A mandated policy to consider. Prior to adoption, a policy on this topic must be approved by the district's School Medical Advisor or other qualified licensed physician. The policies and procedures (administrative regulations), concerning the administration of medications should be reviewed as needed, but at least biennially.

Students

Administering Medication

The purpose of this policy is for the Board of Education (Board) to determine who shall administer medications in a school and the circumstances under which self-administration of medication by students shall be permitted.

The Board of Education allows students to self-administer medication and school personnel to administer medication to students in accordance with the established procedures, and applicable state regulations, sections 10-212a-1 through 10-212a-10 inclusive. In order to provide immunity afforded to school personnel who administer medication, the Board of Education, with the advice and approval of the School Medical Advisor and the school nurse supervisor, shall review and/or revise this policy and regulation biennially concerning the administration of medications to District students by a nurse, or in the absence of a nurse, by qualified personnel for schools. The District's School Medical Advisor (or other qualified physician) shall approve this policy, its regulations and any changes prior to adoption by the Board.

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.

Advanced practice registered nurse means an individual licensed pursuant to C.G.S. 20-94a.

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- and after-school program means any child care program operated and administered by a local or regional Board of Education or municipality exempt from licensure by the Office of Early Childhood. Such programs shall not include public or private entities licensed by the Office of Early Childhood or Board of Education enhancement programs and extra-curricular activities.

Board of Education means a local or regional Board of Education, a regional educational service center, a unified school district, the regional vocational-technical school system, an approved private special education facility, the Gilbert School, the Norwich Free Academy, Woodstock Academy or a non-public school whose students receive services pursuant to Section 10-217a of the Connecticut General Statutes.

Students

Administering Medications

Definitions (continued)

Cartridge injector means an automatic prefilled cartridge injector or similar automatic injectable equipment used to deliver epinephrine in a standard dose for emergency first aid response to allergic reaction.

Controlled drugs means those drugs as defined in Connecticut General Statutes Section 21a-240.

Cumulative health record means the cumulative health record of a student mandated by Connecticut General Statutes Section 10-206.

Director means the person responsible for the operation and administration of any school readiness program or before- and after-school program.

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

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; and/or
(f) administer the medication according to generally accepted standards of practice; or

(2) the administration of medication to a student which is not ordered by an authorized prescriber, or which is not authorized in writing by the parent or guardian of such student, except for the administration of epinephrine for the purpose of emergency first aid pursuant to Connecticut General Statutes 10-212a and Section 10-212a-2 of the Regulations of Connecticut State Agencies.

Extracurricular activities means activities sponsored by local or regional Boards of Education that occur outside of the school day, are not part of the educational program, and do not meet the definition of before- and after-school programs and school readiness programs.

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.

Students

Administering Medications

Definitions (continued)

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 which 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), 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 including over-the-counter, prescription and controlled drugs, as defined in Connecticut General Statutes 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 written direction 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 of the Connecticut General Statutes.

Students

Administering Medications

Definitions (continued)

Occupational therapist means an occupational therapist employed full time by the local or regional board of education and licensed in Connecticut pursuant to Chapter 376a of the Connecticut General Statutes.

Paraprofessional means a health care aide or assistant or an instructional aide or assistant employed by the local or regional Board of Education who meets the requirements of such Board for employment as a health care aide or assistant or instructional aide or assistant. Emergency medications may also be given by properly trained paraprofessionals.

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

Physician means a doctor of medicine or osteopathy licensed to practice medicine in Connecticut pursuant to Chapters 370 and 371 of the Connecticut General Statutes, or licensed to practice medicine in another state.

Physician assistant means an individual licensed to prescribe medications pursuant to Section 20-12d of the Connecticut General Statutes.

Principal means the administrator in the school.

Qualified medical professional, as defined in C.G.S. 10-212, means a physician licensed under Chapter 370, an optometrist licensed to practice optometry under Chapter 380, an advanced practice registered nurse licensed to prescribe in accordance with Section 20-94a or a physician assistant licensed to prescribe in accordance with Section 20-12d.

Qualified personnel for schools means (a) a qualified school employee who is a full time employee or is a coach, athletic trainer, or school paraprofessional or for school readiness programs and before and after school programs, means the director or director's designee and any lead teachers and school administrators who have been trained in the administration of medications. For school readiness programs and before- and after-school programs, Directors or Director's designee, lead teachers and school administrators who have been trained in the administration of medication may administer medications pursuant to Section 10-212a-10 of the State regulations.

Qualified school employee, as defined in C.G.S. 10-212, means a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, coach or school paraprofessional.

Students

Administering Medications

Definitions (continued)

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 medical advisor means a physician appointed pursuant to C.G.S. 10-205.

School nurse means a nurse appointed in accordance with Connecticut General Statutes Section 10-212.

School nurse supervisor means the nurse designated by the local or regional Board of Education 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.

Supervision means the overseeing of the process of the administration of medication in a school.

Teacher means a person employed full time by a Board of Education who has met the minimum standards as established by that 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.

General Policies on Administration of Medication

A child with diabetes may test his/her own blood glucose level per the written order of a physician stating the need and the capacity of such child to conduct self-testing along with written authorization of the parent/guardian. Such self-testing shall be pursuant to guidelines promulgated by the Commissioner of Education. The time or place where a student with diabetes may test his/her blood-glucose level on school grounds shall not be restricted provided the student has written parental/guardian permission and a written order from a physician licensed in Connecticut.

Students

Administering Medication

General Policies on Administration of Medication (continued)

The school nurse or school principal shall select a qualified school employee to, under certain conditions, give a glucagon injection to a student with diabetes who may require prompt treatment to protect him/her from serious harm or death. The nurse or principal must have the written authority from the student's parent/guardian and a written order from the student's Connecticut-licensed physician. The authorization shall be limited to situations when the school nurse is absent or unavailable. No qualified school employee shall administer this medication unless he/she has annually completed any training required by the school nurse and school medical advisor in the administration of medication with injectable equipment used to administer glucagon, the school nurse and school medical advisor must attest that the qualified school employee has completed such training and the qualified school employee voluntarily agrees to serve as a qualified school employee. The injections are to be given through an injector or injectable equipment used to deliver an appropriate dose of glucagon as emergency first aid response to diabetes.

A child diagnosed with asthma or an allergic condition, pursuant to State Board of Education regulations, may carry an inhaler or an Epipen or similar device in the school at all times if he/she is under the care of a physician, physician assistant, or advanced practice registered nurse (APRN) and such practitioner certifies in writing to the Board of Education that the child needs to keep an asthmatic inhaler or Epipen at all times to ensure prompt treatment of the child's asthma or allergic condition and protect the child against serious harm or death. A written authorization of the parent/guardian is also required.

A school nurse may administer medication to any student pursuant to the written order of an authorized prescriber (physician, dentist, optometrist, an advanced practice registered nurse, or a physician assistant and for interscholastic and intramural athletic events only, a podiatrist) and the written authorization of a parent or guardian of such child or eligible student and the written permission of the parent/guardian for the exchange of information between the prescriber and the school nurse necessary to ensure the safe administration of such medication.

In the absence of a school nurse, any other nurse licensed pursuant to the provisions of Chapter 378, including a nurse employed by, or providing services under the direction of the Board of Education at a school-based clinic, only qualified personnel for schools who have been properly trained may administer medications to students as delegated by the school nurse upon approval of the School Medical Advisor and the school nurse may administer medication to any student in the school following the successful completion of specific training in administration of medication and satisfactory completion of the required criminal history check.

Students

Administering Medication

General Policies on Administration of Medication (continued)

Medications with a cartridge injector may be administered by qualified personnel for schools only to a student with a medically diagnosed allergic condition which may require prompt treatment to protect the student against serious harm or death. Qualified personnel for schools, as defined, may administer oral, topical, intranasal, or inhalant medication in the absence of a licensed nurse. Investigational drugs or research or study medications may not be administered by qualified personnel for schools.

Coaches and licensed athletic trainers during intramural and interscholastic events may administer medications pursuant to Section10-212a-9 of the Regulations of Connecticut State Agencies and as described in this policy and in the administrative regulations to this policy.

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

Administration of Medication by Paraprofessionals

A specific paraprofessional, through a plan approved by a school nurse supervisor and School Medical Advisor, may administer medications including medications administered with a cartridge injector, to a specific student with a medically diagnosed allergic condition that may require prompt treatment in order to protect the student against serious harm or death pursuant to Section 10-212a-9 of the Regulations of Connecticut State Agencies and as described in the administrative regulations. The approved plan also requires the written authorization of the student's parent/guardian and pursuant to the written order from the student's authorized prescriber licensed to prescribe medication.

Administration of Medications in School Readiness Programs and Before- and After-School Programs

Directors, or their designees, who may include 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, in school readiness programs and before- and after-school programs that are child care programs. Such programs must either be District-administered or administered by a municipality exempt from licensure by the Department of Public Health and are located in a District public school. Medicine may be administered pursuant to the Regulations of Connecticut State Agencies, Section 10-212a-10, to children enrolled in these programs.

Students

Administering Medication

Administration of Medications in School Readiness Programs and Before- and After-School Programs (continued)

Administration of medications shall be provided only when it is medically necessary for program participants to access the program and maintain their health status while attending the program. A child attending any before- or after-school program, defined as any child care program operated and administered by the Board in any building or on the grounds of any district school, upon the request and with the written authorization of the child's parent/guardian and pursuant to the written order from the student's authorized prescriber, will be supervised by the District staff member (Director or designee, lead teacher, school administrator) trained to administer medication including a cartridge injector. Such administration shall be to a particular student medically diagnosed with an allergy that may require prompt treatment to avoid serious harm or death.

Investigational drugs or research or study medications may not be administered by Directors or their designees, lead teachers or school administrators.

Properly trained Directors, Directors' designees, lead teachers or school administrators may administer medications to students as delegated by the school nurse or other registered nurse. They may administer oral, topical, intranasal, or inhalant medications. No medication shall be administered without the written order of an authorized prescriber and the written approval of the parent/guardian.

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

The administration shall determine, in cooperation with the School Medical Advisor and school nurse [supervisor] whether additional school nursing services/nurses are required based on the needs of the program and the participants in the program. This determination shall include whether a licensed nurse is required on site. The recommendation shall be subject to Board approval.

The Board will allow students in the school readiness and before- and after-school programs to self-administer medication according to the student's individual health plan and only with the written order of an authorized prescriber, written authorization of the child's parent or guardian, written approval of the school nurse (The nurse has evaluated the situation and deemed it appropriate and safe and has developed a plan for general supervision of such self-medication.), and with the written permission of the parent or guardian for the exchange of information between the prescriber and the school nurse necessary to ensure the safe administration of such medication.

Students

Administering Medication

Administration of Medications in School Readiness Programs and Before- and After-School Programs (continued)

An error in the administration of medication shall be reported immediately to the school nurse, the parents/guardians and the prescribing physician. In case of an anaphylactic reaction or the risk of such reaction a school nurse may administer emergency oral and/or injectable medication to any child in need thereof on school grounds, or in the school building, according to the standing order of the School Medical Advisor or the child's private physician. However, in an emergency any other person trained in CPR and First Aid may administer emergency oral and/or injectable medication to any child in need on school grounds, or in the school building. In addition, local poison control center information shall be readily available at the sites of these programs. The Program Director or his/her designee shall be responsible for decision making in the absence of the nurse.

In the event of a medical emergency, the following will be readily available: (1) local poison information center contact information; (2) the physician, clinic or emergency room to be contacted in such an emergency; and (3) the name of the person responsible for the decision making in the absence of a school nurse.

All medications shall be handled and stored in accordance with the provisions of subsection (a) to (k) inclusive of the Regulations of Connecticut State Agencies, as outlined in the accompanying administrative regulation to this policy.

Where possible, a separate supply of the child's medication shall be stored at the site of the before- or after-school program or school readiness program. If this is not possible, a plan should be in place to ensure the timely transfer of the medication from the school to the program and back on a daily basis.

Documentation and record keeping shall be done in compliance with the stipulations outlined in the administrative regulation accompanying this policy.

THE PORTION OF THIS POLICY PERTAINING TO THE ADMINISTRATION OF MEDICATION IN SCHOOL READINESS PROGRAMS AND BEFORE- AND AFTER-SCHOOL PROGRAMS SHALL BE REVIEWED BY THE BOARD ON AN ANNUAL BASIS WITH INPUT FROM THE SCHOOL MEDICAL ADVISOR OR A LICENSED PHYSICIAN AND THE SCHOOL NURSE SUPERVISOR.

Administration of Medication by Coaches and Licensed Athletic Trainers During Intramural and Interscholastic Events

During intramural and interscholastic athletic events, a coach or licensed athletic trainer who has been trained in the general principles of medication administration applicable to receiving, storing, and assisting with inhalant medications or cartridge injector medications and documentation, may administer medication for select students for whom self-administration plans are not viable options as determined by the school nurse.

Students

Administering Medication

Administration of Medication by Coaches and Licensed Athletic Trainers During Intramural and Interscholastic Events (continued)

The medication which may be administered is limited to: (1) inhalant medications prescribed to treat respiratory conditions and (2) medication administered with a cartridge injector for students with a medically diagnosed allergic condition which may require prompt treatment to protect the student against serious harm or death.

The school nurse is responsible for the student's individualized medication plan and shall provide the coach with a copy of the authorized prescriber's order and the parental/guardian permission form. Parents are responsible for providing the medication, such as the inhaler or cartridge injector, to the coach or licensed athletic trainer, which shall be kept separate from the medication stored in the school health office during the school day.

Medications to be used in athletic events shall be stored in containers for the exclusive use of holding medications; in locations that preserve the integrity of the medication; under the general supervision of the coach or licensed athletic trainer trained in the administration of medication; and in a locked secure cabinet when not in use at athletic events.

The agreement of the coach or licensed athletic trainer is necessary for the administration of emergency medication and the implementation of the emergency care plan.

Coaches and athletic trainers are required to fulfill the documentation requirements as outlined in the administrative regulations accompanying this policy. Errors in the administration of medication shall be addressed as specified in Section 10-212a-6 of the Regulations of Connecticut State Agencies, and detailed in the administrative regulation pertaining to this policy. If the school nurse is not available, a report may be submitted by the coach or licensed athletic trainer to the school nurse on the next school day.

Storage and Administration of Epinephrine

Storage and Use of Epinephrine Cartridge Injectors (Emergency Administration of Epinephrine to Students without Prior Written Authorization)

A school nurse or, in the absence of a school nurse, a "qualified school employee" who has completed the training required by PA 14-176, shall maintain epinephrine in cartridge injectors for the purpose of emergency first aid to students who experience allergic reactions, who were not previously known to have serious allergies and who do not have a prior written authorization of a parent/guardian or a prior written order of a qualified medical professional for the administration of epinephrine.

Note: Epipens expire yearly. Therefore schools are responsible for refilling their prescriptions annually. It is estimated that each school would require two to three two-pack epipens.

Students

Administering Medication

Storage and Administration of Epinephrine (continued)

The school nurse or school principal shall select qualified school employees who voluntarily agree to be trained to administer such epinephrine as emergency first aid. There shall be at least one such qualified school employee on the grounds of each District school during regular school hours in the absence of the school nurse. Each school must maintain a supply of epinephrine in cartridge injectors (epipens) for such emergency use.

Note: This requirement pertains only during regular school hours and does not include after-school activities.

The school shall fulfill all conditions and procedures promulgated in the regulations established by the State Board of Education (Section 10-212a-2) for the storage and administration of epinephrine by school personnel to students for the purpose of emergency first aid to students who experience allergic reaction and do not have prior written authorization for epinephrine administration.

The school nurse or, in the absence or unavailability of such school nurse, such qualified school employee may administer epinephrine to a student experiencing a life-threatening undiagnosed allergic reaction as emergency first aid, to students who do not have a prior written authorization from a parent or guardian or a prior written order from a qualified medical professional for the administration of epinephrine. A qualified school employee must annually complete the required training program in order to be permitted to administer epinephrine utilizing an epipen.

Following the emergency administration of epinephrine by a qualified school employee to a student who does not have a prior written authorization of a parent/guardian or a prior written order of a qualified medical professional, such administration must be reported immediately to the school nurse or medical advisor, the student's parent/guardian by the school nurse or the qualified school employee and a medication administration record shall be submitted by the qualified school employee at the earliest possible time, but not later than the next school day. Such record must be filed in or summarized on the student's cumulative health record.

The parent/guardian of a student may submit, in writing, to the school nurse and school medical advisor, if any, that epinephrine shall not be administered to his/her child permitted by statute. The District shall annually notify parents/guardians of the need to provide such written notice.

The Board of Education, recognizing this emergency use of epinephrine for previously undiagnosed students, per the statute, is to take place during "regular school hours" establishes such hours to be from the arrival of the first students to the school site to the departure of the last bus serving the school at the conclusion of the day's instructional programs.

Note: *The regulations indicate that boards of education determine the regular school hours for each school. Another definition could be the hours specified in the Teacher's Contract for the normal school/employment day in terms of hours.*

Students

Administering Medication (continued)

Administration of Anti-Epileptic Medications to Students

With the written authorization of a student's parent/guardian, and pursuant to the written order of a physician, a school nurse (and a school medical advisor, if any), shall select and provide general supervision to a qualified school employee, who voluntarily agrees to serve as a qualified school employee, to administer anti-epileptic medication, including by rectal syringe, to a specific student with a medically diagnosed epileptic condition that requires prompt treatment in accordance with the student's individual seizure action plan. Such authorization is limited to situations when the school nurse is absent or unavailable. No qualified school employee shall administer such medication unless he/she annually completes the training program developed by the State Department of Education, in consultation with the School Nurse Advisory Council.

