SHIPMAN

Series 5000
Students

ADMINISTRATION OF STUDENT MEDICATIONS IN THE SCHOOLS

A. Definitions

Administration of medication means any one of the following activities: handling, storing, preparing or pouring of medication; conveying it to the student according to the medication order; observing the student inhale, apply, swallow, or self-inject the medication, when applicable; documenting that the medication was administered; and counting remaining doses to verify proper administration and use of the medication.

Authorized prescriber means a physician, dentist, optometrist, advanced practice registered nurse or physician assistant, and, for interscholastic and intramural athletic events only, a podiatrist.

Before or after school program means any child care program operated and administered by the _____ Board of Education (the "Board") and exempt from licensure by the Office of Early Childhood pursuant to subdivision (1) of subsection (b) of Section 19a-77 of the Connecticut General Statutes. Such programs do not include public or private entities licensed by the Office of Early Childhood or Board enhancement programs and extra-curricular activities.

Coach means any person holding a coaching permit who is hired by the Board to coach for a sport season.

Controlled drugs means those drugs as defined in Conn. Gen. Stat. Section 21a-240.

Cumulative health record means the cumulative health record of a pupil mandated by Conn. Gen. Stat. Section 10-206.

Director means the person responsible for the day-to-day operations of any school readiness program or before or after school program.

Eligible student means a student who has reached the age of eighteen or is an emancipated minor.

Epinephrine means an automatic prefilled cartridge injector or similar automatic injectable equipment, a nasal spray or any other medical equipment approved by the United States Food and Drug Administration that is used to deliver

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epinephrine in a standard dose for emergency first aid response to allergic reactions.

Equipment used to administer glucagon means an injector or injectable equipment, nasal spray or other medical equipment approved by the United States Food and Drug Administration that is used to deliver glucagon in an appropriate dose for emergency first aid response to diabetes.

Error means:

(1) the failure to do any of the following as ordered:

(a) administer a medication to a student;
(b) administer medication within the time designated by the prescribing physician;
(c) administer the specific medication prescribed for a student;
(d) administer the correct dosage of medication;
(e) administer medication by the proper route;
(f) administer the medication according to generally accepted standards of practice; or

(2) the administration of medication to a student which is not ordered, or which is not authorized in writing by the parent or guardian of such student, except for the administration of epinephrine or naloxone for the purpose of emergency first aid as set forth in Sections D and E below.

Guardian means one who has the authority and obligations of guardianship of the person of a minor, and includes: (1) the obligation of care and control; and (2) the authority to make major decisions affecting the minor's welfare, including, but not limited to, consent determinations regarding marriage, enlistment in the armed forces and major medical, psychiatric or surgical treatment.

Intramural athletic events means tryouts, competition, practice, drills, and transportation to and from events that are within the bounds of a school district for the purpose of providing an opportunity for students to participate in physical activities and athletic contests that extend beyond the scope of the physical education program.

Interscholastic athletic events means events between or among schools for the purpose of providing an opportunity for students to participate in competitive contests that are highly organized and extend beyond the scope of intramural programs and includes tryouts, competition, practice, drills and transportation to and from such events.

Investigational drug means any medication with an approved investigational new drug (IND) application on file with the Food and Drug Administration (FDA),

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which is being scientifically tested and clinically evaluated to determine its efficacy, safety and side effects and which has not yet received FDA approval.

Licensed athletic trainer means a licensed athletic trainer employed by the school district pursuant to Chapter 375a of the Connecticut General Statutes.

Medication means any medicinal preparation, both prescription and non-prescription, including controlled drugs, as defined in Conn. Gen. Stat. Section 21a-240. This definition includes Aspirin, Ibuprofen or Aspirin substitutes containing Acetaminophen.

Medication emergency means a life-threatening reaction of a student to a medication.

Medication plan means a documented plan established by the school nurse in conjunction with the parent and student regarding the administration of medication in school. Such plan may be a stand-alone plan, part of an individualized health care plan, an emergency care plan or a medication administration form.

Medication order means the authorization by an authorized prescriber for the administration of medication to a student which shall include the name of the student, the name and generic name of the medication, the dosage of the medication, the route of administration, the time of administration, the frequency of administration, the indications for medication, any potential side effects including overdose or missed dose of the medication, the start and termination dates not to exceed a 12-month period, and the written signature of the prescriber.

Nurse means an advanced practice registered nurse, a registered nurse or a practical nurse licensed in Connecticut in accordance with Chapter 378, Conn. Gen. Stat.

Occupational therapist means an occupational therapist employed full time by the Board and licensed in Connecticut pursuant to Chapter 376a of the Connecticut General Statutes.

Optometrist means an optometrist licensed to provide optometry pursuant to Chapter 380 of the Connecticut General Statutes.

Paraeducator means a health care aide or assistant or an instructional aide or assistant employed by the Board who meets the requirements of the Board for employment as a health care aide or assistant or instructional aide or assistant.

Physical therapist means a physical therapist employed full time by the Board and licensed in Connecticut pursuant to Chapter 376 of the Connecticut General Statutes.

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Physician means a doctor of medicine or osteopathy licensed to practice medicine in Connecticut pursuant to Chapter 370 of the Connecticut General Statutes, or licensed to practice medicine in another state.

Podiatrist means an individual licensed to practice podiatry in Connecticut pursuant to Chapter 375 of the Connecticut General Statutes.

Principal means the administrator in the school.

Qualified school employee means a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, coach or paraeducator.

Research or study medications means FDA-approved medications being administered according to an approved study protocol. A copy of the study protocol shall be provided to the school nurse along with the name of the medication to be administered and the acceptable range of dose of such medication to be administered.

School means any educational facility or program which is under the jurisdiction of the Board excluding extracurricular activities.

School nurse means a nurse appointed in accordance with Conn. Gen. Stat. Section 10-212.

School nurse supervisor means the nurse designated by the Board as the supervisor or, if no designation has been made by the Board, the lead or coordinating nurse assigned by the Board.

School readiness program means a program that receives funds from the State Department of Education for a school readiness program pursuant to subsection (b) of Section 10-16p of the Connecticut General Statutes and exempt from licensure by the Office of Early Childhood pursuant to subdivision (1) of subsection (b) of Section 19a-77 of the Connecticut General Statutes.

