

PROCEDURE CONCERNING USE OF FACE MASKS AND FACE COVERINGS

In accordance with requirements and guidelines issued by the Connecticut State Department of Education (“SDE”), LEARN requires that all individuals entering a LEARN school building, a LEARN facility, or a LEARN 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. Also, a face shield alone is not an acceptable substitute for a face mask/face covering, but may be used in conjunction with a cloth or disposable face mask/face covering.

Any individual who presents for entrance into a school building, LEARN facility or LEARN transportation vehicle who is not wearing an appropriate face covering shall be provided an appropriate face covering by LEARN.

Compliance with these protocols shall be mandatory for all individuals while in a school building, LEARN facility and/or any transportation vehicle, unless an applicable exception applies. Any individual who refuses to wear an appropriate face covering at all times while in a LEARN school building, LEARN facility or 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 LEARN sponsored activities must wear an appropriate face covering, whether or not those activities occur in a school building, District facility or District transportation vehicle.

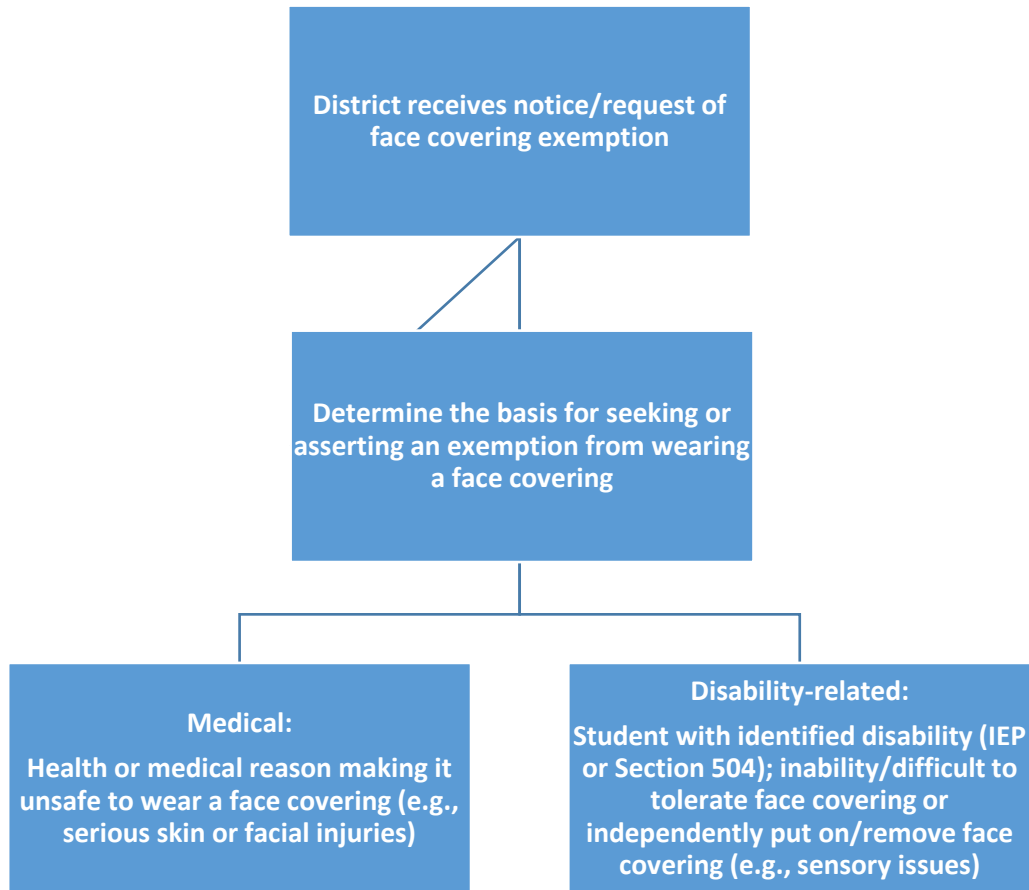
Students and all individuals being transported on LEARN transportation vehicles are required to wear appropriate face coverings (face coverings must be worn prior to boarding and while exiting the vehicle), in accordance with LEARN’s Transportation Protocols. Please see below for additional procedures for face covering exemption requirements.

Students, staff and all individuals inside school buildings and LEARN 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; or (iv) the individual has a disability that causes the individual to be unable to wear a face covering.

The student has a medical exemption that is documented with a current 504 plan or and Individualized Education Program (IEP).

- 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 LEARN-approved mitigating measures (such as gowns, face shields, additional social distancing, physical barriers for LEARN employees and/or students).
- If a student claims a medical or disability-related exemption from wearing a face covering, LEARN shall follow the Decision Tree - Face Covering Exemptions in these Protocols. If LEARN 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 LEARN determines the request is based on disability (skill deficit), LEARN 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 6 feet apart or other LEARN-approved mitigating measures that 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.

Decision-Making Tree - Face Covering Exemptions



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. 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 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 _____ Public Schools require ALL students, beginning in kindergarten, 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, _____ 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 _____ Public Schools require that any request for medical exemption be completed and submitted to _____, the [title] at _____ [email].

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): _____

Address of Parent(s): _____

(if different from child)



Contact Information for Treating Physician

Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

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

I HEREBY CONSENT TO SCHOOL OFFICIALS OF THE _____ 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 _____ 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 REASONABLE ACCOMMODATIONS THAT SHOULD BE CONSIDERED IN CONNECTION WITH THE FACE COVERING EXEMPTION REQUEST. I UNDERSTAND THAT THIS AUTHORIZATION WILL EXPIRE ON JUNE 30, 2021, UNLESS I REVOKE THIS AUTHORIZATION AT AN EARLER TIME BY SUBMITTING WRITTEN NOTICE OF THE WITHDRAWAL OF CONSENT. I ACKNOWLEDGE THAT HEALTH/MEDICAL RECORDS,



ONCE SHARED WITH THE _____ PUBLIC SCHOOLS, WILL BE EDUCATION RECORDS UNDER FEDERAL 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.

PRINT NAME
PARENT/GUARDIAN

DATE

SIGNATURE
PARENT/GUARDIAN



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 _____ Public Schools, care of [insert contact name] at [address].

The treating physician MUST consult with school health supervisory personnel prior to completing this form. The contact information for the school health supervisory personnel for this matter (COVID-19 Liaison at _____ Public Schools) is:

Medical Verification

Yes No

 I have consulted with school health supervisory personnel regarding the student’s ability to wear a face covering due to a verified medical or health reason.

 After consultation with school health supervisory personnel, 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 question:

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 at specified intervals, use of face shield when a face covering is contraindicated, use of bandana or looser fitting face covering):

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-
-

 After consultation with school health supervisory personnel, 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 _____ 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.