

Madison Public Schools Policy Committee Meeting

Tuesday, June 21, 2022 6:30 PM

Town Campus Hammonasset Room, 10 Campus Drive, Madison, CT 06443

I. Policies for Discussion

I.A. #6030 - School Calendar

I.B. #4219R - Procedures for Concussion Management

I.C. #1150 - Prohibition Against Nicotine and
Cannabis Use

I.D. #4112.8 - Nepotism

I.E. #5120.3.3. - Administration of Student
Medications in the Schools
(formerly Administering Medication)

I.F. #7551 - Naming/Renaming of School Buildings,
Components of School Buildings and/or School
Grounds

II. Summer Policy Meeting

III. Public Comment

IV. **"The Town of Madison does not discriminate on the basis of disability, and the meeting facilities are ADA accessible. Individuals who need assistance are invited to make their needs known by contacting Human Resources at 203-245-6310 at least five (5) business days prior to the meeting."**

The Board of Education shall establish an official school calendar which shall show the number of school days in each month, legal and local holidays, professional development days, early dismissal days, vacation periods, and other pertinent dates. The calendar shall meet or exceed all existing statutory requirements.

The school calendar should adhere to sound principles of calendar design, such as those listed below, so as to maximize the use of instructional time. Therefore, each adopted school calendar should illustrate that the Board of Education has considered the following principles for calendar design:

1. maintain contiguous five-day school weeks to the extent possible throughout the school year;
2. minimize the number of interruptions of school weeks in the fall of each school year prior to Thanksgiving;
3. maintain a balance in the number of weeks between school vacations, including the December vacation, the February vacation, and the April vacation;
4. schedule school vacation (start dates and end dates) in concert with other shoreline towns to the extent possible without violating other principles of calendar design,
5. observe Labor Day, Rosh Hashanah, Yom Kippur, Thanksgiving Day (Thursday and Friday), Martin Luther King Day, Good Friday, and Memorial Day as holidays for students;
6. schedule the high school graduation ceremony no earlier than the 183rd day of school, recognizing that an adjustment in the date may be required at the first regular Board meeting in April because of school cancellations;

7. schedule the beginning and end of the school year to permit the first day of school to be as late as possible in August or early September while allowing a reasonable number of make-up days for school cancellations in the month of June; and
8. schedule professional development days for staff per the following: (a) prior to the beginning of school; (b) on days when students *are not* scheduled to attend school; (c) on days immediately *preceding* or *following* a scheduled holiday for students and / or staff; and (d) on such other dates as are consistent with sound principles of professional development and calendar design.

The Superintendent shall be charged with presenting a draft of the school calendar, based on the principles such as those above, to the Board of Education for review and approval no later than the first regular Board meeting in April. The proposal shall cover the school year following the upcoming year's calendar.

Whenever necessary, the Board shall convene a calendar advisory committee to review such concerns and issues. The calendar advisory committee shall include representatives from the following groups: parents, teachers, students, administrators, support staff, and interested community members. The Superintendent shall also consult officials in neighboring school districts in conjunction with the work of the advisory committee.

Within the framework of this policy, the Board of Education shall have the prerogative to amend the school calendar when the Board considers it to be in the best interest of the school district to do so.

Legal Reference: Connecticut General Statutes
1-4 Days designated as legal holidays
10-15 Towns to maintain schools
10-16 Length of school day
10-29a Certain days to be proclaimed by governor. Distribution and number of proclamations
10-261 Definitions
PA 95-182 An Act Concerning Reduction of Education Mandates

Date of Adoption: February 25, 1997
Date of Revision: March 21, 2006
Date of Revision: November 15, 2011

Procedures for Concussion Management

Objectives

1. To educate members of the school district and community regarding potential effects and complications of concussion, especially Second Impact Syndrome;
2. To promote early recognition of concussion in students and referral for medical assessment should a head injury occur in school;
3. To facilitate collaboration between school staff, students' physicians, and families; and
4. To ensure safe and consistent management of students who have sustained a concussion.

Concussion Management: Medical

1. Staff will immediately: (1) exclude from physical education and recess activities, as well as intramural sports, any student who sustains trauma to the head and/or symptoms of a concussion and (2) refer the student to the school nurse for assessment. If the trauma occurs after regular school hours, the coach or athletic trainer will notify the school nurse about the injury as soon thereafter as possible.
2. School staff members will notify the school nurse as soon as they become aware of a student who has sustained a head injury or concussion outside of school.
3. The school nurse will: obtain injury details; assess the student, utilize the SCAT II tool if indicated; notify the parent/guardian and provide the Acute Concussion Care Plan and exchange of information form to take to his/her physician; refer for medical evaluation, as indicated; and exclude from further physical education, intramurals, interscholastic sports and recess any student who has sustained a head injury and is suspected of having a concussion until such time as the student is medically cleared to return to such activities.
4. The school nurse will return students to contact activities only with the written medical authorization of the student's physician¹ verifying that it is safe for the student to return to full participation in physical education, intramural or interscholastic sports and recess activities.
5. The school nurse will consult with the student's counselor and administrator before processing a physician's authorization for return to all physical education, recess and intramural or interscholastic activities to ensure consistency between academic and athletic management of the student's follow up care.
6. If the school nurse questions whether it is safe for a student to return to participation in contact activities according to the medical authorization, the school nurse will consult with the health services supervisor and school medical advisor, as appropriate, and action will be taken accordingly.
7. Staff will never, under any circumstance, override the decision of the school nurse regarding a student's participation in high risk activities during school, sports, or school related events.

¹The term "physician" includes doctors of medicine and osteopathy, advance practice nurses, physician assistants

44 **Concussion Management: Educational** (Kindergarten through 12th grade)

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1. Assessment results and recommendations for participation in educational and physical activities in school, including classes, related academic work, physical education, recess, extracurricular activities, and intramural or interscholastic sports will be provided to the school nurse by the family and/or student’s physician.
2. Authorization for exchange of information will be provided to parents/guardians for signature.
3. Physician notes requesting academic adjustments of any type related to the diagnosis of concussion will be shared with the school academic team which will review the adjustments and implement reasonable short term accommodations.
4. When a student requires educational adjustments beyond three weeks, the school nurse will advise the parents of the possibility of the school district’s request for an assessment by a qualified neurologist or concussion specialist.
5. When the student is requiring educational adjustments beyond three weeks as determined by recommendations from the student’s physician after a follow –up appointment and receipt of recommendations, a team meeting with the academic team will be convened to develop an IHCP to address appropriate health services/educational supports and accommodations and to review the ‘return to learn’ process.
6. As appropriate, the school nurse will obtain data from the academic team and report follow-up data including school attendance, academic performance and symptom assessment to the physician prior to the medical evaluation.
7. When a student is receiving adjustments beyond three weeks, medical updates including updated accommodations will be required at least monthly for review by the team.
8. Once a student has been medically cleared to return to sports, and other high risk activities the individualized health care plan and academic adjustments related to concussion will be terminated.
9. Only after a student has been cleared to fully participate in academics can the student be cleared to return to interscholastic and intramural sports.
10. In the event that a student is unable to attend school and requirements for Home Bound instruction are met, procedures for initiating Home Bound instruction will be initiated.
11. In the event that a student’s concussion symptoms are continuing over an extended period of time and a student is referred for consideration of a disability under Section 504, the Section 504 team will meet to determine if concussion-related accommodations are appropriate.
12. The Health Services Supervisor, School Medical Advisor and Pupil Services Director will be consulted by the school team as appropriate throughout the above process.

Prohibition Against Smoking Nicotine and Cannabis Use

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The Madison Board of Education (“Board”) prohibits smoking of tobacco or tobacco products, including smoking using an electronic nicotine delivery system (e.g., e-cigarettes), electronic cannabis delivery system, or vapor product, within any of its schools, including in any area of a school building, including but not limited to any indoor facility owned or leased or contracted for, and utilized by the Board for the provision of routine or regular preschool, kindergarten, elementary, or secondary education or library services to children, or on the grounds of such school, or at any school-sponsored activity.

~~It is the policy of the Board of Education to prevent and~~ The Board further prohibits the use or possession of cannabis, tobacco, cannabis or tobacco products, ~~including chewing tobacco, or, and cannabis or tobacco paraphernalia (together, “cannabis and tobacco products”) including electronic nicotine delivery systems or vapor products in any school building, or on any school property grounds,~~ and at school-sponsored activities at any time. ~~Tobacco and tobacco products~~ Cannabis and tobacco products include, but are not limited to cigarettes, cigars, snuff, bidis, smoking tobacco, smokeless tobacco, vapor products, electronic nicotine and cannabis delivery ~~ing~~ devices, chemicals, or devices that, when used, produce the same flavor or physical effect of nicotine substances; and any other tobacco, ~~or~~ nicotine, or cannabis innovations.

The Board further prohibits the possession, sale or use of alcohol in any area of a school building, on school property, and at school-sponsored activities by any individual at any time.