In addition, the school nurse (and school medical advisor, if any), shall attest, in writing, that such qualified school employee has completed the required training. The qualified school employee shall also receive monthly reviews by the school nurse to confirm his/her competency to administer anti-epileptic medication. For purposes of the administration of anti-epileptic medication, a "qualified school employee" means a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the District, coach or school paraprofessional.

(cf. 4112.5/4212.5 – Security Check/Fingerprinting)
(cf. 5141 – Student Health Services)
(cf. 5141.23 – Students with Special Health Care Needs)

Legal Reference: Connecticut General Statutes

10-206 Health Assessment

10-212 School nurses and nurse practitioners. Administration of medications by parents or guardians on school grounds. Criminal history; records check.

10-212a Administration of medications in schools. (as amended by PA 99-2, and June Special Session and PA 03-211, PA 04-181, PA 07-241, PA 07-252, PA 09-155, PA 12-198, PA 14-176 and PA 15-215)

10-220j Blood glucose self-testing by children. Guidelines. (as amended by PA 12-198)

19a-900 Use of cartridge injector by staff member of before- or after-school program, day camp or day care facility.

21a-240 Definitions

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

Students

Administering Medication

Legal Reference: Connecticut General Statutes (continued)

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

Connecticut Regulations of State Agencies 10-212a-1 through 10-212a-10, inclusive, as amended.

Code of Federal Regulations: Title 21 Part 1307.2

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

20-94a Licensure as advanced practice registered nurse.

PA 07-241 An Act Concerning Minor Changes to the Education Statutes

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

Policy adopted:

DERBY PUBLIC SCHOOLS
Derby, Connecticut

(Reviewed and approved by Policy Review Committee)

Existing policy, number 5141.22 adopted 12/20/01, appropriate as written, and with update to legal reference.

Students

Communicable/Infectious Diseases

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

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

A child with an infectious disease may be considered disabled, if the condition presents such physical impairment that limits one or more major life activities. Therefore, Section 504 of the Rehabilitation Act, the Individuals With Disabilities Education Act, and the Americans With Disabilities Act may apply. The parent, guardian or the school administration may make a referral for determination whether the student is handicapped and entitled to protection under Section 504. The Planning and Placement Team will determine whether the student is handicapped or is "otherwise qualified" within the meaning of Section 504, the Individuals With Disabilities Education Act, and the Americans With Disabilities Act. All students should be educated in the least restrictive environment.

(cf. 5111 - Admission)
(cf. 5142 - Student Safety)
(cf. 5141 - Student Health Services)
(cf. 6162 - Individualized Education Program/Special Education Program)

Legal Reference: "Education for Children with Disabilities", 20 U.S.C. 1400, et seq.
Section 505 of the Rehabilitation Act of 1973,29 U.S.C. 706(7)(b)
"Americans with Disabilities Act"
The Family Educational Rights and Privacy Act of 1974, (FERPA), 20 U.S.C. 1232g, 45 C.F.R. 99
Connecticut General Statutes
10-76(d)(15) Duties and powers of Boards of education to provide special education programs and services.
10-154a Professional communications between teacher or nurse and student
10-207 Duties of medical advisors

Students

Communicable/Infectious Disease

Legal Reference: Connecticut General Statutes (continued)

10-209 Records not to be public

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

19a-221 Quarantine of certain persons

19a-581-585 AIDS testing and medical information

Policy adopted:

DERBY PUBLIC SCHOOLS
Derby, Connecticut

(Reviewed and approved by Policy Review Committee)

Existing policy, number 5141.221 adopted 12/20/01, appropriate as written, and with addition of legal reference.

Students

Student Health Service

Pediculosis

The Superintendent of Schools shall work with the School District Medical Advisor to develop and implement regulations concerning pediculosis or head lice. The regulations are to include identification, treatment procedures, and notification process which will insure prompt and medically accurate action for students having pediculosis. The regulations are also to include assertive procedures which will reduce the opportunity of spreading pediculosis to other students.

Legal Reference: Connecticut General Statutes

10-154 Professional communication between teacher or nurse and student.

10-207 Duties of medical advisors.

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

Policy adopted:

DERBY PUBLIC SCHOOLS
Derby, Connecticut

(Reviewed and approved by Policy Review Committee)

Existing policy number 5141.231 adopted 12/20/01, appropriate as written except for update to legal reference.

Students

Psychotropic Drug Use

The Board of Education believes that the use of psychotropic drugs for students is a personal decision to be made by a student's parents or legal guardian. Consequently, school personnel are prohibited from recommending the use of psychotropic drugs for any child.

This policy is not intended to prohibit school medical staff from recommending that a child be evaluated by an appropriate medical practitioner, nor does it prohibit school personnel from consulting with an appropriate medical practitioner with the consent of a student's parents or guardian.

The Superintendent or his/her designee shall be responsible for the implementation of this policy and for ensuring its dissemination to school personnel.

The Board recognizes that under state law the refusal of a parent or other person having control of a child to administer or consent to the administration of any psychotropic drug to such child shall not, in and of itself, constitute grounds for the Department of Children and Families (DCF) to take such child into custody or for any court of competent jurisdiction to order that such child be taken into custody by DCF, unless such refusal causes such child to be neglected or abused, as defined in section 46b-120 of the General Statutes.

(cf. 5141.4 – Reporting of Child Abuse and Neglect)

Legal Reference: Connecticut General Statutes
10-212b Policies prohibiting the recommendation of psychotropic drugs by school personnel. (as amended by PA 03-211)
46b-120 Definitions
10-76a Definitions. (as amended by PA 00-48)
10-76b State supervision of special education programs and services.
10-76d Duties and powers of boards of education to provide special education programs and services. (as amended by PA 97-114 and PA 00-48)
10-76h Special education hearing and review procedure. Mediation of disputes. (as amended by PA 00-48)
State Board of Education Regulations.
34 C.F.R. 3000 Assistance to States for Education for Handicapped Children.
American with Disabilities Act, 42 U.S.C. §12101 et seq.
Individuals with Disabilities Education Act, 20 U.S.C. §1400 et seq.
Rehabilitation Act of 1973, Section 504, 29 U.S.C. §794.

Policy adopted:

DERBY PUBLIC SCHOOLS
Derby, Connecticut

(Reviewed and approved by Policy Review Committee)

A new regulation to consider.

Students/Personnel - Certified

Psychotropic Drug Use

In order to properly implement the Board policy prohibiting school personnel from recommending the use of psychotropic drugs for any child, the following administrative regulations are hereby established:

1. Psychotropic drugs are defined as prescription medications for behavioral or social-emotional concerns, such as attention deficits, impulsivity, anxiety, depression and thought disorders.

2. Psychotropic drugs include, but are not limited to, Ritalin, Adderal, Dexedrine and other stimulant medication, and anti-depressants.

3. All school personnel, including teachers and administrators are prohibited from any communications, both oral and written, to the parents and/or guardians of a child in which the use of psychotropic drugs is recommended.

4. School health or mental health personnel which includes school nurses or nurse practitioners, the District Medical Advisor, school psychologists, school social workers, and school counselors is permitted to discuss with parents and/or guardians of a child the advisability of a medical evaluation by an appropriate medical practitioner when there are behaviors or concerns that may be indicative of medication considerations.

5. School personnel, through the Planning and Placement Team referral process, shall communicate to the school medical staff about a child's behavior that may indicate the need for an evaluation.

6. The Planning and Placement Team (PPT) has the authority and responsibility to recommend a medical evaluation as part of an initial evaluation or reevaluation as needed to determine a child's eligibility for special education and related services, or educational needs for a child's individualized education program (IEP).

7. As required, the District may seek remedy through the due process provisions allowed under the Individuals with Disabilities Educational Act (IDEA) if a parent and/or guardian refuses consent for a reevaluation.

8. Appropriate medical practitioners, such as a psychiatric consultant or physician, with whom the District contracts for services to students or to whom the District makes a referral for an evaluation may recommend such medications.

Students/Personnel - Certified

Psychotropic Drug Use

9. School personnel may consult with the medical practitioner performing the evaluation with the informed consent of the parent or guardian of the child. The purposes of such communication include the following:

    a. Conveying concerns or observations of a child, both prior to and following a medical evaluation;

    b. Requesting health records and other educationally relevant medical evaluations;

    c. Providing school records to medical practitioners upon request;

    d. Providing information on school performance to help a medical practitioner monitor and evaluate the effectiveness of psychotropic drugs and/or other medical interventions and/or treatment;

    e. Discussing with medical practitioners appropriate and necessary nursing or health care in schools to ensure student safety;

    f. Disclosure of educationally relevant information by the medical practitioner to school personnel.

10. The Department of Children and Families (DCF) is limited by this legislation to take a child into custody solely on the refusal of a parent or guardian to administer or consent to the administration of any psychotropic drug. However, a PPT meeting may be convened if the child is eligible or may be eligible for special education or making a referral to the Department of Children and Families if there are concerns about a child's safety and possible abuse or neglect.

(cf. 5141.4 - Reporting of Child Abuse and Neglect)

Regulation approved:

DERBY PUBLIC SCHOOLS
Derby, Connecticut

(Reviewed and approved by Policy Review Committee)

A new policy to consider.

Students

Students with HIV, AIDS

The District shall strive to protect the safety and health of children and youth in its care, as well as their families, District employees, and the general public. Staff members shall cooperate with public health authorities to promote these goals.

The evidence is overwhelming that the risk of transmitting human immunodeficiency virus (HIV) is extremely low in school settings when current guidelines are followed. The presence of a person living with HIV infection or diagnosed with acquired immune deficiency syndrome (AIDS) poses no significant risk to others in school, day care, or school athletic settings.

School Attendance

A student with HIV infection has the same right to attend school and receive services as any other student, and will be subject to the same rules and policies. HIV infection shall not factor into decisions concerning class assignments, privileges, or participation in any school-sponsored activity.

School authorities will determine the educational placement of a student known to be infected with HIV on a case-by-case basis by following established policies and procedures for students with chronic health problems or students with disabilities. Decision makers must consult with the student's physician and parent or guardian; respect the student's and family's privacy rights; and reassess the placement if there is a change in the student's need for accommodations or services.

School staff members will always strive to maintain a respectful school climate and not allow physical or verbal harassment of any individual or group by another individual or group. This includes taunts directed against a person living with HIV infection, a person perceived as having HIV infection, or a person associated with someone with HIV infection.

Employment

The State/District/School does not discriminate on the basis of HIV infection or association with another person with HIV infection. In accordance with the Americans with Disabilities Act of 1990, an employee with HIV infection is welcome to continue working as long as he or she is able to perform the essential functions of the position, with reasonable accommodation if necessary.

Students

Students with HIV, AIDS

Privacy

Students or staff members are not required to disclose HIV infection status to anyone in the education system. HIV antibody testing is not required for any purpose.

Every employee has a duty to treat as highly confidential any knowledge or speculation concerning the HIV status of a student or other staff member. Violation of medical privacy is cause for disciplinary action, criminal prosecution, and/or personal liability for a civil suit.

No information regarding a person's HIV status will be divulged to any individual or organization without a court order or the informed, written, signed, and dated consent of the person with HIV infection (or the parent or guardian of a legal minor). The written consent must specify the name of the recipient of the information and the purpose for disclosure.

All health records, notes, and other documents that reference a person's HIV status will be kept under lock and key. Access to these confidential records is limited to those named in written permission from the person (or parent or guardian) and to emergency medical personnel. Information regarding HIV status will not be added to a student's permanent educational or health record without written consent.

Infection Control

All employees are required to consistently follow infection control guidelines in all settings and at all times, including playgrounds and school buses. Schools will operate according to the standards promulgated by the U.S. Occupational Health and Safety Administration for the prevention of blood-borne infections. Equipment and supplies needed to apply the infection control guidelines will be maintained and kept reasonably accessible. Designate shall implement the precautions and investigate, correct, and report on instances of lapse.

A school staff member is expected to alert the person responsible for health and safety issues if a student's health condition or behavior presents a reasonable risk of transmitting an infection.

If a situation occurs at school in which a person might have been exposed to an infectious agent, such as an instance of blood-to-blood contact, school authorities shall counsel that person (or, if a minor, alert a parent or guardian) to seek appropriate medical evaluation.

Students

Students with HIV, AIDS

Athletic Participation

The privilege of participating in physical education classes, athletic programs, competitive sports, and recess is not conditional on a person's HIV status. School authorities will make reasonable accommodations to allow students living with HIV infection to participate in school-sponsored physical activities.

All employees must consistently adhere to infection control guidelines in locker rooms and all play and athletic settings. Rulebooks will reflect these guidelines. First aid kits must be on hand at every athletic event.

All physical education teachers and athletic program staff will complete an approved first aid and injury prevention course that includes implementation of infection control guidelines. Student orientation about safety on the playing field will include guidelines for avoiding HIV infection.

HIV Prevention Education

The goals of HIV prevention education are to promote healthful living and discourage the behaviors that put people at risk of acquiring HIV. The educational program will:

- Be taught at every level, kindergarten through grade twelve;
- Use methods demonstrated by sound research to be effective;
- Be consistent with community standards;
- Follow content guidelines prepared by the Centers for Disease Control and Prevention (CDC);
- Be appropriate to students' developmental levels, behaviors, and cultural backgrounds;
- Build knowledge and skills from year to year;
- Stress the benefits of abstinence from sexual activity, alcohol, and other drug use;
- Include accurate information on reducing risk of HIV infection;
- Address students' own concerns;
- Include means for evaluation;
- Be an integral part of a coordinated school health program;
- Be taught by well-prepared instructors with adequate support; and
- Involve parents and families as partners in education.

Students

Students with HIV, AIDS

HIV Prevention Education (continued)

Parents and guardians will have convenient opportunities to preview all HIV prevention curricula and materials. School staff members shall assist parents or guardians who ask for help in discussing HIV infection with their children. If a parent or guardian submits a written request to a Principal that a child not receive instruction in specific HIV prevention topics at school, and assures that the topics will be discussed at home or elsewhere, the child shall be excused without penalty.

The education system will endeavor to cooperate with HIV prevention efforts in the community that address out-of-school youth and youth in situations that put them at high risk of acquiring HIV.

Related Services

Students will have access to voluntary, confidential, age and developmentally appropriate counseling about matters related to HIV infection. School administrators will maintain confidential linkage and referral mechanisms to facilitate voluntary student access to appropriate HIV counseling and testing programs, and to other HIV-related services as needed. Public information about resources in the community will be kept available for voluntary student use.

Staff Development

All school staff members will participate in a planned HIV education program that conveys factual and current information; provides guidance on infection control procedures; informs about current law and state, district, and school policies concerning HIV; assists staff to maintain productive parent and community relations; and includes annual review sessions. Certain employees will also receive additional specialized training as appropriate to their positions and responsibilities.

General Provisions

On an annual basis, school administrators will notify students, their family members, and school personnel about current policies concerning HIV infection, and provide convenient opportunities to discuss them. Information will be provided in major primary languages of students' families.

In accordance with the established policy review process, or at least every three years, the Superintendent or his/her designee shall report on the accuracy, relevance, and effectiveness of this policy and, when appropriate, provide recommendations for improving and/or updating the policy.

Students

Students with HIV, AIDS (continued)

(cf. - 4147.1/4247.1 Bloodborne Pathogens)
(cf. 5141.22 – Communicable/Infectious Diseases)
(cf. 6164.12 – Acquired Immune Deficiency Syndrome (AIDS))

Legal Reference: Connecticut General Statutes

10-19b AIDS education.

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

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

10-207 Duties of medical advisors.

10-209 Records not to be public.

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

19a-221 Quarantine of certain persons.

19a-581-585 AIDS testing and medical information.
"Education for Children with Disabilities," 20 U.S.C. 1400, et seq. Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 706(7)(b)

Americans with Disabilities Act.

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

20 U.S.C. 7906, No Child Left Behind Act of 2001.

Policy adopted:

DERBY PUBLIC SCHOOLS
Derby, Connecticut

(Reviewed and approved by Policy Review Committee)

Existing policy adopted January 19, 2012.

Students

Students with Special Health Care Needs

Food Allergy Management Plan and Guidelines

The Derby Board of Education ("Board") recognizes that food allergies are serious conditions for many of the students served by our public schools, and that such allergies can be life threatening for some children. Therefore, it is the policy of the Board that appropriate steps are to be taken to minimize the risk of accidental exposure to life-threatening food allergens and to ensure prompt and effective medical response should a child experience such an allergic reaction in school.

The Derby Public Schools shall address concerns related to food allergies and other anaphylactic conditions in accordance with the guidelines set forth in Guidelines for Managing Life Threatening Food Allergies in Connecticut Schools, Connecticut State Department of Education, 2006 (pages 11-27). The Guidelines require the development of a Food Allergy Management Plan that addresses the following goals:

1. To maintain the health and protect the safety of children who have life-threatening food allergies in ways that are developmentally appropriate, promote self-advocacy and competence in self-care and provide appropriate educational opportunities.
2. To ensure that interventions and individual health care plans for students with life-threatening food allergies are based on medically accurate information and evidence-based practices; and
3. To define a formal process for identifying, managing and ensuring continuity of care for students with life-threatening food allergies across all transitions (Pre-K through Grade 12).

The Superintendent shall direct the development of the Food Allergy Management Plan consistent with these goals, in cooperation with the school principals, nurses and other appropriate staff. Among other things, the Plan shall provide for:

1. Education and training for school personnel on the management of students with life threatening food allergies, including training related to the administration of medication with a cartridge injector;
2. Procedures for responding to life threatening allergic reactions to food;
3. A process for the development of individualized health care and food allergy action plans for every student with a life-threatening food allergy; and
4. Protocols to prevent exposure to food allergens.

