



POLICY COMMITTEE MEETING

Thursday, March 23, 2023 5:00 PM

COMMITTEE MEETING ONLINE-ZOOM Please use the link below to join the webinar:

<https://us02web.zoom.us/j/89611568616?pwd=MUdxeWlOdy8rbENKaHpKT0g0cnZPUT09> Passcode: 383124 Or Telephone: US: +1 301 715 8592 or +1 312 626 6799 or +1 929 205 6099 or +1 253 215 8782 or +1 346 248 7799 or +1 669 900 6833 Webinar ID: 896 1156 8616 International numbers available:

<https://us02web.zoom.us/j/89611568616?pwd=MUdxeWlOdy8rbENKaHpKT0g0cnZPUT09>

1. Review of Board of Education Policy/Regulation #5141.3 (Student Health Services)
2. Review of Board of Education Regulation #5141.21 (Administering Medication)
3. Review of Board of Education Policy #9330 (Board/School System Records)
4. Review of New Board of Education Policy #9327.1 (Board Member Use of Internet Social Networks)
5. Review of Board of Education Policy #5132 (Student Dress Code)

Student Health Services

The Board of Education requires periodic physical examinations and school immunizations in accordance with state statutes.

School District Medical Advisor

The Board of Education shall appoint a school district medical advisor and appropriate medical support service personnel including nurses. The school district medical advisor, in cooperation with the Board and the Board of Health/Health Department for the school district, shall:

1. Advise on the provision of school health services,
2. Provide consultation on the school health environment, and
3. Perform any other duties as agreed between the advisor and the appointing board of education.

School health efforts shall be directed toward detection and prevention of health problems, emergency treatment and modification or removal of health related barriers to learning.

Health Records

A health record for each student enrolled in the school district shall be maintained in the school nurse's office. For purposes of confidentiality, records will be treated in the same manner as the student's cumulative academic record.

Student health records are covered by the Family Educational Rights and Privacy Act (FERPA) and are exempt from the Health Insurance Portability Act (HIPAA) privacy rule. However, it is recognized that obtaining medical information from health care providers will require schools to have proper authorization and to inform parents/guardians that such information once released by health care providers is no longer protected under HIPAA but is covered under FERPA.

Physical Examinations

Physical examinations performed by a legally qualified practitioner of medicine, an advanced practice registered nurse, or a physician assistant are required prior to enrollment and prior to entering grades 7 and 11. Students enrolling from out of state must present a physical exam no more than one year old at the time of enrollment.

If parents/guardians meet the eligibility requirements for free and reduced lunch under the National School Lunch Program, the Board of Education will provide for required physical examinations, including those for participants in athletics.

Student Health Services

Parents/guardians of students entering kindergarten and of students in grades 5 and 6 and grades 9 and 10 will be given information about Public Act 07-58 relative to mandated physical examinations required for school entry and for entry into grades 7 and 11. Students who are not compliant will not be permitted to begin their grade 7 or grade 11 school years until this mandated requirement is met.

Immunizations

Students are required to be immunized according to State Statutes.

No student will be allowed to begin or continue in district schools unless physical examinations and immunizations are performed as required. Students transferring into the district must provide evidence of required Connecticut vaccinations and physical examinations at enrollment and prior to school attendance.

~~Parents/guardians wanting their children excused from immunizations on religious grounds (prior to kindergarten entry and grade 7 entry) must request such exemption in writing to the Superintendent of Schools if such immunization is contrary to the religious beliefs of the student or of the parent/guardian of the student. The request must be officially acknowledged by a notary public or a judge, a clerk or deputy clerk of a court having a seal, a town clerk, a justice of the peace, a Connecticut licensed attorney or a school nurse.~~

Health Screenings

Parents/guardians will be given annual written notification in the school handbook and/or newsletter of all health screenings (vision, hearing, postural) to be conducted during the school year. Written notification will be sent for students who fail to meet the standards of screening tests and/or when a student appears to be in need of further medical evaluation.

Exemptions

Physical examinations, immunization requirements and health screening requirements are waived if the parent/guardian of the student, or emancipated minor, notifies school personnel in writing of their objection on ~~religious or~~ medical grounds. A medical exemption must be written and provided by a legally qualified practitioner of medicine.