Self-administration of medication means the control of the medication by the student at all times and is self-managed by the student according to the individual medication plan.

Teacher means a person employed full time by the Board who has met the minimum standards as established by the Board for performance as a teacher and has been approved by the school medical advisor and school nurse to be designated to administer medications pursuant to the Regulations of Connecticut State Agencies Sections 10-212a-1 through 10-212a-7.

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B. General Policies on Administration of Medications

(1) Except as provided below in Sections D and E, no medication, including non-prescription drugs, may be administered by any school personnel without:

(a) the written medication order of an authorized prescriber;
(b) the written authorization of the student's parent or guardian or eligible student; and
(c) the written permission of a parent for the exchange of information between the prescriber and the school nurse necessary to ensure safe administration of such medication.

(2) Prescribed medications shall be administered to and taken by only the person for whom the prescription has been written.

(3) Except as provided in Sections D and E, medications may be administered only by a licensed nurse or, in the absence of a licensed nurse, by:

(a) a full-time principal, a full-time teacher, or a full-time licensed physical or occupational therapist employed by the school district who has been trained in the administration of medication in accordance with Section J of this policy. A full-time principal, teacher, licensed physical or occupational therapist employed by the school district may administer oral, topical, intranasal or inhalant medications. Such individuals may administer injectable medications only to a student with a medically diagnosed allergic condition that may require prompt treatment to protect the student against serious harm or death.

(b) students with chronic medical conditions who are able to possess, self-administer, or possess and self-administer medication, provided all of the following conditions are met:

(i) an authorized prescriber provides a written medication order, including the recommendation for possession, self-administration, or possession and self-administration;

(ii) there is a written authorization for possession, self-administration, or possession and self-administration from the student's parent or guardian or eligible student;

(iii) the school nurse has developed a plan for possession, self-administration, or possession and self-administration, and general supervision, and has documented the plan in the student's cumulative health record;

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(iv) the school nurse has assessed the student's competency for self-administration and deemed it safe and appropriate, including that the student: is capable of identifying and selecting the appropriate medication by size, color, amount or other label identification; knows the frequency and time of day for which the medication is ordered; can identify the presenting symptoms that require medication; administers the medication appropriately; maintains safe control of the medication at all times; seeks adult supervision whenever warranted; and cooperates with the established medication plan;

(v) the principal, appropriate teachers, coaches and other appropriate school personnel are informed the student is possessing, self-administering, or possessing and self-administering prescribed medication;

(vi) such medication is transported to school and maintained under the student's control in accordance with this policy; and

(vii) controlled drugs, as defined in this policy, may not be possessed or self-administered by students, except in extraordinary situations, such as international field trips, with approval of the school nurse supervisor and the school medical advisor in advance and development of an appropriate plan.

(c) a student diagnosed with asthma who is able to self-administer medication shall be permitted to retain possession of an asthmatic inhaler at all times while attending school, in order to provide for prompt treatment to protect such student against serious harm or death, provided all of the following conditions are met:

(i) an authorized prescriber provides a written order requiring the possession of an inhaler by the student at all times in order to provide for prompt treatment in order to protect the student against serious harm or death and authorizing the student's self-administration of medication, and such written order is provided to the school nurse;

(ii) there is a written authorization from the student's parent or guardian regarding the possession of an inhaler by the student at all times in order to protect the student against serious harm or death and authorizing the student's self-

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administration of medication, and such written authorization is provided to the school nurse;

(iii) the conditions set forth in subsection (b) above have been met, except that the school nurse's review of a student's competency to self-administer an inhaler for asthma in the school setting shall not be used to prevent a student from retaining and self-administering an inhaler for asthma. Students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from the student's parent or guardian or eligible student; and

(iv) the conditions for self-administration meet any regulations as may be imposed by the State Board of Education in consultation with the Commissioner of Public Health.

(d) a student diagnosed with an allergic condition who is able to self-administer medication shall be permitted to retain possession of such medication, including, but not limited to, medication administered with a cartridge injector, at all times while attending school, in order to provide for prompt treatment to protect such student against serious harm or death, provided all of the following conditions are met:

(i) an authorized prescriber provides a written order requiring the possession of such medication by the student at all times in order to provide for prompt treatment in order to protect the student against serious harm or death and authorizing the student's possession, self-administration, or possession and self-administration of medication, and such written order is provided to the school nurse;

(ii) there is a written authorization from the student's parent or guardian regarding the possession of such medication by the student at all times in order to protect the student against serious harm or death and authorizing the student's possession, self-administration, or possession and self-administration of medication, and such written authorization is provided to the school nurse;

(iii) the conditions set forth in subsection (b) above have been met, except that the school nurse's review of a student's competency to self-administer such medication for medically-diagnosed allergies in the school setting shall not be used to prevent a student from retaining and self-

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administering such medication for medically-diagnosed allergies. Students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from the student's parent or guardian or eligible student; and

(iv) the conditions for self-administration meet any regulations as may be imposed by the State Board of Education in consultation with the Commissioner of Public Health.

(e) a student with a medically diagnosed life-threatening allergic condition may possess, self-administer, or possess and self-administer medication, including but not limited to medication administered with a cartridge injector, to protect the student against serious harm or death, provided the following conditions are met:

(i) the parent or guardian of the student has provided written authorization for the student to possess, self-administer, or possess and self-administer such medication; and

(ii) a qualified medical professional has provided a written order for the possession, self-administration, or possession and self-administration.

(f) a coach of intramural or interscholastic athletic events or licensed athletic trainer who has been trained in the administration of medication in accordance with Section J of this policy, during intramural or interscholastic athletic events, may administer inhalant medications prescribed to treat respiratory conditions and/or medication for students with medically diagnosed allergic conditions which may require prompt treatment to protect the student against serious harm or death, including medication administered with a cartridge injector, provided all of the following conditions are met:

(i) the school nurse has determined that a self-administration plan is not viable;

(ii) the school nurse has provided to the coach a copy of the authorized prescriber's order and parental permission form;

(iii) the parent/guardian has provided the coach or licensed athletic trainer with the medication in accordance with Section K of this policy, and such medication is separate from the medication stored in the school health office for use during the school day; and

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(iv) the coach or licensed athletic trainer agrees to the administration of emergency medication and implements the emergency care plan, identified in Section H of this policy, when appropriate.