Students

Students with Special Health Care Needs

Food Allergy Management Plan and Guidelines (continued)

Further, it is the policy of the Board that peanuts, nuts and other nut-related food products are prohibited from schools serving children in Pre-Kindergarten through 5th grade. This includes foods and snacks served in school cafeterias and vending machines, as well as those brought into the school by students, family members, staff and visitors. Parents of children with serious allergies to peanuts, nuts and nut-related food products are to be cautioned that it is always possible that peanut or nut containing foods are present in school, despite the best efforts of school staff to enforce the prohibition. Therefore, the affected students, parents and school staff need to continue taking all of the precautions called for in the district's Food Allergy Management Plan.

It is the Board's expectation that specific building-based guidelines and actions will take into account the health needs and well-being of all children without discrimination or isolation of any child. It is the Board's belief that education and open communication are vital for the creation of an environment with reduced risks for all students and their families.

The Superintendent shall establish procedures for the implementation and enforcement of this policy, including the means by which it will be communicated to students, parents and school employees. The procedures established by the Superintendent shall be posted on the district's website.

Policy adopted:

DERBY PUBLIC SCHOOLS
Derby, Connecticut

(Reviewed and approved by Policy Review Committee)

Existing regulation revised October 18, 2012.

Students

Students with Special Health Care Needs

Food Allergy Management Plan and Guidelines

The following procedures implement Board of Education Policy #5141.1: Food Allergy Management, adopted January 19, 2012.

All Schools

The Principal shall see to it that a copy of Board of Education Policy #5 141.1: Food Allergy Management and this Food Allergy Regulation are distributed to all staff members, students and parents of students at the school not later than April 1, 2012. The parents of all newly enrolled students shall receive the Policy and the Regulation as a part of the registration process. A letter will be distributed to all students and staff at the beginning of each school year as a reminder of the Board policy and regulation. All substitute teachers and other temporary staff members shall be informed of the Policy and this Regulation upon their employment.

Individualized Health Care Plans for Students

Not later than April 15, 2012, the Principal shall see to it that an Individualized Health Care Plan and an Emergency Care Plan is developed and on file for every student in the school who has been found by his/her physician to have a serious or life threatening food related allergy. A written statement from the physician of each such student shall be kept on file in the School Nurse's office. These plans are to be developed by the School Nurse, in consultation with the student's parents, physician and teachers, and kept on file in the Nurse's office.

Each Individualized Health Care Plan and Emergency Care Plan shall be developed by the School Nurse in keeping with the procedures and requirements set forth by the Connecticut Department of Education in Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools (2006) (pages 25 through 27, and Appendix D, pages 53 through 63). The Nurse shall provide written notification to classroom teachers of all serious or life-threatening food allergies affecting students in their classrooms. This notification shall include an explanation of the severity of the health threat, a description of the signs and symptoms to be aware of and what allergen (food or other materials or substances) the student is to avoid.

In the event of a suspected allergic reaction (where there is no known allergic history), the School Nurse and/or emergency medical personnel shall be contacted immediately.

The Principal shall maintain in her/his office a list of all students in the school for whom Individualized Health Care and Emergency Care Plans are required. A copy of said list shall be provided to the Superintendent, who in turn shall see to it that the district's transportation contractor alerts its drivers to the names of students with serious food related allergies.

Students

Students with Special Health Care Needs

Food Allergy Management Plan and Guidelines (continued)

Notice to Parents

The Principal shall see to it that all parents are aware of these procedures and invited to provide a physician's note requiring the development of an Individualized Health Care and Emergency Care Plan. Strategies for informing parents of the school's food allergy procedures may include use of the school newsletter, website and parent/student handbook. Information about Individualized Health Care Plans and Emergency Care Plans shall be included in the school's student registration packet and procedures.

Pre-K through Grade 5 Only

Effective April 1, 2012, all nuts, peanut and nut-containing products are prohibited from the district's elementary schools, as well as food products produced in facilities where peanuts and nuts may have been present. This requirement pertains to any food or snacks that students and staff members may bring to school, as well as all items offered for sale in school cafeterias and vending machines. In addition, this requirement applies to all school related transportation and events, and to activities that take place on school property under the direction and sponsorship of outside organizations.

Principals shall see to it that printed signs stating that "No peanuts, nuts or nut-related foods are permitted in this school" are displayed prominently near all school entrances. Similar signs shall be posted on or near the hallway door of any classroom known to include a student with a serious allergy to peanuts, nuts or nut-containing products.

School staff members and employees of organizations that provide contract services to the district will not be expected to inspect student lunch boxes, back packs or clothing for nut or peanut containing products.

Whenever a staff member becomes aware that a food product has been brought into the school in violation of this regulation, that staff member shall deliver the item in question to the Principal's office. The Principal shall remind the student or staff member who was in possession of the peanut or nut containing food product that such items are not permitted in the school. In the case of a student, the student's parents will also be informed. Parents shall be invited to retrieve the food in question at the end of the school day, after which it will be discarded.

A second violation of this regulation shall result in a personal meeting between the Principal and the student's parent or with the staff member, as the case may be. The third violation shall result in a personal meeting to include the Superintendent, the Principal and the parent or staff member. In the case of a staff member, a third violation of this regulation shall also result in a written disciplinary warning. Further violations by a staff member may result in disciplinary action by the Superintendent.

Students

Students with Special Health Care Needs

Food Allergy Management Plan and Guidelines

Pre-K through Grade 5 Only (continued)

The delivery of food, snacks or treats to classrooms for birthday or other celebrations shall be limited to one day per month for each school, said days to be designated by the Principal. Whenever food or treats are brought into school for a classroom of students, the food shall be "store bought" and shall be accompanied by a product label so that it can be checked by a school staff member for compliance with the Board policy prior to being distributed to students.

With the exception of food that families send to school for their own children, no homemade food products shall be brought into the school during regular school hours. Homemade meals may be provided at after school events with the written permission of the school principal. Under such circumstances, the principal shall inform the provider of the food that the food's ingredients may not include peanuts, tree nuts or nut-related products. The provider of the food shall provide a written list of all ingredients in the meal, to be displayed at the point of service.

The district's facilities use forms shall be modified to inform outside users of the elementary school buildings of the ban on peanuts, nuts and nut related food products. Outside users who violate this ban may be denied further use of school facilities.
The Superintendent shall work with the district's school transportation contractor to assure that school bus drivers serving the district's elementary schools are aware of the ban on peanuts, nuts and nut related products. Drivers who take note of any such products shall collect the items in question and forward them immediately to the Principal along with a brief written note. The Principal shall take possession of the items in keeping with this Regulation.

The Superintendent shall communicate with the district's food services provider regarding enforcement of the ban on peanut, nut and nut-related products.

District Food Allergy Plan

Not later than August 1, 2012, the Superintendent, in consultation with Principals, School Nurses and the District Medical Advisor, shall prepare a District Food Allergy Plan consistent with the process described in Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools (2006), pages 11 through 23. The goals of the district wide plan shall include:

1. To maintain and protect the safety of children who have serious or life-threatening food allergies in ways that are developmentally appropriate, promote self- advocacy and competence in self-care and provide appropriate educational opportunities.

Students

Students with Special Health Care Needs

Food Allergy Management Plan and Guidelines

District Food Allergy Plan (continued)

2. To ensure that interventions and individual health care plans for students with serious or life-threatening food allergies are based on medically accurate information and evidenced based practices.
3. To define a formal process for identifying, managing, and ensuring continuity of care for students with serious or life-threatening food allergies across all transitions, pre-K through grade 12.

Policy adopted:

DERBY PUBLIC SCHOOLS
Derby, Connecticut

(Reviewed and approved by Policy Review Committee)

A new policy to consider.

Students

Emergency Situation With No Nurse in School

If a school nurse or School Medical Advisor is not readily available and the rendering of emergency first aid is necessary, other public school personnel who have completed a course in first aid offered by the American Red Cross, the American Heart Association, or the Connecticut Department of Health Services may render such emergency first aid to a child. In accordance with state law, any person providing such aid is not liable for civil damages for any personal injuries which result from acts or omissions by such person rendering the emergency first aid. The immunity does not apply to acts or omissions constituting gross, willful or wanton negligence which constitute ordinary negligence.

Each building shall maintain and post a list of emergency response team and their extensions.

Policy adopted:

DERBY PUBLIC SCHOOLS
Derby, Connecticut

(Reviewed and approved by Policy Review Committee)

A new policy to consider.

Students

First Aid/Emergency Medical Care

Use of Automatic External Defibrillators (AEDs)

The Derby Board of Education strives to provide a safe environment for students, staff, parents and the community. In achieving a safe environment, automatic external defibrillators (AEDs) are accessible on school grounds at all District schools for use in emergency medical situations. Such AEDs are not intended to and do not replace the assistance of qualified medical professionals.

The AEDs shall only be used by individuals specifically trained in the use of an AED, in accordance with applicable state statutes. The AEDs and school personnel trained in the operation of an AED and the use of CPR shall be accessible during each school's normal operational hours, during school-sponsored athletic practices and athletic events taking place on school grounds and during school-sponsored events not occurring during the normal operational hours of the school. Training shall be in accordance with the standards set forth by the school district's Medical Advisor consistent with relevant medical guidelines and statutes.

The AEDs on school grounds are Derby Board of Education property. Any employee, student or other individual who inappropriately accesses and/or uses an AED will be subject to disciplinary action, up to and including expulsion from school and/or termination of employment. Civil and/or criminal liability may also be imposed on any student, employee or individual who inappropriately accesses and/or uses an AED.

The Superintendent of Schools shall establish administrative guidelines that will outline the specific responsibilities, training, management, maintenance and procedures for the use and storage of AEDs on school grounds.

(cf. 5114 – Suspension, Expulsion & Removal from Class)

Legal Reference: Connecticut General Statutes
10-221 Boards of education to prescribe rules.
52-557b "Good Samaritan law." Immunity from liability for emergency medical assistance, first aid or medication by injection. School personnel not required to administer or render. (as amended by P.A. 09-59.)
P.A. 09-94 An Act Concerning the Availability of Automatic External Defibrillators in Schools
Public Law 106-505 Cardiac Arrest Survival Act
Public Law 105-170 Aviator Medical Assistance Act
Public Law 107-188 The Public Health Security and Bioterrorism Response Act

Policy adopted:

DERBY PUBLIC SCHOOLS
Derby, Connecticut

(Reviewed and approved by Policy Review Committee)

A new regulation to consider.

Students

First Aid/Emergency Medical Care

Use of Automatic External Defibrillators (AEDs)

Purpose:

This regulation is to provide guidance in the management or administration of a school-based AED program.

Definitions:

An **Automatic External Defibrillator (AED)** placed in each District school by July 1, 2010 if funding is available, is a device that: (1) is used to administer an electric shock through the chest wall to the heart; (2) contains internal decision-making electronics, microcomputers or special software that allows it to interpret physiologic signals, make medical diagnosis and, if necessary, apply therapy; (3) guides the user through the process of using the device by audible or visual prompts; and (4) does not require the user to employ any discretion or judgment in its use.

Sudden Cardiac Arrest (SCA) is a condition that occurs when the electrical impulses of the human heart malfunction causing a disturbance in the hearts electrical rhythm called ventricular fibrillation (VF). This erratic and ineffective electrical heart rhythm causes complete cessation of the heart's normal function of pumping blood resulting in sudden death. The most effective treatment of this condition is the administration of an electrical current to the heart by a defibrillator, delivered within a short time at the onset of VF.

AED Equipment and Location:

1. Any AED device purchased or received as a gift for placement in District facilities must meet the definition outlined above.
2. AEDs shall be placed in all District schools by July 1, 2010 subject to the availability of funding.
3. During school hours, the AED will be at designated locations. These locations shall be specific to each school but should allow the device to be easily seen or accessed by staff. The locations should allow staff members to retrieve the device outside of normal school hours.
4. Consideration should be given to placing the devices near/outside the nurse's office in a wall mount cabinet with alarm and wired EMS alarm.

Students

First Aid/Emergency Medical Care

Use of Automatic External Defibrillators (AEDs) (continued)

5. After school hours, the AED may be moved from its designated location by an AED-trained athletic trainer/coach/staff member to support athletic department activities. A trained staff member or trained volunteer would have to be available and willing to support this effort during non-school hours. A visible sign must be left in the place of the AED, with the phone number of the individual having possession of the AED and the location.
6. Contracted and other community activities utilizing school facilities are not guaranteed access to the AED as part of standard rental contracts.
7. All District AEDs must be registered with the local EMS provider and with the Connecticut Office of Emergency Medical Services.
8. Location of AEDs:
   - _____
   - _____
   - _____
   - _____

Required Training:

1. The District will provide on-site training to interested staff members. Certified American Red Cross or American Heart Association certified CPR/First Aid/AED instructors will do the training. School personnel interested in such training shall be trained in the operation of such automatic external defibrillator and the use of cardiopulmonary resuscitation.
2. Initial and annual refresher training is required by the Connecticut Department of Public Health requirements.

Recommended Employees for Training:

The following groups are recommended to be trained and certified in the use of an AED:

1. District **coaches**.
2. At least one building **custodian** per shift in each school.
3. At least one building **secretary** in each school.
4. The **nurse** and **nurse's aide** (when applicable) in each school.
5. A minimum of one **food service personnel** in each school.
6. **Teachers** and **administrators** as they seek initial or recertification in CPR and First Aid.
7. **Security staff** in each school.

Students

First Aid/Emergency Medical Care

Use of Automatic External Defibrillators (AEDs) (continued)

Medical Control:

The District's School Medical Advisor is the medical advisor of the AED program. He/She has ongoing responsibility for:

- Providing medical direction for use of the AEDs.
- Writing a prescription for AEDs.
- Reviewing and approving guidelines for emergency procedures related to use of AEDs and CPR.
- Arrangement for required training/retraining.
- Evaluation of post-event review forms and digital files downloaded from the AED.
- A report must be completed and forwarded to the local EMS provider each time an AED is activated.

AED Trained Staff Member Responsibilities:

- Activating internal emergency response system and providing prompt basic life support including AED and first aid according to training and experience.
- Understanding and complying with requirements of this policy and regulation.
- Following the more detailed procedures and guidelines of the AED program.

School Office Staff Responsibilities: (*Consideration should be given to assigning these responsibilities to school nursing staff)*

The school office staff (or nurse) is responsible for:

- Receiving emergency medical calls from internal locations.
- Using an established 911 checklist to assess emergency and determine appropriate level of response.
- Contacting the external community 911 response team (EMS) if required **(The state's 911 system must be activated each time an AED is used.)**
- Deploying AED trained employees to emergency location.
- Assigning someone to meet responding EMS aid vehicle and direct EMS personnel to site of medical emergency.

Students

First Aid/Emergency Medical Care

Use of Automatic External Defibrillators (AEDs) (continued)

Maintenance and Testing:

- All AEDs in District schools must be maintained according to the manufacturer's specifications.
- The _____ will check the status indicator on a weekday basis, during the school day when school is in session. The Head Custodian of each school will check the AED status indicator on all non-school days when a building custodian is scheduled to work.
- All problems shall be reported to the building Principal or his/her designee.

Protocol for Use of AED: *(To be reviewed/developed by District's Medical Advisor)*

Response System:

- Assess scene for safety.
- Determine unresponsiveness.
- Activate EMS system (Dial 911).
- Designate a individual to wait at building entrance to direct the EMS to victim's location.
- Open airway.
- Check for breathing. If no breathing, give two breaths. (Initiate CPR if required while the AED is brought to the victim's side).
- Check for pulse and/or signs of life.
- AED is **not** to be used on children less than 55 pounds or less than eight (8) years of age.
- If no pulse or signs of life, apply AED immediately.
- Turn on AED.
- Apply electrodes (according to diagram on back of electrodes) to victim's bare chest. Shave chest hair if it is so excessive that it prevents a good seal between electrodes and skin. Dry skin if wet. Press pads to skin.
- Stand clear of victim while machine analyzes heart rhythm.

Shock Advised:

- Clear area, making sure no one is touching the victim.
- Push shock button when instructed. Device will analyze and shock up to three times.
- After 3 shocks device will prompt to check pulse, signs of life and if absent, start CPR.
- Perform CPR for one minute. Device will count down one minute of CPR and will analyze whether CPR time is over.

Students

First Aid/Emergency Medical Care

Use of Automatic External Defibrillators (AEDs) (continued)

Protocol for Use of AED: (continued)

No Shock Advised:

- Device will prompt to check pulse, signs of life, and if absent, start CPR.
- If pulse/signs of life are absent, do CPR for one minute.
- If pulse/signs of life are present, check breathing. If victim is not breathing or breathing abnormally, give rescue breaths at a rate of 12 per minute. AED will re-analyze after one minute.
- Continue cycles of analysis, shocks (if advised) and CPR until professional help arrives.
- Victim must be transported to hospital. Leave the AED attached to victim until EMS arrives and disconnects the AED.
  - EMS will take charge of victim.
  - Provide victim information: name, age, medical problems, and time of incident, if known.
  - Provide information as to current condition and number of shocks administered.
- As soon as practical after the EMS arrives, the school staff member who administered the AED will immediately notify a building administrator. If another person is at the scene at the onset of the emergency, the person should be directed to notify the building authorities.

