

## Students

### Health Assessments and Immunizations

The CREC Council adheres to all state laws and regulations regarding immunizations, health assessments, and screenings of students.

All students must receive the immunizations required by the schedule for active immunization adopted pursuant to C.G.S. 19a-7f, as may be revised from time to time, before being permitted to attend school. Any exemptions from required immunizations shall be as provided for by state laws and regulations.

All students must obtain the health assessments required under C.G.S. 10-206, as may be revised from time to time, before being permitted to attend school.

Screenings of students - such as vision, audiometric, and postural - shall be performed in accordance with the requirements of state laws and regulations.

All required reports and notifications based on student health assessments and screenings shall be made in accordance with state laws and regulations.

Legal Reference: Connecticut General Statutes

10-204a Required immunizations, as amended by P.A. 21-6 An Act Concerning Immunizations.

10-204c Immunity from liability

10-205 Appointment of school medical advisor

10-206 Health assessments

10-206a Free health assessments

10-206c Annual report on whether pupil has health insurance

10-207 Duties of medical advisors

10-208 Exemption from examination or treatment

10-209 Records not to be public. Provision of reports to schools

10-212 School nurses and nurse practitioners

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10-214 Vision, audiometric and postural screenings. When required. Notification of parents re defects; record of results.

### State regulations

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

### Federal laws

20 U.S.C. 1232g Federal Family Educational Rights and Privacy Act of 1974)

42 U.S.C. 1320d-1320d-8, Health Insurance Portability and Accountability Act of 1996 (HIPAA)

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CAPITOL REGION EDUCATION COUNCIL  
Hartford, Connecticut

## **Students**

### **Health Assessments and Immunizations**

#### **General Procedures**

1. All students enrolling in CREC schools/programs will show certification of physical assessment, including immunizations, before entrance to a school/program is permitted.
2. Project Directors and/or nurses will be responsible for reviewing health records for physicals in need of update annually.
3. The need for a physical assessment update will be discussed and become part of the minutes of the annual review for students whether they return to CREC or the LEA of nexus.
4. If the student is returning to CREC, parents/guardians/students at age of 18 are notified of the need for assessment by letter (sample attached).
5. The LEA of nexus will be notified by phone and by letter the week before school opens or no later than the end of the first week of school that the student is not permitted to attend school because of the lack of certification of physical.
6. The responsibility for follow-through of physical assessments with parents/guardians/students at age 18 is with the LEA.

#### **Required Screenings**

1. Vision screening is required annually in all CREC special education programs for all students. It will take place in September, October and November of each year or at the time of physical assessment, so that the recommended corrections can take place, allowing the student the benefit of corrected vision for the major part of the school year. In the case of students with conditions of multiple disabilities, severe and profound, and significant developmental delays, the screening processes may be ongoing over a longer period of time in order to collect valid data. A list of ongoing screening cases reporting status will be submitted to the Co-Director of Program Services on January 1 of each year.

#### Definitions:

“Defect in vision or disease of the eyes” means abnormality in visual acuity.

“Equivalent screening” means use of a test for vision screening other than the Snellen Chart which tests the distance acuity of each eye.

2. Audiometric screening is required annually in all CREC programs. It will take place in September, October and November of the year for the same reasons stated under Visual Screening.

Definitions:

“Audiometric screening” means the process for identification of individuals whose hearing sensitivity differs significantly from the standards as set forth in Section 10-214-3 of these regulations.

3. Postural screening is required upon enrollment in a CREC special education program and/or at grade 5 or age 11 and in grade 8 or age 14. Students who are referred as multiply-physically handicapped, severe and profound and TMR will be screened posturally on an annual basis.

**Screening requirements**

**(a) Personnel**

Screenings shall be performed by trained personnel under supervision and in accordance with procedures approved by qualified medical or nursing personnel employed for such purpose by local or regional Boards of Education, such as a School Medical Advisor appointed pursuant to Section 10-205 of the Connecticut General Statutes, or a School Nurse appointed pursuant to Section 10-212 of the Connecticut General Statutes.

**(b) Environment**

- (1) Screenings shall be performed in an area which is clean, properly lighted and ventilated.
- (2) A source of clean drinking water and a toilet shall be readily available on the premises.
- (3) Facilities shall be available for washing of hands and cleaning of equipment.

**(c) Equipment**

- (1) Equipment shall be appropriate for the screening required.
- (2) Equipment shall be in good working order.