(g) an identified paraeducator who has been trained in the administration of medication in accordance with Section J of this policy, provided medication is administered only to a specific student in order to protect that student from harm or death due to a medically diagnosed allergic condition, and the following additional conditions are met:

(i) there is written authorization from the student's parents/guardian to administer the medication in school;

(ii) medication is administered pursuant to the written order of (A) a physician licensed under chapter 370 of the Connecticut General Statutes, (B) an optometrist licensed to practice optometry under chapter 380 of the Connecticut General Statutes, (C) an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a of the Connecticut General Statutes, or (D) a physician assistant licensed to prescribe in accordance with section 20-12d of the Connecticut General Statutes;

(iii) medication is administered only with approval by the school nurse and school medical advisor, if any, in conjunction with the school nurse supervisor and under the supervision of the school nurse;

(iv) the medication to be administered is limited to medications necessary for prompt treatment of an allergic reaction, including, but not limited to, a cartridge injector; and

(v) the paraeducator shall have received proper training and supervision from the school nurse in accordance with this policy and state regulations.

(h) a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the Board, coach or paraeducator, provided medication is antiepileptic medication, including by rectal syringe, administered only to a specific student with a medically diagnosed epileptic condition that requires prompt treatment in accordance with the student's individual

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seizure action plan, and the following additional conditions are met:

(i) there is written authorization from the student's parents/guardians to administer the medication;

(ii) a written order for such administration has been received from the student's physician licensed under Chapter 370 of the Connecticut General Statutes;

(iii) the principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the Board, coach or paraeducator is selected by the school nurse and school medical advisor, if any, and voluntarily agrees to administer the medication;

(iv) the principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the Board, coach or paraeducator annually completes the training program established by the Connecticut State Department of Education and the Association of School Nurses of Connecticut as required by Connecticut General Statutes § 10-212a, and the school nurse and medical advisor, if any, have attested, in writing, that such training has been completed; and

(v) the principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the Board, coach or paraeducator receives monthly reviews by the school nurse to confirm competency to administer antiepileptic medication.

(i) a director of a school readiness program or a before or after school program, or the director's designee, provided that the medication is administered:

(i) only to a student enrolled in such program; and

(ii) in accordance with Section L of this policy.

(j) a licensed practical nurse, after the school nurse has established the medication plan, provided that the licensed practical nurse may not train or delegate the administration of medication to another individual, and provided that the licensed practical nurse can demonstrate one of the following:

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(i) training in administration of medications as part of their basic nursing program;

(ii) successful completion of a pharmacology course and subsequent supervised experience; or

(iii) supervised experience in the administration of medication while employed in a health care facility.

(4) Medications may also be administered by a parent or guardian to the parent or guardian's own child on school grounds.

(5) Investigational drugs or research or study medications may be administered only by a licensed nurse. For FDA-approved medications being administered according to a study protocol, a copy of the study protocol shall be provided to the school nurse along with the name of the medication to be administered and the acceptable range of dose of such medication to be administered.

C. Diabetic Students

(1) The Board permits blood glucose testing by students who have a written order from a physician or an advanced practice registered nurse stating the need and capability of such student to conduct self-testing, or the use of continuous blood glucose monitors (CGM) by students diagnosed with Type 1 diabetes, who have a written order from a physician or an advanced practice registered nurse.

(2) The Board will not restrict the time or location of blood glucose testing by a student with diabetes on school grounds who has written authorization from a parent or guardian and a written order from a physician or an advanced practice registered nurse stating that such student is capable of conducting self-testing on school grounds.

(3) The Board will not require a student using a continuous glucose monitor approved by the Food and Drug Administration for use without finger stick verification to undergo finger stick verification of blood glucose readings from a continuous glucose monitor on a routine basis. Finger stick testing of a student using a continuous glucose monitor so approved by the Food and Drug Administration shall only be conducted: (1) as ordered by the student's physician or advanced practice provider; (2) if it appears that the continuous glucose monitor is malfunctioning; or (3) in an urgent medical situation.

(4) The Board shall purchase or use existing equipment owned by the Board to monitor blood glucose alerts transmitted from continuous glucose monitors of students with Type 1 diabetes to dedicated receivers,

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smartphone/tablet applications, or other appropriate technology on such equipment.

(5) In the absence or unavailability of the school nurse, select school employees may administer medication with equipment used to administer glucagon to a student with diabetes that may require prompt treatment in order to protect the student against serious harm or death, under the following conditions:

(a) The student's parent or guardian has provided written authorization;

(b) A written order for such administration has been received from the student's physician licensed under Chapter 370 of the Connecticut General Statutes;

(c) The school employee is selected by either the school nurse or principal and is a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, coach or paraeducator;

(d) The school nurse shall provide general supervision to the selected school employee;

(e) The selected school employee annually completes any training required by the school nurse and school medical advisor in the administration of medication with equipment used to administer glucagon;

(f) The school nurse and school medical advisor have attested in writing that the selected school employee completed the required training; and

(g) The selected school employee voluntarily agrees to serve as one who may administer medication with equipment used to administer glucagon to a student with diabetes that may require prompt treatment in order to protect the student against serious harm or death.

D. Epinephrine for Purposes of Emergency First Aid Without Prior Authorization

(1) For purposes of this Section D, "regular school hours" means the posted hours during which students are required to be in attendance at the individual school on any given day.

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(2) The school nurse shall maintain epinephrine for the purpose of emergency first aid to students who experience allergic reactions and do not have prior written authorization of a parent or guardian or a prior written order of a qualified medical professional for the administration of epinephrine.

(a) The school nurse, in consultation with the school nurse supervisor, shall determine the supply of epinephrine that shall be available in the individual school.

(b) In determining the appropriate supply of epinephrine, the nurse may consider, among other things, the number of students regularly in the school building during the regular school day and the size of the physical building.

(3) The school nurse or school principal shall select principal(s), teacher(s), licensed athletic trainer(s), licensed physical or occupational therapist(s) employed by the Board, coach(es) and/or paraeducator(s) to maintain and administer the epinephrine for the purpose of emergency first aid as described in Paragraph (2) above, in the absence of the school nurse.