Follow-up:

- AED data will be downloaded within 24 hours with copies sent to: EMS, authorizing physician, person who received care of their physician, school nurse and District Medical Advisor.
- After use:
  - AED is to be wiped clean by the school nurse.
  - Electrodes will be replaced and reconnected to device.
  - Contents of attached resuscitation kit will be replaced if used.
  - The school nurse will complete and file an incident report.

Students

First Aid/Emergency Medical Care

Use of Automatic External Defibrillators (AEDs) (continued)

Emergency Action Response Plans

1. By July 1, 2010, each school within the District shall develop an emergency action response plan.

2. Whenever a school district facility is used for a school-sponsored or school-approved curricular or extracurricular event and whenever a school-sponsored athletic contest is held at any location, the Principal or designee responsible for such school facility or athletic contest shall ensure that AED equipment is provided on-site and that there is present during such event, activity, or contest at least one staff person who is trained in accordance with applicable Connecticut statutes in the use of an AED. School-sponsored or school-approved curricular or extracurricular events or activities mean events or activities of the District that are, respectively, associated with its instructional curriculum or otherwise offered to its students. A school sponsored athletic contest means an interscholastic or intramural activity of instruction, practice, or competition.

3. Where a school-sponsored competitive athletic event is held at a site other than a District facility, the Principal or his/her designee shall assure that AED equipment is provided on-site by the sponsoring or host District and that at least one staff person who is appropriately trained is present during such athletic event.

4. Each middle school and high school shall maintain the AED in a central location within the building and ensure its availability for those athletic events in which the District school is the home team and for any practice or intramural athletic events that occur at the school.

5. The District requires that the athletic trainer, coach, other designated staff member, or a first aid, ambulance or rescue squad member is available to respond as necessary at school sporting events in which the District school is the home team, or at any team practice or intramural athletic events that occur at the school.

Regulation approved:

DERBY PUBLIC SCHOOLS
Derby, Connecticut

(Reviewed and approved by Policy Review Committee)

5141.27
Appendix

Registry# _____

State of Connecticut
Department of Public Health
Office of Emergency Medical Services
(860) 509-7975

PSAP# _____

AUTOMATIC EXTERNAL DEFIBRILLATOR (AED) REGISTRY FORM
(Required by Public Act 98-62 – Please Print or Type – Use One Form Per AED)

1. Name of Owner _____
2. Mailing Address _____

   _____
3. Name of Contact Person _____
4. Telephone# _____ Fax# _____
5. AED Manufacturer_____ Model_____ Serial# _____
6. Name of Prescribing Physician _____
7. If AED is situated at a fixed location, please include town, street address, building name or number, and floor location. Note: Be as specific as possible.

   _____

   _____
8. If AED will not be in a fixed location, please describe how and where it will be deployed:

   _____

   _____

Mail completed form to:

State of Connecticut
Department of Public Health
OEMS – AED REGISTRY
410 Capitol Avenue MS#12-EMS
P.O. Box 340308
Hartford, CT 06134-0308

A new regulation to consider.

Students

Health Assessments and Immunizations

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

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

   a) For initial entry into school for kindergarten, regular and special education pre-school programs, grades 1-6:

   - 4 doses of DTP/DTaP vaccine (Diphtheria - Pertussis - Tetanus). At least one dose is required to be administered on or after the 4th birthday for children enrolled in school at kindergarten or above. Students who start the series at age 7 or older need a total of 3 doses.

   - 3 doses of either trivalent oral polio vaccine (TOPV) or inactivated polio vaccine (IPV) with at least one dose of polio vaccine administered on or after the 4th birthday and before school entry. (This then usually results in 4 doses in total.)

   - 2 doses of MMR vaccine (measles, mumps and rubella). One dose at one (1) year of age or after and a second dose, given at least twenty-eight (28) days after the first dose, prior to school entry in kindergarten through grade twelve (12) OR disease protection, confirmed in writing, by a physician, physician assistant or advanced practical registered nurse that the child has had a confirmed case of such disease based on specific blood testing conducted by a certified laboratory. One dose on or after the child's first birthday for enrollment in preschool.

   - 3 doses of Hepatitis B vaccine (HBV) or has had protection confirmed in writing by a physician, physician assistant or advanced practice registered nurse based on specific blood testing by a certified laboratory.

   - 1 dose of Hib (Hemophilus Influenza type b) given on or after the first birthday, is required of all school children who enter school **prior to their fifth birthday** or had a laboratory confirmed infection at age 24 months or older, confirmed in writing by a physician, physician assistant or advanced practice registered nurse. Children five and older do not need proof of Hib vaccination.

Students

Health Assessments and Immunizations (continued)

a) **For initial entry into school for kindergarten, regular and special education pre-school programs, grades 1-6:** (continued)

- Varicella (Chickenpox) Immunity –

(i) 1 dose on or after the 1st birthday or must show proof of immunity to varicella (chickenpox) for entry into licensed pre-school programs and kindergarten; or on or after August 1, 2011 for entry into kindergarten two (2) doses shall be required, given at least three (3) months apart, the first dose on or after the 1st birthday.

(ii) Proof of immunity includes any of the following:

* Documentation of age appropriate immunizations considered to be one dose administered on or after the student's first birthday (if the student is less than 13 years old) or two doses administered at least 30 days apart for students whose initial vaccination is at thirteen years of age or older.

Note: The National Advisory Committees on Immunization Practices (ACIP) changed the recommendation for routine vaccination against chicken pox (Varicella) from a single dose for all children beginning at 12 months of age to two doses, with the second dose given just prior to school entry. The ACIP also recommends that all school-aged children, up to 18 years of age, who have only had a single dose of Varicella vaccine to be vaccinated with a second dose.

* Serologic evidence of past infection, confirmed in writing by a physician, physician assistant or advanced practice registered nurse based on specific blood testing by a certified laboratory, or
* Statement signed and dated by a physician, physician assistant or advanced practice registered nurse indicating a child has already had varicella (chickenpox) based on diagnosis of varicella or verification of history of varicella. (Date of chickenpox illness not required)

(iii) All students are required to show proof of immunity (see above) to Varicella for entry into 7th grade.

Note: The Connecticut Department of Public Health has indicated that a school-aged child, 13 years of age or older, will only be considered fully immunized if he/she has had two doses of the Varicella vaccine, given at least 4 weeks apart.

Students

Health Assessments and Immunizations (continued)

a) **For initial entry into school for kindergarten, regular and special education pre-school programs, grades 1-6:** (continued)

- Hepatitis A – Requirement for PK and K for children born on or after January 1, 2007, is enrolled in preschool or kindergarten on or after August 1, 2011.

  (i) Two (2) doses of hepatitis A vaccine given at least six (6) months apart, the first dose given on or after the child's first birthday; or

  (ii) Has had protection against hepatitis A confirmed in writing by a physician, physician assistant or advanced practice registered nurse based on specific blood testing by a certified laboratory.

- Influenza Requirement for PK.

  (i) Effective January 1, 2012 and each January 1 thereafter, children aged 24-59 months enrolled in preschool are required to receive at least one (1) dose of influenza vaccine between August 1 and December 31 of the preceding year (effective August 1, 2011).

  (ii) Children aged 24-59 months who have not received vaccination against influenza previously must be given a second dose at least twenty-eight (28) days after the first dose.

- Pneumococcal Disease Requirement for PK and K

  (i) Effective August 1, 2011 all students born on or after January 1, 2007, enrolled in PK and K who are less than five (5) years of age must show proof of having received one (1) dose of pneumococcal conjugate vaccine on or after the student's first birthday.

  (ii) An individual shall be considered adequately protected if currently aged five (5) years or older.

Students

Health Assessments and Immunizations (continued)

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

All students in grades K-12 are required to show proof of 2 doses of measles, mumps, rubella vaccine at least 28 days apart with the first dose administered on or after the first (1st) birthday, or laboratory confirmation of immunity confirmed in writing by a physician, physician assistant or advanced practice registered nurse.

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

  In those instances at entry to seventh grade, where an individual has not received a second dose of measles contained vaccine, a second dose shall be given. If an individual has received no measles containing vaccines, the second dose shall be given at least 4 weeks after the first. (Students entering 7th grade must show proof of having received 2 doses of measles-containing vaccine)

- Proof of Varicella (Chickenpox) Immunity.

  (i) On or after August 1, 2011, two doses, given at least three (3) months apart, the first dose on or after the individual's first (1st) birthday and before the individual's thirteenth (13th) birthday or two doses given at least twenty-eight (28) days apart if the first dose was given on or after the individual's thirteenth (13th) birthday, or

  (ii) Serologic evidence of past infection, or

  (iii) A statement signed and dated by a physician, physician assistant, or advanced practice registered nurse indicating that the child has already had varicella (chickenpox) based on family and/or medical history. (Date of chickenpox illness not required)

- Proof of at least three doses of Hepatitis B vaccine or show proof of serologic evidence of infection with Hepatitis B.

- Proof of Diphtheria-Pertussis-Tetanus Vaccination (Adolescent Tdap Vaccine Requirement for Grade 7 Students)

  (i) On or after August 1, 2011, an individual eleven (11 years of age or older, enrolled in the seventh (7th) grade, shall show proof of one (1) dose of diphtheria, tetanus and pertussis containing vaccine, (Tdap booster) in addition to completion of the recommended primary diphtheria, tetanus and pertussis containing vaccination series unless:

Students

Health Assessments and Immunizations (continued)

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

- Proof of Diphtheria-Pertussis-Tetanus Vaccination (Adolescent Tdap Vaccine Requirement for Grade 7 Students) (continued)

  (ii) Such individual has a medical exemption for this dose confirmed in writing by a physician, physician assistant or advanced practice registered nurse based on having last received diphtheria, tetanus and pertussis containing vaccine less than five (5) years earlier and no increased risk of pertussis according to the most recent standards of care for immunization in Connecticut (C.G.S. 19a-7f)

- Meningococcal Vaccine (MCV4) Required for Grade 7 Students

  (i) Effective August 1, 2011, one dose of meningococcal vaccine

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

- Immunization requirements are satisfied if a student:

  (i) presents verification of the above mentioned required immunizations;

  (ii) presents a certificate from a physician, physician assistant, advanced practice registered nurse or a local health agency stating that initial immunizations have been administered to the child and additional immunizations are in process;

  (iii) presents a certificate from a physician stating that in the opinion of the physician immunization is medically contraindicated in accordance with the current recommendation of the National Centers for Disease Control and Prevention Advisor Committee on Immunization Practices because of the physical condition of the child;

  (iv) presents a written statement officially acknowledged by a notary public or a judge, family support magistrate, clerk/deputy clerk or a court having a seal, a town clerk, a justice of the peace, a Connecticut-licensed attorney or a school nurse from the parents or guardian of the child that such immunization would be contrary to religious beliefs of the child or his/her parents/guardians;

  (v) he/she has had a natural infection confirmed in writing by a physician, physician assistant, advanced practice registered nurse or laboratory.

Students

Health Assessments and Immunizations (continued)

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

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

2) A physical examination including blood pressure, height, weight, hematocrit or hemoglobin, and a chronic disease assessment which shall include, but not be limited to, asthma and which must include public health related screening questions for parents to answer and other screening questions for providers and screenings for hearing, vision, speech, and gross dental shall be required for all new school enterers, and students in grade 6 and grade 9 or 10. This health assessment must be completed either prior to school entry or 30 calendar days after the beginning of school for new school enterers. This assessment must be conducted within the school year for students in grade 6 or grade 9 or 10. Parents of students in grade 6 or grade 9 or 10 shall be notified, in writing, of the requirement of a health assessment and shall be offered an opportunity to be present at the time of assessment.

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

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

   1. birth in a high risk country of the world (to include all countries in Africa, Asia, the former Soviet Union, Eastern Europe, Central and South America, Dominican Republic and Haiti, see list of countries in Appendix B) and do not have a record of a TST (tuberculin skin test) or IGRA (interferon-gamma release assay) performed in the United States.
   2. travel to a high risk country staying at least one week with substantial contact with the indigenous population since the previously required examination;
   3. extensive contact with persons who have recently come to the United States from high risk countries since the previously required examination;
   4. contact with persons suspected to have tuberculosis; or
   5. lives with anyone who has been in a homeless shelter, jail or prison, uses illegal drugs or has HIV infection.

Students

Health Assessments and Immunizations (continued)

The results of the risk assessment and testing, when done, should be recorded on the State of Connecticut Health Assessment Record (HAR-3) or directly in the student's Cumulative Health Record (CHR-1).

Health assessments completed within two calendar years of new school entry or grades 6 or grade 9 or 10 will be accepted by the school system. Failure of students to satisfy the above mentioned health assessment timeliness and/or requirements shall result in exclusion from school.

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

The District shall annually report to the Department of Public Health and to the local health director the asthma data pertaining to the total number of students per school and in the district obtained through school assessments, including student demographics. Such required asthma diagnosis shall occur at the time of mandated health assessment at the time of enrollment, in either grade 6 or 7, and in either grade 9 or 10. Such asthma diagnosis shall be reported whether or not it is recorded on the health assessment form, at the aforementioned intervals.

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

4) Health screenings shall be required for all students according to the following schedule:

Vision Screening	Grades K, 1, 3, 4, 5
Audiometric Screening	Grades K, 1, 3, 4, 5
Postural Screening	Grades 5 and 7 for female students Grades 8 or 9 for male students

The school system shall provide these screening to students at no cost to parents. Parents shall be provided an annual written notification of screenings to be conducted. Parents wishing to have these screenings to be conducted by their private physician shall be required to report screening results to the school nurse. The District shall provide a brief statement to parents/guardians of students not receiving the required vision, hearing or postural screening explaining why the student did not receive such screening(s).

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

Students

Health Assessments and Immunizations (continued)

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

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

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

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

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

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

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

Legal Reference: Connecticut General Statutes

10-204a Required immunizations (as amended by PA 15-174 and PA 15-242)

10-204c Immunity from liability

10-205 Appointment of school medical adviser

10-206 Health assessments (as amended by June Special Session PA 01-4, PA 01-9, PA 05-272 and PA 07-58)

10-207 Duties of medical advisers

10-206a Free health assessments (as amended by June Special Session PA 01-1)

10-208 Exemption from examination or treatment

10-208a Physical activity of student restricted; board to honor notice

10-209 Records not to be public. Provision of reports to schools.

Students

Health Assessments and Immunizations

Legal Reference: Connecticut General Statutes (continued)

10-212 School nurses and nurse practitioners

10-214 Vision, audiometric and postural screenings. When required. Notification of parents re defects; record of results, as amended by PA 96-229, An Act Concerning Scoliosis Screening and PA 15-215.

Department of Public Health, Public Health Code, 10-204a-2a,10-204a-3a and 10-204a-4

20 U.S.C. Section 1232h, No Child Left Behind Act

Regulation approved:

DERBY PUBLIC SCHOOLS
Derby, Connecticut

(Reviewed and approved by Policy Review Committee)

Existing policy, presently numbered 5144 adopted 12/20/01, appropriate as renumbered.

Students

Physicals (Sports)

Students who are participating in athletics shall be required to take a physical before the start of the sport in which they are participating in. It is the policy of the Derby Board of Education that these physicals shall be good for (1) one calendar year.

Policy adopted:

DERBY PUBLIC SCHOOLS
Derby, Connecticut

(Reviewed and approved by Policy Review Committee)

The newest version of this policy suggested as replacement for existing policy number 5141.4 adopted 12/20/01, which does not reflect legislative modifications.

Students

Reporting of Child Abuse, Neglect and Sexual Assault

The Board of Education (Board) recognizes its legal and ethical obligations in the reporting of suspected child abuse, neglect and sexual assault. Any person applying for employment with the Board shall submit to a record check of the Department of Children and Families Child Abuse and Neglect Registry before the person may be hired. Mandated reporters include all school employees, specifically Superintendent, administrators, teachers, substitute teachers, guidance counselors, school paraprofessionals, coaches of intramural and interscholastic athletics, as well as licensed nurses, physicians, psychologists and social workers either employed by the Board or working in one of the District schools, or any other person who, in the performance of his or her duties, has regular contact with students and who provides services to or on behalf of students enrolled in District schools. Such individual(s) who have reasonable cause to suspect or believe that a child has been abused, neglected, placed in imminent risk of serious harm, or sexually assaulted by a school employee is required to report such abuse, neglect or risk and/or sexual assault.

A mandated reporter's suspicions may be based on factors including, but not limited to, observations, allegations, facts by a child, victim or third party. Suspicion or belief does not require certainty or probable cause.

A mandated reporter shall make an oral report, by telephone or in person, to the Commissioner of Children and Families or a law enforcement agency as soon as possible, but no later than twelve (12) hours after the reporter has reasonable cause to suspect the child has been abused or neglected. In addition, the mandated reporter shall inform the building principal or his/her designee that he/she will be making such a report. Not later than forty-eight hours of making the oral report, the mandated reporter shall file a written report with the Commissioner of Children and Families or his/her designee. (The Department of Children and Families has established a 24 hour Child Abuse and Neglect Hotline at 1-800-842-2288 for the purpose of making such oral reports.)

The oral and written reports shall include, if known: (1) the names and addresses of the child and his/her parents/guardians or other persons responsible for his/her care; (2) the child's age; (3) the child's gender; (4) the nature and extent of the child's injury or injuries, maltreatment or neglect; (5) the approximate date and time the injury or injuries, maltreatment or neglect occurred; (6) information concerning any previous injury or injuries to, or maltreatment or neglect of, the child or his/her siblings; (7) the circumstances in which the injury or injuries, maltreatment or neglect came to be known to the reporter; (8) the name of the person(s) suspected to be responsible for causing such injury or injuries, maltreatment or neglect; (9) the reasons such person or persons are suspected of causing such injury or injuries, maltreatment or neglect; (10) any information concerning any prior cases in which such person or persons have been suspected of causing an injury, maltreatment or neglect of a child; and (11) whatever action, if any, was taken to treat, provide shelter or otherwise assist the child. (For purposes of this section pertaining to the required reporting, a child includes any victim under eighteen years of age educated in a technical high school or District school.