(d) **Screening**

- (1) Screening shall be performed individually to minimize distraction and to ensure accuracy and privacy.
- (2) Each student failing to meet the standards of a vision, postural or hearing screening test shall be rescreened. If the results of the second screening confirm the findings of the first, the parent or guardian shall be given written notice which shall include a brief statement describing such findings. If the findings of the second screening indicate a possible need to modify a student's educational program, appropriate school personnel shall be notified.
- (3) Students in ungraded classes shall be screened on the basis of age equated to the grade level of the student's age peers.
- (4) Written notice shall be given annually of all the screenings which will be conducted within the school district.
- (5) Screenings shall be completed by June thirtieth of the school year in which mandated.

**Audiometric Screening**

(a) **Personnel**

School nurses, registered nurses, speech pathologists, trained aides to school nurses, licensed practical nurses and trained volunteers may perform audiometric screening. All persons who conduct audiometric screening shall have completed six (6) hours of training in this area including practice supervised by a properly trained school nurse or a speech pathologist. Students under age six (6) or students with disabilities shall be screened by persons with specific training and experience in screening children in these categories.

(b) **Environment**

Screening shall be performed in an environment sufficiently quiet for a subject with normal hearing sensitivity to hear the test stimuli at the screening levels.

(a) **Equipment**

- (1) Audiometers used shall provide calibrated puretone stimuli at each of the following frequencies for each ear: 1,000, 2,000, 4000 Hz, at a hearing level of 20dB for 1,000 and 2,000 Hz and 15 dB at 4,000 Hz.
- (2) Audiometers used shall meet the current American National Standards Institute specifications for audiometers and shall be assessed at least annually for adequate calibration. A statement showing the date and results of last calibration shall be kept with each audiometer.

(c) **Screening**

Each student examined shall receive calibrated puretone stimuli for each ear at the following frequencies: 1,000, 2,000, 4,000 Hz at a hearing level of 20 dB for 1,000 and 2,000 Hz and 25 dB at 4,000 Hz.

(d) **Standard**

A student who fails to respond to one or more of the three required screening frequencies in either ear shall be found to have an impairment or defect of hearing pursuant to Section 10-214 of the Connecticut General Statutes and Section 10-214-1(d) of state regulations.

**Postural Screening**

(a) **Personnel**

Postural screening shall be performed by a school nurse, registered nurse, or physical education teacher trained in such screening methods.

(b) **Environment**

Procedures for the conduct of postural screening shall ensure the student's privacy.

(c) **Screening**

- (1) The parent or guardian and the student shall receive information prior to the screening to acquaint them with said screening.
- (2) Clothing or a gown shall be arranged so that the entire back including the waist line and the hip line shall be observed without covering.
- (3) Observation for scoliosis and kyphosis shall consist of five key signs:
  - (a) rib or flank fullness upon forward bend;
  - (b) shoulder height difference;
  - (c) shoulder blade prominence;
  - (d) waist line or hip asymmetry; and
  - (e) obvious curve or crease in back.

(d) **Standard**

A student observed to have rib or flank fullness upon the forward bend or any three of the other key signs shall be found to have a postural problem pursuant to Section 10-214 of the Connecticut General Statutes, and Section 10-214-1(f) of state regulations.

## **Vision Screening**

Vision screening of some identifiable multiply and severely involved special education students has been a long-standing problem to personnel in the field. The area of visual acuity is very important to daily living, academic, pre-vocational and vocational training.

It is strongly recommended that other equipment or processes than the Snellen Chart be utilized whenever possible.

The following are some alternatives to the Snellen that are available:

1. Titmus and/or other comparable visual screening machines;
2. Visual Acuity Screening for Severe and Profound from the Parsons, Kansas model - training and equipment available from Charlotte Emery, CREC Nurse/Caseworker;
3. Observation and daily data collection re: visual functioning - Consultants, Board of Education and Services for the Blind.

The standards for visual screening with the Snellen Chart follow:

(a) **Personnel**

Any individual trained in visual screening methods may conduct vision screening.

(b) **Environment**

The examining area shall be well-lighted and screening charts shall be clean and free from glare.

(c) **Equipment**

The Snellen Chart in the form of wall charts, cards and projection slides with standard illumination or an equivalent screening device shall be used.

(d) **Screening**

- (1) When the Snellen Chart is used, the screening shall be administered at twenty (20) foot distance from the chart.
- (2) Students who wear glasses shall be screened with glasses.
- (3) The student shall be asked to read the letters with each eye separately for visual acuity.

