

Students

Health

The school health regulations will be reviewed annually by the Superintendent of Schools, the school physician and school nurses.

These regulations will be presented to the Superintendent, or his/her designee, for action.

The Board of Education will annually attest to the State Board of Education that this Board has complied with the requirements of state statute.

A press release shall be provided annually informing parents of all health assessments and screening programs to be held.

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.
 10-206a Free health assessments.
 10-207 Duties of medical advisers.
 10-208 Exemption from examination or treatment.
 10-208a Physical activity of student restricted; boards to honor notice.
 10-209 Records not to be 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 screening: When required;
 notification of parents re defects; record of results. (As amended by PA 96-
 229 An Act Concerning Scoliosis Screening)
 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.

Policy adopted: June 26, 2006

EAST HAMPTON PUBLIC SCHOOLS
 East Hampton, Connecticut

Students

Accidents/Illness

1. First Aid

- a. Directions for first aid which may be performed by the school nurse or school personnel are posted in the health room. Visits to the nurse's office should take place only when the nurse is present.
- b. The nurse and Principal shall advise each other on reported accidents, i.e. those requiring medical attention or exclusion from school.
- c. Medical supplies and equipment are requisitioned by the nurse and paid for by the Board of Education.

2. Care of Illness and Accidents

- a. A student taken ill during the nurse's absence remains the responsibility of the teacher until relieved by the nurse or the Principal or parent.
- b. All teachers will acquaint themselves with the facilities available for such care.

3. Notification of Parents in Severe Illness or Accident

- a. If the student's condition requires immediate medical attention and treatment, the family should be notified and asked to call the family physician.
- b. In the event the student's condition warrants immediate hospitalization, the principal, school nurse or other authorized personnel may assume responsibility for removing the student for emergency care.

4. Transportation

- a. When possible, parents should assume the responsibility for transporting their children home or to a physician whenever a communicable disease is suspected, or when an accident or acute illness occurs.
- b. The nurses are not responsible for transporting students.

Students

Accidents/Illness (continued)

5. Reporting of Accidents

- a. Accurate recording of accidents immediately is essential to meet the requirements of the insurance company coverage.
- b. Procedure of reporting:
 - (1) All major accidents are reportable and the standard accident form shall be used.
 - (2) The teacher, nurse or other school personnel will report all accidents to the Principal.
 - (3) Employee accidents should be reported immediately to the central office for Workmen's Compensation Report.

6. Communicable Disease

- a. Students are excluded from school for any condition that appears communicable.
- b. Teachers should report all diagnosed or suspected cases of communicable disease to the school nurse.
- c. Effective communicable disease control will involve:
 - (1) The nurse should be informed of prevalent diseases and the necessary contact measures.
 - (2) Policies and procedures established for the control of communicable disease should be followed whenever possible.
 - (3) A weekly report of any communicable disease shall be made to the Town Health Officer.
 - (4) Exclusion periods must be observed (see following page)

Students

Accidents/Illness (continued)

d. Exclusion Periods

Measles and German Measles	Must be out of school at least five (5) days from appearance of rash.
Chicken Pox	Must be out of school at least seven (7) days from appearance of rash. All lesions must be scabbed over.
Scarlet Fever	Must have doctor's permission to return.
Mumps	Must be out of school until all swelling disappears.
Strep Throat	Must be out of school for twenty-four (24) hours after treatment has begun.
Whooping Cough	Must be out of school three (3) weeks from onset of cough.
Tuberculosis	Must have doctor's permission to return.
Pediculosis	Excluded until treated with pediculicide. Return after treatment with parent and proof of treatment. Retreatment required seven to ten days after first treatment.
Conjunctivitis	Excluded until under treatment.
Impetigo	Excluded until under treatment.
Scabies	Excluded until under treatment. Doctors note requested.

Legal Reference: Connecticut General Statutes
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
52-557b Immunity from liability for emergency medical assistance, first aid or medication by injection. School personnel not required to administer or render.

Regulation approved: June 26, 2006

EAST HAMPTON PUBLIC SCHOOLS
East Hampton, Connecticut

Students

Administering Medications

Medicinal preparations shall be administered in the schools only when it is not possible to achieve the desired effects by home administration during other than school hours and only upon written authorization of the attending physician, dentist, advanced practice registered nurse or nurse anesthetists, or licensed physician assistant and written authorization of the parent or guardian.

Personnel authorized to administer medicinal preparations shall be limited to the school district medical advisor (M.D.), a school nurse (RN), any other nurse licensed pursuant to the provisions of chapter 378, including a nurse employed by, or providing services under the direction of the Board of Education at a school-based clinic, the principal, or a licensed practical nurse (L.P.N.) if approved to do so by the school district medical advisor or school nurse. In the absence of these medical personnel, the principal, a teacher designated in writing by the principal or a licensed physical or occupational therapist employed by the District shall be permitted to administer authorized medicinal preparations upon completion of training in the safe administration of medicinal preparations and be familiar with policy and regulations relating thereto and satisfactory completion of the required criminal history check. **Coaches are also authorized to administer medication to students participating in intramural and interscholastic athletics, pursuant to the regulations of the State Board of Education.* School health aides are not allowed to administer medicinal preparations. In an emergency, if the student's physician or the school district medical advisor is not immediately available, any physician (M.D.) may be called to take appropriate emergency measures.

A child with diabetes may test his/her own blood glucose level per the written order of a physician or advanced practice nurse stating the need and the capacity of such child to conduct self-testing. Such self-testing shall be pursuant to guidelines promulgated by the Commissioner of Education.

Students in grades 7 through 12 may carry and self-administer medicinal preparations, provided that:

1. A physician, dentist, advanced practice registered nurse or nurse anesthetists, or licensed physician assistant provides written orders for self-administration of medication;
2. There is written authorization for self-administration of medication from the student's parent or guardian;
3. The school nurse has evaluated the situation and deemed it to be safe and appropriate; has documented this on the student's cumulative health record; and has developed a plan of general supervision of such self-medication;
4. The student and school nurse have developed a plan for reporting and supervising self-administration of medications by students and teacher notification;

Students

Administering Medications (continued)

5. The principal and appropriate teachers are informed that the student is self-administering prescribed medication;
6. Medication is transported and maintained under student control within guidelines. Authorized medicinal preparations may be administered during school activities as well as during school hours.

A specific paraprofessional, through a plan approved by a school nurse supervisor and school medical advisor, may be designated to administer medication administered with a cartridge injector, to a particular student diagnosed with an allergy that may require prompt treatment to avoid serious harm or death. The approved plan also requires the written authorization of the student's parent/guardian and be pursuant to the written order from the student's doctor or APRN or physician assistant licensed to prescribe medication.