Students

Reporting of Child Abuse, Neglect and Sexual Assault (continued)

Any person who intentionally and unreasonably interferes with or prevents the making of the required report or attempts to conspire to do so shall be guilty of a class D felony, unless such individual is under eighteen years of age or educated in the technical high school system or in a District school, other than part of an adult education program.)

If the report of abuse, neglect or sexual assault involves an employee of the District as the perpetrator, the District may conduct its own investigation into the allegation, provided that such investigation shall not interfere with or impede any investigation conducted by the Department of Children and Families or by a law enforcement agency.

The Board recognizes that the Department of Children and Families is required to disclose records to the Superintendent of Schools in response to a mandated reporter's written or oral report of abuse or neglect or if the Commissioner of Children and Families has reasonable belief that a school employee abused or neglected a student. Not later than five (5) working days after an investigation of child abuse or neglect by a school employee has been completed, DCF is required to notify the school employee and the Superintendent and the Commissioner of Education of the investigation's results. If DCF has reasonable cause, and recommends the employee be placed on DCF's Child Abuse and Neglect Registry, the Superintendent shall suspend such employee.

The Board, recognizing its responsibilities to protect children and in compliance with its statutory obligations, shall provide to each employee in-service training regarding the requirements and obligations of mandated reporters. District employees shall also participate in training offered by the Department of Children and Families. Each school employee is required to complete a refresher training program, not later than three years after completion of the initial training program and shall thereafter retake such refresher training course at least once every three years.

The Principal of each school in the district shall annually certify to the Superintendent that each school employee working at such school has completed the required initial training and the refresher training.

State law prohibits retaliation against a mandated reporter for fulfilling his/her obligations to report suspected child abuse or neglect. The Board shall not retaliate against any mandated reporter for his/her compliance with the law and Board policy pertaining to the reporting of suspected child abuse and neglect.

Students

Reporting of Child Abuse, Neglect and Sexual Assault (continued)

(***This paragraph is optional***) It is mandated that policy and procedure development include three major components: Education, Intervention and Evaluation. The Education component requires that school personnel be provided with ongoing education (staff development) related to the recognition and reporting of suspected child abuse, neglect and sexual assault. Intervention requires that "at risk" students be identified and that suspected child abuse, neglect and sexual assault be reported. Evaluation is essential in order to determine whether policy and procedures are effective and appropriately updated to incorporate changes in knowledge, personnel, student and family needs, community resources and law. Such evaluation should take place annually, or more frequently as needed.

In accordance with the mandates of the law and consistent with its philosophy, the Board in establishing this policy directs the Superintendent of Schools to develop and formalize the necessary rules and regulations to comply fully with the intent of the law.

This policy will be distributed annually to all employees. Documentation shall be maintained that all employees have, in fact, received the written policy and completed the required initial and refresher training related to mandated reporting of child abuse and neglect as required by law.

Establishment of the Confidential Rapid Response Team

Not later than January 1, 2016, the Board of Education shall establish a confidential rapid response team to coordinate with DCF to (1) ensure prompt reporting of suspected child abuse or neglect; or 1st, 2nd, 3rd, or 4th degree sexual assault; 1st degree aggravated sexual assault; or 3rd degree sexual assault with a firearm of a student not enrolled in adult education by a school employee and (2) provide immediate access to information and individuals relevant to DCF's investigation of such cases.

The confidential rapid response team shall consist of (1) a local teacher and the Superintendent, (2) a local police officer, and (3) any other person the Board of Education deems appropriate.

DCF, along with a multidisciplinary team, is required to take immediate action to investigate and address each report of child abuse, neglect or sexual abuse in any school.

Hiring Prohibitions

The Board of Education will not employ anyone who was terminated or resigned after a suspension based on DCF's investigation, if he or she has been convicted of (1) child abuse or neglect or (2) 1st, 2nd, 3rd, or 4th degree sexual assault; 1st degree aggravated sexual assault; or 3rd degree sexual assault with a firearm of a student who is not enrolled in adult education.

The Boards of Education will not employ an individual who was terminated or resigned, if he or she (1) failed to report the suspicion of such crimes when required to do so or (2) intentionally and unreasonably interfered with or prevented a mandated reporter from carrying out this obligation or conspired or attempted to do so. This applies regardless of whether an allegation of abuse, neglect, or sexual assault has been substantiated.

Students

Reporting of Child Abuse, Neglect, and Sexual Assault (continued)

(cf. 4112.6/4212.6 – Personnel Records)
(cf. 5145.511 – Sexual Abuse Prevention and Education Program)

Legal Reference: Connecticut General Statutes

10-220a Inservice training. Professional development committees. Institutes for educators. Cooperating teacher program, regulations (as amended by PA 11-93)

10-221d Criminal history records check of school personnel. Fingerprinting. Termination or dismissal (as amended by PA 11-93)

17a-28 Definitions. Confidentiality of and access to records; exceptions. Procedure for aggrieved persons. Regulations (as amended by PA 11-93 and PA 14-186)

17a-101 Protection of children from abuse. Reports required of certain professional persons. When child may be removed from surroundings without court order. (as amended by PA 96-246, PA 00-220, PA 02-106, PA 03-168, PA 09-242, PA 11-93 and PA 15-205)

17a-101a Report of abuse or neglect by mandated reporters. (as amended by PA 02-106, PA 11-93, and PA 15-205)

17a-102 Report of danger of abuse. (as amended by PA 02-106)

17a-106 Cooperation in relation to prevention, identification and treatment of child abuse/neglect.

10-151 Teacher Tenure Act.

P.A. 11-93 An Act Concerning the Response of School Districts and the Departments of Education and Children and Families to Reports of Child Abuse and Neglect and the Identification of Foster Children in a School District.

P.A. 15-205 An Act Protecting School Children.

P.A. 14-186 An Act Concerning the Department of Children and Families and the Protection of Children.

Policy adopted:

DERBY PUBLIC SCHOOLS
Derby, Connecticut

(Reviewed and approved by Policy Review Committee)

Students

Indicators of Abuse/Neglect

Indicators of Physical Abuse

HISTORICAL

- Delay in seeking appropriate care after injury
- No witnesses
- Inconsistent or changing descriptions of accident by child and/or parent
- Child's developmental level inconsistent with history
- History of prior "accidents"
- Absence of parental concern
- Child handicapped (physically, mentally, developmentally) or otherwise perceived as "different" by parent
- Unexplained school absenteeism
- History of precipitating crisis

PHYSICAL

- Soft tissue injuries on face, lips, mouth, back, buttocks, thighs or large areas of the torso
- Clusters of skin lesions; regular patterns consistent with an implement
- Shape of lesions inconsistent with accidental bruise
- Bruises/welts in various stages of healing
- Burns; pattern consistent with an implement on soles, palms, back, buttocks and genitalia; symmetrical and/or sharply demarcated edges
- Fractures/dislocations inconsistent with history
- Laceration of mouth, lips, gums or eyes
- Bald patches on scalp
- Abdominal swelling or vomiting
- Adult-size human bite mark(s)
- Fading cutaneous lesions noted after weekends or absences
- Rope marks

BEHAVIORAL

- Wary of physical contact with adults
- Affection inappropriate for age
- Extremes in behavior, aggressiveness/withdrawal
- Expresses fear of parents
- Reports injury by parent
- Reluctance to go home
- Feels responsible (punishment "deserved")
- Poor self-esteem
- Clothing covers arms and legs even in hot weather

Students

Indicators of Abuse/Neglect

Indicators of Sexual Abuse

HISTORICAL

- Vague somatic complaints
- Excessive school absence
- Inadequate supervision at home
- History of urinary tract infection or vaginitis
- Complaint of pain; genital, anal or lower back/abdominal
- Complain of genital itching
- Any disclosure of sexual activity, even if contradictory

PHYSICAL

- Discomfort in walking, sitting
- Evidence of trauma or lesions in and around mouth
- Vaginal discharge/vaginitis
- Vaginal or rectal bleeding
- Bruises, swelling or lacerations around genitalia, inner thighs
- Dysuria
- Vulvitis
- Any other signs or symptoms of sexually transmitted disease
- Pregnancy

BEHAVIORAL

- Low self-esteem
- Change in eating patterns
- Unusual new fears
- Regressive behaviors
- Personality changes (hostile/aggressive or extreme compliance)
- Depression
- Decline in school achievement
- Social withdrawal; poor peer relationships
- Indicates sophisticated or unusual sexual knowledge for age
- Seductive behavior, promiscuity or prostitution
- Substance abuse
- Suicide ideation or attempt
- Runaway

Students

Indicators of Abuse/Neglect

Indicators of Emotional Abuse

HISTORICAL

- Parent ignores/isolates/belittles/rejects/scapegoats child
- Parent's expectations inappropriate to child's development
- Prior episode(s) of physical abuse
- Parent perceives child as "different"

PHYSICAL

- (Frequently none)
- Failure to thrive
- Speech disorder
- Lag in physical development
- Signs/symptoms of physical abuse

BEHAVIORAL

- Poor self-esteem
- Regressive behavior (sucking, rocking, enuresis)
- Sleep disorders
- Adult behaviors (parenting siblings)
- Antisocial behaviors
- Emotional or cognitive developmental delay
- Extremes in behavior - overly aggressive/compliant
- Depression
- Suicide ideation/attempt

Students

Indicators of Abuse/Neglect

Indicators of Neglect

HISTORICAL

- High rate of school absenteeism
- Frequent visits to school nurse with nonspecific complaints
- Inadequate supervision, especially for long periods and for dangerous activities
- Child frequently unattended; locked out of house
- Parental inattention to recommended medical care
- No food intake for 24 hours
- Home substandard (no windows, doors, heat); dirty, infested, obvious hazards
- Family member addicted to drugs/alcohol

PHYSICAL

- Hunger, dehydration
- Poor personal hygiene, unkempt, dirty
- Dental caries/poor oral hygiene
- Inappropriate clothing for weather/size of child, clothing dirty; wears same clothes day after day
- Constant fatigue or listlessness
- Unattended physical or health care needs
- Infestations
- Multiple skin lesions/sores from infection

BEHAVIORAL

- Comes to school early, leaves late
- Frequent sleeping in class
- Begging for/stealing food
- Adult behavior/maturity (parenting siblings)
- Delinquent behaviors
- Drug/alcohol use/abuse

A new regulation to consider.

Students

Reporting of Child Abuse/Neglect or Sexual Assault

a. What Must be Reported

A report must be made when any mandated reporter of the Board of Education, in his/her professional capacity, has reasonable cause to suspect or to believe that a child under the age of eighteen: *(Mandated reporters include all school employees, the Superintendent, administrators teachers, substitute teachers, guidance counselors, school paraprofessionals, coaches of intramural and interscholastic athletics, as well as licensed nurses, physicians, psychologists and social workers either employed by the Board or working in one of the District schools, or any other person who, in the performance of his or her duties, has regular contact with students and who provides services to or on behalf of students enrolled in District schools.)*

1. Is in danger of being or has been abused;
2. Has had non-accidental physical injuries or physical injuries which are at variance with the history given for them, inflicted by a person responsible for the child's health, welfare or care, or by a person given access to such child by a responsible person;
3. Has been neglected;
4. Has been sexually assaulted; or
5. Has been placed in imminent risk of serious harm.

A mandated reporter's suspicions may be based on such factors as observations, allegations, and facts by a child, victim or third party. Suspicion or belief does not require certainty or probable cause.

Definitions

"Abused" means that a child (a) has had physical injury or injuries inflicted upon him or her other than by accidental means, or (b) has injuries which are at variance with the history given of them, or (c) is in a condition which is the result of maltreatment, such as, but not limited to, malnutrition, sexual molestation or exploitation, deprivation of necessities, emotional maltreatment or cruel punishment.

"Neglected" means that a child (a) has been abandoned, or (b) is being denied proper care and attention, physically, educationally, emotionally or morally, or (c) is being permitted to live under conditions, circumstances or associations injurious to his well-being, or (d) has been abused.

Students

Reporting of Child Abuse/Neglect or Sexual Assault

Definitions (continued)

"School employee" (a) a teacher, substitute teacher, school administrator, school superintendent, guidance counselor, psychologist, social worker, nurse, physician, school paraprofessional or coach employed by the Board or who is working in an elementary, middle or high school; or (b) any other person who, in the performance of his or her duties, has regular contact with students and who provides services to or on behalf of students enrolled in the Derby Public Schools, pursuant to a contract with the Board.

"Sexual assault" means for the purposes of mandatory reporting laws and this policy; a violation of Sections 53a-70a, 53a-71, 53a-72a, 53a-72b or 53a-73a of the Connecticut General Statutes.

"Statutory mandated reporter" means an individual by CGS Sec. 17a-101 to report suspected abuse and/or neglect of children or sexual assault by a school employee. The term, "statutory mandated reporter" includes all school employees, as defined above.

b. Reporting Procedures for Statutory Mandated Reporters

The following procedures apply only to statutory mandated reporters, as defined above.

1. When an employee of the Board of Education suspects or believes that a child has been abused, neglected, has been placed in imminent risk of serious harm, or sexually assaulted by a school employee, the following steps shall be taken:

   (a) The employee shall immediately, upon having reasonable cause to suspect or believe that a child has been abused, neglected, or placed in imminent danger of serious harm, or has had non-accidental physical injury or injury which is at variance with the history or such injury, or sexually assaulted by a school employee and in no case later than twelve (12) hours after having such a suspicion or belief, make an oral report by telephone or in person to the Commissioner of Children and Families or the local law enforcement agency. The Department of Children and Families has established a 24 hour Child Abuse and Neglect Hotline at 1-800-842-2288 for the purpose of making such oral reports.

   (b) The employee shall also immediately make an oral report to the Building Principal or his/her designee and/or the Superintendent or his/her designee. If the building principal is the alleged perpetrator of the abuse/neglect, then the employee shall notify the Superintendent or his/her designee directly.

   (c) If a report prepared in accordance with Section (a) above concerns suspected abuse, neglect or sexual assault by a school employee, the Superintendent or his/her designee, shall immediately notify the child's parent or guardian that such a report has been made.

Students

Reporting of Child Abuse/Neglect or Sexual Assault

b. Reporting Procedures for Statutory Mandated Reporters (continued)

(d) Not later than 48 hours of making an oral report, the employee shall submit a written report to the Commissioner of Children and Families, or his/her representative, containing all of the required information. The written reports should be submitted on the DCF-136 form or any other form designated for that purpose.

(e) The employee shall immediately, submit a copy of the written report to the Principal and/or Superintendent or the Superintendent's designee.

(f) If a report prepared in accordance with Section (c) above, concerns suspected abuse, neglect or sexual assault by a school employee who possesses a certificate, permit or authorization issued by the State Board of Education, the Superintendent shall submit a copy of the written report to the Commissioner of Education, or his/her representative.

c. Contents of Reports

Any report made pursuant to this policy shall contain the following information, if known:

1. The names and addresses of the child and his/her parents or other persons responsible for his/her care;
2. The age of the child;
3. The gender of the child;
4. The nature and the extent of the child's injury or injuries, maltreatment or neglect;
5. The approximate date and time the injury or injuries, maltreatment or neglect occurred;
6. Information concerning any previous injury or injuries to, or maltreatment or neglect of, the child or his/her siblings;
7. The circumstances in which the injury or injuries, maltreatment or neglect came to be known to the reporter;
8. The name of the person or persons suspected to be responsible for causing such injury or injuries, maltreatment or neglect;
9. The reasons such person or persons are suspected of causing such injury or injuries, maltreatment or neglect;
10. Any information concerning any prior cases in which such person or persons have been suspected of causing an injury, maltreatment or neglect of a child; and
11. Whatever action, if any, was taken to treat, provide shelter or otherwise assist, the child.

Students

Reporting of Child Abuse/Neglect or Sexual Assault

c. Contents of Reports (continued)

For purposes of this section pertaining to the required reporting, a child includes any victim under eighteen years of age educated in a technical high school or District school. Any person who intentionally and unreasonable interferes with or prevents the making of the required report or attempts to conspire to do so shall be guilty of a class D felony, unless such individual in under eighteen years of age or educated in the technical high school system or in a district school, other than part of an adult education program. The mandatory reporting requirement regarding the sexual assault of a student by a school employee applies based on the person's status as a student, rather than his or her age.

d. Investigation of the Report

If the suspected abuser is a school employee, the Superintendent or his/her designee shall thoroughly investigate the report, provided that such investigation does not interfere with or impede the investigation by the Department of Children and Families or by a law enforcement agency. To the extent feasible, this investigation shall be coordinated with the Commissioner of Children and Families or the police in order to minimize the number of interviews of any child and to share information with other persons authorized to conduct an investigation of child abuse and neglect. When investigating a report, the Superintendent or his/her designee shall endeavor to obtain, when possible, the consent of parents or guardians or other persons responsible for the care of the child, to interview the child, except in those cases in which there is reason to believe that the parents or guardians or other persons responsible for the care of such child are the perpetrators or the alleged abusers.

The investigation shall include an opportunity for the suspected abuser to be heard with respect to the allegations contained within the report. During the course of an investigation of suspected abuse by a school employee, the Superintendent may suspend the employee with pay or may place the employee on administrative leave with pay pending the outcome of the investigation.