Members of the community who fail to comply with this policy may be required to leave school property and may be referred to the police. Students or employees who fail to comply with this policy, or other relevant policies, may face discipline up to and including expulsion or termination and may be referred to the police, as appropriate.

The Board further prohibits smoking including smoking using an electronic nicotine delivery system (e.g., e-cigarettes) electronic cannabis delivery system, or vapor product on the -school property of any administrative office building.

The following definitions shall apply to this policy~~For purposes of this policy, the term~~

Community/School Relations

104 “Any area” shall mean the interior of a school building and the outside area within twenty-five feet of
105 any doorway, operable window or air intake vent of a school building.

106
107 “Cannabis” shall mean marijuana, as defined in Conn. Gen. Stat. § 21a-240.

108
109 “Controlled substance” shall mean a controlled substance in schedules I through V of section 202 of the
110 Comprehensive Drug Abuse Prevention and Control Act of 1970 (21 U.S.C. 812), including marijuana.

111
112 “Electronic cannabis delivery system” shall mean an electronic device that may be used to
113 simulate smoking in the delivery of cannabis to a person inhaling the device and includes, but is
114 not limited to, a vaporizer, electronic pipe, electronic hookah and any related device and any
115 cartridge or other component of such device.

116
117 “Electronic nicotine delivery system” shall mean an electronic device used in the delivery of nicotine or
118 other substances to a person inhaling from the device and includes, but is not limited to, an electronic
119 cigarette, electronic cigar, electronic cigarillo, electronic pipe or electronic hookah and any related
120 device and any cartridge or other component of such device, including, but not limited to, electronic
121 cigarette liquid or synthetic nicotine.

122
123 “School property” shall mean any land and all temporary and permanent structures comprising the
124 district’s school and administrative office buildings and includes, but is not limited to, classrooms,
125 hallways, storage facilities, theatres, gymnasiums, fields, and parking lots.

126
127 “School-sponsored activity” shall mean any activity sponsored, recognized or authorized by the Board
128 and includes activities conducted on or off school property.

129
130 “Smoke” or “smoking” shall mean the burning of a lighted cigar, cigarette, pipe or any other similar
131 device, whether containing, wholly or in part, tobacco, cannabis or hemp.

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133
134 ~~The term~~ “Vapor product” shall mean any product that employs a heating element, power source,
135 electronic circuit or other electronic, chemical or mechanical means, regardless of shape or size, to
136 produce a vapor that may or may not include nicotine or cannabis and is inhaled by the user of such

157 product. ~~The term “school sponsored activity” shall mean any activity sponsored, recognized or~~
158 ~~authorized by the Board and includes activities conducted on or off school property.~~

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161 Legal References:

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163 ~~Public Act 19-13~~

164 Conn. Gen. Stat. § 10-233a(h)

165 Conn. Gen. Stat. § 19a-342

166 Conn. Gen. Stat. § 19a-342a

167 Conn. Gen. Stat. § 53-344b

168 June Special Session, Public Act No. 21-1

169

170 Pro-Children Act of 2001, Pub. L. 107-110, 115 Stat. 1174, 20 U.S.C. § 7183

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174 Date of Adoption: December 15, 2020

175 First Reading: April 5, 2022

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**#4112.8
Nepotism**

Purpose

It is the policy of the Madison Board of Education (the “Board”) to recruit and hire qualified applicants for employment within the Madison Public Schools (the “District”), while avoiding both nepotism and the appearance of nepotism.

Definitions

“**Immediate family**” means a spouse, child, parent, sister, brother, half-sister or half-brother.

“**Relative**” means a sister-in-law, brother-in-law, mother-in-law, father-in-law, daughter-in-law, son-in-law, step parent, aunt, uncle, niece, nephew, first cousin, grandparent, step child, foster child, grandchild or individual living in the same household.

“**Familial relationship**” means a relationship between a member of one’s immediate family or a relative, as defined within this policy.

Prohibitions on Hiring

No relative or immediate family member of the Superintendent of Schools (“Superintendent”) shall be hired to any position of employment.

No immediate family member of a Board member or any other district-level administrator shall be hired to any position of employment.

Restrictions on Employment of Relatives

No individuals shall be hired in a position of employment that would result in a supervisory or evaluative relationship between a current employee and a relative.

34 No employee may be involved in the process of screening for advancement in the
35 application process, interviewing or hiring of his or her relatives.

36

37 Employees will not be hired, promoted, transferred or assigned to work in positions in the
38 same school or work unit or department in which a relative is already employed, unless
39 the Superintendent approves such an assignment in writing.

40

41 No administrator or supervisor shall supervise any of his or her relatives.

42

43 Employees will not be hired, promoted, transferred or assigned to work in positions in
44 which they will have access to confidential information regarding a relative, such as, but
45 not limited to, information regarding benefits selections, confidential medical information
46 or personnel records that are not subject to public disclosure.

47

48 No individuals shall be hired in a position of employment that would result in a
49 supervisory or evaluative relationship between a current employee and a relative.

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52 **Restrictions on Employment of Immediate Family Members**

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54 No employee may be involved in the process of screening for advancement in the
55 application process, interviewing or hiring of an immediate family member.

56

57 Employees will not be hired, promoted, transferred or assigned to work in positions in the
58 same school or work unit or department in which an immediate family member is already
59 employed, unless the Superintendent approves such an assignment in writing.

60

61 No person who is a member of the immediate family of a building administrator or
62 department supervisor may be nominated for or transferred or otherwise assigned to any
63 position within that administrator's building or supervisor's department. No administrator
64 or supervisor shall supervise any member of his or her immediate family.

65

66 Employees will not be hired, promoted, transferred or assigned to work in positions in
67 which they will have access to confidential information regarding an immediate family
68 member, such as, but not limited to, information regarding benefits selections,
69 confidential medical information or personnel records that are not subject to public
70 disclosure.

71

72 **Disclosure Requirements**

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74 A Board member or administrator who has an existing familial relationship with an
75 employee, as defined above, or who has had a change in circumstances which creates a
76 familial relationship with any employee of the District, shall declare such relationship to
77 the Superintendent or Chair of the Board immediately.

78

79 If a change in circumstances creates a familial relationship between an employee and his
80 or her supervisor, the Board, through its Superintendent, reserves the right to seek a
81 transfer of any employee in order to resolve any concerns about the operations of the
82 district with respect to nepotism or the appearance of nepotism. The Superintendent may
83 also provide for the evaluation and/or supervision of the employee outside of the typical
84 chain of command in order to resolve any concerns about nepotism or the appearance of
85 nepotism.

86

87 A Board member or administrator who knows that his or her relative or immediate family
88 member has applied for a position with the District shall declare such relationship to the
89 Superintendent or the Chair of the Board as soon practicable.

90

91 In addition to the requirements set forth above regarding familial relationships, if a
92 romantic relationship develops between an employee and (1) an administrator who has a
93 supervisory or evaluative relationship with the employee, or (2) a member of the Board,
94 the affected administrator or member of the Board shall declare such relationship to the
95 Superintendent.

96

97 **Recusal**

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99 A member of the Board should not vote on any action of the Board that will directly
100 affect a relative or member of his or her immediate family.

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102 **Discharge and Denial of Re-Employment**

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104 No current employee will be discharged or denied re-employment pursuant to an
105 applicable recall provision based on this policy.

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107

108 First Reading:

**Administration of Student Medications
In the Schools**

A. Definitions

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

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

Before or After School Program means any child care program operated and administered by a local or regional board of education exempt from licensure by the Office of Early Childhood pursuant to subdivision (1) of subsection (b) of Section 19a-77 of the Connecticut General Statutes. Such programs do not include public or private entities licensed by the Office of Early Childhood or board of education enhancement programs and extra-curricular activities.

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 reactions.

Coach means any person holding a coaching permit who is hired by a local or regional board of education to coach for a sport season.