A child attending any before or after school program, day camp, or day care facility administered by the Board in any building or on the grounds of any district school, upon the request and with the written authorization of the child's parent/guardian and pursuant to the written order from the student's doctor, or advanced practice registered nurse or physician's assistant licensed to prescribe medication, will be provided and supervised by the District staff member trained to administer medication with a cartridge injector. Such administration shall be to a particular student diagnosed with an allergy that may require prompt treatment to avoid serious harm or death. The selected staff member shall be trained in the use of a cartridge injector by either a licensed physician, physician's assistant, advanced practice registered nurse or registered nurse. The selected staff member is also required to complete a course in first aid offered by the American Red Cross, the American Heart Association, the National Ski Patrol, the Department of Public Health or any Director of Health.

The Board of Education with the advice and assistance of the school district medical advisor and the school nurse supervisor, shall review and revise this policy, and its attendant regulation, as necessary. The District's School Medical Advisor (or other qualified physician) shall approve this policy, its regulations and any changes.

Each school wherein any controlled drug is administered under the provisions of this policy shall maintain such records as are required of hospitals under the provisions of subsections (f) and (h) of Section 21a-254 and shall store such drug in such a manner as the Commissioner of Health Services shall, by regulation, require.

(cf. 4112.5/4215.5 – Security Check/Fingerprinting)

Students

Administering Medications (continued)

Legal Reference: Connecticut General Statutes

10-212a Administration of medicines by school personnel. (as amended by PA 99-2, PA 03-211 and PA 04-181)

52-557b Immunity from liability for emergency medical assistance, first aid or medication by injection. School personnel not required to administer or render. (as amended by PA 05-144 – An Act Concerning the Emergency Use of Cartridge Injectors)

Connecticut Regulations of State Agencies 10-212a-1 through 10-212a-7

P.A. 03-211 An Act Concerning the Provision of Medical Care for Students' Health Care Needs

29-17a Criminal history checks. Procedure. Fees.

Policy adopted: June 26, 2006

EAST HAMPTON PUBLIC SCHOOLS
East Hampton, Connecticut

Students

Administering Medication

The Board of Education allows students to self-administer medication and school personnel to administer medication to students in accordance with the established procedures. In order to provide immunity afforded to school personnel who administer medication, the Board of Education, along with the school medical advisor and the school nurse supervisor, shall review and/or revise this policy and regulation as required. The District's School Medical Advisor (or other qualified physician) shall approve this policy, its regulations and any changes.

A child with diabetes may test his/her own blood glucose level per the written order of a physician or advanced practice nurse stating the need and the capacity of such child to conduct self-testing. Such self-testing shall be pursuant to guidelines promulgated by the Commissioner of Education.

A school nurse may administer medication to any student pursuant to the written authorization of a state licensed physician or a dentist licensed to practice dental medicine in this or another state, an advanced practice registered nurse licensed to prescribe in accordance with C.G.S. 20-94a or a physician assistant licensed to prescribe in accordance with C.G.S. 20-12d and the written authorization of a parent or guardian of such child. In the absence of a school nurse, any other nurse licensed pursuant to the provisions of chapter 378, including a nurse employed by, or providing services under the direction of the Board of Education at a school-based clinic, the principal, any teacher, licensed physical or occupational therapist of a school upon approval of the school medical advisor and the school nurse may administer medication to any student in the school following the successful completion of specific training in administration of medication and satisfactory completion of the required criminal history check. **Coaches are also authorized to administer medication to students participating in intramural and interscholastic athletics, per the regulations promulgated by the State Board of Education.*

A specific paraprofessional, through a plan approved by a school nurse supervisor and school medical advisor, may be designated to administer medication administered with a cartridge injector, to a particular student diagnosed with an allergy that may require prompt treatment to avoid serious harm or death. The approved plan also requires the written authorization of the student's parent/guardian and be pursuant to the written order from the student's doctor or APRN or physician assistant licensed to prescribe medication.

A child attending any before or after school program, day camp, or day care facility administered by the Board in any building or on the grounds of any district school, upon the request and with the written authorization of the child's parent/guardian and pursuant to the written order from the student's doctor, or advanced practice registered nurse or physician's assistant licensed to prescribe medication, will be provided and supervised by the District staff member trained to administer medication with a cartridge injector. Such administration shall be to a particular student diagnosed with an allergy that may require prompt treatment to avoid serious harm or death.

Students

Administering Medication (continued)

The selected staff member shall be trained in the use of a cartridge injector by either a licensed physician, physician's assistant, advanced practice registered nurse or registered nurse. The selected staff member is also required to complete a course in first aid offered by the American Red Cross, the American Heart Association, the National Ski Patrol, the Department of Public Health or any Director of Health.

In compliance with all applicable state statutes and regulations, parents/guardians may administer medications to their own children on school grounds.

(cf. 4112.5/4212/5 – Security Check/Fingerprinting)

(cf. 5141 – Student Health Services)

(cf. 5141.23 – Students with Special Health Care Needs)

Legal Reference: Connecticut General Statutes

52-557b Immunity from liability for emergency medical assistance first aid or medication by injection. School personnel not required to administer or render. (as amended by PA 05-144, AN Act Concerning the Emergency Use of Cartridge Injectors)

10-212a Administration of medications in schools. (as amended by PA 99-2, and June Special Session and PA 03-211 and PA 04-181)

20-12d Medical functions performed by physician assistants. Prescription authority.

20-94a Licensure as advanced practice registered nurse.

PA 03-211 An Act Concerning the Provision of Medical Care for Students' Health Care Needs

PA 04-181 An Act Concerning the Administration of Medication in Schools, Concerning School Nurses, and Repealing an Obsolete Section of the Statutes

29-17a Criminal history checks. Procedure. Fees.

Regulation approved: June 26, 2006

EAST HAMPTON PUBLIC SCHOOLS
East Hampton, Connecticut

Students

Communicable/Infectious Diseases

The Board of Education recognizes that all children in Connecticut have a constitutional right to a free, suitable program of educational experiences. The Board will establish reasonable health requirements as prerequisites to admission or attendance including the requirement that students undergo physical examination prior to admission.

Where it can be medically established that a student suffers from a serious infectious disease and there is a significant risk of transmission of the disease to others due to the nature of the disease or personal characteristics of the student carrier, it may be appropriate to exclude the student from the regular classroom. The determination of exclusion of any student will be made on a case by case basis with the appropriate procedural due process safeguards. Where the risk of transmission is relatively low or appropriate procedures can be adopted to reduce the risk of transmission exclusion is not warranted.