A person reporting child abuse, neglect or sexual assault shall provide any person authorized to conduct an investigation into such claim with all information related to the investigation that is in the possession or control of the person reporting child abuse, neglect, or sexual assault except as expressly prohibited by state or federal law.

Students

Reporting of Child Abuse/Neglect or Sexual Assault

d. Investigation of the Report (continued)

1. **Evidence of Abuse by Certain School Employees**. After an investigation has been completed, if the Commissioner of Children and Families, based upon the results of such investigation, has reasonable cause to believe that a child has been abused, neglected or sexually assaulted by an employee who has been entrusted with the care of a child or has recommended that such employee be placed on the Department of Children and Families abuse and neglect registry, the Commissioner shall notify within five (5) working days after the completion of the investigation into child abuse, neglect or sexual assault by a school employee, the Superintendent, the school employee, and the Commissioner of Education of such finding and shall provide records, whether or not created by the Department of Children and Families, concerning such investigation to the Superintendent and the Commissioner of Education. The Superintendent shall suspend the employee, if not previously suspended, with pay and without diminution or termination of benefits if DCF has reasonable cause that the employee abused or neglected a child and recommends the employee be placed on the DCF child abuse and neglect registry. Not later than 72 hours after such suspension, the Superintendent shall notify the Board of Education and the Commissioner of Education, or his/her representative, of the reasons for the conditions of suspension. The Superintendent shall disclose records received from the Department of Children and Families to the Commissioner of Education and the Board of Education, or its attorney, for the purposes of review of employment status, certification, permit or authorization. Any decision of the Superintendent concerning such suspension shall remain in effect until the Board of Education Acts, pursuant to the provisions of Connecticut General Statutes. The Commissioner of Education shall also be notified if such certified person resigns from his/her employment in the District. Regardless of the outcome of any investigation by DCF and/or the police, the Superintendent and/or the Board, as appropriate, may take disciplinary action up to and including termination of employment in accordance with the provisions of any applicable statute, if the Superintendent's investigation produces evidence that a child has been abused by a certified, permit or authorized school staff member.

   If the contract of employment of a certified school employee holding a certificate, permit or authorization issued by the State Board of Education is terminated as a result of an investigation into reports of child abuse and neglect, the Superintendent shall notify the Commissioner of Education, or his/her representative, within 72 hours of such termination.

Students

Reporting of Child Abuse/Neglect or Sexual Assault

d. Investigation of the Report (continued)

2. **Evidence of Abuse by Other School Staff.** If the investigation by the Superintendent and/or Commissioner of Children and Families did produce evidence that a child has been abused by a non-certified school staff member the Superintendent and/or the Board, as appropriate, may take disciplinary action up to and including termination of employment.

3. The District shall maintain records of allegations, investigations and reports that a child has been abused or neglected by a school employee. Such records will be maintained in the District's Central Office. The records shall include any reports made to the Department of Children and Families. The State Department of Education is to have access to all such records.

4. The Board shall provide to the Commissioner of Children and Families, upon request for the purposes of an investigation by the Commissioner of Children and Families of suspected child abuse or neglect by a teacher employed by the Board, any records maintained or kept in District files. Such records shall include, but not be limited to, supervisory records, reports of competence, personal character and efficiency maintained in such teacher's personnel file with reference to evaluation of performance as a professional employee of such board of education, and records of the personal misconduct of such teacher. *("Teacher" includes each certified professional employee below the rank of Superintendent employed by a Board of Education in a position requiring a certificate issued by the State Board of Education.)*

5. The Board of Education shall permit and give priority to any investigation conducted by the Commissioner of Children and Families or the appropriate local law enforcement agency that a child has been abused or neglected. The Board shall conduct its own investigation and take any disciplinary action, in accordance with the provisions of section 17a-101i of the general statutes, as amended, upon notice from the Commissioner or the appropriate local law enforcement agency that the Board's investigation will not interfere with the investigation of the Commissioner or such local law enforcement agency.

6. The Department of Children and Families will review, at least annually, with the State Department of Education all records and information relating to reports and investigations that a child has been abused and neglected by a school employee, in the Department of Children and Families' possession to ensure that records and information are being shared properly.

Students

Reporting of Child Abuse/Neglect or Sexual Assault (continued)

e. Delegation of Authority by Superintendent

The Superintendent may appoint a designee for the purposes of receiving and making reports, notifying and receiving notification, or investigating reports pursuant to this policy.

f. Special Reporting Procedures Concerning Suspected Abuse or Neglect of Intellectually Disabled Persons

In addition to the reporting procedures set forth above, Connecticut General Statutes require that certain school personnel, including teachers, licensed nurses, psychologists and social workers, report any suspected abuse or neglect of intellectually disabled persons over the age of 18. It is policy of the Board of Education to require ALL EMPLOYEES of the Board of Education to comply with the following procedures in connection with the suspected abuse or neglect, as defined below, of any mentally retarded person over the age of 18.

1. **Definitions.** For the purposes of this policy:

   "Abuse" means the willful infliction of physical pain or injury or willful deprivation by a caretaker of services which are necessary to the person's health or safety.

   "Neglect" means a situation where an intellectually disabled person either is living alone or is not able to provide for him/herself the services which are necessary to maintain his/her physical and mental health, or is not receiving such necessary services from the caretaker.

2. **Reporting Procedures.** If an employee has reasonable cause to suspect that an intellectually disabled person has been abused or neglected, he/she shall, within five calendar days, make an oral report to the Director of the Office of Protection and Advocacy for Persons with Disabilities, to be followed by a written report within five additional calendar days, or shall immediately notify the Superintendent in order for the Superintendent to make such oral and written reports to the Office of Protection and Advocacy. In the event that an employee makes a report to the

   Office of Protection and Advocacy, the employee shall immediately notify the Superintendent.

Students

Reporting of Child Abuse/Neglect or Sexual Assault

f. Special Reporting Procedures Concerning Suspected Abuse or Neglect of Intellectually Disabled Persons (continued)

3. **Contents of Report.** Any such report shall contain the following information:

   (a) The name and address of the allegedly abused or neglected person;
   (b) A statement from the reporter indicating a belief that the person is intellectually disabled, together with information indicating that the person is unable to protect himself or herself from abuse or neglect;
   (c) Information concerning the nature and extent of the abuse or neglect; and
   (d) Any additional information, which the reporter believes, would be helpful in investigating the report or in protecting the intellectually disabled person.

4. **Investigation of Report.** If the suspected abuser is a school employee, the Superintendent shall thoroughly investigate the report following the procedures regarding the investigation of reports of child abuse set forth in paragraph e above.

   If the investigation by the Superintendent and/or the Office of Protection and Advocacy produces evidence that an intellectually disabled person has been abused by a school employee, the Superintendent and/or the Board, as appropriate, may take disciplinary Action, up to and including termination of employment.

g. Disciplinary Action for Failure to Follow Policy

Any employee who fails to comply with the requirements of this policy shall be subject to discipline, up to and including termination of employment.

h. Non-Discrimination Policy

The Board of Education shall not discharge or in any manner discriminate or retaliate against any employee who, in good faith, makes a report pursuant to this policy or testifies or is about to testify in any proceeding involving abuse or neglect.

i. Training

All District employees are required to complete a training program pertaining to the accurate and prompt reporting of abuse and neglect, made available by the Commissioner of Children and Families. In addition, all employees must complete a refresher program at least once every three years. Employees hired before July 1, 2011 must complete the refresher training program by July 1, 2012 and must retake it once every three years thereafter.

Students

Reporting of Child Abuse, ~~and~~ Neglect, and Sexual Assault

i. Training (continued)

The School Principal shall annually certify to the Superintendent that each school employee working at his/her school has completed the required initial training and the refresher training.

j. Foster Care

Upon request of the Board of Education, the Department of Children and Families shall provide the name, date of birth and school of origin for each child in the custody of the Department of Children and Families who has been placed in foster care and is attending a District school.

Confidential Rapid Response Team

The District will establish, not later than January 1, 2016, a confidential rapid response team to coordinate with DCF to (1) ensure prompt reporting of suspected child abuse or neglect; or 1st, 2nd, 3rd, or 4th degree sexual assault; 1st degree aggravated sexual assault; or 3rd degree sexual assault with a firearm of a student not enrolled in adult education by a school employee; and (2) provide immediate access to information and individuals relevant to DCF's investigation of such cases.

The confidential rapid response team consists of a local teacher, the Superintendent, a local police officer, and any other person the Board of Education deems appropriate.

DCF, along with a multidisciplinary team, is required to take immediate action to investigate and address each report of child abuse, neglect or sexual abuse in any school.

Hiring Prohibitions

The Board of Education will not employ anyone who was terminated or resigned after a suspension based on DCF's investigation, if he or she has been convicted of (1) child abuse or neglect; or (2) 1st, 2nd, 3rd, or 4th degree sexual assault; 1st degree aggravated sexual assault; or 3rd degree sexual assault with a firearm of a student who is not enrolled in adult education.

The Board of Education will not employ an individual who was terminated or resigned, if he or she (1) failed to report the suspicion of such crimes when required to do so; or (2) intentionally and unreasonably interfered with or prevented a mandated reporter from carrying out this obligation or conspired or attempted to do so. This applies regardless of whether an allegation of abuse, neglect, or sexual assault has been substantiated.

(cf. 4112.5/4212.6 – Personnel Records)
(cf. 5145.511 – Sexual Abuse Prevention and Education Program)

Students

Reporting of Child Abuse, ~~and~~ Neglect, and Sexual Assault

Legal Reference: Connecticut General Statutes

10-220a Inservice training. Professional development committees. Institutes for educators. Cooperating teacher program, regulations (as amended by PA 11-93)

10-221d Criminal history records check of school personnel. Fingerprinting. Termination or dismissal (as amended by PA 11-93)

17a-28 Definitions. Confidentiality of and access to records; exceptions. Procedure for aggrieved persons. Regulations (as amended by PA 11-93 and PA 14-186)

17a-101 Protection of children from abuse. Reports required of certain professional persons. When child may be removed from surroundings without court order. (as amended by PA 96-246, PA 00-220, PA 02-106, PA 03-168, PA 09-242, PA 11-93 and PA 15-205)

17a-101a Report of abuse or neglect by mandated reporters. (as amended by PA 02-106, PA 11-93, and PA 15-205)

17a-101i Abuse of child by school employee or staff member of public or private institution or facility providing care for children. Suspension. Notification of state's attorney re: conviction. Boards of education to adopt written policy re: reporting of child abuse by school employee.

17a-102 Report of danger of abuse. (as amended by PA 02-106)

17a-106 Cooperation in relation to prevention, identification and treatment of child abuse/neglect.

10-151 Teacher Tenure Act

PA 11-93 An Act Concerning the Response of School Districts and the Departments of Education and Children and Families to Reports of Child Abuse and Neglect and the Identification of Foster Children in a School District

PA 14-186 An Act Concerning the Department of Children and Families and the Protection of Children

PA 15-112 An Act Concerning Unsubstantiated Allegations of Abuse and Neglect by School Employees

PA 15-205 An Act Protecting School Children

Regulation approved:

DERBY PUBLIC SCHOOLS
Derby, Connecticut

(Reviewed and approved by Policy Review Committee)

A new mandated policy to consider.

Students

Suicide Prevention and Intervention

The Board of Education recognizes that suicide is a complex issue and that, while the school may recognize a potentially suicidal youth, it cannot make a clinical assessment of risk and provide in-depth counseling. Instead, the Board directs school staff to refer students who may be at risk of attempting suicide to an appropriate service for assessment and counseling.

The Board of Education recognizes the need for youth suicide prevention procedures and will establish program(s) to identify risk factors for youth suicide, procedures to intervene with such youth, referral services and training for teachers, other school professionals and students to provide assistance in these programs.

Any school employee who may have knowledge of a suicide threat must take the proper steps to report this information to the building Principal or his/her designee who will, in turn, notify the appropriate school officials, the student's family and appropriate resource services.

Legal Reference: Connecticut General Statutes

10-221(e) Boards of education to prescribe rules.

Policy adopted:

DERBY PUBLIC SCHOOLS
Derby, Connecticut

(Reviewed and approved by Policy Review Committee)

Existing policy, number 5141.6 adopted 12/20/01, appropriate as written.

Students

Crisis Response

The Board of Education seeks to avert and resolve crises that may occur and may involve students, faculty, staff, or the total school community. Through its educational programs, student assistance teams, student support personnel, and other strategies and mechanisms, the public school system will reasonably attempt to prevent crisis situations and to prepare its community members to address crises as they occur, and circumstances that may pose the threat of crisis.

School personnel, through training and with the aid of specialists, shall attempt to identify possible crises and to intervene early and appropriately in the lives of children and families where danger exists.

Legal Reference: Connecticut General Statutes

10-221(e) Boards of education to prescribe rules

Policy adopted:

DERBY PUBLIC SCHOOLS
Derby, Connecticut

(Reviewed and approved by Policy Review Committee)

A new regulation to accompany this policy.

Students

Crisis Response

Crisis Management Plan (Emergencies and Disaster Preparedness Plan)

Components of the Plan

Note: The following administrative regulation should be modified to reflect district practice.

The Superintendent or designee shall ensure that District and school site plans address, at a minimum, the following types of emergencies and disasters:

1. Fire on or off school grounds which endangers students and staff.
2. Natural disasters.
3. Environmental hazards.
4. Attack or disturbance, or threat of attack or disturbance, by an individual or group.
5. Bomb threat or actual detonation.
6. Biological, radiological, chemical, and other activities, or heightened warning of such activities.

Note: As part of its Pandemic Influenza Planning Checklist, the U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention recommend that a district's emergency and disaster preparedness plan include procedures for dealing with medical emergencies, such as a pandemic flu outbreak.

7. Medical emergencies and quarantines, such as a pandemic influenza outbreak.

The Superintendent or designee shall ensure that the District's procedures include strategies and actions for prevention/mitigation, preparedness, response and recovery, including, but not limited to, the following:

1. Regular inspection of school facilities and equipment and identification of risks.
2. Instruction and practice for students and employees regarding emergency plans, including:
    a. Training of staff in first aid and cardiopulmonary resuscitation.
    b. Regular practice of emergency procedures by students and staff.

Students

Crisis Response

Crisis Management Plan (Emergencies and Disaster Preparedness Plan)

Components of the Plan (continued)

3. Specific determination of roles and responsibilities of staff during a disaster or other emergency, including determination of:

   a. The appropriate chain of command at the District and, if communication between the District and site is not possible, at each site.

   b. Individuals responsible for specific duties.

   c. Designation of the Principal for the overall control and supervision of activities at each school during the emergency, including authorization to use his/her discretion in situations which do not permit execution of prearranged plans.

   d. Identification of at least one person at each site who holds a valid certificate in first aid and cardiopulmonary resuscitation.

   e. Assignment of responsibility for identification of injured persons and administration of first aid.

4. Personal safety and security, including:

   a. Identification of areas of responsibility for supervision of students.

   b. Procedures for evacuation of students and staff, including posting of evacuation routes.

   c. Procedures for release of students, including a procedure to release students when reference to the emergency card is not feasible.

   d. Identification of transportation needs, including a plan which allows bus seating capacity limits to be exceeded when a disaster or hazard requires students to be moved immediately to ensure their safety.

   e. Provision of a first aid kit to each classroom.

   f. Arrangements for students and staff with special needs.

   g. Upon notification that a pandemic situation exists, adjustment of attendance policies for students and sick leave policies for staff with known or suspected pandemic influenza or other infectious disease.

Students

Crisis Response

Crisis Management Plan (Emergencies and Disaster Preparedness Plan)

Components of the Plan (continued)

5. Closure of schools, including an analysis of:

   a. The impact on student learning and methods to ensure continuity of instruction.

   b. How to provide for continuity of operations for essential central office functions.

6. Communication among staff, parents/guardians, the Board of Education, other governmental agencies, and the media during an emergency, including:

   a. Identification of spokesperson(s).

   b. Development and testing of communication platforms, such as hotlines, telephone trees, and web sites.

   c. Development of methods to ensure that communications are, to the extent practicable, in a language and format that is easy for parents/guardians to understand.

   d. Distribution of information about District and school site emergency procedures to staff, students, and parents/guardians.

7. Cooperation with other state and local agencies, including:

   a. Development of guidelines for law enforcement involvement and intervention.

   b. Collaboration with the local health department, including development of a tracking system to alert the local health department to a substantial increase of student or staff absenteeism as indicative of a potential outbreak of an infectious disease.

8. Steps to be taken after the disaster or emergency, including:

   a. Inspection of school facilities.

   b. Provision of mental health services for students and staff, as needed.

Regulation approved:

DERBY PUBLIC SCHOOLS
Derby, Connecticut

(Reviewed and approved by Policy Review Committee)

A new policy to consider.

Students

Student Sports – Concussions

The Board of Education recognizes that concussions and head injuries are commonly reported injuries in children and adolescents who participate in sports and other recreational activities. The Board acknowledges the risk of catastrophic injuries or deaths are significant when a concussion or head injury is not properly evaluated and managed.

Commencing July 1, 2010, and each school year thereafter, any coach of intramural or interscholastic athletics employed by the District shall complete an initial training course, approved by the State Board of Education, regarding concussions which are a type of brain injury prior to commencing the coaching assignment for the season. Such training course shall include, but not be limited to (1) the recognition of the signs and symptoms of a concussion; (2) the means of obtaining proper medical treatment for a person suspected of having a concussion; (3) the nature and risk of concussions, including the danger of continuing to engage in athletic activity after sustaining a concussion; and (4) the proper method of allowing a student athlete who has sustained a concussion to return to athletic activity.

