes, the district shall develop an (IHCP) for the student. Each IHCP should contain information relevant to the student's participation in school activities.
- 1. The IHCP shall be developed by a group of individuals, which shall include the parents, the adult student, if applicable, and appropriate school personnel. Such personnel may include, but are not limited to, the school nurse, school or food service administrator(s), classroom teacher(s) and the student, if appropriate. The school may also consult with the school's medical advisor, as needed.
- 1. IHCPs are developed for students with special health needs or whose health needs require daily interventions. The IHCP describes how to meet the student's health and safety needs within the school environment and should address the student's needs across school settings. Information to be contained in an IHCP should include a description of the functional health issues (diagnoses); student objectives for promoting self-care and age appropriate independence; and the responsibilities of parents, school nurse and other school personnel. The IHCP may also include strategies to minimize the allergic student's risk for exposure. For the student with life-threatening food allergies, GSD, or diabetes, the IHCP may include strategies designed to ameliorate risks associated with such disease and support the student's participation in the classroom. IHCPs for such students may include such considerations:
- classroom environment, including allergy free considerations, or allowing the student with GSD or diabetes to have food/dietary supplements when needed;
- 2. cafeteria safety;

- 3. participation in school nutrition programs;
- 4. snacks, birthdays and other celebrations;
- 5. alternatives to food rewards or incentives;
- 6. hand-washing;
- 7. location of emergency medication;
- 8. who will provide emergency and routine care in school;
- 9. risk management during lunch and recess times;
- 10. special events;
- 11. field trips, fire drills and lockdowns;
- 12. extracurricular activities;
- 13. school transportation;
- 14. the provision of food or dietary supplements by the school nurse, or any school employee approved by the school nurse;
- 15. staff notification, including substitutes, and training; and
- 16. transitions to new classrooms, grades and/or buildings.
- The IHCP should be reviewed annually, or whenever there is a change in the student's ECP, changes in self-monitoring and self-care abilities of the student, or following an emergency event requiring the administration of medication or the implementation of other emergency protocols.
- 1. For a student with a life-threatening food allergy, GSD, or diabetes, the IHCP shall not prohibit a parent or guardian, or a person designated by such parent or guardian, to provide food or dietary supplements to a student with a life threatening food allergy, GSD, or diabetes on school grounds during the school day.
- 1. In addition to the IHCP, the district shall also develop an ECP for each student identified as having a life-threatening food allergy. The ECP is part of the IHCP and describes the specific directions about what to do in a medical emergency. For the student with a life-threatening food allergy, the ECP should include the following information:
- 1. The student's name and other identifying information, such as date of birth, grade and photo;
- The student's specific allergy;
- 3. The student's signs and symptoms of an allergic reaction;
- 4. The medication, if any, or other treatment to be administered in the event of exposure;
- 5. The location and storage of the medication;
- 6. Who will administer the medication (including self-administration options, as appropriate);
- 7. Other emergency procedures, such as calling 911, contacting the school nurse, and/or calling the parents or physician;
- 8. Recommendations for what to do if the student continues to experience symptoms after the administration of medication; and
- 9. Emergency contact information for the parents/family and medical provider.
- 1. In addition to the IHCP, the district shall also develop an ECP for each student identified as

having GSD and/or diabetes. The ECP is part of the IHCP and describes the specific directions about what to do in a medical emergency. For the student with GSD or diabetes, the ECP should include the following information, as may be appropriate:

- 1. The student's name and other identifying information, such as date of birth, grade and photo;
- 2. Information about the disease or disease specific information (i.e. type of GSD or diabetes);
- 3. The student's signs and symptoms of an adverse reaction (such as hypoglycemia);
- 4. The medication, if any, or other treatment to be administered in the event of an adverse reaction or emergency (i.e. Glucagon or insulin)
- 5. The location and storage of the medication;
- 6. Who will administer the medication (including self-administration options, as appropriate);
- 7. Other emergency procedures, such as calling 911, contacting the school nurse, and/or calling the parents or physician;
- 8. Recommendations for what to do if the student continues to experience symptoms after the administration of medication; and
- 9. Emergency contact information for the parents/family and medical provider.
- 1. In developing the ECP, the school nurse should obtain current medical documentation from the parents/family and the student's health care provider, including the student's emergency plan and proper medication orders. If needed, the school nurse or other appropriate school personnel, should obtain consent to consult directly with the student's health care providers to clarify medical needs, emergency medical protocol and medication orders.
- 1. A student identified as having a life-threatening food allergy, GSD, or diabetes is entitled to an IHCP and an ECP, regardless of his/her status as a student with a disability, as that term is understood under Section 504 of the Rehabilitation Act of 1973 ("Section 504"), or the Individuals with Disabilities Education Act ("IDEA").
- 1. The district shall ensure that the information contained in the IHCP and ECP is distributed to any school personnel responsible for implementing any provisions of the IHCP and/or ECP, and that any procedures in the IHCP and/or ECP comply with the district's policies and procedures regarding the administration of medications to students.
- 1. When making eligibility determinations under Section 504 and/or the IDEA, schools must consider the student's needs on an individualized, case-by-case basis.