A child with an infectious disease may be considered handicapped, if the presents such physical impairment that limits one or more major life activities. Therefore, Section 504 of the Rehabilitation Act may apply. The parent/guardian or the school administration may made a referral for determination whether the student is handicapped and entitled to protection under Section 504. The Planning and Placement Team will conduct an Individual Placement Program (IPP) to determine whether the student is handicapped or is "otherwise qualified" within the meaning of Section 504. The student will be educated in the least restrictive environment.

(cf. 5111 - Admission)

(cf. 5141.3 - Health Assessments and Immunizations)

(cf. 6155 - Individualized Education Program)

Legal Reference: Connecticut General Statutes
 "Education for Children with Disabilities", 20 U.S.C. 1400, et seq. Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 706(7)(b)
 "Americans with Disabilities Act"
 The Family Educational Rights and Privacy Act of 1974, (FERPA), 20 U.S.C. 1232g, 45 C.F.R. 99.
 10-76(d)(15) Duties and powers of boards of education to provide special education programs and services.
 10-154a Professional communications between teacher or nurse and student.
 10-207 Duties of medical advisors.
 10-209 Records not to be public.
 10-210 Notice of disease to be given parent or guardian.
 19a-221 Quarantine of certain persons.
 19a-581-585 AIDS testing and medical information.

Policy adopted: June 26, 2006

EAST HAMPTON PUBLIC SCHOOLS
 East Hampton, Connecticut

Students

Communicable/Infectious Diseases

Exclusion Procedures

If it is determined that the interests of the student and the school are better served when a student with a communicable or infectious disease is excluded, procedural safeguards will establish such by extensive medical evidence which shall include, but not be limited to:

- A. The nature of the disease.
- B. Whether transmission may be controlled.
- C. Whether the personal characteristics of the student involved are such that exclusion of the affected student from the regular classroom is clearly necessary to protect the health of other students.
- D. As medical knowledge and circumstances may change rapidly, the school board administrator will monitor current medical information and assess the student's medical condition and the school's ability to accommodate that student in light of the most current medical information. New facts may warrant a different result from the one previously reached.
- E. Where a student or student's parents object to the Board's decision to exclude that student, the Board of Education will provide a hearing to adjudicate pertinent facts concerning the exclusion.

Medical Intervention

The school nurse or medical advisor will establish guidelines which will provide simple, effective precautions against transmission of communicable disease for all students and staff. Universal precautions will be used to clean up after a student has an accident or injury at school. Blood or bodily fluids emanating from any student should be treated cautiously. Such guidelines will be reviewed regularly in light of medical advances. Necessary reports will be made to health authorities consistent with state law.

If emergency exclusion of a student is warranted, regulation will provide procedures to take care of the emergency situation.

Consideration will be given to temporary removal of a student from school, if in the school population, a disease, flu, cold or childhood disease might negatively impact the infected student's health. Students with infectious diseases may be temporarily removed from school when that student is acutely ill.

Students

Communicable/Infectious Diseases (continued)

Classroom and educational programs will be established so that students, staff and the public are better informed of the risk and prevention of transmission of communicable diseases. The school nurse or other medical staff will be available to assist in any problem resolution, answer questions and coordinate services provided by other staff.

Confidentiality

The privacy rights of students with a communicable disease shall be strictly observed by school staff. No person who obtains confidential related medical information may disclose or be compelled to disclose such information except to the following:

1. The protected student or parent.
2. Any person who secures a release of the confidential related information.
3. A federal, state or local officer when such disclosure is mandated or authorized by federal state law.
4. A health care provider or health facility when knowledge of the related information is necessary to provide appropriate care treatment to the protected student and when confidential related information is already recorded in the medical chart or record or a health provider has access to such records for the purpose of providing medical care to that student.

When confidential information relating to communicable disease is disclosed, it should be accompanied by a statement in writing which shall include the following similar language;

"This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure without the specific written consent of the student or legal guardian to whom it pertains or as otherwise permitted by law. A general authorization for the release of medical or other information is not sufficient for this purpose."

A notation of all such disclosure shall be placed in the medical record or with any record related to a communicable disease test results of a protected student. Any person who willfully violates the provisions of this law will be liable in a private cause of action for injuries suffered as result of such violation. Damages may be assessed in the amount sufficient to compensate said student for such injury.

Students

Communicable/Infectious Diseases

Legal Reference: Connecticut General Statutes

"Education for Children with Disabilities", 20 U.S.C. 1400, et seq.

Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 706(7)(b).

"Americans with Disabilities Act".

The Family Educational Rights and Privacy Act of 1974, (FERPA), 20 U.S.C. 1232g, 45 C.F.R. 99.

Connecticut General Statutes

10-15b Access of parent or guardian to student's records.

10-19 Teaching about alcohol, nicotine or tobacco, drugs and acquired immune deficiency syndrome.

10-66b Regional educational service centers. Operation and management. Board.

10-76(d)(15) Duties and powers of boards of education to provide special education programs and services.

10-154a Professional communications between teacher or nurse and student.

10-207 Duties of medical advisors.

10-209 Records not to be public.

10-210 Notice of disease to be given parent or guardian.

19a-221 Quarantine of certain persons.

19a-581-585 AIDS testing and medical information.

Regulation approved: June 26, 2006

EAST HAMPTON PUBLIC SCHOOLS
East Hampton, Connecticut

Students/Personnel – Certified

Prohibitions Regarding Recommendations for Psychotropic Drug Use

In conformity with state statute, the Board of Education prohibits all school personnel, including school health or mental health personnel, from recommending the use of psychotropic drugs for any student enrolled within the school system. The term “recommended” means to directly or indirectly suggest that a child use a psychotropic drug.

“Psychotropic drugs” are prescription medications for the behavioral or social-emotional concerns, such as attention deficits, impulsivity, anxiety, depression and thought disorders, and includes, but is not limited to stimulant medication and antidepressants.

Although recommending the use of psychotropic drugs is prohibited, school health or mental health personnel may, however, recommend to a parent or guardian that a student be evaluated by an appropriate medical practitioner. For the purposes of this policy, the term “school health or mental health personnel” includes school nurses, district medical advisors, psychologists, social workers, guidance counselors, speech language pathologists, building administrators and the Director of Support Services.

Any school personnel who are not empowered to recommend a medical evaluation but have concerns regarding a student’s need for such a recommendation should notify the building principal. The Director of Support Services shall establish guidelines for the method of which school health or mental health personnel communicate a recommendation to a parent or guardian that a student be evaluated by an appropriate medical practitioner. When such a recommendation is made, the school health or mental health personnel making the recommendation will also request a written consent from the parent or guardian to consult with such practitioner. Upon receiving such consent, school personnel may consult with the designated medical practitioner regarding any topic relevant to the medical evaluation, including the use of prescription medication.