Each school year any coach who has completed the initial training course regarding concussions shall annually review current and relevant information, developed or approved by the State Board of Education, regarding concussions prior to the start of the coaching assignment. This annual review is not required in any year the coach is required to complete a refresher course. Beginning July 1, 2015, and each school year thereafter, a coach must complete an approved refresher course not later than five years after the initial training course in order to maintain his/her coaching permit and to coach in the District.

Annually the District will distribute a head injury and concussion information sheet to all parents/guardians of student participants in competitive sport activities. The parent/guardian and student must return a signed acknowledgement indicating that they have reviewed and understand the information provided before the student participates in any covered activity. This acknowledgement form must be returned and be on file with the District in order for the student to be allowed to practice or compete in the sports activity.

All coaches will complete training pertaining to the District's procedures.

The required refresher course regarding concussions shall include, but not be limited to, an overview of key recognition and safety practices, an update of medical developments, current best practices in the field of concussion research, and prevention and treatment. Said refresher course shall also contain an update on new relevant federal, state and local laws and regulations, and for football coaches, current best practices regarding coaching the sport of football, including, but not limited to, frequency of games and full contact practices and scrimmages as identified by the governing authority for intramural and interscholastic athletics (CIAC).

Students

Student Sports – Concussions (continued)

The District, after January 1, 2015, shall implement the "***Concussion Education Plan and Guidelines for Connecticut Schools,***" developed by the State Board of Education per the stipulations of P.A. 14-66. Written materials, online training or videos, or in person training shall address, at a minimum, the recognition of signs or symptoms of concussion, means of obtaining proper medical treatment for a person suspected of sustaining a concussion, the nature and risks of concussions, including the danger of continuing to engage in athletic activity after sustaining a concussion, proper procedures for return to athletic activity and current best practices in the prevention and treatment of a concussion.

The Board recognizes that commencing July 1, 2015, the CIAC prohibits student athletes from participation in any intramural or interscholastic activity unless the student athlete and his/her parent/guardian completes the concussion education plan of the State Board of Education and its contributing organizations to such plan. Prior to participating in any intramural or interscholastic athletic activity students must (1) read written materials, (2) view online training videos, or (3) attend in-person training regarding the District's concussion education plan provided by the Board of Education.

Prior to participating in any intramural or interscholastic athletic activity for the school year beginning July 1, 2015 and thereafter, a parent/guardian of each student athlete must (1) read written materials, (2) view online training videos, or (3) attend in-person training regarding the District's concussion education plan.

Note: CIAC recommends that, whenever possible, in-person training is utilized at the required pre-season meeting for parents/guardians and athletes. Schools may use any or all of the delivery methods mentioned above to develop a plan that best fits the district's demographics.

The District, commencing July 1, 2015, will utilize the consent form developed or approved by the State Board of Education with parent/guardians of student athletes in intramural or interscholastic activities regarding concussions. This form shall provide a summary of the concussion education plan developed or approved by the State Board of Education and a summary of the Board's policy regarding concussions. The consent form shall be returned to the appropriate school authorities, signed by the parent/guardian, attesting to the receipt of such form and authorizing the student athlete to participate in the athletic activity.

Further, in compliance with applicable state statutes, the coach of any intramural or interscholastic athletics shall immediately remove any student athlete participating in intramural or interscholastic athletics who (1) is observed to exhibit signs, symptoms or behaviors consistent with a concussion following an observed or suspected blow to the head or body during a practice, game or competition, (2) is diagnosed with a concussion, or (3) is otherwise suspected of having sustained a concussion because such student athlete is observed to exhibit signs, symptoms or behaviors consistent with a concussion regardless of when such concussion or head injury may have occurred.

Students

Student Sports – Concussions (continued)

Upon such removal, the coach or other qualified school employee defined in Connecticut General Statutes 10-212a, shall notify the student athlete's parent/guardian that the student athlete has exhibited such signs, symptoms, or behaviors consistent with a concussion or has been diagnosed with a concussion. Such notification shall be provided not later than twenty-four hours after such removal. However, a reasonable effort shall be made to provide such notification immediately after such removal.

The coach shall not permit such student athlete to participate in any supervised athletic activities involving physical exertion, including, but not limited to, practices, games or competitions, until such student athlete receives written clearance to participate in such supervised athletic activities involving physical exertion from a licensed health care professional* trained in the evaluation and management of concussions.

Following medical clearance, the coach shall not permit such student athlete to participate in any full, unrestricted supervised athletic activities without limitations on contact or physical exertion, including, but not limited to, practices, games or competitions and such student athlete (1) no longer exhibits signs, symptoms or behaviors consistent with a concussion at rest or with exertion, and (2) receives written clearance to participate in such full, unrestricted supervised athletic activities from a licensed health care professional trained in the evaluation and management of concussions.

*"licensed health care professional" means a physician licensed pursuant to Chapter 370 of the General Statutes, a physician assistant licensed pursuant to Chapter 370 of the General Statutes, an advanced practice registered nurse licensed pursuant to Chapter 378 of the General Statutes or an athletic trainer licensed pursuant to Chapter 375a of the General Statutes.

The Board, as required, for the school year beginning July 1, 2014 and annually thereafter, will collect and report to the State Board of Education all occurrences of concussion. The report shall contain, if known, the nature and extent of the concussion and the circumstances in which it was sustained.

Optional language: √

The Board believes that at the forefront of concussion management is the implementation of baseline testing, through the implementation of the ImPACT (Immediate Post–concussion Assessment and Cognitive Testing) Program.* Subject to the availability of financial resources, District athletes will receive "baseline" testing prior to the start of the sports season and should be done for individual athletes at least every other year.

**ImPACT is a 20 minute computerized concussion evaluation system that has been scientifically validated and has become a standard tool used in comprehensive clinical management of concussions for athletes of all ages. Information is available at http://www.impacttest.com/. This computerized neurocognitive testing program is available online.*

Students

Student Sports – Concussions (continued)

Legal Reference: Connecticut General Statutes

PA 10-62 An Act Concerning Student Athletes and Concussions

P.A. 14-66 An Act Concerning Youth Athletics and Concussions

"Concussion Education Plan and Guidelines for Connecticut Schools" adopted by the State Board of Education, January 7, 2015.

Policy adopted:

DERBY PUBLIC SCHOOLS
Derby, Connecticut

(Reviewed and approved by Policy Review Committee)

A new administrative regulation to consider.

Students

Student Sports – Concussions

Concussion Management in Student Sports

A. Duties of the Athletic Director or Administrator in Charge of Athletics:

1. Annually, each spring, the Athletic Director or the administrator in charge of athletics, if there is no Athletic Director, shall review, with the District's Medical Advisor and athletic trainer, any changes that have been made regarding the management of concussion injuries.

2. By the conclusion of the school year, the Athletic Director or administrator in charge of athletics will identify the competitive sport activities in the District for which compliance with the concussion policy is required. A list of competitive sports activities and the District's policy and procedures will be distributed to all members of the coaching staff.

3. The Athletic Director or the administrator in charge of athletics, if there is no Athletic Director, shall be responsible for determining that all coaches of intramurals or interscholastic sports have fulfilled the required initial training and subsequent follow-up regarding concussions prior to the coach's commencement of his/her assignment.

B. Training of Coaches

All coaches shall undergo training in head injuries and concussion management as required by state statute in a program approved by the State Board of Education. The Connecticut State Board of Education's ***"Concussion Education Plan and Guidelines for Connecticut Schools"*** provides guidance on this topic. In addition, the Centers for Disease Control and Prevention (CDC) has made available a tool kit, "*Heads Up: Concussion in High School Sports,*" which can provide additional information for coaches, athletes, and parents.

C. Parent/Student Information Sheet

On a yearly basis, a concussion consent and information sheet shall be signed and returned by the student athlete and the athlete's parent/guardian prior to the student athlete's initiating practice or competition. This information sheet may be incorporated into the parent permission sheet which permits students to participate in extracurricular athletics. Beginning with the school year commencing July 1, 2015, the District will utilize the informed consent form developed or approved and made available by the State Board of Education.

Students

Student Sports – Concussions

Concussion Management in Student Sports (continued)

D. Coaches Responsibility

1. Based on mechanism of injury, observation, history and unusual behavior and reactions of the athlete, even without loss of consciousness, assume a concussion has occurred if the head was hit and even the mildest of symptoms occur. The student athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be immediately removed from play. (Refer to Appendix D: Concussion Symptoms)
2. If confusion, unusual behavior or responsiveness, deteriorating condition, loss of consciousness, or concern about neck and spine injury exists, the athlete should be referred at once for emergency care.
3. If no emergency is apparent, the athlete should be monitored every 5 to 10 minutes regarding mental status, attention, balance, behavior, speech and memory until stable over a few hours. If appropriate medical care is not available, an athlete even with mild symptoms should be sent for medical evaluation.
4. Upon removal from the athletic activity, the coach or other qualified school employee shall notify the athlete's parent/guardian that the student athlete has exhibited the signs, symptoms or behaviors consistent with a concussion or has been diagnosed with a concussion. Every reasonable effort shall be made to immediately provide such notification, but not later than twenty-four hours after such removal.
5. No athlete suspected of having a concussion should return to the same practice or contest, even if symptoms clear in 15 minutes, no sooner than twenty-four hours after removal and only after the athlete and his/her parent/guardian completes the State Board of Education concussion education plan and the athlete receives written clearance from a licensed health care professional trained in the evaluation and management of concussions.

E. Return to Play after Concussions

1. A student athlete who has been removed from play may not participate in any supervised team activities involving physical exertion, including, but not limited to practices, games, or competitions, sooner than twenty-four hours* after such athlete was removed from play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussions and receives a written clearance to return to play from that health care provider. [or: Any athlete removed from play because of a concussion must have written medical clearance from an appropriate health care professional before he/she can resume practice or competition and not until the student athlete and his/her parent/guardian completes the State Board of Education concussion education plan.] (Refer to Appendix E: "The Proper Procedures for Allowing a Student Athlete Who Has Sustained a Concussion to Return to Athletic Activity.")

Students

Student Sports – Concussions

Concussion Management in Student Sports

E. Return to Play after Concussion (continued)

Note: CIAC requirements indicate that no athlete shall return to participation on the same day of concussion.

**P.A. 10-62 does not require a 24 hour waiting period before an athlete may return to participate in team activities. However, the law does require written clearance from a licensed health care professional.*

2. After medical clearance, the return to play by the athlete should follow a step-wise protocol with provisions for delayed return to play based on return of any signs or symptoms.

3. The medical clearance return to play protocol is as follows:

   a. No exertional activity until asymptomatic.
   b. When the athlete appears clear, begin low-impact activity such as walking, stationary bike, etc.
   c. Initiate aerobic activity fundamental to the specific sport such as skating, or running and may also begin progressive strength training activities.
   d. Begin non-contact skill drills specific to sport such as dribbling, fielding, batting, etc.
   e. Full contact in practice setting.
   f. If athlete remains asymptomatic, he/she may return to game/play.

F. School Concussion Management Team (*optional*)

A school concussion management team may/shall be formed to create and implement the concussion management plan with sound procedures that support a concussed student.

Refer to Appendix F, "School Concussion Management Team" for the suggested members of said team and the reasons for involvement.

Refer to Appendix G, "Suggested Roles and Responsibilities of the School Concussion Management Team and Personnel" for specific responsibilities of each of the members of the School Concussion Management Team.

G. Best Practices

Refer to Appendix H, "Current Best Practices in the Prevention and Treatment of a Concussion" for information pertaining to current best practices to consider and utilize.

Regulation approved:

DERBY PUBLIC SCHOOLS
Derby, Connecticut

(Reviewed and approved by Policy Review Committee)

HEADS UP: CONCUSSION IN YOUTH SPORTS
A Fact Sheet for COACHES

To download the coaches fact sheet in Spanish, please visit:
http://www.cdc.gov/concussion/HeadsUp/youth.html

THE FACTS

- A concussion is a **brain injury**.
- All concussions are **serious**.
- Concussions can occur **without** loss of consciousness.
- Concussions can occur **in any sport**.
- Recognition and proper management of concussions when they **first occur** can help prevent further injury or even death.

WHAT IS A CONCUSSION?

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a ding, getting your bell rung, or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost.

The potential for concussions is greatest in athletic environments where collisions are common.[1] Concussions can occur, however, in ***any*** organized or unorganized sport or recreational activity. As many as 3.8 million sports- and recreation-related concussions occur in the United States each year.[2]

RECOGNIZING A POSSIBLE CONCUSSION

To help recognize a concussion, you should watch for the following two things among your athletes:

1. A forceful blow to the head or body that results in rapid movement of the head.

-and-

2. Any change in the athlete's behavior, thinking, or physical functioning. (See the signs and symptoms of concussion.)

SIGNS AND SYMPTOMS

SIGNS OBSERVED BY COACHING STAFF
▪ Appears dazed or stunned ▪ Is confused about assignment or position ▪ Forgets sports plays ▪ Is unsure of game, score, or opponent ▪ Moves clumsily ▪ Answers questions slowly ▪ Loses consciousness (even briefly) ▪ Shows behavior or personality changes ▪ Can't recall events prior to hit or fall ▪ Can't recall events after hit or fall
SYMPTOMS REPORTED BY ATHLETE
▪ Headache or pressure in head ▪ Nausea or vomiting ▪ Balance problems or dizziness ▪ Double or blurry vision ▪ Sensitivity to light ▪ Sensitivity to noise ▪ Feeling sluggish, hazy, foggy, or groggy ▪ Concentration or memory problems ▪ Confusion ▪ Does not feel right

Adapted from Lovell et al. 2004

Athletes who experience any of these signs or symptoms after a bump or blow to the head should be kept from play until given permission to return to play by a health care professional with experience in evaluating for concussion. Signs and symptoms of concussion can last from several minutes to days, weeks, months, or even longer in some cases.

Remember, you can't see a concussion and some athletes may not experience and/or report symptoms until hours or days after the injury. If you have any suspicion that your athlete has a concussion, you should keep the athlete out of the game or practice.

PREVENTION AND PREPARATION

As a coach, you can play a key role in preventing concussions and responding to them properly when they occur. Here are some steps you can take to ensure the best outcome for your athletes and the team:

- **Educate athletes and parents about concussion**. Talk with athletes and their parents about the dangers and potential long-term consequences of concussion. For more information on long-term effects of concussion, view the following online video clip: http://www.cdc.gov/ncipc/tbi/Coaches_Tool_Kit.htm#Video. Explain your concerns about concussion and your expectations of safe play to athletes, parents, and assistant coaches. Pass out the concussion fact sheets for athletes and for parents at the beginning of the season and again if a concussion occurs.

- **Insist that safety comes first.**

  - Teach athletes safe playing techniques and encourage them to follow the rules of play.
  - Encourage athletes to practice good sportsmanship at all times.
  - Make sure athletes wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
  - Review the athlete fact sheet with your team to help them recognize the signs and symptoms of a concussion.

Check with your youth sports league or administrator about concussion policies. Concussion policy statements can be developed to include the leagues commitment to safety, a brief description of concussion, and information on when athletes can safely return to play following a concussion (i.e., an athlete with known or suspected concussion should be kept from play until evaluated and given permission to return by a health care professional). Parents and athletes should sign the concussion policy statement at the beginning of the sports season.

- **Teach athletes and parents that it's not smart to play with a concussion**. Sometimes players and parents wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let athletes persuade you that they're just fine after they have sustained any bump or blow to the head. Ask if players have ever had a concussion.

- **Prevent long-term problems**. A repeat concussion that occurs before the brain recovers from the first usually within a short period of time (hours, days, or weeks) can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in brain swelling, permanent brain damage, and even death. This more serious condition is called *second impact syndrome*.[4, 5] Keep athletes with known or suspected concussion from play until they have been evaluated and given permission to return to play by a health care professional with experience in evaluating for concussion. Remind your athletes: It's better to miss one game than the whole season.

ACTION PLAN

WHAT SHOULD A COACH DO WHEN A CONCUSSION IS SUSPECTED?

1. **Remove the athlete from play**. Look for the signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head. Athletes who experience signs or symptoms of concussion should not be allowed to return to play. When in doubt, keep the athlete out of play.

2. **Ensure that the athlete is evaluated right away by an appropriate health care professional**. Do not try to judge the severity of the injury yourself. Health care professionals have a number of methods that they can use to assess the severity of concussions. As a coach, recording the following information can help health care professionals in assessing the athlete after the injury:

   - Cause of the injury and force of the hit or blow to the head
   - Any loss of consciousness (passed out/knocked out) and if so, for how long
   - Any memory loss immediately following the injury
   - Any seizures immediately following the injury
   - Number of previous concussions (if any)

3. **Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion**. Make sure they know that the athlete should be seen by a health care professional experienced in evaluating for concussion.

4. **Allow the athlete to return to play only with permission from a health care professional with experience in evaluating for concussion**. A repeat concussion that occurs before the brain recovers from the first can slow recovery or increase the likelihood of having long-term problems. Prevent common long-term problems and the rare second impact syndrome by delaying the athletes return to the activity until the player receives appropriate medical evaluation and approval for return to play.

If you think your athlete has sustained a concussion take him/her out of play, and seek the advice of a health care professional experienced in evaluating for concussion.

For more information and to order additional materials **free-of-charge**, visit: http://www.cdc.gov/concussion/HeadsUp/youth.html

For more detailed information on concussion and traumatic brain injury, visit: http://www.cdc.gov/ncipc/tbi/TBI.htm

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR DISEASE CONTROL AND PREVENTION

Content Source: National Center for Injury Prevention and Control, Division of Injury Response

Page Located on the Web at http://www.cdc.gov/concussion/index.html

Fact Sheet for Student Athletes

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head.
- Can change the way your brain normally works.
- Can range from mild to severe.
- Can occur during practices or games in any sport.
- Can happen even if you haven't been knocked out.
- Can be serious even if you've just been "dinged" or had your "bell rung."