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

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

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

- 47 (b) administer medication within the time designated by the prescribing physician;
48 (c) administer the specific medication prescribed for a student;
49 (d) administer the correct dosage of medication;
50 (e) administer medication by the proper route;
51 (f) administer the medication according to generally accepted standards of practice;
52 or
53
54 (2) the administration of medication to a student which is not ordered, or which is
55 not authorized in writing by the parent or guardian of such student, except for
56 the administration of epinephrine or naloxone for the purpose of emergency first
57 aid as set forth in Sections D and E below.
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59 Guardian means one who has the authority and obligations of guardianship of the
60 person of a minor, and includes: (1) the obligation of care and control; and (2) the
61 authority to make major decisions affecting the minor's welfare, including, but not
62 limited to, consent determinations regarding marriage, enlistment in the armed forces
63 and major medical, psychiatric or surgical treatment.
64

65 Intramural athletic events means tryouts, competition, practice, drills, and
66 transportation to and from events that are within the bounds of a school district for the
67 purpose of providing an opportunity for students to participate in physical activities
68 and athletic contests that extend beyond the scope of the physical education program.
69

70 Interscholastic athletic events means events between or among schools for the
71 purpose of providing an opportunity for students to participate in competitive contests
72 that are highly organized and extend beyond the scope of intramural programs and
73 includes tryouts, competition, practice, drills and transportation to and from such
74 events.
75

76 Investigational drug means any medication with an approved investigational new drug
77 (IND) application on file with the Food and Drug Administration (FDA), which is
78 being scientifically tested and clinically evaluated to determine its efficacy, safety and
79 side effects and which has not yet received FDA approval.
80

81 Licensed athletic trainer means a licensed athletic trainer employed by the school
82 district pursuant to Chapter 375a of the Connecticut General Statutes.
83

84 Medication means any medicinal preparation, both prescription and non-prescription,
85 including controlled drugs, as defined in Conn. Gen. Stat. Section 21a-240. This
86 definition includes Aspirin, Ibuprofen or Aspirin substitutes containing
87 Acetaminophen.
88

89 Medication Emergency means a life-threatening reaction of a student to a medication.
90

91 Medication plan means a documented plan established by the school nurse in
92 conjunction with the parent and student regarding the administration of medication in

93 school. Such plan may be a stand-alone plan, part of an individualized health care
94 plan, an emergency care plan or a medication administration form.

95
96 Medication order means the authorization by an authorized prescriber for the
97 administration of medication to a student which shall include the name of the student,
98 the name and generic name of the medication, the dosage of the medication, the route
99 of administration, the time of administration, the frequency of administration, the
100 indications for medication, any potential side effects including overdose or missed
101 dose of the medication, the start and termination dates not to exceed a 12-month
102 period, and the written signature of the prescriber.

103
104 Nurse means an advanced practice registered nurse, a registered nurse or a practical
105 nurse licensed in Connecticut in accordance with Chapter 378, Conn. Gen. Stat.

106
107 Occupational Therapist means an occupational therapist employed full time by the
108 local or regional board of education and licensed in Connecticut pursuant to Chapter
109 376a of the Connecticut General Statutes.

110
111 Optometrist means an optometrist licensed to provide optometry pursuant to Chapter
112 380 of the Connecticut General Statutes.

113
114 Paraprofessional means a health care aide or assistant or an instructional aide or
115 assistant employed by the local or regional board of education who meets the
116 requirements of such board of employment as a health care aide or assistant or
117 instructional aide or assistant.

118
119 Physical therapist means a physical therapist employed full time by the local or
120 regional board of education and licensed in Connecticut pursuant to Chapter 376 of
121 the Connecticut General Statutes.

122
123 Physician means a doctor of medicine or osteopathy licensed to practice medicine in
124 Connecticut pursuant to Chapter 370 of the Connecticut General Statutes, or licensed
125 to practice medicine in another state.

126
127 Podiatrist means an individual licensed to practice podiatry in Connecticut pursuant to
128 Chapter 375 of the Connecticut General Statutes.

129
130 Principal means the administrator in the school.

131
132 Research or study medications means FDA-approved medications being administered
133 according to an approved study protocol. A copy of the study protocol shall be
134 provided to the school nurse along with the name of the medication to be
135 administered and the acceptable range of dose of such medication to be administered.

136
137 School means any educational facility or program which is under the jurisdiction of
138 the Board excluding extracurricular activities.

139

140 School nurse means a nurse appointed in accordance with Conn. Gen. Stat. Section
141 10-212.

142
143 School nurse supervisor means the nurse designated by the local or regional board of
144 education as the supervisor or, if no designation has been made by the board, the lead
145 or coordinating nurse assigned by the board.

146
147 School readiness program means a program that receives funds from the State
148 Department of Education for a school readiness program pursuant to subsection (b) of
149 Section 10-16p of the Connecticut General Statutes and exempt from licensure by the
150 Office of Early Childhood pursuant to subdivision (1) of subsection (b) of Section
151 19a-77 of the Connecticut General Statutes.

152
153 Self-administration of medication means the control of the medication by the student
154 at all times and is self-managed by the student according to the individual medication
155 plan.

156
157 Teacher means a person employed full time by the Board who has met the minimum
158 standards as established by the Board for performance as a teacher and has been
159 approved by the school medical advisor and school nurse to be designated to
160 administer medications pursuant to the Regulations of Connecticut State Agencies
161 Sections 10-212a-1 through 10-212a-7.

162
163 B. General Policies on Administration of Medications

164
165 (1) Except as provided below in Section D, no medication, including non-
166 prescription drugs, may be administered by any school personnel without:

- 167
168 (a) the written medication order of an authorized prescriber;
169 (b) the written authorization of the student's parent
170 or guardian or eligible student; and
171 (c) the written permission of a parent for the exchange of information between
172 the prescriber and the school nurse necessary to ensure safe administration
173 of such medication.

174
175 (2) Prescribed medications shall be administered to and taken by only the person for
176 whom the prescription has been written.

177
178 (3) Except as provided in Section D, medications may be administered only by a
179 licensed nurse or, in the absence of a licensed nurse, by:

- 180
181 (a) a full-time principal, a full-time teacher, or a full-time licensed physical or
182 occupational therapist employed by the school district. A full-time
183 principal, teacher, licensed physical or occupational therapist employed by
184 the school district may administer oral, topical, intranasal or inhalant
185 medications. Such individuals may administer injectable medications only

- 186 to a student with a medically diagnosed allergic condition that may require
187 prompt treatment to protect the student against serious harm or death.
188
- 189 (b) students with chronic medical conditions who are able to possess, self-
190 administer, or possess and self-administer medication, provided all of the
191 following conditions are met:
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- 193 (i) an authorized prescriber provides a written medication order,
194 including the recommendation for possession, self-administration, or
195 possession and self-administration;
- 196
- 197 (ii) there is a written authorization for possession, self-administration, or
198 possession and self-administration from the student's parent or
199 guardian or eligible student;
- 200
- 201 (iii) the school nurse has developed a plan for possession, self-
202 administration, or possession and self-administration, and general
203 supervision, and has documented the plan in the student's cumulative
204 health record;
- 205
- 206 (iv) the school nurse has assessed the student's competency for self-
207 administration and deemed it safe and appropriate, including that the
208 student: is capable of identifying and selecting the appropriate
209 medication by size, color, amount or other label identification;
210 knows the frequency and time of day for which the medication is
211 ordered; can identify the presenting symptoms that require
212 medication; administers the medication appropriately; maintains safe
213 control of the medication at all times; seeks adult supervision
214 whenever warranted; and cooperates with the established medication
215 plan;
- 216
- 217 (v) the principal, appropriate teachers, coaches and other appropriate
218 school personnel are informed the student is possessing, self-
219 administering, or possessing and self-administering prescribed
220 medication;
- 221
- 222 (vi) such medication is transported to school and maintained under the
223 student's control in accordance with this policy; and
- 224
- 225 (vii) controlled drugs, as defined in this policy, may not be possessed or
226 self-administered by students, except in extraordinary situations,
227 such as international field trips, with approval of the school nurse
228 supervisor and the school medical advisor in advance and
229 development of an appropriate plan.
- 230
- 231 (c) a student diagnosed with asthma who is able to self-administer medication
232 shall be permitted to retain possession of an asthmatic inhaler at all times

- 233 while attending school, in order to provide for prompt treatment to protect
234 such child against serious harm or death, provided all of the following
235 conditions are met:
- 236
- 237 (i) an authorized prescriber provides a written order requiring the
238 possession of an inhaler by the student at all times in order to provide
239 for prompt treatment in order to protect the child against serious
240 harm or death and authorizing the student's self-administration of
241 medication, and such written order is provided to the school nurse;
242
- 243 (ii) there is a written authorization from the student's parent or guardian
244 regarding the possession of an inhaler by the student at all times in
245 order to protect the child against serious harm or death and
246 authorizing the student's self-administration of medication, and such
247 written authorization is provided to the school nurse;
248
- 249 (iii) the conditions set forth in subsection (b) above have been met,
250 except that the school nurse's review of a student's competency to
251 self-administer an inhaler for asthma in the school setting shall not
252 be used to prevent a student from retaining and self-administering an
253 inhaler for asthma. Students may self-administer medication with
254 only the written authorization of an authorized prescriber and written
255 authorization from the student's parent or guardian or eligible
256 student; and
257
- 258 (iv) the conditions for self-administration meet any regulations as may be
259 imposed by the State Board of Education in consultation with the
260 Commissioner of Public Health.
- 261
- 262 (d) a student diagnosed with an allergic condition who is able to self-
263 administer medication shall be permitted to retain possession of a cartridge
264 injector at all times while attending school, in order to provide for prompt
265 treatment to protect such child against serious harm or death, provided all
266 of the following conditions are met:
- 267
- 268 (i) an authorized prescriber provides a written order requiring the
269 possession of a cartridge injector by the student at all times in order
270 to provide for prompt treatment in order to protect the child against
271 serious harm or death and authorizing the student's possession, self-
272 administration, or possession and self-administration of medication,
273 and such written order is provided to the school nurse;
274
- 275 (ii) there is a written authorization from the student's parent or guardian
276 regarding the possession of a cartridge injector by the student at all
277 times in order to protect the child against serious harm or death and
278 authorizing the student's possession, self-administration, or