Student Health Services

(cf. 5111 – Admission)

Legal Reference: Connecticut General Statutes
10-204c Immunity from liability
10-206a Free health assessments
10-208 Exemption from examination or treatment
10-209 Records not to be public
10-210 Notice of disease to be given parent or guardian
Vision, audiometric and postural screenings: when
required, notification of parents re defects; record of
results.
10-203 Sanitation.
10-204a Required immunizations (as amended by PA 15-174, **and**
PA 15-242, **and PA 21-6**).
10-205 Appointment of school medical advisors.
10-206 Health assessments, as amended by PA 07-58 and PA 11-179
10-207 Duties of medical advisers, (as amended by P.A. 12-198)
10-208a Physical activity of student restricted; Boards to honor notice.
10-212 School nurses and nurse practitioners.
10-212a Administration of medicines by school personnel.
Federal Family Educational Rights and Privacy Act of 1974 (section 438
of the General Education Provisions Act, as amended, added by section 513
of P.L. 93-568, codified at 20 U.S.C. 1232g)
42 U.S.C. 1320d-1320d-8, P.L. 104-191, Health Insurance Portability and
Accountability Act of 1996 (HIPAA)

Policy

Adopted: March, 1982

Revised: February 28, 2005

Revised: May 12, 2008

Revised: May 23, 2011

Revised: February 11, 2013

Revised: December 15, 2015

Revised:

Student Health Services

Physical Examinations, Screenings and Immunizations

Each student, prior to being enrolled in a Connecticut public school must have a physical examination by a legally qualified practitioner of medicine, advanced practice registered nurse, or a physician assistant.

Parents/guardians are responsible for providing the documentation of required physical examination.

If parents/guardians meet the eligibility requirements for free and reduced lunch under the National School Lunch Program, the Board of Education will provide for required physical examinations, including those for participants in athletics.

A student will not be allowed to begin or continue in district schools unless physical examination requirements are met. Students transferring into the district must provide evidence of required Connecticut physical examination at enrollment and prior to school attendance.

a. Frequency

1. Physical examinations are required prior to initial enrollment in a Connecticut public school; (transfer students from one Connecticut school district to another are not required to have an additional physical examination prior to enrollment in the new school district).
2. For each student prior to entering Grade 7; and
3. For each student prior to entering Grade 11

b. Time Tables

Pre-Kindergarten physicals must be done no more than one year before school entry.

Grade 7 - Students must have a physical exam after June 30th of the fourth grade and prior to entering the 7th grade.

Grade 11 - Students must have a physical exam after June 30th of their 8th grade year and prior to entering the 11th grade.

Out of State – Students enrolling from out of state must present a physical exam no more than one year old at the time of enrollment.

Student Health Services (continued)Procedures

Parents/guardians of students entering kindergarten and of students in grades 5 and 6 and grades 9 and 10 will be given information about Public Act 07-58 relative to mandated physical examinations required for school entry and for grades 7 and 11. The information will explain that students who are not compliant will not be allowed to begin their grade 7 or grade 11 school years until this mandated requirement is met.

Students participating in athletic programs at Glastonbury High School must complete a sports permission authorization form within one year prior to the first practice session for the sport or sports. Forms completed after June 30th will cover the student for the next school year. Parents/guardians are responsible for obtaining any physical exams needed for completion of this form. Information on the sports forms is recorded and maintained by the athletic director's office. The form is filed in the student's health folder.

1. Scope of Physical Examination

Prior to enrollment and in grades 7 and 11: Physical examination shall include hematocrit or hemoglobin, weight, height and blood pressure, updating of immunizations; vision, hearing, postural, speech and gross dental screening; a chronic disease assessment; health and development history as appropriate; Tuberculin Risk, Sickle Cell Anemia, Cooley's Anemia screening and/or lead poisoning screening on recommendation of School District Medical Advisor and Town Health Director. A test for tuberculosis should be performed if any of the following risk factors prevail:

Birth, travel or residence for at least 1 month in a country with an elevated TB rate.

- Including any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe;
- If resources require prioritization within this group, prioritize patients with at least one medical risk for progressions (see the Connecticut Tuberculosis Risk Assessment User Guide for this list);
- IGRA is preferred over TST for non-U.S. born persons greater than 2 years old.

Immunosuppression, current or planned

- HIV infection, organ transplant recipient, treated with TNF alpha antagonist (e.g., infliximab, etanercept, others) steroids (equivalent of prednisone greater than 2mg/kg/day, or greater than 15mg/day for greater than 1 month) or other immunosuppressive medication.

Close contact to someone with infectious TB disease

- Should test if patient has never been tested for this exposure.