Training/Education

1. The district shall provide appropriate education and training for school personnel regarding the management of students with life-threatening food allergies, GSD and diabetes. Such training may include an overview of life-threatening food allergies, GSD and diabetes; prevention strategies; IHCPs and ECPs; and food safety and sanitation. Training shall also include, as appropriate for each school (and depending on the specific needs of the individual students at the school), training in the administration of medication with cartridge injectors (i.e. epi-pens),

and/or the specific preventative strategies to minimize the risk of exposure to life-threatening allergens and prevent adverse reactions in students with GSD and diabetes (such as the provision of food or dietary supplements for students). School personnel will be also be educated on how to recognize symptoms of allergic reactions and/or symptoms of low blood sugar, as seen with GSD and diabetes, and what to do in the event of an emergency. Staff training and education will be coordinated by the school nurse. Any such training regarding the administration of medication shall be done accordance with state law and Board policy.

1. Each school within the district shall also provide age-appropriate information to students about food allergies, GSD and diabetes, how to recognize symptoms of an allergic reaction and/or low blood sugar emergency and the importance of adhering to the school's policies regarding food and/or snacks.

1. Prevention

Each school within the district will develop appropriate practices to minimize the risk of exposure to life-threatening allergens, as well as the risks associated with GSD and diabetes. Practices that may be considered may include, but are not limited to:

- 1. Encouraging handwashing;
- 2. Discouraging students from swapping food at lunch or other snack/meal times;
- 3. Encouraging the use of non-food items as incentives, rewards or in connection with celebrations;
- 4. Training staff in recognizing symptoms of anaphylaxis and hypoglycemia; and
- 5. Planning for school emergencies, to include consideration of the need to access medication, food and/or dietary supplements.

1. Communication

- 1. As described above, the school nurse shall be responsible for coordinating the communication among parents, a student's individual health care provider and the school regarding a student's life-threatening allergic condition, GSD and/or diabetes. School staff responsible for implementing a student's IHCP will be notified of their responsibilities and provided with appropriate information as to how to minimize risk of exposure and/or alterations in blood sugar levels and how to respond in the event of such emergency.
- 1. Each school will ensure that there are appropriate communication systems available within each school (i.e. telephones, cell phones, walkie-talkies) and for off-site activities (i.e. field trips) to ensure that school personnel are able to effectively respond in case of emergency.
- 1. The district shall develop standard letters to be sent home to parents, whenever appropriate, to alert them to food restrictions within their student's classroom or school.
- 1. All district staff are expected to follow district policy and/or federal and state law regarding the

confidentiality of student information, including medical information about the student.

- The district shall make the Management Plan and Guidelines for Students with Food Allergies, Glycogen Storage Disease and/or Diabetes available on the Board's website or the website of each school under the Board's jurisdiction.
- 1. The district shall provide annual notice to parents and guardians regarding the Management Plan and Guidelines for Students with Food Allergies, Glycogen Storage Disease and/or Diabetes. Such notice shall be provided in conjunction with the annual written statement provided to parents and guardians regarding pesticide applications in the schools.

1. Monitoring the District's Plan and Procedures

The district should conduct periodic assessments of its Management Plan and Guidelines for Students with Food Allergies, Glycogen Storage Disease and/or Diabetes. Such assessments should occur at least annually and after each emergency event involving the administration of medication to a student with a life-threatening food allergy, GSD or diabetes to determine the effectiveness of the process, why the incident occurred, what worked and what did not work.

The Superintendent shall annually attest to the Department of Education that the District is implementing the Management Plan and Guidelines for Students with Food Allergies, Glycogen Storage Disease and/or Diabetes.

Legal References:

State Law/Regulations/Guidance:

Conn. Gen. Stat. § 10-212a Administration of Medications in Schools

Conn. Gen. Stat. § 10-212c Life-threatening food allergies and Glycogen Storage Disease: Guidelines; district plans

Conn. Gen. Stat. § 10-220i Transportation of students carrying cartridge injectors

Conn. Gen. Stat. § 10-231c Pesticide applications at schools without an integrated pest management plan.

Conn. Gen. Stat. § 19a-900 Use of cartridge injectors by staff members of before or after school program, day camp or day care facility.

Conn. Gen. Stat. § 52-557b "Good Samaritan law". Immunity from liability for emergency, medical assistance, first aid or medication by injector. School personnel not required to administer or render. Immunity from liability re automatic external defibrillators.

Regs. Conn. State Agencies § 10-212a-1 through 10-212a-7 Administration of Medication by

School Personnel

Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools (Includes Guidelines for Managing Glycogen Storage Disease), Connecticut State Department of Education (Updated 2012).

Federal Law:

Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794

Individuals with Disabilities Education Act, 20 U.S.C. § 1400 et seq.

The Americans with Disabilities Act of 1990 (ADA), 42 U.S.C. § 12101 et seq.

Approved 4/28/1981

Amended 3/19/2002

Amended 2/6/2007

Amended 12/18/2018

Amended 11/19/2019