(a) More than one individual must be selected by the school nurse or school principal for such maintenance and administration in the absence of the school nurse.

(b) The selected personnel, before conducting such administration, must annually complete the training made available by the Department of Education for the administration of epinephrine for the purpose of emergency first aid, as described in Connecticut General Statutes § 10-212g.

(c) The selected personnel must voluntarily agree to complete the training and administer epinephrine for the purpose of emergency first aid.

(4) Either the school nurse or, in the absence of the school nurse, at least one of the selected and trained personnel as described in Paragraph (3) above shall be on the grounds of each school during regular school hours.

(a) The school principal, in consultation with the school nurse supervisor, shall determine the level of nursing services and number of selected and trained personnel necessary to ensure that a nurse or selected and trained personnel is present on the grounds of each school during regular school hours.

(b) If the school nurse, or a substitute school nurse, is absent or must leave school grounds during regular school hours, the school nurse,

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school administrator or designee shall use an effective and reasonable means of communication to notify one or more qualified school employees and other staff in the school that the selected and trained personnel identified in Paragraph (3) above shall be responsible for the emergency administration of epinephrine.

(5) The administration of epinephrine pursuant to this section must be done in accordance with this policy, including but not limited to the requirements for documentation and record keeping, errors in medication, emergency medical procedures, and the handling, storage and disposal of medication, and the Regulations adopted by the Department of Education.

(6) The parent or guardian of any student may submit, in writing, to the school nurse or school medical advisor, if any, that epinephrine shall not be administered to such student pursuant to this section.

(a) The school nurse shall notify selected and trained personnel of the students whose parents or guardians have refused emergency administration of epinephrine.

(b) The Board shall annually notify parents or guardians of the need to provide such written notice.

(7) Following the emergency administration of epinephrine by selected and trained personnel as identified in this section:

(a) Such emergency administration shall be reported immediately to:

(i) The school nurse or school medical advisor, if any, by the personnel who administered the epinephrine; and

(ii) The student's parent or guardian, by the school nurse or personnel who administered the epinephrine.

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(b) A medication administration record shall be:

(i) Submitted to the school nurse by the personnel who administered the epinephrine as soon as possible, but no later than the next school day; and

(ii) filed in or summarized on the student's cumulative health record, in accordance with the Document and Record Keeping section of this policy.

[Optional insert for boards of education wishing to make opioid antagonists (e.g., naloxone hydrochloride or "Narcan") available in their schools. Naloxone is a controlled medication that is used as an emergency first aid measure in the event of an opioid overdose. Boards of education are not required to make opioid antagonists available in their schools, nor are they required to maintain a secure box or vending machine containing opioid antagonists on their premises (as outlined in subsections E(8) and E(9), below). However, Connecticut General Statutes § 10-212a authorizes school nurses or, in their absence, qualified school employees, to maintain and administer opioid antagonists, on an emergency basis, to students experiencing opioid-related drug overdoses without prior written authorization, provided certain requirements are met.

If a board of education chooses not to include Section E, all references to Sections E-M should be revised accordingly.

E. Opioid Antagonists for Purposes of Emergency First Aid Without Prior Authorization

(1) For purposes of this Section E, "regular school hours" means the posted hours during which students are required to be in attendance at the individual school on any given day. "Regular school hours" does not include after-school events such as athletics or extracurricular activities that take place outside the posted hours.

(2) For purposes of this section, an "opioid antagonist" means naloxone hydrochloride (e.g., Narcan) or any other similarly acting and equally safe drug that the FDA has approved for the treatment of a drug overdose.

(3) In accordance with Connecticut law and this policy, a school nurse may maintain opioid antagonists for the purpose of administering emergency first aid to students who experience a known or suspected opioid overdose and do not have a prior written authorization of a parent or guardian or a prior written order of a qualified medical professional for the administration of such opioid antagonist.

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(a) The school nurse, in consultation with the Board's medical advisor, shall determine the supply of opioid antagonists that shall be maintained in the individual school.

(b) In determining the appropriate supply of opioid antagonists, the nurse may consider, among other things, the number of students regularly in the school building during the regular school day and the size of the physical building.

(c) The school nurse shall be responsible for the safe storage of opioid antagonists maintained in a school and shall ensure any supply of opioid antagonists maintained is stored in a secure manner, in accordance with the manufacturer's instructions, and in a location where it can be obtained in a timely manner if administration is necessary.

(d) The school nurse shall be responsible for maintaining an inventory of opioid antagonists maintained in the school, tracking the date(s) of expiration of the supply of opioid antagonists maintained in a school, and, as appropriate, refreshing the supply of opioid antagonists maintained in the school.

(4) The school nurse, in consultation with the Superintendent and the building principal, shall provide notice to parents and guardians of the Board's policies and procedures regarding the emergency administration of opioid antagonists in the event of a known or suspected opioid overdose.

(5) A school nurse shall be approved to administer opioid antagonists for the purpose of emergency first aid, as described in Paragraph (3) above, in the event of a known or suspected opioid overdose, in accordance with this policy and provided that such nurse has completed a training program in the distribution and administration of an opioid antagonist (1) developed by the State Department of Education, Department of Consumer Protection, and Department of Public Health, or (2) under a local agreement, entered into by the Board on July 1, 2022 or thereafter, with a prescriber or pharmacist for the administration of opioid antagonists for the purpose of emergency first aid, which training shall also address the Board's opioid antagonist storage, handling, labeling, recalls, and record keeping.

(6) The school nurse or school principal shall select principal(s), teacher(s), licensed athletic trainer(s), coach(es), paraeducator(s), and/or licensed physical or occupational therapist(s) employed by the Board to maintain

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and administer the opioid antagonists for the purpose of emergency first aid as described in Paragraph (3) above, in the absence of the school nurse.

(a) More than one individual must be selected by the school nurse or school principal for such maintenance and administration in the absence of the school nurse.

(b) The selected personnel, before administering an opioid antagonist pursuant to this section, must complete a training program in the distribution and administration of an opioid antagonist (1) developed by the State Department of Education, Department of Consumer Protection, and Department of Public Health, or (2) under a local agreement, entered into by the Board on July 1, 2022 or thereafter, with a prescriber or pharmacist for the administration of opioid antagonists for the purpose of emergency first aid, which training shall also address the Board's opioid antagonist storage, handling, labeling, recalls, and record keeping.