- 279 possession and self-administration of medication, and such written
280 authorization is provided to the school nurse;
- 281
- 282 (iii) the conditions set forth in subsection (b) above have been met,
283 except that the school nurse’s review of a student’s competency to
284 self-administer cartridge injectors for medically-diagnosed allergies
285 in the school setting shall not be used to prevent a student from
286 retaining and self-administering a cartridge injector for medically-
287 diagnosed allergies. Students may self-administer medication with
288 only the written authorization of an authorized prescriber and written
289 authorization from the student’s parent or guardian or eligible
290 student; and
- 291
- 292 (iv) the conditions for self-administration meet any regulations as may be
293 imposed by the State Board of Education in consultation with the
294 Commissioner of Public Health.
- 295
- 296 (e) a student with a medically diagnosed life-threatening allergic condition
297 may possess, self-administer, or possess and self-administer medication,
298 including but not limited to medication administered with a cartridge
299 injector, to protect the student against serious harm or death, provided the
300 following conditions are met:
- 301
- 302 (i) the parent or guardian of the student has provided written
303 authorization for the student to possess, self-administer, or possess
304 and self-administer such medication; and
- 305
- 306 (ii) a qualified medical professional has provided a written order for the
307 possession, self-administration, or possession and self-
308 administration.
- 309
- 310 (f) a coach of intramural or interscholastic athletic events or licensed athletic
311 trainer who has been trained in the administration of medication, during
312 intramural or interscholastic athletic events, may administer inhalant
313 medications prescribed to treat respiratory conditions and/or medication
314 administered with a cartridge injector for students with medically
315 diagnosed allergic conditions which may require prompt treatment to
316 protect the student against serious harm or death, provided all of the
317 following conditions are met:
- 318
- 319 (i) the school nurse has determined that a self-administration plan is not
320 viable;
- 321
- 322 (ii) the school nurse has provided to the coach a copy of the authorized
323 prescriber’s order and parental permission form;
- 324

- 325 (iii) the parent/guardian has provided the coach or licensed athletic
326 trainer with the medication in accordance with Section K of this
327 policy, and such medication is separate from the medication stored in
328 the school health office for use during the school day; and
329
- 330 (iv) the coach or licensed athletic trainer agrees to the administration of
331 emergency medication and implements the emergency care plan,
332 identified in Section H of this policy, when appropriate.
333
- 334 (g) an identified school paraprofessional who has been trained in the
335 administration of medication, provided medication is administered only to
336 a specific student in order to protect that student from harm or death due to
337 a medically diagnosed allergic condition, except as provided in Section D
338 below, and the following additional conditions are met:
339
- 340 (i) there is written authorization from the student's parents/guardian to
341 administer the medication in school;
342
- 343 (ii) medication is administered pursuant to the written order of (A) a
344 physician licensed under chapter 370 of the Connecticut General
345 Statutes, (B) an optometrist licensed to practice optometry under
346 chapter 380 of the Connecticut General Statutes, (C) an advanced
347 practice registered nurse licensed to prescribe in accordance with
348 section 20-94a of the Connecticut General Statutes, or (D) a
349 physician assistant licensed to prescribe in accordance with section
350 20-12d of the Connecticut General Statutes;
351
- 352 (iii) medication is administered only with approval by the school nurse
353 and school medical advisor, if any, in conjunction with the school
354 nurse supervisor and under the supervision of the school nurse;
355
- 356 (iv) the medication to be administered is limited to medications necessary
357 for prompt treatment of an allergic reaction, including, but not
358 limited to, a cartridge injector; and
359
- 360 (v) the paraprofessional shall have received proper training and
361 supervision from the school nurse in accordance with this policy and
362 state regulations.
363
- 364 (h) a principal, teacher, licensed athletic trainer, licensed physical or
365 occupational therapist employed by the Board, coach or school
366 paraprofessional, provided medication is antiepileptic medication,
367 including by rectal syringe, administered only to a specific student with a
368 medically diagnosed epileptic condition that requires prompt treatment in
369 accordance with the student's individual seizure action plan, and the
370 following additional conditions are met:
371

- 372 (i) there is written authorization from the student’s parents/guardians to
373 administer the medication;
- 374
- 375 (ii) a written order for such administration has been received from the
376 student’s physician licensed under Chapter 370 of the Connecticut
377 General Statutes;
- 378
- 379 (iii) the principal, teacher, licensed athletic trainer, licensed physical or
380 occupational therapist employed by the Board, coach or school
381 paraprofessional is selected by the school nurse and school medical
382 advisor, if any, and voluntarily agrees to administer the medication;
- 383
- 384 (iv) the principal, teacher, licensed athletic trainer, licensed physical or
385 occupational therapist employed by the Board, coach or school
386 paraprofessional annually completes the training program established
387 by the Connecticut State Department of Education and the
388 Association of School Nurses of Connecticut, and the school nurse
389 and medical advisor, if any, have attested, in writing, that such
390 training has been completed; and
- 391
- 392 (v) the principal, teacher, licensed athletic trainer, licensed physical or
393 occupational therapist employed by the Board, coach or school
394 paraprofessional receives monthly reviews by the school nurse to
395 confirm competency to administer antiepileptic medication.
- 396
- 397 (i) a director of a school readiness program or a before or after school
398 program, or the director’s designee, provided that the medication is
399 administered:
 - 400
 - 401 (i) only to a child enrolled in such program; and
 - 402
 - 403 (ii) in accordance with Section L of this policy.
 - 404
- 405 (j) a licensed practical nurse, after the school nurse has established the
406 medication plan, provided that the licensed practical nurse may not train or
407 delegate the administration of medication to another individual, and
408 provided that the licensed practical nurse can demonstrate one of the
409 following:
 - 410
 - 411 (i) training in administration of medications as part of their basic
412 nursing program;
 - 413
 - 414 (ii) successful completion of a pharmacology course and subsequent
415 supervised experience; or
 - 416
 - 417 (iii) supervised experience in the administration of medication while
418 employed in a health care facility.

- 419
420 (4) Medications may also be administered by a parent or guardian to his/her
421 own child on school grounds.
422
423 (5) Investigational drugs or research or study medications may be
424 administered only by a licensed nurse. For FDA-approved medications
425 being administered according to a study protocol, a copy of the study
426 protocol shall be provided to the school nurse along with the name of the
427 medication to be administered and the acceptable range of dose of such
428 medication to be administered.
429

430 C. Diabetic Students

- 431
432 (1) The Madison Board of Education (the “Board”) permits blood glucose testing by
433 students who have a written order from a physician or an advanced practice
434 registered nurse stating the need and capability of such student to conduct self-
435 testing.
436
437 (2) The Board will not restrict the time or location of blood glucose testing by a
438 student with diabetes on school grounds who has written authorization from a
439 parent or guardian and a written order from a physician or an advanced practice
440 registered nurse stating that such child is capable of conducting self-testing on
441 school grounds.
442
443 (3) In the absence or unavailability of the school nurse, select school employees
444 may administer medication with injectable equipment used to administer
445 glucagon to a student with diabetes that may require prompt treatment in order
446 to protect the student against serious harm or death, under the following
447 conditions:
448
449 (a) The student’s parent or guardian has provided written authorization;
450
451 (b) A written order for such administration has been received from the
452 student’s physician licensed under Chapter 370 of the Connecticut General
453 Statutes;
454
455 (c) The school employee is selected by either the school nurse or principal and
456 is a principal, teacher, licensed athletic trainer, licensed physical or
457 occupational therapist employed by a school district, coach or school
458 paraprofessional;
459
460 (d) The school nurse shall provide general supervision to the selected school
461 employee;
462
463 (e) The selected school employee annually completes any training required by
464 the school nurse and school medical advisor in the administration of
465 medication with injectable equipment used to administer glucagon;