Nothing in this policy shall be construed to prohibit a planning and placement team from discussing with parents and/or guardians or a student the appropriateness of consultation with, or evaluation by, medical practitioners.

The Superintendent of Schools or his/her designee shall disseminate this policy to district personnel and parents/guardians of students annually and upon the registration of new students.

Legal Reference: Connecticut General Statutes
10-212b Policies prohibiting the recommendation of psychotropic drugs by school personnel. (as amended by PA 03-211)

Policy adopted: November 26, 2001 EAST HAMPTON PUBLIC SCHOOLS
Policy revised: June 28, 2004 East Hampton, Connecticut

Students

Students with Special Health Care Needs

Food Allergy

The East Hampton Board of Education recognizes the increasing prevalence of potentially life-threatening food allergies among children. While the primary responsibility for managing food allergies lies with the students/parents, the school district will assist them with their responsibilities in the school setting. Effective management of food allergies in the school setting includes implementing strategies for avoidance of offending foods by allergic children and emergency planning to ensure prompt identification and treatment of allergic reactions that may occur. The Board supports the education of school personnel, students, and parents regarding food allergy management to maintain a safe school environment for allergic children.

It is the Board's expectation that specific building-based guidelines/actions will take into account the health needs and well-being of all children without discrimination or isolation of any child. It is the Board's belief that education and open and informative communication are vital for the creation of an environment with reduced risks for all students and their families. In order to assist children with life-threatening allergies to assume more individual responsibility for maintaining their safety as they grow, it is the policy of the Board that guidelines shift as children advance through the primary grades and through secondary school.

(cf. 5141 - Student Health Services)
(cf. 5141.21 - Administering Medication)
(cf. 5141.23 - Students with Special Health Care Needs)
(cf. 5141.3 - Health Assessments)
(cf. 5145.4 - Nondiscrimination)

Legal Reference: Connecticut General Statutes

- 10-15b Access of parent or guardian to student's records.
- 10-154a Professional communications between teacher or nurse and student.
- 10-207 Duties of medical advisors.
- 10-212a Administrations of medications in schools
- 10-212a(d) Administration of medications in schools by a paraprofessional
- 10-2201 Transportation of students carrying cartridge injectors
- 52-557b Good Samaritan Law. Immunity from liability for emergency medical assistance, first aid or medication by injection

Students

Students with Special Health Care Needs

Food Allergy

Legal References: (continued)

PA 05-104 An Act Concerning Food Allergies and the Prevention of Life-Threatening Incidents in Schools

PA 05-144 and 05-272 An Act Concerning the Emergency Use of Cartridge Injectors

The Regulations of Connecticut State Agencies section 10- 21 2a through 10-21 2a-7

Federal Legislation

Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794 § 504; 34 C.F.R. § 104 et seq.)

Americans with Disabilities Act (ADA) of 1990 (42 U.S.C. §12101 et seq. 29 C.F.R. §1630 et seq.

The Family Education Rights and Privacy Act of 1974 (FERPA)

The Individuals with Disabilities Education Act of 1976 (IDEA)
(20 U.S.C. § 1400 et seq.) 34 C.F.R. § 300 et seq.

FCS Instruction 783-2, Revision 2, Meal substitution for medical or other special dietary reasons.

Policy adopted: August 24, 2009

EAST HAMPTON PUBLIC SCHOOLS
East Hampton, Connecticut

Students

Automatic External Defibrillators (AEDs)

Automatic External Defibrillators (AEDs) shall be made available for use within the school district in emergency medical situations, consistent with state law and the procedures established by the school administration as set forth in accompanying Regulations No.5141.27. AEDs are not intended to and do not replace the assistance of qualified medical professionals.

For purposes of this policy and the accompanying regulations, an AED is a device that 1) is used to administer an electric shock through the chest wall to the heart; 2) contains internal decision-making electronics, microcomputers or special software that allows it to interpret physiologic signals, make medical diagnosis and, if necessary apply therapy; 3) guides the user through the process of using the device by audible or visual prompts; and 4) does not require the user to employ any discretion or judgment in its use.

AEDs made available for use on school grounds are Board of Education property and must be respected as such. AEDs may only be used by those individuals having been properly trained in their use, in accordance with state law and the standards set forth by the school district's medical advisor consistent with relevant medical guidelines and law. No school district personnel, even those trained in AED use shall be required to render emergency first aid although they may volunteer to do so.

Any employee, student or other individual in the Board's control who violates this policy may be subject to disciplinary action, up to and including expulsion from school and/or termination of employment. Civil and/or criminal liability also may be imposed.

The Superintendent of Schools shall establish administrative guidelines that outline the specific responsibilities, training, management, maintenance and procedures of the use and storage of AEDs on school grounds. Such guidelines shall be reviewed and updated as necessary. Authorized AED users shall be provided a copy of the East Hampton Board of Education's policy and regulations and provide the school district written certification of such.

Legal References: State Statutes

Conn. Gen. Stat. § 52-557b Good Samaritan Law
 Conn. Gen. Stat. §10-221 (Board of Education to Prescribe Rules)
 Conn. Gen. Stat. §52-557b (Immunity from liability for emergency medical assistance, first aid or medication by injection.)
 Public Act 03-211 (An Act Concerning the Provision of Medical Care for Student Health Care Needs)

Policy adopted: October 14, 2008

EAST HAMPTON PUBLIC SCHOOLS
 East Hampton, Connecticut

Students

Automatic External Defibrillators (AEDs)

Guidelines

The East Hampton Public School Systems AED program shall include the following roles which should be guided by the duties and responsibilities described below.

I. Training

Staff working in the Health Services Department and the Athletic Department who have direct contact with students shall meet the criteria to be designated as part of our internal Emergency Response Team (ERT). Team members will include:

Health Services Department

All School Nurses

Others

School Administrators

Athletic Training Department

All Athletic Trainers, Coaches and
Athletic Director

Criteria are as follows:

1. All members of the Emergency Response Team must maintain their credentials by participating in refresher training annually and undergo retraining every two years.
2. No staff member will use the AED unless they have successfully completed AED and CPR training by an approved trainer in accordance with the standards set forth by the American Red Cross or American Heart Association, and the East Hampton Public Schools.
3. All Emergency Response Team members will sign the Certification of Compliance with AED Policy and Procedure Form annually.
4. Attend the AED Program site-based training (drill) annually.
5. Be trained in universal precautions against blood borne pathogens annually.