Any individual found to be positive shall have an appropriate medical management plan developed that includes a chest radiograph. Students not already known to have a positive test for tuberculosis shall be tested if they meet any of the risk factors for TB infection.

Student Health Services (continued)**2. Screenings**

Parents will be given annual written notification in the school handbook and/or newsletter of all health screenings (vision, hearing, postural) to be conducted during the school year. Written notification will be sent for students who fail to meet the standards of screening tests and/or when a student is in need of further medical evaluation. Parents/guardians need to notify the school nurse in writing if their student should be exempt from any of the above-mentioned screenings.

Type and Frequency

1. Vision: Grades: K, 1, 3, 4, 5
2. Audiometric: Grades K, 1, 3, 4, 5
3. Postural: Females: Grades 5, 7
Male: Grade 9

3. Immunizations

Glastonbury Public Schools, in compliance with C.G.S. 10-204a and the Department of Public Health, Public Health Code, 10-204a-2a, 10-204-3a and 10-204a-4 shall require each student to be adequately immunized against the following diseases: measles, rubella poliomyelitis, diphtheria, tetanus, pertussis, mumps, hemophilus influenza type B, hepatitis A, hepatitis B, varicella, pneumococcal, meningococcal, and any other vaccine required by the schedule for active immunization as determined by the Commissioner of Public Health pursuant to 19a-7f of Connecticut General Statutes, before being permitted to enroll in any program or school under its jurisdiction. In addition, pre-school students must be immunized for influenza.

Students shall be exempt for the appropriate provision of this regulation if such student:

1. presents a certificate from a physician or local health agency stating that initial immunizations have been given to such student and additional immunizations are in process under guidelines and schedules specified by the commissioner of Health Services; or
2. presents a certificate from a physician stating that in the opinion of such physician, such immunization is medically contraindicated because of the physical condition of such student; or
3. ~~presents a statement from the parents or guardian of such student that such immunization would be contrary to the religious beliefs of such student; or~~
4. in the case of measles, mumps and rubella, presents a certificate from a physician or from the Director of Health in such student's present or previous town of residence, stating that the student has had a confirmed case of such disease; or

Student Health Services *(continued)*

5. in the case of diphtheria, tetanus, and Pertussis, has a medical exemption confirmed in writing by a physician, physician assistant or advanced practice registered nurse (per C.G.S. 19a-7f); or

6. in the case of Hemophilis influenza B has passed his or her fifth birthday.

Prior to each January 1, children aged 24-59 months enrolled in the preschool program must show proof of receipt of at least one dose of influenza vaccine between August 1 and December 31 of the preceding year. All children aged 24-59 months who have not received vaccination against influenza previously must show proof of receipt of two doses of the vaccine the first influenza season that they are vaccinated. Children seeking to enroll in the preschool program between January 1 and March 31 are required to receive the influenza vaccine prior to being permitted to enter the program. Children who enroll in the preschool program after March 31 of any given year are not required to meet the influenza vaccine requirement until the following January.

A student will not be allowed to begin or continue in district schools unless immunization requirements are met. Students transferring into the district must provide evidence of required Connecticut immunizations at enrollment and prior to school attendance.

The Glastonbury Public Schools designates the Head Nurse as the representative for receipt of reports from health care providers concerning student immunizations.

In accordance with state law, the Board of Education/Glastonbury Public Schools shall not be liable for civil damages resulting from an adverse reaction to a vaccine required to be administered by state law.

4. Records

When a student transfers from the school system to another school within the state, the original records are sent to the new school system and copies of the records are kept in the district. When a student transfers out of state, original records are kept in the district and copies are sent to the new school.

5. Exemptions

Physical examinations, immunization requirements and health screening requirements are waived if the parent/guardian of the student, or emancipated minor, notifies school personnel in writing of their objection on ~~religious, or~~ medical grounds. A medical exemption must be written and provided by a legally qualified practitioner of medicine.

Student Health Services (continued)

(cf. 5111 – Admission)

Legal Reference: Connecticut General Statutes
10-204a Required immunizations, **as amended by PA 21-6**
10-204c. Immunity from liability
10-205 Health assessments, as amended by PA 07-58 and PA 11-179
10-206a Free health assessments
10-208 Exemption from examination or treatment
10-209 Records not to be public
10-210 Notice of disease to be given parent or guardian
10-214 Vision, audiometric and postural screenings: when required, notification of parents re defects; record of results.
10-203 Sanitation.
10-205 Appointment of school medical advisors.
10-207 Duties of medical advisers, (as amended by P.A. 12-198)
10-208a Physical activity of student restricted; Boards to honor notice.
10-212 School nurses and nurse practitioners.
10-212a Administration of medicines by school personnel.