(c) All school personnel shall be notified of the identity of qualified school employees authorized to administer an opioid antagonist in the absence of the school nurse.

(7) Either the school nurse or, in the absence of the school nurse, at least one of the selected and trained personnel as described in Paragraph (6) above, shall be on the grounds of each school during regular school hours.

(a) The school principal, in consultation with the school nurse supervisor, shall determine the level of nursing services and number of selected and trained personnel necessary to ensure that a nurse or selected and trained personnel is present on the grounds of each school during regular school hours.

(b) If the school nurse, or a substitute school nurse, is absent or must leave school grounds during regular school hours, the school nurse, school administrator or designee shall use an effective and reasonable means of communication to notify one or more qualified school employees and other staff in the school that the selected and trained personnel identified in Paragraph (6) above shall be responsible for the emergency administration of opioid antagonists.

(c) If a Board employee becomes aware of a student experiencing a known or suspected opioid overdose on school grounds but

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outside of regular school hours and opioid antagonists and/or the school nurse or other qualified school employee is not available to administer opioid antagonists for the purpose of emergency first aid, the Board employee will call 9-1-1.

NOTE TO CLIENT: Even if the Board authorizes the use of opioid antagonists, as described above, the following sections E(8) and E(9) are OPTIONAL. If the board chooses not to adopt E(8) and E(9), then all references to E(10)-E(13) should be renumbered accordingly:

(8) The District may also maintain intranasally or orally administered opioid antagonists in a secure box, pursuant to an agreement with a prescriber or pharmacist that permits the District to install on the District's premises a secure box. For the purposes of this section, a "secure box" means a container that (A) is securely affixed in a public location, (B) can be accessed by individuals for public use, (C) is temperature controlled or stored in an environment with temperature controls, (D) is tamper-resistant, (E) is equipped with an alarm capable of detecting and transmitting a signal when accessed by individuals, and (F) is equipped with an alarm capable of alerting first responders when accessed by individuals, unless equipping the container with such an alarm is commercially impracticable. Such agreement shall address the environmental controls necessary to store such opioid antagonist, establish procedures for replenishment of such opioid antagonist, and establish a process for monitoring the expiration dates of such opioid antagonist and disposing of any expired opioid antagonist. The secure box shall not contain an opioid antagonist in an amount greater than the amount necessary to serve the community in which it is installed. The secure box may also contain an automatic external defibrillator or other products used to treat a medical emergency. The District shall post signage disclosing the presence of such opioid antagonists and usage directions for such opioid antagonist, in the language or languages spoken in the community in which the secure box is installed. If the District is unable to maintain the secure box, or the supplies necessary to maintain the secure box are unavailable, the District shall remove such secure box, and all signs required under this policy concerning such secure box, as soon as practicable but in no event later than five days after the District discovers that it is unable to maintain such secure box or the supplies necessary to maintain such secure box.

(9) The District may also maintain, pursuant to an agreement with a prescriber or pharmacist that permits the District to operate a vending machine for the distribution of intranasally administered opioid antagonists, a vending machine for such purposes. The vending machine shall either be kept at a location that maintains a temperature that is at all times consistent with the manufacturer's package insert or has the

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ability to maintain an environment, independent of the external environment, that is appropriate for the opioid antagonist, in accordance with manufacturer's package insert. The District shall display, clearly and conspicuously, on the outside of or adjacent to the vending machine or upon the distribution of the opioid antagonist:

(a) Information concerning the signs and symptoms of an overdose;

(b) Instructions for the use of the opioid antagonist;

(c) Information about the services that are offered in Connecticut to treat opioid use disorder; and

(d) an Internet web site address that contains, or a quick response (QR) code that directs an individual to an Internet web site that contains, information concerning the signs and symptoms of an overdose, overdose response and instructions for the use of the opioid antagonist.

(10) The administration and storage of opioid antagonists pursuant to this policy must be effected in accordance with this policy and procedures regarding the acquisition, maintenance, and administration established by the Superintendent in consultation with the Board's medical advisor.

(11) The parent or guardian of any student may submit, in writing, to the school nurse or school medical advisor, if any, that opioid antagonists shall not be administered to such student pursuant to this section.

(a) The school nurse shall notify selected and trained personnel of the students whose parents or guardians have refused emergency administration of opioid antagonists.

(b) The Board shall annually notify parents or guardians of the need to provide such written notice of refusal.

(12) Following the emergency administration of an opioid antagonist by a school nurse or selected and trained personnel as identified in this section:

(a) Immediately following the emergency administration of an opioid antagonist by a school nurse or selected and trained personnel as identified in this section, the person administering the opioid antagonist must call 911.

(b) Such emergency administration shall be reported immediately to:

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(i) The school nurse or school medical advisor, if any, by the personnel who administered the opioid antagonist;

(ii) The Superintendent of Schools; and

(iii) The student's parent or guardian.

(c) A medication administration record shall be:

(i) Created by the school nurse or submitted to the school nurse by the personnel who administered the opioid antagonist, as soon as possible, but no later than the next school day; and

(ii) filed in or summarized on the student's cumulative health record, in accordance with Section F of this policy.

(13) In the event that any provisions of this Section E conflict with regulations adopted by the Connecticut State Department of Education concerning the use, storage and administration of opioid antagonists in schools, the Department's regulations shall control.]

F. Documentation and Record Keeping

(1) Each school or before or after school program and school readiness program where medications are administered shall maintain an individual medication administration record for each student who receives medication during school or program hours. This record shall include the following information:

(a) the name of the student;
(b) the student's state-assigned student identifier (SASID);
(c) the name of the medication;
(d) the dosage of the medication;
(e) the route of the administration, (e.g., oral, topical, inhalant, etc.);
(f) the frequency of administration;
(g) the name of the authorized prescriber;
(h) the dates for initiating and terminating the administration of medication, including extended-year programs;
(i) the quantity received at school and verification by the adult delivering the medication of the quantity received;
(j) the date the medication is to be reordered (if any);
(k) any student allergies to food and/or medication(s);
(l) the date and time of each administration or omission, including the reason for any omission;

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(m) the dose or amount of each medication administered;
(n) the full written or electronic legal signature of the nurse or other authorized school personnel administering the medication; and
(o) for controlled medications, a medication count which should be conducted and documented at least once a week and co-signed by the assigned nurse and a witness.