- 466
467 (f) The school nurse and school medical advisor have attested in writing that
468 the selected school employee completed the required training; and
469
470 (g) The selected school employee voluntarily agrees to serve as one who may
471 administer medication with injectable equipment used to administer
472 glucagon to a student with diabetes that may require prompt treatment in
473 order to protect the student against serious harm or death.
474
- 475 D. Epinephrine for Purposes of Emergency First Aid Without Prior Authorization
476
- 477 (1) For purposes of this Section D, “regular school hours” means the posted hours
478 during which students are required to be in attendance at the individual school
479 on any given day.
480
- 481 (2) The school nurse shall maintain epinephrine in cartridge injectors for the
482 purpose of emergency first aid to students who experience allergic reactions and
483 do not have prior written authorization of a parent or guardian or a prior written
484 order of a qualified medical professional for the administration of epinephrine.
485
- 486 (a) The school nurse, in consultation with the school nurse supervisor, shall
487 determine the supply of epinephrine in cartridge injectors that shall be
488 available in the individual school.
489
- 490 (b) In determining the appropriate supply of epinephrine in cartridge injectors,
491 the nurse may consider, among other things, the number of students
492 regularly in the school building during the regular school day and the size
493 of the physical building.
494
- 495 (3) The school nurse or school principal shall select principal(s), teacher(s),
496 licensed athletic trainer(s), licensed physical or occupational therapist(s)
497 employed by the Board, coach(es) and/or school paraprofessional(s) to maintain
498 and administer the epinephrine in cartridge injectors for the purpose of
499 emergency first aid as described in Paragraph (2) above, in the absence of the
500 school nurse.
501
- 502 (a) More than one individual must be selected by the school nurse or school
503 principal for such maintenance and administration in the absence of the
504 school nurse.
505
- 506 (b) The selected personnel, before conducting such administration, must
507 annually complete the training made available by the Department of
508 Education for the administration of epinephrine in cartridge injectors for
509 the purpose of emergency first aid.
510

- 511 (c) The selected personnel must voluntarily agree to complete the training and
512 administer epinephrine in cartridge injectors for the purpose of emergency
513 first aid.
514
- 515 (4) Either the school nurse or, in the absence of the school nurse, at least one of the
516 selected and trained personnel as described in Paragraph (3) above shall be on
517 the grounds of each school during regular school hours.
518
- 519 (a) The school principal, in consultation with the school nurse supervisor,
520 shall determine the level of nursing services and number of selected and
521 trained personnel necessary to ensure that a nurse or selected and trained
522 personnel is present on the grounds of each school during regular school
523 hours.
524
- 525 (b) If the school nurse, or a substitute school nurse, is absent or must leave
526 school grounds during regular school hours, the school nurse, school
527 administrator or designee shall send an email to all staff indicating that the
528 selected and trained personnel identified in Paragraph (3) above shall be
529 responsible for the emergency administration of epinephrine.
530
- 531 (5) The administration of epinephrine pursuant to this section must be done in
532 accordance with this policy, including but not limited to the requirements for
533 documentation and record keeping, errors in medication, emergency medical
534 procedures, and the handling, storage and disposal of medication, and the
535 Regulations adopted by the Department of Education.
536
- 537 (6) The parent or guardian of any student may submit, in writing, to the school
538 nurse or school medical advisor, if any, that epinephrine shall not be
539 administered to such student pursuant to this section.
540
- 541 (a) The school nurse shall notify selected and trained personnel of the students
542 whose parents or guardians have refused emergency administration of
543 epinephrine.
544
- 545 (b) The Board shall annually notify parents or guardians of the need to provide
546 such written notice.
547
- 548 (7) Following the emergency administration of epinephrine by selected and trained
549 personnel as identified in this section:
550
- 551 (a) Such emergency administration shall be reported immediately to:
552
- 553 (i) The school nurse or school medical advisor, if any, by the personnel
554 who administered the epinephrine; and
555
- 556 (ii) The student's parent or guardian, by the school nurse or personnel
557 who administered the epinephrine.

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- (b) A medication administration record shall be:
 - (i) Submitted to the school nurse by the personnel who administered the epinephrine as soon as possible, but no later than the next school day; and
 - (ii) filed in or summarized on the student’s cumulative health record, in accordance with Section E of this policy.

[Optional insert for boards of education wishing to make Naloxone (“Narcan”) available in its schools. Naloxone is a controlled medication that is used as an emergency first aid measure in the event of an opioid overdose. Boards of education are not required to make Naloxone available in its schools. We encourage boards of education considering inclusion of this optional language to consult with legal counsel, so that the relevant legal considerations may be discussed.]

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

E. Naloxone for Purposes of Emergency First Aid

- (1) Pursuant to a standing order of the Board’s medical advisor and authorization from the Superintendent of Schools, and in accordance with Connecticut law and this policy, a school nurse may maintain naloxone, for the purpose of administering emergency first aid to students who experience a known or suspected opioid overdose.
 - (a) The school nurse, in consultation with the Board’s medical advisor, shall determine the supply of naloxone that shall be maintained in the individual school.
 - (b) The school nurse shall be responsible for the safe storage of naloxone maintained in a school and shall ensure any supply of naloxone maintained is stored in accordance with the manufacturer’s instructions.
 - (c) The school nurse shall be responsible for maintaining an inventory of naloxone maintained in the school, tracking the date(s) of expiration of the supply of naloxone maintained in a school, and, as appropriate, refreshing the supply of naloxone maintained in the school.
- (2) The school nurse, in consultation with the Superintendent and the building principal, shall provide notice to parents and guardians of the Board’s policies and procedures regarding the emergency administration of naloxone in the event of a known or suspected opioid overdose.

- 604 (3) A school nurse shall be approved to administer naloxone for the purpose of
605 emergency first aid, as described in Paragraph (1) above, in the event of a
606 known or suspected opioid overdose, provided that such nurse has completed
607 appropriate training, as identified by the Board’s medical advisor, which shall
608 include training in the identification of opioid abuse and overdose.
609
- 610 (4) The administration of naloxone pursuant to this section must be effected in
611 accordance with this policy and procedures regarding the acquisition,
612 maintenance, and administration established by the Superintendent in
613 consultation with the Board’s medical advisor.
614
- 615 (5) Following the emergency administration of naloxone by a school nurse:
616
- 617 (a) Such emergency administration shall be reported immediately to:
618
- 619 (i) The Board medical advisor; and
620
- 621 (ii) The Superintendent; and
622
- 623 (iii) The student’s parent or guardian.
624
- 625 (b) A medication administration record shall be:
626
- 627 (i) Maintained by the school nurse who administered the naloxone as soon
628 as possible, but no later than the next school day; and
629
- 630 (ii) filed in or summarized on the student’s cumulative health record, in
631 accordance with Section F of this policy.
632

633 F. Documentation and Record Keeping
634

- 635 (1) Each school or before-and-after school program and school readiness program
636 where medications are administered shall maintain an individual medication
637 administration record for each student who receives medication during school or
638 program hours. This record shall include the following information:
639
- 640 (a) the name of the student;
641 (b) the student’s state-assigned student identifier (SASID);
642 (c) the name of the medication;
643 (d) the dosage of the medication;
644 (e) the route of the administration, (e.g., oral, topical, inhalant, etc.);
645 (f) the frequency of administration;
646 (g) the name of the authorized prescriber;
647 (h) the dates for initiating and terminating the administration of
648 medication, including extended-year programs;
649 (i) the quantity received at school and verification by the adult delivering the
650 medication of the quantity received;

- 651 (j) the date the medication is to be reordered (if any);
- 652 (k) any student allergies to food and/or medication(s);
- 653 (l) the date and time of each administration or omission, including the reason
- 654 for any omission;
- 655 (m) the dose or amount of each medication administered;
- 656 (n) the full written or electronic legal signature of the nurse or other
- 657 authorized school personnel administering the medication; and
- 658 (o) for controlled medications, a medication count which should be conducted
- 659 and documented at least once a week and co-signed by the assigned nurse
- 660 and a witness.
- 661
- 662 (2) All records are either to be made in ink and shall not be altered, or recorded
- 663 electronically in a record that cannot be altered.
- 664
- 665 (3) Written orders of authorized prescribers, written authorizations of parent or
- 666 guardian, the written parental permission for the exchange of information by the
- 667 prescriber and school nurse to ensure safe administration of such medication,
- 668 and the completed medication administration record for each student shall be
- 669 filed in the student's cumulative health record or, for before-and-after school
- 670 programs and school readiness programs, in the child's program record.
- 671
- 672 (4) Authorized prescribers may make verbal orders, including telephone orders, for
- 673 a change in medication order. Such verbal orders may be received only by a
- 674 school nurse and must be followed by a written order, which may be faxed, and
- 675 must be received within three (3) school days.
- 676
- 677 (5) Medication administration records will be made available to the Department of
- 678 Education for review until destroyed pursuant to Section 11-8a and Section 10-
- 679 212a(b) of the Connecticut General Statutes.
- 680
- 681 (a) The completed medication administration record for non-controlled
- 682 medications may, at the discretion of the school district, be destroyed in
- 683 accordance with Section M8 of the Connecticut Record Retention Schedules
- 684 for Municipalities, so long as it is superseded by a summary on the student
- 685 health record.
- 686
- 687 (b) The completed medication administration record for controlled medications
- 688 shall be maintained in the same manner as the non-controlled medications.
- 689 In addition, a separate medication administration record needs to be
- 690 maintained in the school for three (3) years pursuant to Section 10-212a(b)
- 691 of the Connecticut General Statutes.
- 692
- 693 (6) Documentation of any administration of medication by a coach or licensed
- 694 athletic trainer shall be completed on forms provided by the school and the
- 695 following procedures shall be followed:
- 696

