

## Killingly Public Schools Health Services

### General Information and Services

The State of Connecticut and the Killingly Board of Education have specific guidelines related to school entrance requirements, mandated screenings, medications and protocols for the care of the ill child.

#### 1. Physical Exam and Immunization Requirements:

Good Year and St. James Pre-School: A physical exam with hemoglobin and completed immunizations are required prior to entry and annually.

Grade K, 7 and 10: A physical exam with completed immunizations and blood test are required prior to entrance into school. No student will be allowed to enter without written documentation from a physician and reviewed by the school nurse prior to entry.

Athletes need a physical exam yearly.

2. Transfer Students: Any student transferring into the Killingly School District from out-of-state must provide a current physical exam done during the previous 12 months and written proof of immunizations required by the State of Connecticut prior to entry.

3. Screenings: The following screenings will be done annually.
1. Height and Weight- K-12
  2. Vision- Pre K, K-6, and 9
  3. Hearing- Pre K, K-3, 5, 6, 8
  4. Scoliosis- 5, 7, 8, 9
  5. Dental- Pre K, K, 6, and 10

4. Medication Policy: **The Killingly Board of Education Policy clearly outlines the conditions of how medication can be dispensed in school. There can be no deviation from this policy.**

- **All medication given to students in school must be prescribed by a Physician, APRN or Dentist, submitted in writing to the school on the authorized medication form and reviewed by the school nurse.**
- **All medication must be secured within the original container provided by the pharmacy and delivered to the school by an ADULT.**
- **All medication must be authorized by the parent/legal guardian by signing the medication authorization form.**

- **All controlled drugs must be counted in the presence of the parent/guardian and school nurse. The count must be documented on the back of the medication form with parent/guardian and nurse signature and date.**
- **All medications need to be picked up at the end of the year. Medication that is not picked up by an adult will be discarded by the school nurse within 7 days.**
- **All medications require a new medical authorization form at the beginning of each school years.**

#### 5. Illness:

A child who shows signs of illness the evening before school should remain at home until **24 hour free** of symptoms. This will allow your child to recover and return to school as soon as possible.

**The following symptoms for absence include but are not limited to:**

Fever of 100 or higher, vomiting or diarrhea during the night, excessive cough, sneezing, runny nose or rash then may be due to a contagious illness

A student on an antibiotic for Strep throat or treatment for Conjunctivitis should be at home for 24 hours after initial dose of medication to be non-contagious for school entry.

Your family Physician should be consulted for illness and accidents that occur at home. The school nurse is available for illness and accidents that **ONLY** occur at school.





# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

### IMMUNIZATION REQUIREMENTS FOR ENROLLED STUDENTS IN CONNECTICUT SCHOOLS 2018-2019 SCHOOL YEAR



#### PRESCHOOL

DTaP:	4 doses (by 18 months for programs with children 18 months of age)
Polio:	3 doses (by 18 months for programs with children 18 months of age)
MMR:	1 dose on or after 1 <sup>st</sup> birthday
Hep B:	3 doses, last one on or after 24 weeks of age
Varicella:	1 dose on or after 1 <sup>st</sup> birthday or verification of disease
Hib:	1 dose on or after 1 <sup>st</sup> birthday
Pneumococcal:	1 dose on or after 1 <sup>st</sup> birthday
Influenza:	1 dose administered each year between August 1 <sup>st</sup> -December 31 <sup>st</sup> (2 doses separated by at least 28 days required for those receiving flu for the first time)
Hepatitis A:	2 doses given six calendar months apart, 1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday

#### KINDERGARTEN

DTaP:	At least 4 doses. The last dose must be given on or after 4 <sup>th</sup> birthday
Polio:	At least 3 doses. The last dose must be given on or after 4 <sup>th</sup> birthday
MMR:	2 doses separated by at least 28 days, 1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday
Hep B:	3 doses, last dose on or after 24 weeks of age
Varicella:	2 doses separated by at least 3 months-1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday; or verification of disease
Hib:	1 dose on or after 1 <sup>st</sup> birthday for children less than 5 years old
Pneumococcal:	1 dose on or after 1 <sup>st</sup> birthday for children less than 5 years old
Hepatitis A:	2 doses given six calendar months apart, 1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday

#### GRADES 1-6

DTaP/Td:	At least 4 doses. The last dose must be given on or after 4 <sup>th</sup> birthday. Students who start the series at age 7 or older only need a total of 3 doses.
Polio:	At least 3 doses. The last dose must be given on or after 4 <sup>th</sup> birthday
MMR:	2 doses separated by at least 28 days, 1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday
Hep B:	3 doses, last dose on or after 24 weeks of age
Varicella:	2 doses separated by at least 3 months-1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday; or verification of disease
Hepatitis A:	2 doses given six calendar months apart, 1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday

#### GRADES 7-12

Tdap/Td:	1 dose for students who have completed their primary DTaP series. Students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine, one of which must be Tdap
Polio:	At least 3 doses. The last dose must be given on or after 4 <sup>th</sup> birthday
MMR:	2 doses separated by at least 28 days, 1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday
Meningococcal:	1 dose
Hep B:	3 doses, last dose on or after 24 weeks of age
Varicella:	2 doses separated by at least 3 months-1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday; or verification of disease

- DTaP vaccine is not given on or after the 7<sup>th</sup> birthday and may be given for all doses in the primary series.
- Tdap can be given in lieu of Td vaccine for children 7 years and older unless contraindicated. Tdap is only licensed for one dose.
- Hib is not required for children 5 years of age or older.
- Pneumococcal is required for all Pre-K and K students less than 5 years of age.
- Hep A requirement for school year 2018-19 applies to all Pre-K, K, 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> & 6<sup>th</sup> graders born 1/1/07 or later.
- Hep B requirement for school year 2018-2019 applies to all students in grades K-12.  
Spacing intervals for a valid Hep B series: at least 4 weeks between doses 1 and 2; 8 weeks between doses 2 and 3; at least 16 weeks between doses 1 and 3; dose 3 should not be given before 24 weeks of age.
- Second MMR for school year 2018-2019 applies to all students in grades K-12.
- Meningococcal Conjugate requirement for school year 2018-19 applies to all students in grades 7-12
- Tdap requirement for school year 2018-19 applies to all students in grades 7-12
- If two live virus vaccines (MMR, Varicella, MMRV, Intra-nasal Influenza) are not administered on the same day, they must be separated by at least 28 days (there is no 4 day grace period for live virus vaccines). If they are not separated by at least 28 days, the vaccine administered second must be repeated.
- Lab confirmation of immunity is **only** acceptable for Hep A, Hep B, Measles, Mumps, Rubella, and Varicella.
- **VERIFICATION OF VARICELLA DISEASE:** Confirmation in writing by a MD, PA, or APRN that the child has a previous history of disease, based on family or medical history.
- For the full legal requirements for school entry visit [www.ct.gov/dph/cwp/view.asp?a=3136&Q=467374&PM=1](http://www.ct.gov/dph/cwp/view.asp?a=3136&Q=467374&PM=1)
- If you are unsure if a child is in compliance, please call the Immunization Program at (860) 509-7929.

#### **New Entrant Definition:**

\*New entrants are any students who are new to the school district, including **all** preschoolers and all students coming in from Connecticut private, parochial and charter schools located in the same or another community. **All pre-schoolers, as well as all students entering kindergarten**, including those repeating kindergarten, and those moving from any public or private pre-school program, even in the same school district, **are considered new entrants**. The one exception is students returning from private approved special education placements—they are not considered new entrants.

#### **Commonly Administered Vaccines:**

<u><b>Vaccine:</b></u>	<u><b>Brand Name:</b></u>	<u><b>Vaccine:</b></u>	<u><b>Brand Name:</b></u>
DTaP-IPV-Hib	Pentacel	MMRV	ProQuad
DTaP-HIB	TriHibit	PCV7	Pevnar
HIB-Hep B	Comvax	PCV13	Pevnar 13
DTaP-IPV-Hep B	Pediarix	DTaP-IPV	Kinrix, Quadracel
Hepatitis A	Havrix, Vaqta	Influenza	Fluzone, FluMist, Fluviron, Fluarix, FluLaval