CT Agency Regulations:

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

Federal Family Educational Rights and Privacy Act of 1974 (section 438 of the General Education Provisions Act, as amended, added by section 513 of P.L. 93-568, codified at 20 U.S.C. 1232g)

42 U.S.C. 1320d-1320d-8, P.L. 104-191, Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Regulation

Adopted: March, 1982

Revised: February 28, 2005

Revised: May 12, 2008

Revised: May 23, 2011

Revised: February 11, 2013

Revised: May 15, 2014

Revised: November 8, 2019

Revised:

Administering Medication

With written permission from an authorized prescriber and parent/guardian and in accordance with state statutes, medications may be administered in school and at school sponsored activities by the school nurse or an administrator or teacher who has received medication administration training. Students may self-administer certain medications with written permission from an authorized prescriber and parent/guardian.

Legal reference: Connecticut General Statutes and Regulations
 10-206 Health Assessment
 10-212 School nurses and nurse practitioners. Administration of medications by parents or guardians on school grounds. Criminal history; records check.
 10-212a Administration of medications in schools. (as amended by PA 99-2, and June Special Session and PA 03-211, PA 04-181, PA 07-241, PA 07-252, PA 09-155, PA 12-198, PA 14-176, PA 15-215 and PA 18-185)
 10-212c Life-threatening food allergies and glycogen storage disease: Guidelines; district plans. (as amended by PA 18-185)
 52-557b. Immunity from liability for emergency medical assistance, first aid or medication by injection. School personnel not required to administer or render. (as amended by PA 05-144, An Act Concerning the Emergency Use of Cartridge Injectors and PA 18-185)
 10-220j Blood glucose self-testing by children. Guidelines. (as amended by PA 12-198)
 21a-240 Definitions
 Connecticut Regulations of State Agencies 10-212a-1 through 10-212a-10, inclusive, as amended.
 Code of Federal Regulations: Title 21 Part 1307.2
 20-12d Medical functions performed by physician assistants. Prescription authority.
 20-94a Licensure as advanced practice registered nurse.
 PA 18-185 An Act Concerning the Recommendations of the Task Force on Life-Threatening Food Allergies in Schools.

Policy Adopted: October 1981
 Revised: March 1990
 Reviewed: March 1992
 Revised: March 14, 1994
 Reviewed: September 30, 1996
 Revised: December 16, 1996
 Revised: December 7, 1998
 Revised: December 18, 2000
 Revised: April 28, 2003
 Revised: February 28, 2005
 Revised: May 23, 2011
 Revised: November 26, 2012
 Revised: February 25, 2019

Administering Medication

The following procedures have been developed in response to guidelines established by the Connecticut State Department of Health, as revised in October 2010 regarding the administration of medicines by school personnel and have been approved by the Glastonbury school medical advisor.

I. Definitions:

- A. "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.
- B. "Administrator" means the Principal or Assistant Principal.
- C. "Advanced Practice Registered Nurse" (APRN) means a person licensed to prescribe in accordance with section 20-94a.
- D. "Authorized prescriber" means a physician, dentist, advanced practice registered nurse or physician assistant.
- E. "Board of Education" means a local or regional board of education.
- F. "Carrier" means any school district, educational institution, or person, firm or corporation under contract to such district or institution engaged in the business of transporting students. (C.G.S. 14-212 (2)).
- G. "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.
- H. "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.
- I. "Controlled Drugs" mean those drugs as defined in Section 21a-240, Connecticut General Statutes.
- J. "Dentist" means a doctor of dentistry licensed to practice dentistry in Connecticut in accordance with Chapter 379, Connecticut General Statutes, or licensed to practice dentistry in another state.
- K. "Eligible student" means a student who has reached the age of eighteen or is an emancipated minor.

L. "Error" means *failure to do* any of the following as ordered:

- Administer a medication to a student
 - Administer medication within the time designated by the authorizing prescriber
 - Administer the specific medication prescribed for a student
 - Administer the correct dosage of medication
 - Administer medication by the proper route
 - Administer the medication according to federally accepted standards of practice
- Or
- Administration of a medication to a student which is not ordered, or which is not authorized in writing by the parent or guardian of such student, except for the administration of epinephrine for the purpose of emergency first aid

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

N. "Guardian" means one who has the authority and obligations of guardianship of the person of a minor, and includes:

The obligation of care and control; and the authority to make major decisions affecting the minor's welfare, including, but not limited to, consent determinations regarding marriage, enlistment in the armed forces and major medical, psychiatric or surgical treatment.