**(e) Standard**

A student who fails to read with either eye one more than half of the 20/30 line in kindergarten through grade three (3) or fails to read one more than half of the 20/20 line in grade four (4) and above or in any grade is found to have a one line discrepancy between the two eyes shall be found to have a defect in vision or disease of the eyes pursuant to Section 10-214 of the Connecticut General Statutes and Section 10-214-1-1(b) of state regulations.

**Immunizations**

All students must receive the vaccines required Connecticut General Statutes Section 10-204a and by the schedule for active immunization adopted pursuant to Connecticut General Statutes Section 19a-7f by the Connecticut Commissioner of Public Health, and as identified on the Department of Education's Student Health Assessment Form (HAR3), as revised from time to time, before being permitted to attend school and as necessary throughout their school career.

**Procedures**

1. Program Directors will review or designate a nurse or staff member to review all student records for documentation of up-to-date immunization.
2. Written notice of the law and a request for parents to have their child immunized will be sent to parents or guardians of all children who do not show documentation of up-to-date immunization. (See sample letter attached.)
3. If a certificate of immunization is not in place, the student will not be admitted to program.
4. The LEA of nexus will be notified by phone and by letter that the student is not permitted to attend school because he/she has not shown a certificate of immunization.
5. If the student is not present with proof of immunization on a date specified, the Program Director or designee is responsible to check the status of the student with the parent or guardian.
6. If there are students who are without proof of immunization because they cannot pay, the Program Director has two options:
  - a. Contact the LEA and request that they ask their board to underwrite the costs of the immunization and arrange for the immunization in the LEA.
  - b. If the LEA cannot provide for the immunization, advise them that a clinic could be set up within CREC with costs of the immunization borne by the LEA.



7. If it is determined to set up a clinic in the program, Program Director will:
  - a. obtain permission from the parent and the LEA;
  - b. immunize the student;
  - c. permit the student to re-enter the program;
  - d. bill the LEA for costs of the immunization.
8. CREC students integrated into public schools are subject to the policies and procedures of the respective schools.
9. In the absence of policies and procedures in a public school into which CREC students are integrated, the Program Director will follow procedures 1-7. The CREC Program Services Office will be advised of the policies and procedures in the integrated environment.

10. **Exemptions to Immunizations**

(C.G.S. 10-204a)

Students shall be exempt from the immunization requirements when they:

1. present a certificate from a physician, physician assistant, advanced practice registered nurse, or a 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 Public Health; or
2. present a certificate, in a form prescribed by the Commissioner of Public Health, from a physician, physician assistant or advanced practice registered nurse stating that in the opinion of the physician, physician assistant or advanced practice registered nurse immunization is medically contraindicated because of the physical condition of the student; or
3. were enrolled in kindergarten through twelfth grade on or before April 28, 2021, and they presented a statement, prior to April 28, 2021, from their parent/guardian that such immunization is contrary to the religious beliefs of such students or their parents/guardians, and such statement was acknowledged, in accordance with the provisions of Connecticut General Statutes sections 1-32, 1-34 and 1-35, by (1) a judge of a court of record or a family support magistrate, (2) a clerk or deputy clerk of a court having a seal, (3) a town clerk, (4) a notary public, (5) a justice of the peace, (6) an attorney admitted to the bar of this state, or (7) a school nurse.

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Students who were enrolled in a preschool program or other prekindergarten program prior to April 28, 2021 and who presented a statement, prior to April 28, 2021, from their parents/guardians that the immunization is contrary to the religious beliefs of such students or their parents/guardians, which statement was acknowledged, in accordance with the provisions of Connecticut General Statutes sections 1-32, 1-34 and 1-35, by (1) a judge of a court of record or a family support magistrate, (2) a clerk or deputy clerk of a court having a seal, (3) a town clerk, (4) a notary public, (5) a justice of the peace, (6) an attorney admitted to the bar of this state, or (7) a school nurse, shall comply with the immunization requirements on or before September 1, 2022, or not later than fourteen days after transferring to a school or program. Such students who present a written declaration, in a form prescribed by the Commissioner of Public Health, from a physician, a physician assistant or an advanced practice registered nurse stating that initial immunizations have been given and additional immunizations are in process according to an alternative vaccination schedule, must be fully vaccinated according to the alternative vaccination schedule.

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 students' present or previous town of residence, stating that the students have had a confirmed case of such disease;
5. in the case of haemophilus influenzae type B, have passed their fifth birthday; or
6. in the case of pertussis, have passed their sixth birthday.

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