How can I prevent a concussion?

It's different for every sport. But there are steps you can take to protect yourself from concussion.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Use the proper sports equipment, including personal protective equipment (such as helmets)
- In order for equipment to protect you, it must be:
  - Appropriate for the game, position, and activity
  - Well maintained
  - Properly fitted
  - Used every time you play

How do I know if I've had a concussion?

You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up days or weeks after the injury. It's best to see a health care professional if you think you might have a concussion. An undiagnosed concussion can affect your ability to do schoolwork and other everyday activities. It also raises your risk for additional serious injury.

What are the symptoms of a concussion?

- Nausea (feeling that you might vomit)
- Balance problems or dizziness
- Double or fuzzy vision
- Sensitivity to light or noise
- Headache
- Feeling sluggish
- Feeling foggy or groggy
- Concentration or memory problems (forgetting game plays)
- Confusion

What should I do if I think I have a concussion?

- **Tell your coaches and your parents.** Never ignore a bump, blow, or jolt to the head. Also tell your coach if one of your teammates might have a concussion.
- **Get a medical checkup.** A health care professional can tell you if you have had a concussion and when you are OK to return to play.
- **Give yourself time to recover.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to suffer another concussion.

HEADS UP: CONCUSSION IN YOUTH SPORTS

A Fact Sheet for Parents and Athletes
(Requirement to Read and Signed by Parents and Athletes)
Return This Form to Team Coach.

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury (TBI) that is caused by a bump, blow or jolt to the head. It can change the way your brain normally works. Concussions can also occur from a fall or blow to the body that causes the head and brain to move quickly back and forth. It can occur during practices or games in any sport. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out. You can't see a concussion. Signs and symptoms of a concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

Parents and Guardians

What are the signs and symptoms of a concussion observed by Parents/Guardians?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events prior to being hit or falling
- Can't recall events after being hit or falling

How can a Parent/Guardian help their child prevent a concussion?

Every sport is different, but there are steps your children can take to protect themselves from concussion.

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

What should a parent/guardian do if they think their child has a concussion?

1. Seek medical attention right away. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports. Notify your child's coach if you think your child has a concussion.
2. Keep your child out of play. Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon while the brain is still healing risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
3. Tell your child's coach about any recent concussion in ANY sport or activity. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

Athletes

What are the symptoms of a concussion?

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not "feel right"

What should an athlete do if they think they have a concussion?

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates might have a concussion.
- **Get a medical checkup.** A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
- **Give yourself time to get better.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.
- **It is better to miss one game than the whole season.**

How can athletes prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Use the proper sports equipment, including personal protective equipment (such as helmets, padding, shin guards, and eye and mouth guards). In order for equipment to protect you, it must be:
  - The right equipment for the game, position, or activity
  - Worn correctly and fit well
  - Used every time you play
  - Repaired and maintained

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

For more detailed information on concussion and traumatic brain injury, visit:
http://www.cdc.gov/injury or http://www.cdc.gov/concussion/HeadsUp/youth.html

Existing policy, number 5142.1 adopted 12/20/01, appropriate as written.

Students

Relations with Non-custodial Parents

The Board of Education, unless informed otherwise, assumes that there are no restrictions regarding the noncustodial parent's right to be kept informed of the student's school progress and activities. If restrictions are made relative to these rights, the custodial parent will be required to submit a copy of the court order to the Superintendent, which curtails these specific rights.

Unless there are specific court-imposed restrictions, such as a final divorce decree which includes specific denial of visitation rights or a restraining order denying such rights, the noncustodial parent, upon written request and in accordance with Board of Education records policies 5124 and 5125 (a-c) may view the student's educational, medical or similar records maintained in such student's cumulative record, receive school progress reports, visit the child briefly at school and have an opportunity to confer with the student's teacher(s).

In addition, upon written request to the child's school Principal, the school will subsequently and routinely mail to the parent making the request copies of all school information which is normally sent home with the child. This will include mailings of copies of report cards and class and school newsletters during the school year in which the request is made. Noncustodial parents and parents with shared custody not normally receiving materials from the school may annually request this service.

The custodial parent has the responsibility to keep the school office informed as to the address of residence, in a manner determined by the school, and how he/she may be contacted at all times. Any legal documents which restrict the rights of the noncustodial parent must be provided by the custodial parent.

(cf. 5113.2 - Attendance and Excuses)
(cf. 5118 - Nonresident Students)
(cf. 5124 - Reporting to Parents)
(cf. 5125/5125.1 - Student Records/Confidentiality)
(cf. 5145.8 - Emancipation of Minors)
(cf. 5142.2 - Student Dismissal Precautions)

Legal Reference: Connecticut General Statutes
10-15b Access of parent or guardian to student's records
46b-56 Access of records of minor children by noncustodial parent
Federal Family Educational Rights and Privacy Act of 1974
Department of Education 34 C.F.R. Part 99 (May 9, 1980 45FR 30802) regs. implementing
FERPA enacted as part of 438 of General Education Provisions Act (20 U.S.C. 1232g) - parent and student privacy and other rights with respect to educational records.

Policy adopted:

DERBY PUBLIC SCHOOLS
Derby, Connecticut

(Reviewed and approved by Policy Review Committee)

Students

Student Dismissal Precautions

No student may be released from school to anyone other than the parent, guardian or child protective services personnel and law enforcement officers pursuant to law, unless the name of the individual seeking release of the student appears on a list provided by the parent or guardian.

A student may be released to either parent unless a custodial parent supplies the building Principal with a certified copy of a court order or divorce decree to the contrary. A sibling of at least sixteen years of age will be allowed to pick up a child as long as the sibling's name is on the list provided by the parent or guardian. The same procedure will be followed for bus students.

The Superintendent of Schools shall develop procedures to enable parents and guardians to amend the list of persons authorized to obtain the release of their children.

A new policy to consider.

Students

Student Insurance

School Time Accident Insurance

A student protection plan is offered to all school children on an optional basis.

This insurance plan protects the student during the entire school year for injuries received

1. While traveling to or from school.

2. While attending school during hours on the days when school is in session, including physical education activities.

3. While participating in school-sponsored and supervised activities, either away from school premises or after school hours.

Athletic Insurance

The Board of Education provides an athletic insurance policy covering students while participating on school-sponsored interscholastic teams. This coverage picks up after the parent's insurance coverage.

Policy adopted:

DERBY PUBLIC SCHOOLS
Derby, Connecticut

(Reviewed and approved by Policy Review Committee)

A new policy to consider as replacement for existing policy numbered 5141.13.

Students

Use of Physical Force

The Board of Education (Board) believes that maintaining an orderly, safe environment is conducive to learning and is an appropriate expectation of all staff members within the district. To the extent that staff actions comply with all applicable statutes and Board policy governing the use of physical force, including physical restraint of students and seclusion of students, staff members will have the full support of the Board of Education in their efforts to maintain a safe environment.

The Board recognizes that there are times when it becomes necessary for staff to use reasonable restraint or place a student in seclusion as an emergency intervention to protect a student from harming himself/herself or to protect others from harm. (***Alternative language: "to use reasonable restraint or place a student in seclusion to provide a safe environment for students."***)

Definitions

Life-threatening physical restraint means any physical restraint or hold of a person that restricts the flow of air into a person's lungs, whether by chest compression or any other means, or immobilizes or reduces the free movement of a person's arms, legs or head while the person is in the prone position.

Psychopharmacologic agent means any medication that affects the central nervous system, influencing thinking, emotion or behavior.

Physical restraint means any mechanical or personal restriction that immobilizes or reduces the free movement of a person's arms, legs or head. Excluded from this definition is briefly holding a person in order to calm or comfort the person; restraint involving the minimum contact necessary to safely escort a person from one area to another; medical devices including but not limited to, supports prescribed by a health care provider to achieve proper body position or balance; helmets or other protective gear used to protect a person from injuries due to a fall; or helmets, mitts and similar devices used to prevent self-injury when the device is part of a documented treatment plan or individualized education program pursuant to Connecticut's special education laws or prescribed or recommended by a medical professional and is the least restrictive means to prevent such self-injury.

School employee means a teacher, substitute teacher, school administrator, Superintendent, guidance counselor, psychologist, social worker, nurse, physician, school paraprofessional, or coach employed by the Board of Education or working in a public elementary, middle or high school; or any other individual who, in the performance of his/her duties has regular contact with students and who provides services to or on behalf of students enrolled in the district's schools, pursuant to a contract with the board of education.

Students

Use of Physical Force

Physical Restraint/Seclusion

Definitions (continued)

Seclusion means the involuntary confinement of a student in a room, with or without staff supervision, in a manner that prevents the student from leaving.

Student means a child (A) enrolled in grades kindergarten to twelve, inclusive, in a public school under the jurisdiction of a local or regional Board of Education, (B) receiving special education and related services in an institution or facility operating under contract with a local or regional Board of Education, (C) enrolled in a program or school administered by a regional education service center, or (D) receiving special education and related services from an approved private special education program, but shall not include any child receiving educational services from Unified School District #2 or the Department of Mental Health and Addiction Services.

Conditions Pertaining to the Use of Physical Restraint and/or Seclusion

A. School employees shall not use a life-threatening physical restraint on a student.

B. If any instance of physical restraint or seclusion of a student exceeds fifteen minutes an administrator or his/her designee, or a school health or mental health personnel, or a board certified behavioral analyst, who has received training in the use of physical restraint and seclusion shall determine whether continued physical restraint or seclusion is necessary to prevent immediate or imminent injury to the student or to others. Upon a determination that such continued physical restraint or seclusion is necessary, such individual shall make a new determination every thirty minutes thereafter regarding whether such physical restraint or seclusion is necessary to prevent immediate or imminent injury to the student or to others.

C. No student shall be placed in seclusion unless:

   a. The use of seclusion is as an emergency intervention to prevent immediate or imminent injury to the student or to others, provided the seclusion is not used for discipline or convenience and is not used as a substitute for a less restrictive alternative.

   b. Such student is continually monitored by a school employee during the period of such student's seclusion. Any student voluntarily or involuntarily placed in seclusion or restrained shall be regularly evaluated by a school employee for indications of physical distress. The school employee conducting the evaluation shall enter each evaluation in the student's educational record. Monitor shall mean by direct observation or by observation using video monitoring within physical proximity sufficient to provide aid as may be required.

Students

Use of Physical Force

Physical Restraint/Seclusion

Conditions Pertaining to the Use of Physical Restraint and/or Seclusion (continued)

c. The area in which such student is secluded is equipped with a window or other fixture allowing the student a clear line of sight beyond the area of seclusion.

D. School employees may not use a psychopharmacologic agent on a student without that student's consent except (1) as an emergency intervention to prevent immediate or imminent injury to the student or to others, or (2) as an integral part of the student's established medical or behavioral support or educational plan, as developed consistent with Section 17a-543 of the Connecticut General Statutes or, if no such plan has been developed, as part of a licensed practitioner's initial orders. The use of psychopharmacologic agents, alone or in combination, may be used only in doses that are therapeutically appropriate and not as a substitute for other appropriate treatment.

E. In the event that physical restraint or seclusion is used on a student four or more times within twenty school days:

a. An administrator, one or more of such student's teachers, the parent/guardian of such student and, if any, a mental health professional shall convene for the purpose of:

i. Conducting or revising a behavioral assessment of the student;
ii. Creating or revising any applicable behavioral intervention plan; and
iii. Determining whether such student may require special education.

b. If such student is a child requiring special education or is a child being evaluated for eligibility for special education and awaiting a determination, such student's planning and placement team shall convene for the purpose of (1) conducting or revising a behavioral assessment of the student, and (2) creating or revising any applicable behavioral intervention plan, including, but not limited to, such student's individualized education plan.

F. The parent/guardian of a student who is placed in physical restraint or seclusion shall be notified not later than twenty-four hours after the student is placed in physical restraint or seclusion. A reasonable effort shall be made to provide such notification immediately after such physical restraint or seclusion is initiated.

G. School employees shall not use a physical restraint on a student or place a student in seclusion unless he/she has received training on the proper means for performing such physical restraint or seclusion.

Students

Use of Physical Force

Physical Restraint/Seclusion

Conditions Pertaining to the Use of Physical Restraint and/or Seclusion (continued)

H. Beginning July 1, 2016, the Board of Education, and each institution or facility operating under contract with the Board to provide special education for children, including any approved private special education program, shall:

a. Record each instance of the use of physical restraint or seclusion on a student;
b. Specify whether the use of seclusion was in accordance with an individualized education program;
c. Specify the nature of the emergency that necessitated the use of such physical restraint or seclusion; and
d. Include such information in an annual compilation on its use of such restraint and seclusion on students.

I. The Board and institutions or facilities operating under contract with the Board to provide special education for children, including any approved private special education program shall provide such annual compilation to the Department of Education in order to examine incidents of physical restraint and seclusion in schools.

J. Any use of physical restraint or seclusion on a student shall be documented in the student's educational record. The documentation shall include:

a. The nature of the emergency and what other steps, including attempts at verbal deescalation, were taken to prevent the emergency from arising if there were indications that such an emergency was likely to arise; and

b. A detailed description of the nature of the restraint or seclusion, the duration of such restraint or seclusion and the effect of such restraint or seclusion on the student's established educational plan.

K. Any incident of the use of restraint or seclusion that results in physical injury to a student shall be reported to the State Board of Education.

Required Training and Prevention Training Plan

Training shall be provided by the Board to school professionals, paraprofessional staff members and administrators regarding physical restraint and seclusion of students. Such training shall be phased in over a period of three years beginning with the school year commencing July 1, 2015, and shall include, but not be limited to:

Students

Use of Physical Force

Physical Restraint/Seclusion

Required Training and Prevention Training Plan (continued)

1. An overview of the relevant laws and regulations regarding the use of physical restraint and seclusion on students. *(Such overview is to be provided by the Department of Education on or after July 1, 2015, and annually thereafter, in a manner and form as prescribed by the Commissioner of Education.)*

2. The creation of a plan by which the Board will provide school professionals, paraprofessional staff members and administrators with training and professional development regarding the prevention of incidents requiring physical restraint or seclusion of students.

   Such plan is to be implemented not later than July 1, 2017, and must include a provision to require the training of all school professionals, paraprofessional staff members and administrators in the prevention of such incidents not later than July 1, 2019 and periodically thereafter as prescribed by the Commissioner of Education.

3. The Board will create a plan, to be implemented not later than July 1, 2017, requiring the training of all school professionals, paraprofessional staff members and administrators by regarding the proper means of physically restraining or secluding a student, including, but not limited to:

   a. Various types of physical restraint and seclusion;
   b. The differences between life-threatening physical restraint and other varying levels of physical restraint;
   c. The differences between permissible physical restraint and pain compliance techniques; and
   d. Monitoring methods to prevent harm to a student who is physically restrained or in seclusion, including training in the proper means of physically restraining or secluding a student.

Crisis Intervention Teams

By July 1, 2015, and each school year thereafter, the Board requires each school in the District to identify a crisis intervention team. Such team shall consist of school professionals, paraprofessional staff members and administrators trained in the use of physical restraint and seclusion.

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Use of Physical Force

Physical Restraint/Seclusion

Crisis Intervention Teams (continued)

Such teams shall respond to any incident in which the use of physical restraint or seclusion may be necessary as an emergency intervention to prevent immediate or imminent injury to a student or to others.

Each member of the crisis intervention team shall be recertified in the use of physical restraint and seclusion on an annual basis.

Dissemination of Policy

This policy and its procedures shall be made available on the District's website and in the Board's procedural manual. The policy shall be updated not later than sixty (60) days after the adoption or revision of regulations promulgated by the State Board of Education.

(cf. 4148/4248 - Employee Protection)
(cf. 5141.23 - Students with Special Health Care Needs)

Legal Reference: Connecticut General Statutes

10-76b State supervision of special education programs and services.

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

46a-150 Definitions. (as amended by PA 07-147 and PA 15-141)

46a-152 Physical restraint, seclusion and use of psychopharmacologic agents restricted. Monitoring and documentation required.

46a-153 Recording of use of restraint and seclusion required. Review of records by state agencies. Reviewing state agency to report serious injury or death to Office of Protection and Advocacy for Persons with Disabilities and to Office of Child Advocate. (as amended by PA 12-88)

53a-18 Use of reasonable physical force or deadly physical force generally.

Students

Use of Physical Force

Legal Reference: Connecticut General Statutes (continued)

53a-19 Use of physical force in defense of person.

53a-20 Use of physical force in defense of premises.

53a-21 Use of physical force in defense of property.

PA 07-147 An Act Concerning Restraints and Seclusion in Public Schools.

PA 15-141 An Act Concerning Seclusion and Restraint in Schools.

State Board of Education Regulations Sections 10-76b-5 through 10-76b-11.

Policy adopted:

DERBY PUBLIC SCHOOLS
Derby, Connecticut

(Reviewed and approved by Policy Review Committee)

Existing policy, number 5156 adopted 12/20/01, appropriate as written.

Students

Research Involving Students

All requests for the services of student volunteers in research projects, special studies, and surveys not part of the regular educational program must have parent, Superintendent of Schools, and Board of Education approval.

Staff members shall submit their request through regular administrative channels.

Policy adopted:

DERBY PUBLIC SCHOOLS
Derby, Connecticut

(Reviewed and approved by Policy Review Committee)