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

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

Q. Medication means any medicinal preparation, both prescription and non-prescription, including controlled drugs, as defined in Conn. Gen. Stat. Section 21a-240

R. "Medication order" means the written direction by an authorized prescriber for the administration of medication to a student during school hours for no longer than the current academic year and shall include the name of the student, the name and generic name of the medication, the dosage, the route, the time and frequency of administration, the indications for medication, any potential side effects.

- S. "Nurse" means a registered nurse or a practical nurse licensed in Connecticut in accordance with Chapter 378, Connecticut General Statutes.
- T. "Paraprofessional" means a health care aide or assistant or an instructional aide or assistant employed by the local or regional Board of Education who meets the requirements of such Board of employment as a health care aide or assistant or instructional aide or assistant.
- U. "Physician" means Doctor of Medicine or Doctor of Osteopathy licensed to practice medicine in Connecticut in accordance with Chapters 370 and 371, Connecticut General Statutes, or licensed to practice medicine in another state.
- V. "Physician Assistant" means a person licensed to prescribe in accordance with Section 20-2, Connecticut General Statutes/Regulations.
- W. "Qualified personnel" for schools means (a) a full-time employee who meets the local or regional board of education requirements as a principal, teacher, occupational therapist or physical therapist and has been trained in the administration of medication (b) a coach or licensed athletic trainer or school paraprofessional who has been trained in the administration of medication pursuant to Section 10-212a-8 of these regulations.
- X. "School Bus Driver" means any person who holds a commercial driver's license with a public passenger endorsement to operate a school bus pursuant to subsection (a) of C.G.S. 14-44.
- Y. "School Medical Advisor" means a physician appointed in accordance with Section 110-212, Connecticut General Statutes.
- Z. "School Nurse" means a nurse appointed in accordance with Section 110-212, Connecticut General Statutes.
- AA. "School nurse supervisor" means the nurse designated by the local or regional board of education as the supervisor or, if no designation has been made by the board, the lead or coordinating nurse assigned by the board.
- BB. Self-Administered Medication means medication administered to the student by himself/herself is able to identify and select the appropriate medication by size, color, amount, or other label identification; knows the frequency and time of day for which the medication is ordered; and administers the medication appropriately.
- CC. "Teacher" means a person employed full time by a board of education who has met the minimum standards as established by that board of education for performance as a teacher and has been approved by the school medical advisor and school nurse to be designated to administer medications pursuant to Sections 10-212a-1 through 10-212a-7 of the Regulations of Connecticut State Agencies.
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II. Administering Medication, by Licensed Nursing Personnel or Trained Staff

- A. Except as provided in section IV, no medication may be administered without:
1. Written signed order of an authorized prescriber;
 2. Written authorization of the student's parent or guardian or eligible student;
 3. The written permission of the parent for the exchange of information between the prescriber and the school nurse necessary to ensure the safe administration of such medication.
- B. Prescribed medication shall be administered to and taken by only the person for whom the prescription has been written.
- C. The Board of Education, with the advice and assistance of the school medical advisor and the school nurse supervisor, shall review and revise the policies and procedures concerning the administration of medications as needed, but at least biennially.
- D. In the absence of a licensed nurse, only qualified personnel who have been properly trained may administer medications to students. Qualified personnel may administer oral, topical, or inhalant medications. Injectable medications may be administered by qualified personnel only to a student with a medically diagnosed allergic condition which may require prompt treatment to protect the student against serious harm or death.
- E. Emergency information is posted in a prominent place and includes the following:
1. Poison Control number;
 2. Physician, clinic or emergency room to be contacted in the event of a medication emergency;
 3. Covering school nurse or contact person in the event of the absence of school nurse.
- F. Coaches and licensed athletic trainers during interscholastic events may administer medications pursuant to Section 10-212a-8 of these regulations.
- G. If a student refuses to take a prescribed medication or is regularly non-compliant in taking a medication, the school nurse will notify the child's parent/guardian. School personnel will work cooperatively with the parent/guardian.

