

**PROTOCOLS CONCERNING USE OF FACE COVERINGS IN SCHOOL**

In accordance with requirements and guidelines issued by the Connecticut State Department of Education (“SDE”), the Rocky Hill Public Schools (“District”) requires that all individuals entering a school building, a District facility, or a District transportation vehicle wear an appropriate face covering. An appropriate face covering shall consist of a cloth mask or disposable procedure-style mask that completely covers the individual’s nose and mouth. *An appropriate face covering shall not include “neck gaiters,” bandanas or exhalation valve masks.* Any individual who presents for entrance into a school building, District facility or District transportation vehicle who is not wearing an appropriate face covering shall be provided an appropriate face covering by the District.

Compliance with this policy shall be mandatory for all individuals while in a school building, District facility and/or District transportation vehicle, unless an applicable exception applies. Any individual who refuses to wear an appropriate face covering at all times while in a school building, District facility or District transportation vehicle shall be denied admission and/or required to leave the premises, unless an applicable exception applies. In addition, failure to comply with these protocols may lead to disciplinary action for students and staff, and exclusion from school property for members of the community, in accordance with applicable laws, rules, regulations, and/or Board policies.

*All individuals participating in or attending any school-sponsored activities must wear an appropriate face covering, whether or not those activities occur in a school building, District facility or District transportation vehicle, unless an applicable exception applies or the Administration, in consultation with the local health department, determines that face coverings are not required for athletes participating in certain athletic activities.*

- Students and all individuals being transported on District transportation vehicles are required to wear appropriate face coverings (face coverings must be worn prior to boarding and while exiting the vehicle), in accordance with the District’s Transportation Protocols. Please see below for additional procedures for face covering exemption requirements.
- Students, staff and all individuals inside school buildings and District facilities are required to wear appropriate face coverings except if (i) the individual cannot wear the face covering because the individual has difficulty breathing, is unconscious, or incapacitated; (ii) the individual cannot remove the face covering without assistance; (iii) the individual has a documented medical reason making it unsafe to wear a mask; (iv) the student is under the age of (3); or (v) the individual has a disability that causes the individual to be unable to wear a face covering.

**Important Note: The need for a medical exemption for the wearing of face coverings of the styles recommended for use in schools for source control is rare. Medical contraindications to the wearing of cloth or other similar loose fitting masks generally are limited to individuals suffering from severe chronic obstructive pulmonary disease (COPD) such as might be seen with cystic fibrosis, severe emphysema, heart failure, or significant facial burns that would cause extreme pain or interfere with the healing of a skin graft.**

**SERIES C-19 – COVID 19 POLICIES AND REGULATIONS (NEW)  
PROTOCOLS CONCERNING USE OF FACE COVERINGS IN SCHOOL (Continued)**