- 697 (a) a medication administration record for each student shall be maintained in
698 the athletic offices;
- 699
- 700 (b) administration of a cartridge injector medication shall be reported to the
701 school nurse at the earliest possible time, but no later than the next school
702 day;
- 703
- 704 (c) all instances of medication administration, except for the administration of
705 cartridge injector medication, shall be reported to the school nurse at least
706 monthly, or as frequently as required by the individual student plan; and
707
- 708 (d) the administration of medication record must be submitted to the school
709 nurse at the end of each sport season and filed in the student's cumulative
710 health record.
- 711

712 G. Errors in Medication Administration

- 713
- 714 (1) Whenever any error in medication administration occurs, the following
715 procedures shall apply:
716
 - 717 (a) the person making the error in medication administration shall
718 immediately implement the medication emergency procedures in this
719 Policy if necessary;
 - 720
 - 721 (b) the person making the error in medication administration shall in all cases
722 immediately notify the school nurse, principal, school nurse supervisor,
723 and authorized prescriber. The person making the error, in conjunction
724 with the principal, shall also immediately notify the parent or guardian,
725 advising of the nature of the error and all steps taken or being taken to
726 rectify the error, including contact with the authorized prescriber and/or
727 any other medical action(s); and
 - 728
 - 729 (c) the principal shall notify the Superintendent or the Superintendent's
730 designee.
 - 731
- 732 (2) The school nurse, along with the person making the error, shall complete a
733 report using the authorized medication error report form. The report shall
734 include any corrective action taken.
- 735
- 736 (3) Any error in the administration of medication shall be documented in the
737 student's cumulative health record or, for before-and-after school programs and
738 school readiness programs, in the child's program record.
- 739
- 740 (4) These same procedures shall apply to coaches and licensed athletic trainers
741 during intramural and interscholastic events, except that if the school nurse is
742 not available, a report must be submitted by the coach or licensed athletic trainer
743 to the school nurse the next school day.

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H. Medication Emergency Procedures

- (1) Whenever a student has a life-threatening reaction to administration of a medication, resolution of the reaction to protect the student's health and safety shall be the foremost priority. The school nurse and the authorized prescriber shall be notified immediately, or as soon as possible in light of any emergency medical care that must be given to the student.
- (2) Emergency medical care to resolve a medication emergency includes but is not limited to the following, as appropriate under the circumstances:
 - (a) use of the 911 emergency response system;
 - (b) application by properly trained and/or certified personnel of appropriate emergency medical care techniques, such as cardio-pulmonary resuscitation;
 - (c) administration of emergency medication in accordance with this policy;
 - (d) contact with a poison control center; and
 - (e) transporting the student to the nearest available emergency medical care facility that is capable of responding to a medication emergency.
- (3) As soon as possible, in light of the circumstances, the principal shall be notified of the medication emergency. The principal shall immediately thereafter contact the Superintendent or the Superintendent's designee, who shall thereafter notify the parent or guardian, advising of the existence and nature of the medication emergency and all steps taken or being taken to resolve the emergency and protect the health and safety of the student, including contact with the authorized prescriber and/or any other medical action(s) that are being or have been taken.

I. Supervision

- (1) The school nurse is responsible for general supervision of administration of medications in the school(s) to which that nurse is assigned.
- (2) The school nurse's duty of general supervision includes, but is not limited to, the following:
 - (a) availability on a regularly scheduled basis to:
 - (i) review orders or changes in orders and communicate these to personnel designated to give medication for appropriate follow-up;
 - (ii) set up a plan and schedule to ensure medications are given properly;
 - (iii) provide training to licensed nursing personnel, full-time principals, full-time teachers, full-time licensed physical or occupational

- 791 therapists employed by the school district, coaches of intramural and
792 interscholastic athletics, licensed athletic trainers and identified
793 paraprofessionals designated in accordance with Section B(3)(g),
794 above, which training shall pertain to the administration of
795 medications to students, and assess the competency of these
796 individuals to administer medication;
- 797
- 798 (iv) support and assist other licensed nursing personnel, full-time
799 principals, full-time teachers, full-time licensed physical or
800 occupational therapists employed by the school district, coaches of
801 intramural and/or interscholastic athletics, licensed athletic trainers
802 and identified paraprofessionals designated in accordance with
803 Section B(3)(g), above, to prepare for and implement their
804 responsibilities related to the administration of specific medications
805 during school hours and during intramural and interscholastic
806 athletics as provided by this policy;
- 807
- 808 (v) provide appropriate follow-up to ensure the administration of
809 medication plan results in desired student outcomes, including
810 providing proper notification to appropriate employees or contractors
811 regarding the contents of such medical plans; and
- 812
- 813 (vi) provide consultation by telephone or other means of
814 telecommunications, which consultation may be provided by an
815 authorized prescriber or other nurse in the absence of the school
816 nurse.
- 817
- 818 (b) In addition, the school nurse shall be responsible for:
- 819
- 820 (i) implementing policies and procedures regarding the receipt, storage,
821 and administration of medications;
- 822
- 823 (ii) reviewing, on a periodic basis, all documentation pertaining to the
824 administration of medications for students;
- 825
- 826 (iii) performing observations of the competency of medication
827 administration by full-time principals, full-time teachers, full-time
828 licensed physical or occupational therapists employed by the school
829 district, coaches of intramural and/or interscholastic athletics and
830 licensed athletic trainers in accordance with Section B(3)(f), above,
831 and identified paraprofessionals designated in accordance with
832 Section B(3)(g), above, who have been newly trained to administer
833 medications; and,
- 834
- 835 (iv) conducting periodic reviews, as needed, with licensed nursing
836 personnel, full-time principals, full-time teachers, full-time licensed
837 physical or occupational therapists employed by the school district,

838 coaches of intramural and/or interscholastic athletics and licensed
839 athletic trainers in accordance with Section B(3)(f), above, and
840 identified paraprofessionals designated in accordance with Section
841 B(3)(g), above, regarding the needs of any student receiving
842 medication.
843

844 J. Training of School Personnel
845

846 (1) Full-time principals, full-time teachers, full-time licensed physical or
847 occupational therapists employed by the school district, coaches of intramural
848 and/or interscholastic athletics and licensed athletic trainers in accordance with
849 Section B(3)(f), above, and identified paraprofessionals designated in
850 accordance with Section B(3)(g), above, who are designated to administer
851 medications shall at least annually receive training in their safe administration,
852 and only trained full-time principals, full-time teachers, full-time licensed
853 physical or occupational therapists employed by the school district, coaches of
854 intramural and/or interscholastic athletics and licensed athletic trainers in
855 accordance with Section B(3)(f), above, and identified paraprofessionals
856 designated in accordance with Section B(3)(g), above, shall be allowed to
857 administer medications.
858

859 (2) Training for full-time principals, full-time teachers, full-time licensed physical
860 or occupational therapists employed by the school district, coaches of intramural
861 and/or interscholastic athletics and licensed athletic trainers in accordance with
862 Section B(3)(f), above, and identified paraprofessionals designated in
863 accordance with Section B(3)(g), above, shall include, but is not necessarily
864 limited to, the following:
865

866 (a) the general principles of safe administration of medication;
867

868 (b) the procedures for administration of medications, including the safe
869 handling and storage of medications, and the required record-keeping; and
870

871 (c) specific information related to each student's medication plan, including
872 the name and generic name of the medication, indications for medication
873 dosage, routes, time and frequency of administration, therapeutic effects of
874 the medication, potential side effects, overdose or missed doses of the
875 medication, and when to implement emergency interventions.
876

877 (3) The principal(s), teacher(s), licensed athletic trainer(s), licensed physical or
878 occupational therapist(s) employed by the Board, coach(es) and/or school
879 paraprofessional(s) who administer epinephrine as emergency first aid, pursuant
880 to Section D above, shall annually complete the training program developed by
881 the Departments of Education and Public Health and training in
882 cardiopulmonary resuscitation and first aid.
883

- 884 (4) The Board shall maintain documentation of medication administration training
885 as follows:
886
887 (a) dates of general and student-specific trainings;
888
889 (b) content of the trainings;
890
891 (c) individuals who have successfully completed general and student-specific
892 administration of medication training for the current school year; and
893
894 (d) names and credentials of the nurse or school medical advisor, if any,
895 trainer or trainers.
896
897 (5) Licensed practical nurses may not conduct training in the administration of
898 medication to another individual.
899
900 (6) Bus Drivers
901
902 (a) Not later than June 30, 2019, the Board shall provide training to all of its
903 school bus drivers, which training may be completed using an online
904 module, on topics including, but not limited to, the following:
905
906 (i) the identification of the signs and symptoms of anaphylaxis;
907
908 (ii) the administration of epinephrine by a cartridge injector;
909
910 (iii) the notification of emergency personnel; and
911
912 (iv) the reporting of an incident involving a student and a life-threatening
913 allergic reaction.
914
915 (b) On and after July 1, 2019, the Board shall provide the training described in
916 subsections J(6)(a), above as follows:
917
918 (i) In the case of a school bus driver who is employed by the Board, such
919 training shall be provided to such school bus driver following the
920 issuance or renewal of a public passenger endorsement to operate a
921 school bus pursuant to Conn. Gen. Stat. 14-44(a), to such school bus
922 driver; and
923
924 (ii) In the case of a school bus driver who is not employed by the Board at
925 the time when such endorsement is issued or renewed to such school
926 bus driver, upon the hiring of such school bus driver by the Board,
927 except the Board is not required to provide such training to any school
928 bus driver who has previously received such training following the
929 most recent issuance or renewal of such endorsement to such school
930 bus driver.]