(2) All records are either to be made in ink and shall not be altered, or recorded electronically in a record that cannot be altered.

(3) Written orders of authorized prescribers, written authorizations of a parent or guardian, the written parental permission for the exchange of information by the prescriber and school nurse to ensure safe administration of such medication, and the completed medication administration record for each student shall be filed in the student's cumulative health record or, for before or after school programs and school readiness programs, in the student's program record.

(4) Authorized prescribers may make verbal orders, including telephone orders, for a *change* in medication order. Such verbal orders may be received only by a school nurse and must be followed by a written order, which may be faxed, and must be received within three (3) school days.

(5) Medication administration records will be made available to the Department of Education for review until destroyed pursuant to Section 11-8a and Section 10-212a(b) of the Connecticut General Statutes.

(a) The completed medication administration record for non-controlled medications may, at the discretion of the school district, be destroyed in accordance with Section M8 of the Connecticut Record Retention Schedules for Municipalities upon receipt of a signed approval form (RC-075) from the Office of the Public Records Administrator, so long as such record is superseded by a summary on the student health record.

(b) The completed medication administration record for controlled medications shall be maintained in the same manner as the non-controlled medications. In addition, a separate medication administration record needs to be maintained in the school for three (3) years pursuant to Section 10-212a(b) of the Connecticut General Statutes.

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(6) Documentation of any administration of medication by a coach or licensed athletic trainer shall be completed on forms provided by the school and the following procedures shall be followed:

(a) a medication administration record for each student shall be maintained in the athletic offices;

(b) administration of a cartridge injector medication shall be reported to the school nurse at the earliest possible time, but no later than the next school day;

(c) all instances of medication administration, except for the administration of cartridge injector medication, shall be reported to the school nurse at least monthly, or as frequently as required by the individual student plan; and

(d) the administration of medication record must be submitted to the school nurse at the end of each sport season and filed in the student's cumulative health record.

G. Errors in Medication Administration

(1) Whenever any error in medication administration occurs, the following procedures shall apply:

(a) the person making the error in medication administration shall immediately implement the medication emergency procedures in this policy if necessary;

(b) the person making the error in medication administration shall in all cases immediately notify the school nurse, principal, school nurse supervisor, and authorized prescriber. The person making the error, in conjunction with the principal, shall also immediately notify the parent or guardian, advising of the nature of the error and all steps taken or being taken to rectify the error, including contact with the authorized prescriber and/or any other medical action(s); and

(c) the principal shall notify the Superintendent or the Superintendent's designee.

(2) The school nurse, along with the person making the error, shall complete a report using the authorized medication error report form. The report shall include any corrective action taken.

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(3) Any error in the administration of medication shall be documented in the student's cumulative health record or, for before or after school programs and school readiness programs, in the student's program record.

(4) These same procedures shall apply to coaches and licensed athletic trainers during intramural and interscholastic events, except that if the school nurse is not available, a report must be submitted by the coach or licensed athletic trainer to the school nurse the next school day.

H. Medication Emergency Procedures

(1) Whenever a student has a life-threatening reaction to administration of a medication, resolution of the reaction to protect the student's health and safety shall be the foremost priority. The school nurse and the authorized prescriber shall be notified immediately, or as soon as possible in light of any emergency medical care that must be given to the student.

(2) Emergency medical care to resolve a medication emergency includes but is not limited to the following, as appropriate under the circumstances:

(a) use of the 911 emergency response system;
(b) application by properly trained and/or certified personnel of appropriate emergency medical care techniques, such as cardio-pulmonary resuscitation;
(c) administration of emergency medication in accordance with this policy;
(d) contact with a poison control center; and
(e) transporting the student to the nearest available emergency medical care facility that is capable of responding to a medication emergency.

(3) As soon as possible, in light of the circumstances, the principal shall be notified of the medication emergency. The principal shall immediately thereafter contact the Superintendent or the Superintendent's designee, who shall thereafter notify the parent or guardian, advising of the existence and nature of the medication emergency and all steps taken or being taken to resolve the emergency and protect the health and safety of the student, including contact with the authorized prescriber and/or any other medical action(s) that are being or have been taken.

I. Supervision

(1) The school nurse is responsible for general supervision of administration of medications in the school(s) to which that nurse is assigned.

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(2) The school nurse's duty of general supervision includes, but is not limited to, the following:

(a) availability on a regularly scheduled basis to:

(i) review orders or changes in orders and communicate these to personnel designated to give medication for appropriate follow-up;

(ii) set up a plan and schedule to ensure medications are given properly;

(iii) provide training to licensed nursing personnel, full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and interscholastic athletics, licensed athletic trainers and identified paraeducators designated in accordance with Section B(3)(g), above, which training shall pertain to the administration of medications to students, and assess the competency of these individuals to administer medication;

(iv) support and assist other licensed nursing personnel, full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics, licensed athletic trainers and identified paraeducators designated in accordance with Section B(3)(g), above, to prepare for and implement their responsibilities related to the administration of specific medications during school hours and during intramural and interscholastic athletics as provided by this policy;

(v) provide appropriate follow-up to ensure the administration of medication plan results in desired student outcomes, including providing proper notification to appropriate employees or contractors regarding the contents of such medical plans; and

(vi) provide consultation by telephone or other means of telecommunications, which consultation may be provided by an authorized prescriber or other nurse in the absence of the school nurse.

(b) In addition, the school nurse shall be responsible for:

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(i) implementing policies and procedures regarding the receipt, storage, and administration of medications;

(ii) reviewing, on a periodic basis, all documentation pertaining to the administration of medications for students;

(iii) performing observations of the competency of medication administration by full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics and licensed athletic trainers in accordance with Section B(3)(f), above, and identified paraeducators designated in accordance with Section B(3)(g), above, who have been newly trained to administer medications; and,

(iv) conducting periodic reviews, as needed, with licensed nursing personnel, full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics and licensed athletic trainers in accordance with Section B(3)(f), above, and identified paraeducators designated in accordance with Section B(3)(g), above, regarding the needs of any student receiving medication.