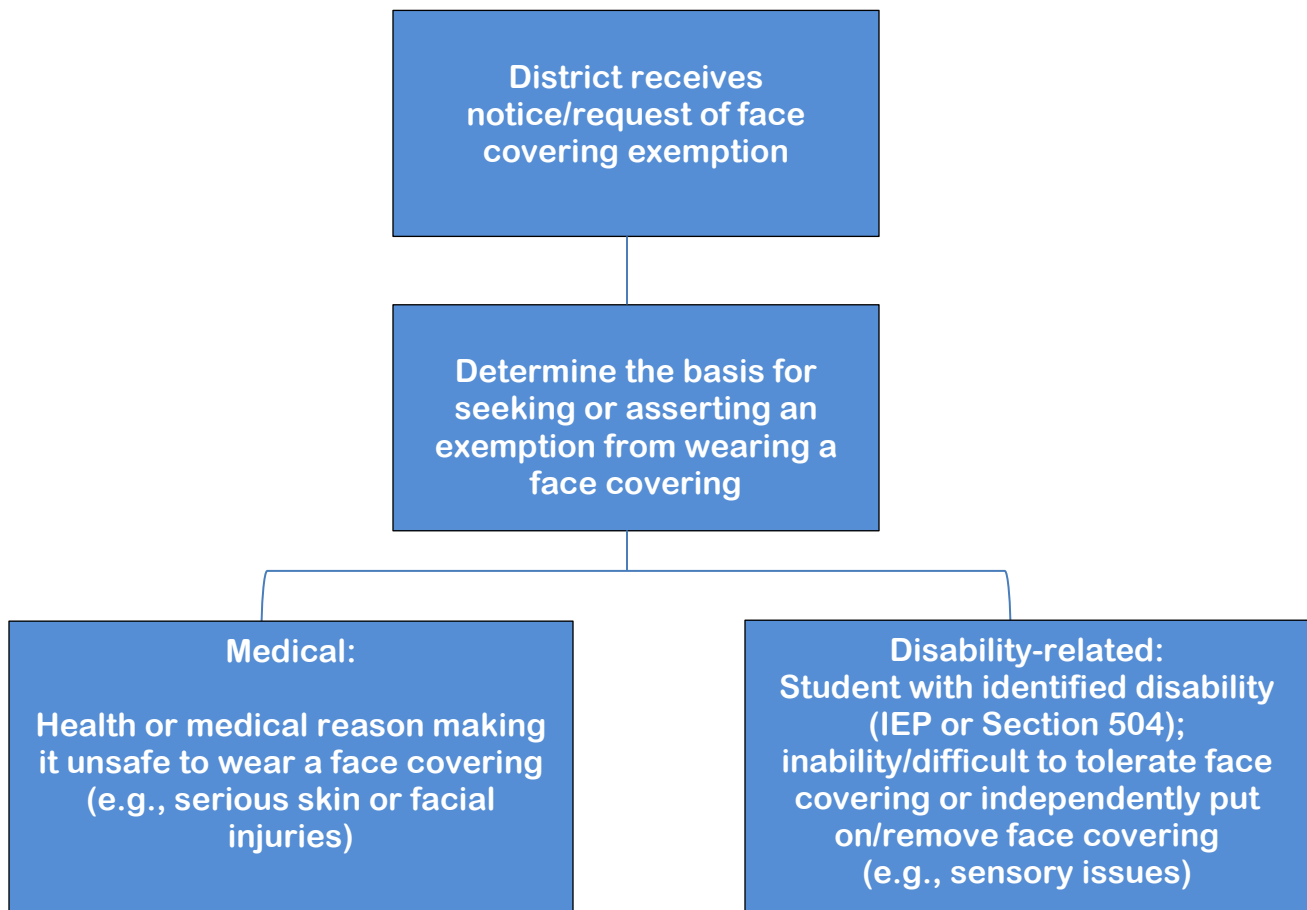
**These severe medical conditions will be rare in students or staff capable of presenting to the school for work or instruction (in most cases these individuals would not be able to move about freely without significant assistance). In addition, for anyone suffering from any of these underlying conditions, the strong recommendation would be for that person to remain at home and engage in fully virtual learning due to their risk of developing severe complications if they did become infected with COVID-19. Mild or intermittent respiratory or other common conditions such as asthma, cardiovascular diseases, kidney disease, or other similar conditions generally are not considered contraindications to the wearing of loose-fitting face coverings.**

- Face coverings may only be removed within the school building for the following reasons: (i) eating/drinking; (ii) on school grounds with appropriate social distancing implemented; and (iii) educational or medical activities requiring removal of masks (speech and language, evaluations, etc.) ONLY under circumstances when the school has implemented appropriate and District-approved mitigating measures (such as gowns, face shields, additional social distancing, physical barriers for District employees and/or students).
- For preschool students only, face coverings may also be removed or not worn (as applicable) under the following circumstances: (i) students are sleeping or resting, when the distance between students is maximized, maintaining at least 6 feet of distance wherever possible when face coverings are removed; (ii) a student is newly enrolled within the past two (2) months and is working toward consistent wearing of a face covering; (iii) a student has just turned three (3) years old, in which case such student may have up to two (2) months to acclimate to wearing a face covering and support developmental readiness; and/or (iv) during outdoor activities.
- If a student claims a medical or disability-related exemption from wearing a face covering, the District shall follow the Decision Tree – Face Covering Exemptions in these Protocols. If the District determines the request is based on medical need, the parent or guardian and the student’s treating physician must complete the Face Covering Exemption Request Form. If the District determines the request is based on disability (skill deficit), the District shall promptly convene a Planning and Placement Team (“PPT”) Meeting or Section 504 Team meeting as appropriate to discuss and consider necessary programming revisions, accommodations, modifications, etc.
- If a staff member claims a medical or disability-related exemption from wearing a face covering, the District shall comply with all applicable laws, rules, regulations, and requirements regarding the evaluation of, and response to, any such claim.
- Students shall be offered face covering breaks during the school day as determined appropriate by the Administration. A face covering break consists of the student removing the face covering from the student’s own nose and mouth for a short period of time. School district personnel supervising students shall only permit a face covering break when individuals who are indoors are a minimum of 12 feet apart or other District-approved mitigating measures (such as physical barriers) have been implemented, and when individuals who are outdoors are a minimum of 6 feet apart. When practicable, school district personnel supervising students shall schedule mask breaks outdoors.