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K. Handling, Storage and Disposal of Medications

- (1) All medications, except those approved for transporting by students for self-medication, those administered by coaches of intramural or interscholastic athletics or licensed athletic trainers in accordance with Section B(3)(f) above, and epinephrine or naloxone to be used for emergency first aid in accordance with Sections D and E above, must be delivered by the parent, guardian, or other responsible adult to the nurse assigned to the student's school or, in the absence of such nurse, the school principal who has been trained in the appropriate administration of medication. Medications administered by coaches of intramural or interscholastic athletics or licensed athletic trainers must be delivered by the parent or guardian directly to the coach or licensed athletic trainer in accordance with Section B(3)(f) above.
- (2) The nurse shall examine on-site any new medication, medication order and the required authorization to administer form, and, except for epinephrine and naloxone to be used as emergency first aid in accordance with Sections D and E above, shall develop a medication administration plan for the student before any medication is given to the student by any school personnel. No medication shall be stored at a school without a current written order from an authorized prescriber.
- (3) The school nurse shall review all medication refills with the medication order and parent authorization prior to the administration of medication, except for epinephrine and naloxone intended for emergency first aid in accordance with Sections D and E above.
- (4) Emergency Medications
 - (a) Except as otherwise determined by a student's emergency care plan, emergency medications shall be stored in an unlocked, clearly labeled and readily accessible cabinet or container in the health room during school hours under the general supervision of the school nurse or, in the absence of the school nurse, the principal or the principal's designee who has been trained in the administration of medication.
 - (b) Emergency medication shall be locked beyond the regular school day or program hours, except as otherwise determined by a student's emergency care plan.
- (5) All medications, except those approved for keeping by students for self-medication, shall be kept in a designated and locked location used exclusively for the storage of medication. Controlled substances shall be stored separately from other drugs and substances in a separate, secure, substantially constructed, locked metal or wood cabinet.

- 978 (6) Access to stored medications shall be limited to persons authorized to
979 administer medications. Each school or before-and-after school program and
980 school readiness program shall maintain a current list of such authorized
981 persons.
982
- 983 (7) All medications, prescription and non-prescription, shall be delivered and stored
984 in their original containers and in such a manner that renders them safe and
985 effective.
986
- 987 (8) At least two sets of keys for the medication containers or cabinets shall be
988 maintained for each school building or before-and-after school program and
989 school readiness program. One set of keys shall be maintained under the direct
990 control of the school nurse or nurses and an additional set shall be under the
991 direct control of the principal and, if necessary, the program director or lead
992 teacher who has been trained in the general principles of the administration of
993 medication shall also have a set of keys.
994
- 995 (9) Medications that must be refrigerated shall be stored in a refrigerator at no less
996 than 36 degrees Fahrenheit and no more than 46 degrees Fahrenheit. The
997 refrigerator must be located in the health office that is maintained for health
998 services with limited access. Non-controlled medications may be stored directly
999 on the refrigerator shelf with no further protection needed. Controlled
1000 medication shall be stored in a locked box that is affixed to the refrigerator
1001 shelf.
1002
- 1003 (10) All unused, discontinued or obsolete medications shall be removed from storage
1004 areas and either returned to the parent or guardian or, if the medication cannot
1005 be returned to the parent or guardian, the medication shall be destroyed in
1006 collaboration with the school nurse:
1007
- 1008 (a) non-controlled drugs shall be destroyed in the presence of at least one
1009 witness;
1010
- 1011 (b) controlled drugs shall be destroyed in pursuant to Section 21a-262-3 of the
1012 Regulations of Connecticut State Agencies; and
1013
- 1014 (c) accidental destruction or loss of controlled drugs must be verified in the
1015 presence of a second person, including confirmation of the presence or
1016 absence of residue, and jointly documented on the student medication
1017 administration record and on a medication error form pursuant to Section
1018 10-212a(b) of the Connecticut General Statutes. If no residue is present,
1019 notification must be made to the Department of Consumer Protection
1020 pursuant to Section 21a-262-3 of the Regulations of Connecticut State
1021 Agencies.
1022
- 1023 (11) Medications to be administered by coaches of intramural or interscholastic
1024 athletic events or licensed athletic trainers shall be stored:

- 1025
1026 (a) in containers for the exclusive use of holding medications;
1027
1028 (b) in locations that preserve the integrity of the medication;
1029
1030 (c) under the general supervision of the coach or licensed athletic trainer
1031 trained in the administration of medication; and
1032
1033 (d) in a locked secured cabinet when not under the general supervision of the
1034 coach or licensed athletic trainer during intramural or interscholastic
1035 athletic events.
1036
1037 (12) In no event shall a school store more than a three (3) month supply of a
1038 medication for a student.
1039
1040 L. School Readiness Programs and Before-and-After School Programs
1041
1042 (1) As determined by the school medical advisor, if any, and school nurse
1043 supervisor, the following procedures shall apply to the administration of
1044 medication during school readiness programs and before-and-after school
1045 programs run by the Board, which are exempt from licensure by the Office of
1046 Early Childhood:
1047
1048 (a) Administration of medication at these programs shall be provided only
1049 when it is medically necessary for participants to access the program and
1050 maintain their health status while attending the program.
1051
1052 (b) Except as provided by Sections D and E above, no medication shall be
1053 administered in these programs without:
1054
1055 (i) the written order of an authorized prescriber; and
1056
1057 (ii) the written authorization of a parent or guardian or an eligible
1058 student.
1059
1060 (c) A school nurse shall provide consultation to the program director, lead
1061 teacher or school administrator who has been trained in the administration
1062 of medication regarding the safe administration of medication within these
1063 programs. The school medical advisor and school nurse supervisor shall
1064 determine whether, based on the population of the school readiness
1065 program and/or before-and-after school program, additional nursing
1066 services are required for these programs.
1067
1068 (d) Only school nurses, directors or directors' designees, lead teachers or
1069 school administrators who have been properly trained may administer
1070 medications to students as delegated by the school nurse or other
1071 registered nurse. Properly trained directors or directors' designees, lead

- 1072 teachers or school administrators may administer oral, topical, intranasal
1073 or inhalant medications. Investigational drugs or research or study
1074 medications may not be administered in these programs.
1075
- 1076 (e) Students attending these programs may be permitted to self-medicate only
1077 in accordance with the provisions of Section B(3) of this policy. In such a
1078 case, the school nurse must provide the program director, lead teacher or
1079 school administrator running the program with the medication order and
1080 parent permission for self-administration.
1081
- 1082 (f) In the absence of the school nurse during program administration, the
1083 program director, lead teacher or school administrator is responsible for
1084 decision-making regarding medication administration.
1085
- 1086 (g) Cartridge injector medications may be administered by a director, lead
1087 teacher or school administrator only to a student with a medically-
1088 diagnosed allergic condition which may require prompt treatment to
1089 protect the student against serious harm or death.
1090
- 1091 (2) Local poison control center information shall be readily available at these
1092 programs.
1093
- 1094 (3) Procedures for medication emergencies or medication errors, as outlined in this
1095 policy, must be followed, except that in the event of a medication error a report
1096 must be submitted by the program director, lead teacher or school administrator
1097 to the school nurse the next school day.
1098
- 1099 (4) Training for directors or directors' designees, lead teachers or school
1100 administrators in the administration of medication shall be provided in
1101 accordance with Section J of this policy.
1102
- 1103 (5) All medications must be handled and stored in accordance with Section K of
1104 this policy. Where possible, a separate supply of medication shall be stored at
1105 the site of the before-and-after or school readiness program. In the event that it
1106 is not possible for the parent or guardian to provide a separate supply of
1107 medication, then a plan shall be in place to ensure the timely transfer of the
1108 medication from the school to the program and back on a daily basis.
1109
- 1110 (6) Documentation of any administration of medication shall be completed on
1111 forms provided by the school and the following procedures shall be followed:
1112
- 1113 (a) a medication administration record for each student shall be maintained by
1114 the program;
1115
- 1116 (b) administration of a cartridge injector medication shall be reported to the
1117 school nurse at the earliest possible time, but no later than the next school
1118 day;