J. Training of School Personnel

(1) Full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics and licensed athletic trainers in accordance with Section B(3)(f), above, and identified paraeducators designated in accordance with Section B(3)(g), above, who are designated to administer medications shall at least annually receive training in their safe administration, and only trained full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics and licensed athletic trainers in accordance with Section B(3)(f), above, and identified paraeducators designated in accordance with Section B(3)(g), above, shall be allowed to administer medications.

(2) Training for full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics and licensed athletic trainers in accordance with Section B(3)(f), above, and identified

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paraeducators designated in accordance with Section B(3)(g), above, shall include, but is not necessarily limited to, the following:

(a) the general principles of safe administration of medication;

(b) the procedures for administration of medications, including the safe handling and storage of medications, and the required record-keeping; and

(c) specific information related to each student's medication plan, including the name and generic name of the medication, indications for medication dosage, routes, time and frequency of administration, therapeutic effects of the medication, potential side effects, overdose or missed doses of the medication, and when to implement emergency interventions.

(3) The principal(s), teacher(s), licensed athletic trainer(s), licensed physical or occupational therapist(s) employed by the Board, coach(es) and/or school paraeducator(s) who administer epinephrine pursuant to Sections B and D above, shall annually complete the training program developed by the Departments of Education and Public Health and training in cardiopulmonary resuscitation and first aid, as described in Connecticut General Statutes § 10-212g.

[***Local and regional boards of education that include Section E, above, should also include the following language.***

(4) ***The principal(s), teacher(s), licensed athletic trainer(s), licensed physical or occupational therapist(s), coach(es) and/or paraeducator(s) who administer opioid antagonists as emergency first aid, pursuant to Section E above, shall annually complete a training program in the distribution and administration of an opioid antagonist (1) developed by the State Department of Education, Department of Consumer Protection, and Department of Public Health, or (2) under a local agreement, entered into by the Board on July 1, 2022 or thereafter, with a prescriber or pharmacist for the administration of opioid antagonists for the purpose of emergency first aid, which training shall also address the Board's opioid antagonist storage, handling, labeling, recalls, and record keeping.]***

(5) The Board shall maintain documentation of medication administration training as follows:

(a) dates of general and student-specific trainings;

(b) content of the trainings;

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(c) individuals who have successfully completed general and student-specific administration of medication training for the current school year; and

(d) names and credentials of the nurse or school medical advisor, if any, trainer or trainers.

(6) Licensed practical nurses may not conduct training in the administration of medication to another individual.

[Local and regional boards of education that employ their own bus drivers should include the following language.

(7) Bus Drivers.

(a) Not later than June 30, 2019, the Board shall provide training to all of its school bus drivers, which training may be completed using an online module, on topics including, but not limited to, the following:

(i) the identification of the signs and symptoms of anaphylaxis;

(ii) the administration of epinephrine;

(iii) the notification of emergency personnel; and

(iv) the reporting of an incident involving a student and a life-threatening allergic reaction.

(b) On and after July 1, 2019, the Board shall provide the training described in subsections J(7)(a), above as follows:

(i) In the case of a school bus driver who is employed by the Board, such training shall be provided to such school bus driver following the issuance or renewal of a public passenger endorsement to operate a school bus pursuant to Conn. Gen. Stat. 14-44(a), to such school bus driver; and

(ii) In the case of a school bus driver who is not employed by the Board at the time when such endorsement is issued or renewed to such school bus driver, upon the hiring of such school bus driver by the Board, except the Board is not required to provide such training to any school bus

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driver who has previously received such training following the most recent issuance or renewal of such endorsement to such school bus driver.

(c) In the event that the Board employs school bus drivers, the Board will comply with all documentation and record-keeping requirements required by law.]

K. Handling, Storage and Disposal of Medications

(1) All medications, except those approved for transporting by students for self-medication, those administered by coaches of intramural or interscholastic athletics or licensed athletic trainers in accordance with Section B(3)(f) above, and epinephrine ***[if applicable: or naloxone]*** to be used for emergency first aid in accordance with Sections D ***[if applicable: and E]*** above, must be delivered by the parent, guardian, or other responsible adult to the nurse assigned to the student's school or, in the absence of such nurse, the school principal who has been trained in the appropriate administration of medication. Medications administered by coaches of intramural or interscholastic athletics or licensed athletic trainers must be delivered by the parent or guardian directly to the coach or licensed athletic trainer in accordance with Section B(3)(f) above.

(2) The nurse shall examine on-site any new medication, medication order and the required authorization to administer form, and, except for epinephrine and naloxone to be used as emergency first aid in accordance with Sections D ***[if applicable: and E]*** above, shall develop a medication administration plan for the student before any medication is given to the student by any school personnel. No medication shall be stored at a school without a current written order from an authorized prescriber.

(3) The school nurse shall review all medication refills with the medication order and parent authorization prior to the administration of medication, except for epinephrine ***[if applicable: and naloxone]*** intended for emergency first aid in accordance with Sections D ***[if applicable: and E]*** above.

(4) Emergency Medications

(a) Except as otherwise determined by a student's emergency care plan, emergency medications shall be stored in an unlocked, clearly labeled and readily accessible cabinet or container in the health room during school hours under the general supervision of the school nurse or, in the absence of the school nurse, the principal or the principal's designee who has been trained in the administration of medication.

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(b) Emergency medication shall be locked beyond the regular school day or program hours, except as otherwise determined by a student's emergency care plan.

(5) All medications, except those approved for keeping by students for self-medication, shall be kept in a designated and locked location used exclusively for the storage of medication. Controlled substances shall be stored separately from other drugs and substances in a separate, secure, substantially constructed, locked metal or wood cabinet.

(6) Access to stored medications shall be limited to persons authorized to administer medications. Each school or before or after school program and school readiness program shall maintain a current list of such authorized persons.

(7) All medications, prescription and non-prescription, shall be delivered and stored in their original containers and in such a manner that renders them safe and effective.

(8) At least two sets of keys for the medication containers or cabinets shall be maintained for each school building or before or after school program and school readiness program. One set of keys shall be maintained under the direct control of the school nurse or nurses and an additional set shall be under the direct control of the principal and, if necessary, the program director or lead teacher who has been trained in the general principles of the administration of medication shall also have a set of keys.