**SERIES C-19 – COVID 19 POLICIES AND REGULATIONS (NEW)  
PROTOCOLS CONCERNING USE OF FACE COVERINGS IN SCHOOL (Continued)**

- The Administration and school employees shall initially address student non-compliance with these protocols through the use of verbal reminders and other less restrictive means of supporting compliance with the use of face coverings. Student discipline may be imposed, in accordance with Board policies, in situations when less restrictive means are not effective and no exception to the wearing of a face covering applies. A preschool student shall not be excluded from the program or isolated from the student’s peers due to the student’s non-compliance with the face covering requirements.
- The Administration shall communicate individually with parents/guardians who refuse to permit their child(ren) to wear an appropriate face covering to discuss the parents’/guardian’s concerns, review the requirements issued by the Connecticut State Department of Education and Connecticut Office of Early Childhood, and/or discuss whether an exception to the face covering requirement may apply to their child(ren) and the appropriate process to obtain such exception.

**Decision-Making Tree – Face Covering Exemptions**



**SERIES C-19 – COVID 19 POLICIES AND REGULATIONS (NEW)**  
**PROTOCOLS CONCERNING USE OF FACE COVERINGS IN SCHOOL (Continued)**

**ROCKY HILL PUBLIC SCHOOLS**  
**Face Covering Medical/Health Exemption Form**

COVID-19 is a highly contagious virus that spreads by respiratory droplets released when individuals talk, cough or sneeze. Many individuals infected with COVID-19 are asymptomatic and contagious. Federal and state public health agencies, including the United States Centers for Disease Control and Prevention (CDC), recommend that individuals wear a face covering to limit the spread of COVID-19.

The Connecticut State Department of Education and Rocky Hill Public Schools require ALL students, beginning in preschool (ages three and over), to wear face coverings during the school day. Any student seeking a medical exemption to the face covering requirement must have the student's treating physician complete the below Medical/Health Exemption Form. As noted below, Rocky Hill Public Schools will consult with the student's treating physician to determine what reasonable accommodations, if any, would allow the student to wear a face covering during the school day. In light of the significant public health and safety requirements, the Rocky Hill Public Schools require that any request for medical exemption be completed and submitted to: Mark F. Zito, Ed.D., Superintendent of Schools, 761 Old Main St., Rocky Hill, CT, 06067; Phone: 860-258-7701; Fax: 860-258-7710.

Students submitting requests for medical exemption are subject to COVID-19 containment strategies pending the completion of the exemption review process. COVID-19 containment strategies may include assignment to home-based remote learning to mitigate the possibility of infection to the student or others in the physical school building.

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address of Child: \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Address of Parent(s)/Guardian(s): \_\_\_\_\_  
(if different from child)

**Contact Information for Treating Physician**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**THE ROCKY HILL PUBLIC SCHOOLS RESERVES THE RIGHT TO DENY MASK EXEMPTION REQUESTS WITHOUT SUFFICIENT INFORMATION TO DETERMINE THE HEALTH-RELATED NECESSITY OF SUCH REQUEST.**

**SERIES C-19 – COVID 19 POLICIES AND REGULATIONS (NEW)  
PROTOCOLS CONCERNING USE OF FACE COVERINGS IN SCHOOL (Continued)**