- 1119
1120 (c) all instances of medication administration, except for the administration of
1121 cartridge injector medication, shall be reported to the school nurse at least
1122 monthly, or as frequently as required by the individual student plan; and
1123
1124 (d) the administration of medication record must be submitted to the school
1125 nurse at the end of each school year and filed in the student’s cumulative
1126 health record.
1127
1128 (7) The procedures for the administration of medication at school readiness
1129 programs and before-and-after school programs shall be reviewed annually by
1130 the school medical advisor, if any, and school nurse supervisor.
1131

1132 M. Review and Revision of Policy
1133

1134 In accordance with the provisions of Conn. Gen. Stat. Section 10-212a(a)(2) and
1135 Section 10-212a-2 of the Regulations of Connecticut State Agencies, the Board
1136 shall review this policy periodically, and at least biennially, with the advice and
1137 approval of the school medical advisor, if any, or other qualified licensed physician,
1138 and the school nurse supervisor. Any proposed revisions to the policy must be
1139 made with the advice and approval of the school medical advisor, school nurse
1140 supervisor or other qualified licensed physician.
1141
1142

1143 Legal References:
1144

1145 Connecticut General Statutes:

- 1146 Section 10-206
1147 Section 10-212
1148 Section 10-212a
1149 Section 10-212c
1150 Section 10-220j
1151 Section 14-276b
1152 Section 19a-900
1153 Section 21a-240
1154 Section 52-557b
1155

1156 Regulations of Conn. State Agencies:

- 1157 Sections 10-212a-1 through 10-212a-10, inclusive
1158

1159 Memorandum of Decision, In Re: Declaratory Ruling/Delegation by Licensed Nurses to
1160 Unlicensed Assistive Personnel, Connecticut State Board of Examiners for Nursing
1161 (April 5, 1995)
1162
1163

1164 ADOPTED: _____
1165 REVISED: _____

1166
1167 [NOTE: This form makes reference to a school medical advisor. If your district does not,
1168 and is not required to, have a medical advisor, all references to such should be deleted
1169 before providing this form to parents]

1170
1171 [Board of Education/School Letterhead]

1172 **REFUSAL TO PERMIT ADMINISTRATION**
1173 **OF EPINEPHRINE FOR EMERGENCY FIRST AID**

1174
1175 Name of Child: _____ Date of Birth: _____

1176
1177 Address of Child: _____

1178
1179 Name of Parent(s): _____

1180
1181 Address of Parent(s): _____
1182 (if different from child)

1183
1184 Connecticut law requires the school nurse and other qualified school personnel in all
1185 public schools to maintain epinephrine in cartridge injectors (EpiPens) for the purpose of
1186 administering emergency first aid to students who experience allergic reactions and do
1187 not have a prior written authorization of a parent or guardian or a prior written order of a
1188 qualified medical professional for the administration of epinephrine. State law permits the
1189 parent or guardian of a student to submit a written directive to the school nurse or school
1190 medical advisor that epinephrine shall not be administered to such student in emergency
1191 situations. This form is provided for those parents who refuse to have epinephrine
1192 administered to their child. The refusal is valid for only for the 20__-20__ school year.

1193
1194 I, _____, the parent/guardian of _____,
1195 Print name of parent/guardian Print name of student

1196 refuse to permit the administration of epinephrine to the above named student for
1197 purposes of emergency first aid in the case of an allergic reaction.

1198
1199 _____
1200 Signature of Parent/Guardian Date

1201
1202
1203 Please return the completed original form to your child’s school nurse or school medical
1204 advisor, _____ [Insert name of medical advisor] at
1205 _____ [Insert
1206 address of medical advisor].

#7551

Naming / Renaming of School Buildings, Components of Buildings, and / or School Grounds

The naming and/or renaming of school buildings, components of buildings (e.g., media center, auditorium, gymnasium, field, etc.) and/or school grounds is the responsibility of the Madison Board of Education (the “Board”) to name school buildings, components of buildings and school grounds. In fulfilling this responsibility, the Board will consider community preferences. The decision will be based upon ~~it~~the Board’s assessment of the special significance of a name or, in the case of an individual, exceptional service to the children of Madison. Such recognition requires substantial support and comprehensive review.

It is the policy of the Board to name school buildings as close as possible to the time construction begins in order to lessen any confusion about new schools. When naming or renaming new buildings, components of buildings, or school grounds, the Board shall formally identify the need for a naming process, if any, for the identified location.

~~In the naming of a previously unnamed building, the Board shall establish a sub-committee as described below to receive community input and to make a recommendation.~~ The names of buildings that are not regularly used by students shall be generic (e.g., ~~i.e.~~ Maintenance Building) and shall be the sole responsibility of the Board of Education.

The Board shall establish a committee, consistent with Board Policy 9460, to expedite and facilitate the Board’s decision regarding whether and how to name a new building, component of a building, or school grounds. The Board shall seek the advice of the Superintendent before establishing or dissolving a committee. Such committee shall be established and dissolved by Board vote, and the members of the committee shall be appointed by the Board. The committee shall be comprised of the Chair of the Board of Education (ex officio), Superintendent (ex officio), a Board member, the building principal, faculty members, parents/guardians, community members, and, if appropriate, students.

The Board will establish the scope of and schedule for the committee’s work, which shall include, but not be limited to, recommending potential names for consideration by the Board and any criteria the Board wishes to be considered in the process.

At a minimum, if any of the committee's suggestions reflect the name of an individual, such individual must be shown to have had broad-based, long-term impact on the Madison Public Schools (the "District") and its community. Individuals to be considered shall (1) have served in the continuous employ of the Madison Board of Education for an extended period, usually in excess of ten years, with the name being submitted after the individual's separation from compensated service for a minimum period of one (1) year; or (2) be a non-employee of the Madison Board of Education who has made an exceptional contribution to the children of Madison for an extended period. Particular attention shall be given to local candidates with a record of outstanding achievement and public service, as evidenced by at least ten (10) letters of recommendation.-

When The Board of Education will determine when considering names for a component of a building, is of sufficient nature to be assigned a name. A proposal to name a component of a building such names shall meet additional criteria, including but not limited to :- the component shall being representative of a curricular discipline and the individual shall be recognized as appropriate to that component.

The committee shall follow the provisions of the Freedom of Information Act as required by state law. In addition, opportunities for public input must be made available prior to the committee's recommendation to the Board. Such opportunities for public input must be publicly announced in newspapers and on the District website. The process shall be initiated by action of the Board of Education or by presentation to the Board of a petition representing the signatures of one hundred (100) registered voters of the Town of Madison. Once initiated, the Chairperson of the Board of Education shall select a sub-committee for the purpose of reviewing the proposal. The sub-committee shall consist of the following minimum representation:

~~#7551 (continued)~~

~~The Chair of the Board of Education (ex officio)~~

~~The Superintendent of Schools (ex officio)~~

~~(1) member of the Board of Education~~

~~(1) administrator~~

~~(1) teacher~~

~~(1) parent of a student enrolled in the Madison Public Schools~~

~~(2) residents of the community not represented above~~

~~The Board of Education shall make public notice of the formation of the subcommittee and its charge for the purpose of encouraging representative communication. The initiator of the request shall bring before the subcommittee the following documentation / exhibits.~~

~~For an individual:~~

~~• evidence of outstanding achievement~~

~~• resume of public service~~

~~• ten (10) letters of recommendation~~

~~• a written presentation of the special significance of the name~~

~~The committee shall propose a list of not more than five (5) names to the Board for Board consideration.~~

~~The subcommittee shall validate the documentation and meet with any and all individuals or groups it deems appropriate. It shall present its recommendation to the Board of Education in accordance with Board of Education bylaws and policies.~~

~~The Board retains the right to make the final determination in the naming of school buildings, components of buildings, or school grounds. This policy notwithstanding, it is the intent of the Board that the naming of portions of buildings and school grounds occur infrequently and on a limited basis.~~

~~Once an individual has been recognized in this manner~~Similarly, the Board will consider renaming a school building, component of a building, or schools grounds, it will be the policy of the Board not to rename the facility. Should substantial evidence be provided that would indicate that such recognition is only after determining that a current name is no longer appropriate, as indicated by, a subcommittee of similar structure as outlined above would be established for review. Action to remove this recognition would require a
~~minimum of seven affirmative votes~~ of the membership of the Board of Education.

(cf. 9460 Advisory Committees)

(cf. 9540.8 Voting Method)

~~#7551~~ (continued)

Date of Adoption: October 2, 1984 as 7144

Date of Revision: May 17, 1988

Date of Revision: February 26, 2002

Date of Revision: _____, 2022