II. Staff Responsibilities

A. Medical Advisor

Medical oversight for the East Hampton Public Schools AED Program has been secured and a written prescription for the AED has been obtained and will continue to be signed yearly by the East Hampton Public School System Medical Advisor. The Medical Advisor will:

Students

Automatic External Defibrillators (AEDs)

Guidelines (continued)

1. Be made aware of any AED events.
2. Oversee all training activity.
3. Recommend policies and establish and review procedures.
4. Evaluate post–event review forms.
5. To insure uniformity in the quality of the AEDs installed and used in the East Hampton Public School facilities, all additional units purchased must first be reviewed by the Medical Advisor.
6. Work as a liaison with the East Hampton Public Health Department to establish an AED response to protocols for each school.

B. Program Coordinator- Nursing Supervisor (or Designee)

The Program Coordinator will:

1. Act as liaison among the AED participants.
2. Coordinate training for the Emergency Response Team.
3. Coordinate documentation (training, AED maintenance, use and post-incident data collection).
4. Recommend revisions to this procedure as needed.
5. Communicate with the AED Program Medical Advisor on issues related to the AED program, and the AED in accordance with state law.

C. Site Leader

A Site Leader at each participating East Hampton Public School is an employee of the East Hampton Board of Education and has a current Nursing License (or designee in her absence**) who will:

1. Be responsible for the day to day operation and be accountable for the AED Program of the site.
2. Check the AED equipment and accessories in accordance with maintenance procedures.
3. Collect data for the incident report and forward to the Program Coordinator within 48 hours.

****The Site Leader at the high school for adult education and athletic events will be the Athletic Director.**

Students

Automatic External Defibrillators (AEDs)

Guidelines (continued)

D. AED Site Advisory Team

The AED Site Advisory Team at each school participating in the AED program is a group that will include the Site Leader and representatives of administration, Athletic Advisor, Physical Education Department Head and all others as appropriate that will:

1. Develop site-specific procedures and training programs in consultation with the Medical Director and Program Coordinator.
2. Identify targeted responders and will develop a plan for the initial AED training and retraining of targeted responders as needed.

III. Location of Defibrillators

1. The AED will be strategically placed and readily accessible to the Emergency Response Team to maximize rapid utilization.
2. The East Hampton EMS, Police and Fire Departments will be notified of the East Hampton Schools AED Program and the location of each AED.
3. The Town of East Hampton Police Department will note the location to be added to their 911 computer system.
4. As required by state law, the location will be noted on the registry form submitted to the Connecticut State Department of Public Health Office of Emergency Medical System.

After regular school hours, the AED may be moved from its designated location by a member of the Emergency Response Team to support athletic department activities that are being held on school grounds. A visible sign must be left in the place of the AED with a signature and cell phone number by the Emergency Response Team in charge of the AED. It will be returned immediately after the event is completed. The Emergency Response Team member who removed the AED will be fully responsible for the AED.

IV. Procedures for use (Also see Chain of Survival Form)

1. Only the predetermined Emergency Response Team shall be permitted access to the AED during school hours.
2. Predetermined Emergency Response Team accessing the AED shall maintain control of the equipment at all times.
3. Any problems with the AED shall be immediately reported to the Site Leader.

Students

Automatic External Defibrillators (AEDs)

Guidelines (continued)

4. Predetermined Emergency Response Team may only use the AED in medically appropriate circumstances and in accordance with their training.
5. In the event of use, the Emergency Response Team provider shall if possible notify the building nurse, Site Leader, building administrator, the Superintendent of Schools and the School Medical Advisor.

V. Maintenance

1. Site Leader and Principal at each building shall check each defibrillator monthly following the procedure checklist and per manufacturer's guidelines.
2. Site Leader will report AED use maintenance issues to the Program Coordinator and/or the Program Medical Advisor as needed.
3. At the beginning of each academic school year each unit will be checked in its entirety for ready to use condition by the Site Leader and Principal.

VI. Post-Event Process

Post-Event Review

After a use of the AED, the following will be replaced:

- Electrode pads
- Gloves
- Pocket mask or one-way valve
- Scissors
- Verify battery replacement

In the event of the absence of the Site Leader, the AED rescuer who has used the AED is responsible for re-equipping the unit with these accessories prior to returning it to service. Supplies for the device are located in the Health Services Office.

Students

Automatic External Defibrillators (AEDs)

Guidelines (continued)

A. Reporting

If an AED is attached to a patient, even if no shock is delivered, an AED Incident Form (see appendices) will be completed by the Site Leader immediately and submitted within 48 hours to the AED Program Coordinator.

The AED Event Summary is located in the Health Services Office.

The summary will serve as the narrative of the incident.

The summary and event card will be reviewed by the following:

Medical Director, AED Program Coordinator, Rescuers involved
Crisis Team

Assessment for need of accessing counseling will be provided by AED Program Coordinator and Crisis Counselor in the school.

**East Hampton Public Schools
East Hampton, Connecticut**

Certification of Compliance with AED Policies and Procedures

I, _____, have read the East Hampton Public Schools Automated Defibrillation Program Policy and Procedures and have submitted documentation of current CPR and AED training by the American Red Cross or the American Heart Association. I am aware of the contents of the policies and I am comfortable with the procedures. I have had an opportunity to ask questions regarding the program and have had my questions answered. If, at any time, while functioning as an AED provider using the AED available in East Hampton Public Schools, I have a concern or question, I will ask the Medical Director, the Program Coordinator, or the Site Leader for clarification. I agree to follow the terms and conditions set forth in the policy and administrative regulations.