I HEREBY CONSENT TO SCHOOL OFFICIALS OF THE ROCKY HILL PUBLIC SCHOOLS CONSULTING WITH THE ABOVE-NAMED TREATING PHYSICIAN IN CONNECTION WITH THE REQUEST FOR A MEDICAL EXEMPTION FROM WEARING A FACE COVERING DURING THE COVID-19 PANDEMIC. I UNDERSTAND THAT MY CHILD’S TREATING PHYSICIAN IS AUTHORIZED TO EXCHANGE HEALTH/MEDICAL AND EDUCATIONAL INFORMATION RELATED TO THE FACE COVERING MEDICAL EXEMPTION REQUEST SUBMITTED ON BEHALF OF MY CHILD, \_\_\_\_\_ (Name of Student), WITH THE ROCKY HILL PUBLIC SCHOOLS. I UNDERSTAND THAT THE PURPOSE OF THE EXCHANGE OF SUCH INFORMATION IS TO DETERMINE WHETHER A MEDICAL EXEMPTION IS NECESSARY AND/OR WHETHER THERE ARE ANY REASONALBE ACCOMMODATIONS THAT SHOULD BE CONSIDERED IN CONNECTION WITH THE FACE COVERING EXEMPTION REQUEST. I UNDERSTAND THAT THIS AUTHORIZAITON WILL EXPIRE ON JUNE 20, 2021, UNLESS I REVODE THIS AUTHORIZATION AT AN EARLIER TIME BY SUBMITTING WRITTEN NOTICE OF THE WITHDRAWAL OF CONSENT. I ACKNOWLEDGE THAT HEALTH/MEICAL RECORDS, ONCE SHARED WITH THE ROCKY HILL PUBLIC SCHOOLS, WILL BE EDUCATION RECORDS UNDER FEERAL EDUCATION RECORD LAWS (FERPA) AND MAY NOT BE PROTECTED BY THE HIPAA PRIVACY RULE. I ALSO UNDERSTAND THAT REFUSAL TO CONSENT TO THE EXCHANGE OF INFORMATION DESCRIBED ABOVE WILL NOT AFFECT ACCESS TO HEALTHCARE.

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_

**SERIES C-19 – COVID 19 POLICIES AND REGULATIONS (NEW)**  
**PROTOCOLS CONCERNING USE OF FACE COVERINGS IN SCHOOL (Continued)**

The section below must be completed by the student’s treating physician to verify a health or medical reason that prohibits the student from wearing a face covering in the school building and/or on school grounds or to identify possible accommodations for the student to wear a face covering within the school building or on school grounds. Upon completion, this form must be provided by the treating physician directly to the Rocky Hill Public Schools, care of: Mark F. Zito, Ed.D., Superintendent of Schools, 761 Old Main St., Rocky Hill, CT, 06067; Phone: 860-258-7701; Fax: 860-258-7710.

*The treating physician MUST consult with the school nurse prior to completing this form.*

**Medical Verification**

Name of School Nurse: \_\_\_\_\_ Date Contacted: \_\_\_\_\_

**Yes No**

- I have consulted with the school nurse regarding the student’s ability to wear a face covering due to a verified medical or health reason.
  
- After consultation with the school nurse, I have determined that reasonable accommodations would permit the student to wear a face covering for parts or all of the school day.

If yes, to the above questions:

I have determined that the following reasonable accommodations would permit the student to wear a face covering during the school day (examples include, without limitation, face covering breaks as specific intervals, use of face shield when a face covering is contraindicated, use of bandana or looser fitting face covering):

\_\_\_\_\_  
\_\_\_\_\_

- After consultation with the school nurse, I have determined that the student cannot wear a face covering during the entire school day due to a verified medical or health reason.

The student has been diagnosed with the following medical condition(s) that prevent the student from wearing a face covering at all times during the school day:

\_\_\_\_\_  
\_\_\_\_\_

**\*Documentation supporting the above diagnosis MUST be submitted to the Rocky Hill Public Schools along with this Medical Verification Form.**

By signing below, I verify that the above information is accurate to the best of my professional knowledge.

\_\_\_\_\_  
Signature of Treating Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Treating Physician

\_\_\_\_\_  
CT License No.