(9) Medications that must be refrigerated shall be stored in a refrigerator at no less than 36 degrees Fahrenheit and no more than 46 degrees Fahrenheit. The refrigerator must be located in the health office that is maintained for health services with limited access. Non-controlled medications may be stored directly on the refrigerator shelf with no further protection needed. Controlled medication shall be stored in a locked box that is affixed to the refrigerator shelf.

(10) All unused, discontinued or obsolete medications shall be removed from storage areas and either returned to the parent or guardian or, if the medication cannot be returned to the parent or guardian, the medication shall be destroyed in collaboration with the school nurse:

(a) non-controlled drugs shall be destroyed in the presence of at least one witness;

(b) controlled drugs shall be destroyed in pursuant to Section 21a-262-3 of the Regulations of Connecticut State Agencies; and

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(c) accidental destruction or loss of controlled drugs must be verified in the presence of a second person, including confirmation of the presence or absence of residue, and jointly documented on the student medication administration record and on a medication error form pursuant to Section 10-212a(b) of the Connecticut General Statutes. If no residue is present, notification must be made to the Department of Consumer Protection pursuant to Section 21a-262-3 of the Regulations of Connecticut State Agencies.

(11) Medications to be administered by coaches of intramural or interscholastic athletic events or licensed athletic trainers shall be stored:

(a) in containers for the exclusive use of holding medications;

(b) in locations that preserve the integrity of the medication;

(c) under the general supervision of the coach or licensed athletic trainer trained in the administration of medication; and

(d) in a locked secured cabinet when not under the general supervision of the coach or licensed athletic trainer during intramural or interscholastic athletic events.

(12) In no event shall a school store more than a three (3) month supply of a medication for a student.

L. School Readiness Programs and Before or After School Programs

(1) As determined by the school medical advisor, if any, and school nurse supervisor, the following procedures shall apply to the administration of medication during school readiness programs and before or after school programs run by the Board, which are exempt from licensure by the Office of Early Childhood:

(a) Administration of medication at these programs shall be provided only when it is medically necessary for participants to access the program and maintain their health status while attending the program.

(b) Except as provided by Sections D ***[if applicable: and E]*** above, no medication shall be administered in these programs without:

(i) the written order of an authorized prescriber; and

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(ii) the written authorization of a parent or guardian or an eligible student.

(c) A school nurse shall provide consultation to the program director, lead teacher or school administrator who has been trained in the administration of medication regarding the safe administration of medication within these programs. The school medical advisor and school nurse supervisor shall determine whether, based on the population of the school readiness program and/or before or after school program, additional nursing services are required for these programs.

(d) Only school nurses, directors or directors' designees, lead teachers or school administrators who have been properly trained may administer medications to students as delegated by the school nurse or other registered nurse. Properly trained directors or directors' designees, lead teachers or school administrators may administer oral, topical, intranasal or inhalant medications. Investigational drugs or research or study medications may not be administered in these programs.

(e) Students attending these programs may be permitted to self-medicate only in accordance with the provisions of Section B(3) of this policy. In such a case, the school nurse must provide the program director, lead teacher or school administrator running the program with the medication order and parent permission for self-administration.

(f) In the absence of the school nurse during program administration, the program director, lead teacher or school administrator is responsible for decision-making regarding medication administration.

(g) Cartridge injector medications may be administered by a director, lead teacher or school administrator only to a student with a medically-diagnosed allergic condition which may require prompt treatment to protect the student against serious harm or death.

(2) Local poison control center information shall be readily available at these programs.

(3) Procedures for medication emergencies or medication errors, as outlined in this policy, must be followed, except that in the event of a medication error a report must be submitted by the program director, lead teacher or school administrator to the school nurse the next school day.

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(4) Training for directors or directors' designees, lead teachers or school administrators in the administration of medication shall be provided in accordance with Section J of this policy.

(5) All medications must be handled and stored in accordance with Section K of this policy. Where possible, a separate supply of medication shall be stored at the site of the before or after or school readiness program. In the event that it is not possible for the parent or guardian to provide a separate supply of medication, then a plan shall be in place to ensure the timely transfer of the medication from the school to the program and back on a daily basis.

(6) Documentation of any administration of medication shall be completed on forms provided by the school and the following procedures shall be followed:

(a) a medication administration record for each student shall be maintained by the program;

(b) administration of a cartridge injector medication shall be reported to the school nurse at the earliest possible time, but no later than the next school day;

(c) all instances of medication administration, except for the administration of cartridge injector medication, shall be reported to the school nurse at least monthly, or as frequently as required by the individual student plan; and

(d) the administration of medication record must be submitted to the school nurse at the end of each school year and filed in the student's cumulative health record.

(7) The procedures for the administration of medication at school readiness programs and before or after school programs shall be reviewed annually by the school medical advisor, if any, and school nurse supervisor.

M. Review and Revision of Policy

In accordance with the provisions of Conn. Gen. Stat. Section 10-212a(a)(2) and Section 10-212a-2 of the Regulations of Connecticut State Agencies, the Board shall review this policy periodically, and at least biennially, with the advice and approval of the school medical advisor, if any, or other qualified licensed physician, and the school nurse supervisor. Any proposed revisions to the policy must be made with the advice and approval of the school medical advisor, school nurse supervisor or other qualified licensed physician.

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Legal References:

Connecticut General Statutes:

Public Act No. 25-143, "An Act Implementing the Recommendations of the Office of Early Childhood, Department of Education and the Technical Education and Career System and Concerning the Administration of Epinephrine and Glucagon."
Section 10-212
Section 10-212a
Section 10-212c
Section 10-212g
Section 10-220j
Section 14-276b
Section 19a-900
Section 21a-240
Section 21a-286
Section 52-557b

Regulations of Conn. State Agencies:

Sections 10-212a-1 through 10-212a-10, inclusive

Memorandum of Decision, In Re: Declaratory Ruling/Delegation by Licensed Nurses to Unlicensed Assistive Personnel, Connecticut State Board of Examiners for Nursing (April 5, 1995)

Storage and Administration of Opioid Antagonists in Schools: Guidelines for Local and Regional Boards of Education, Connecticut State Department of Education (October 1, 2022)

ADOPTED: _____
REVISED: _____

9/5/2025

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