AED Provider Signature

Date

Program Coordinator

Date

Site Leader

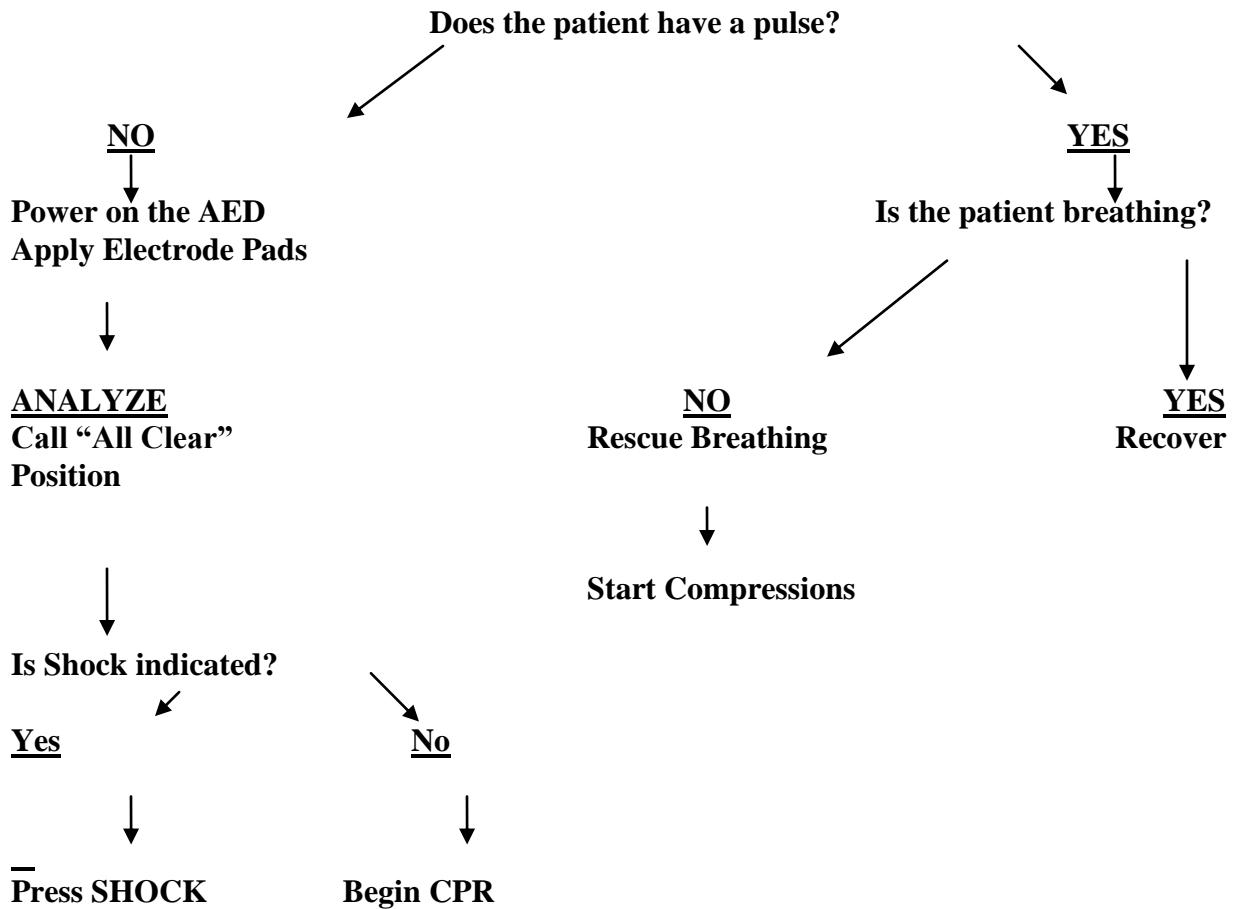
Date

Event Response Protocol
Flowchart

Assess

1. Airway
2. Breathing
3. Circulation

CALL 911



Continue as directed until EMT arrives.

**EAST HAMPTON PUBLIC SCHOOLS
AUTOMATED EXTERNAL DEFIBRILLATOR
INCIDENT REPORT**

Name of Person Completing Report: _____

Date of Incident: _____ Date of Report: _____

Name of Patient the AED was Applied: _____

DOB/Age: _____

Known Status of Patient:

Parent/Guardian _____

Administrator/Other _____

Describe Incident: _____

Time of Incident: _____

Time Transported: _____

Location of Incident: _____

Transported To: _____

AED Rescuer: _____

911 Caller: _____

Transporting Ambulance Service: _____

Number of Shocks Delivered: _____

Signed By: _____

Date: _____

**Forward report to Nursing Supervisor/Program Coordinator and Medical Advisor
no later than 48 hours after incident.**

**East Hampton Public Schools
East Hampton, Connecticut**

(Name of School)

AED Monthly Monitor Check

Date	Positive Inspection	Negative Inspection	Signatures (Site Leader/Administrator)
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

**East Hampton Public Schools
East Hampton, Connecticut**

AED Agency Notification Letter

To: Office of Emergency Medical Services

From: East Hampton Public School System

Please let this letter serve as notification for your department that _____

(School Name)

has initiated an Automated External Defibrillation program. Our Medical Director for the AED program is _____. He/She works directly with the Program Coordinator (at present, _____) regarding the implementation and management of the AED program. The defibrillator is strategically placed and readily accessible to predetermined AED providers to maximize rapid utilization. The AED is available during and after school hours during on-site school activities. The school nurse has received training in the use of the AED as have the predetermined AED providers who are listed in the school nurse's office. These providers include nurses and any other teacher or coach who has received the necessary training (American Heart Association, American Red Cross, or an equivalent training). They have all received and read the East Hampton Public Schools' policy and administrative regulations and have agreed, in writing, to comply with said policies.

Thank you for your time and attention in this matter. We appreciate your support.

Sincerely,

Principal

Superintendent of Schools

LOCATION OF AED _____

**East Hampton Public Schools
East Hampton, Connecticut**

AED Agency Notification Letter

To: East Hampton Fire Department

From: East Hampton Public School System

Please let this letter serve as notification for your department that _____
(School Name)

has initiated an Automated External Defibrillation program. Our Medical Director for the AED program is _____. He/She works directly with the Program Coordinator (at present, _____) regarding the implementation and management of the AED program. The defibrillator is strategically placed and readily accessible to predetermined AED providers to maximize rapid utilization. The AED is available during and after school hours during on-site school activities. The school nurse has received training in the use of the AED as have the predetermined AED providers who are listed in the school nurse's office. These providers include nurses and any other teacher or coach who has received the necessary training (American Heart Association, American Red Cross, or an equivalent training). They have all received and read the East Hampton Public Schools' policy and administrative regulations and have agreed, in writing, to comply with said policies.

Thank you for your time and attention in this matter. We appreciate your support.

Sincerely,

Principal

Superintendent of Schools

LOCATION OF AED: _____

**East Hampton Public Schools
East Hampton, Connecticut**

AED Agency Notification Letter

To: East Hampton Police Department

From: East Hampton Public School System

Please let this letter serve as notification for your department that _____

(School Name)

has initiated an Automated External Defibrillation program. Our Medical Director for the AED program is _____. He/She works directly with the Program Coordinator (at present, _____) regarding the implementation and management of the AED program. The defibrillator is strategically placed and readily accessible to predetermined AED providers to maximize rapid utilization. The AED is available during and after school hours during on-site school activities. The school nurse has received training in the use of the AED as have the predetermined AED providers who are listed in the school nurse's office. These providers include nurses and any other teacher or coach who has received the necessary training (American Heart Association, American Red Cross, or an equivalent training). They have all received and read the East Hampton Public Schools' policy and administrative regulations and have agreed, in writing, to comply with said policies.

Thank you for your time and attention in this matter. We appreciate your support.

Sincerely,

Principal

Superintendent of Schools

LOCATION OF AED: _____

**East Hampton Public Schools
East Hampton, Connecticut**

**State of Connecticut
Department of Public Health
Office of Emergency Medical Service
410 Capitol Avenue MS#12-EMS
P.O. Box 340308
Hartford, CT 06134-0308
860.509.7975**

Registry # _____

PSAP# _____

Automated External Defibrillator (AED) Registry Form
(Required by Public Act 98-62 – Please Print or Type – Use one form per AED)

Name of Owner _____

Mailing Address _____

Name of Contact Person _____

Telephone _____ Fax _____

AED Manufacturer _____

Model _____ Serial # _____

Name of Prescribing Physician _____

If AED is situated at a fixed location, please include town, street address, building name, or
number, and floor location _____

If AED is not situated at a fixed location, please describe how and where it will be deployed:

Students

Health Assessments and Immunizations

The Board of Education recognizes the importance of periodic health assessments according to state health regulations.

To determine the health status of students, facilitate the removal of physical disabilities to learning, and find out whether some special adaptation of the school program may be necessary, the Board of Education may request that students have health assessments.

The Board of Education adheres to those state laws that pertain to school immunizations and health assessments. The Board shall require that formal health assessments be conducted prior to initial enrollment, while in Grade 6 or after completing Grade 5 but prior to entering Grade 7 and while in Grade 10 or after completing Grade 9 but prior to entering Grade 11. It is the policy of the Board of Education to insure that all enrolled students are adequately immunized against communicable diseases. Failure to adhere to either of these requirements will result in exclusion.

Parents wishing their children exempt or excused from health assessments and/or immunizations (as permitted by law) must submit annually a written request for exemption to the Superintendent of Schools. This request must be signed by the parent or guardian.

Students who participate in interscholastic sports are required to obtain annually a physical examination before their first practice.

Records of student medical assessments may not be open to the public.

(cf. 5111 - Admission)

Legal Reference: Connecticut General Statutes
 10-204 Vaccination
 10-204a Required immunizations (as amended by P.A. 96-244)
 10-205 Appointment of school medical advisers
 10-206 Health assessments (as amended by P.A. 80-440; 85-80)
 10-206a Free health assessments
 10-207 Duties of medical advisers
 10-208 Exemptions from examination or treatment
 10-209 Records not to be public
 10-212 School nurses

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

Policy adopted: June 26, 2006

EAST HAMPTON PUBLIC SCHOOLS
 East Hampton, Connecticut

Risk Assessment Questionnaire for Tuberculosis Exposure

1. Was your child born outside the United States?

If yes, where was your child born? If born in Africa, Asia, (including the former Soviet Union), Latin America, (including Haiti and the Dominican Republic) or Eastern Europe, a TST should be placed.

2. Has your child traveled outside the United States?

If yes, where did the child travel, with whom did the child stay, and how long did the child travel? If the child traveled to any of the above continental areas, stayed for one week or more and interacted with local people, including local friends or local family, then a TST should be placed.

3. Has your child been exposed to anyone with TB disease?

If yes, determine whether the person had TB disease or LTBI, when the exposure occurred, and what the nature of the contact was. If confirmed that contact was with a person with known or suspected TB disease, a TST should be placed.

4. Does your child have close contact with someone with a positive TST?

If yes, see the previous question for follow-up questions.

5. Does your child spend time with anyone who has been in jail (or prison) or a shelter, inject illegal drugs, or has HIV?

If yes, then a TST should be placed.

6. Has your child drunk raw milk or eaten unpasteurized cheese since the last tuberculin skin test?

If yes, then a TST should be placed.

7. Does your child have a household member who was born outside the United States?

If yes, from what country? If country is one of the countries included in question #1, then a TST should be placed.

8. Does your child have a household member who has traveled outside the United States?

Included as a household member are persons who take care of the child in the home. If yes, and the person is from one of the countries included in question #1, a TST should be placed.

Students

Health Assessments and Immunizations

In accordance with Connecticut General Statutes 10-206, 10-204a, and 10-214, the following health assessment procedures are established for students in the district:

- 1) Proof of immunization shall be required prior to school entry. A "school-aged child" also includes any student enrolled in an adult education program that leads to a high school diploma. This immunization verification is mandatory for all new school enterers and must include complete documentation of those immunizations requiring a full series. A required immunization record includes:

- a) **For initial entry into school for kindergarten, regular and special education pre-school programs:**

- 4 doses of DTP/DTaP vaccine (Diphtheria - Pertussis - Tetanus). At least one dose is required to be administered on or after the 4th birthday for children entering school at 48 to 71 months of age.

(Pertussis immunization shall not be required after a student's sixth birthday),

- 3 doses of Polio Vaccine with at least one dose of polio vaccine administered on or after the 4th birthday and before school entry. (This then usually results in 4 doses in total.)
- 2 doses of MMR vaccine (measles, mumps and rubella). One dose at 1 year of age or after and a second dose prior to school entry OR disease protection, confirmed in writing, by a physician, physician assistant or advanced practical registered nurse that the child has had a confirmed case of such disease based on specific blood testing conducted by a certified laboratory.
- 3 doses of Hepatitis B vaccine (HBV) or confirmed blood test (for any individual born January 1, 1994 or later)
- 1 dose of Hib (Hemophilus Influenza type b) is required of all school children who enter school **prior to their fifth birthday** or had a laboratory confirmed infection at age 24 months or older, confirmed in writing by a physician.

Students

Health Assessments and Immunizations (continued)

a) For initial entry into school for kindergarten, regular and special education pre-school programs: (continued)

- Varicella (Chickenpox) Immunity -
 - (i) All students born January 1, 1997 or later must show proof of immunity to varicella (chickenpox) for entry into licensed pre-school programs and kindergarten.
 - (ii) Proof of immunity includes any of the following:
 - * Documentation of age appropriate immunizations considered to be one dose administered on or after the student's first birthday (if the student is less than 13 years old) or two doses administered at least 30 days apart for students whose initial vaccination is at thirteen years of age or older.
 - * Serologic evidence of past infection.
 - * Statement signed and dated by a physician, physician assistant or advanced practice registered nurse indicating a child has already had chickenpox based on family and/or medical history. (Date of chickenpox illness not required)
 - (iii) All students are required to show proof of immunity (see above) to Varicella for entry into 7th grade.

b) For entry into seventh (7th) grade -

- Proof of having received 2 doses of measles-containing vaccine.

In those instances at entry to seventh grade, where an individual has not received a second dose of measles contained vaccine, a second dose shall be given. If an individual has received no measles containing vaccines, the second dose shall be given no less than thirty (30) days after the first. (Students entering 7th grade must show proof of having received 2 doses of measles-containing vaccine)
- Proof of Varicella (Chickenpox) Immunity.
 - (i) Two doses, given at least 30 days apart for students whose initial vaccination is at 13 years of age and older, or
 - (ii) Serologic evidence of past infection, or

Students

Health Assessments and Immunizations (continued)

b) For entry into seventh (7th) grade (continued)

- (iii) A statement signed and dated by a physician, physician assistant, or advanced practice registered nurse indicating that the child has already had chickenpox based on family and/or medical history. (Date of chickenpox illness not required)
- Proof of at least one dose of Hepatitis B vaccine or show proof of serologic evidence of infection with Hepatitis B.

NOTE: Students must show proof of 3 doses of Hepatitis B vaccine or serologic evidence of infection to enter eighth grade.

Immunization requirements are satisfied if a student:

- i) presents verification of the above mentioned required immunizations;
- ii) presents a certificate from a physician, physician assistant, advanced practice registered nurse or a local health agency stating that initial immunizations have been administered to the child and additional immunizations are in process;
- iii) presents a certificate from a physician stating that in the opinion of the physician immunization is medically contraindicated because of the physical condition of the child;
- iv) presents a statement from the parents or guardian of the child that such immunization would be contrary to religious beliefs of the child;
- v) he/she has had a natural infection confirmed in writing by a physician, physician assistant, advanced practice registered nurse or laboratory.

Health assessment and health screening requirements are waived if the parent legal guardian of the student or the student (if he or she is an emancipated minor or is eighteen years of age or older) notifies the school personnel in writing that the parent, guardian or student objects on religious grounds. (CGS 10-204a)

Students failing to meet the above requirements shall not be allowed to attend school.

Students

Health Assessments and Immunizations (continued)

- 2) A physical examination including blood pressure, height, weight, hematocrit or hemoglobin, and a chronic disease assessment which shall include, but not be limited to, asthma and which must include public health related screening questions for parents to answer and other screening questions for providers and screenings for hearing, vision, speech, gross dental and posture shall be required for all new school enterers, and students in grade 6* and grade 11*. This health assessment must be completed either prior to school entry or 30 calendar days after the beginning of school for new school enterers. This assessment must be conducted within the school year for students in grade 6* or 11*. Parents of students in grade 6* or 11* shall be notified, in writing, of the requirement of a health assessment and shall be offered an opportunity to be present at the time of assessment.

The assessment shall also include tests for tuberculosis, sickle cell anemia or Cooley's anemia and test for lead levels in the blood when the Board of Education, after consultation with the school medical advisor and the local health department, determine such tests are necessary.

A test for tuberculosis, as indicated above, is not mandatory, but should be performed if any of the following risk factors prevail:

1. birth in a high risk country of the world (to include all countries in Africa, Asia, the former Soviet Union, Eastern Europe, Central and South America, Dominican Republic and Haiti);
2. travel to a high risk country staying at least one week with substantial contact with the indigenous population since the previously required examination;
3. extensive contact with persons who have recently come to the United States since the previously required examination;
4. contact with persons suspected to have tuberculosis; or
5. had contact with anyone who was in a homeless shelter, jail or prison, uses illegal drugs or has HIV infection.

Health assessments completed within two calendar years of new school entry or grades 6* or 11* will be accepted by the school system. Failure of students to satisfy the above mentioned health assessment timeliness and/or requirements shall result in exclusion from school.

(*Note: As an alternative health assessment could be held in grades 7 and 10.)

The District shall annually report to the Department of Public Health and to the local health director the asthma data pertaining to the total number of students per school and in the district obtained through school assessments, including student demographics. Such required asthma diagnosis shall occur at the time of mandated health assessment at the time of enrollment, in either grade six or seven, and in either grade ten or eleven. Such asthma diagnosis shall be reported whether or not it is recorded on the health assessment form, at the aforementioned intervals.

Students

Health Assessments and Immunizations (continued)

- 3) Parents or guardians of students being excluded from school due to failure to meet health assessment requirements shall be given a thirty calendar day notice in writing, prior to any effective date of school exclusion. Failure to complete required health assessment components within this thirty day grace period shall result in school exclusion. This exclusion shall be verified, in writing, by the Superintendent of Schools or his/her designee. Parents of excluded students may request administrative hearing of a health assessment-related exclusion within five days of final exclusion notice. An administrative hearing shall be conducted and a decision rendered within fifteen calendar days after receipt of request. A subcommittee of the Board of Education shall conduct an administrative hearing and will consider written and/or oral testimony offered by parents and/or school officials.
- 4) Health screenings shall be required for all students according to the following schedule:

Vision Screening	Grades K-6, 9
Audiometric Screening	Grades K-3, 5, 8
Postural Screening	Grades 5, 6, 7, 8, 9

The school system shall provide these screening to students at no cost to parents. Parents shall be provided an annual written notification of screenings to be conducted. Parents wishing to have these screenings to be conducted by their private physician shall be required to report screening results to the school nurse.

(Health assessments may be conducted by a licensed physician, advanced practice registered nurse, registered nurse, physician assistant or by the School Medical Advisor.)

- 5) Parents of students failing to meet standards of screening or deemed in need of further testing shall be notified by the Superintendent of Schools.

Students eligible for free health assessments shall have them provided by the health services staff. Parents of these students choosing to have a health assessment conducted by medical personnel outside of the school system shall do so at no cost to the school system.

- 6) Health records shall be maintained in accordance with Policy #5125.

Students

Health Assessments and Immunizations (continued)

- 7) All candidates for all athletic teams shall be examined annually by the designated school physician at a time and place determined by the Director of Athletics and/or coach.

No candidate will be permitted to engage in either a practice or a contest unless this requirement has been met, and he or she has been declared medically fit for athletics.

An athlete need not be re-examined upon entering another sport unless the coach requests it.

If a student is injured, either in practice, a contest, or from an incident outside of school activities at requires him or her to forego either a practice session or contest, that student will not be permitted to return to athletic activity until the school physician examines the student and pronounces him/her medically fit for athletics.

Legal Reference: Connecticut General Statutes
 10-204 Vaccination
 10-204a Required immunizations
 10-204c Immunity from liability
 10-205 Appointment of school medical adviser
 10-206 Health assessments (as amended by June Special Session PA 01-4 and PA 01-9 and PA 05-272)
 10-207 Duties of medical advisers
 10-206a Free health assessments (as amended by June Special Session PA 01-1)
 10-208 Exemption from examination or treatment
 10-208a Physical activity of student restricted; board to honor notice
 10-209 School nurses
 10-212 School nurses
 10-214 Vision, audiometric and postural screenings. When required. Notification of parents re defects; record of results, as amended by PA 96-229, An Act Concerning Scoliosis Screening.
 Department of Public Health, Public Health Code, 10-204a-2a, 10-204a-3a and 10-204a-4
 20 U.S.C. Section 1232h, No Child Left Behind Act

Regulation approved: June 26, 2006

EAST HAMPTON PUBLIC SCHOOLS
 East Hampton, Connecticut