III. Medication Emergency Procedures

- A. Whenever a student has a 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.
- B. Emergency medical care to resolve a medication emergency includes but is not limited to the following, as appropriate under the circumstances:
1. Use of the 911 emergency response system;
 2. Application by properly trained and/or certified personnel of appropriate emergency Medical care techniques, such as cardiopulmonary resuscitation; or use of Automatic External Defibrillator (AED).
 3. Contact with a poison control center;
 4. Transportation of the student to the nearest available emergency medical care facility.
- C. As soon as possible, in light of the circumstances, the principal/designee shall be notified of the medication emergency. The school-nurse shall notify the parent/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.

IV. Administration of Medication in Emergency Situation

In case of an anaphylactic reaction or the risk of such reaction, a school nurse may administer emergency oral and/or injectable medication to any student in need thereof on the school grounds, in the school building or at a school function according to the standing order of the school medical advisor or the student's private prescriber. Record of the medication administered shall be documented in the student's cumulative health folder.

The school nurse or school principal shall select a qualified school employee to, under certain conditions; give a glucagon injection to a student with diabetes who may require prompt treatment to protect him/her from serious harm or death. The nurse or principal must have the written authority from the student's parent/guardian and a written order from the student's Connecticut-licensed physician. The authorization shall be limited to situations when the school nurse is absent or unavailable. No qualified school employee shall administer this medication unless he/she has annually completed any training required by the school nurse and school medical advisor in the administration of medication with injectable

equipment used to administer glucagon, the school nurse and school medical advisor must attest that the qualified school employee has completed such training and the qualified school employee voluntarily agrees to serve as a qualified school employee. The injections are to be given through injector or injectable equipment used to deliver an appropriate dose of glucagon as emergency first aid response to diabetes.

Administration of Epinephrine without Prior Written Authorization

A school nurse or in the absence of a school nurse, a qualified school employee shall maintain epinephrine in cartridge injectors for the purpose of emergency first aid to students who experience allergic reactions and do not have a prior written authorization of a parent or guardian or a prior written order of a qualified medical professional. A school nurse or school principal shall select qualified school employees to administer such epinephrine under this subdivision, and there shall be at least one such qualified school employee on the grounds of the school during regular school hours in the absence of a school nurse. Such administration of epinephrine by a qualified school employee shall be limited to situations when the school nurse is absent or unavailable. No qualified school employee shall administer such epinephrine under this subdivision unless such qualified school employee annually completes the training program developed by the Departments of Education and Public Health, in consultation with the school Nurse Advisory Council.

The parent or guardian may submit, in writing, to the school nurse a notice that epinephrine shall not be administered to such student. The school nurse will notify any qualified, trained school employee of the students whose parents have refused the emergency administration of epinephrine.

Administration of Naloxone without Prior Written Authorization

A school nurse or in the absence of a school nurse, a qualified school employee shall maintain naloxone nasal spray for the purpose of emergency first aid to student who experience suspected opioid overdose and do not have prior written authorization of a parent or guardian or a prior written order from a qualified medical professional. A school nurse or school principal shall select qualified school employees to administer such naloxone under this subdivision, and there shall be at least one such qualified school employee on the grounds of the school during regular school hours in the absence of a school nurse. Such administration of naloxone by a qualified school employee shall be limited to situation when the school nurse is absent or unavailable. No qualified school employee shall administer such naloxone under this subdivision unless such qualified school employee annually completes the training program developed by the Department of Education and Public Health, in consultation with the School Nurse Advisory Council.

The parent or guardian may submit, in writing, to the school nurse a notice that naloxone shall not be administered to such student. The school nurse will notify any qualified, trained school employee of the students whose parents have refused the emergency administration of naloxone.

Administration of Anti-Epileptic Medications to Students

With the written authorization of a student's parent/guardian, and pursuant to the written order of a physician, a school nurse (and a school medical advisor, if any), shall select and

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

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

V. Training of School Personnel (CGS/Regulations 10-212a-3)

- A. Only qualified personnel who have received training from the school nurse shall be allowed to administer medications to students. This training shall include, but not be limited to:
 1. The procedural aspects of medication administration, the safe handling and storage of medications, and recording; and
 2. The medication needs of specific students, medication idiosyncrasies, and desired effects, potential side effects or untoward reactions.
- B. Licensed practical nurses shall only administer medications after the medication plan has been established by the school nurse.
- C. The office of the superintendent or designee shall maintain, and annually update, documentation that such training has been provided and successfully completed.
- D. School bus driver training (PA 18-185). By June 30, 2019, training must be provided to all school bus drivers, including instruction on (1) identifying the signs and symptoms of anaphylaxis, (2) administering epinephrine by a cartridge injector ("EpiPen") (3) notifying emergency personnel, and (4) reporting an incident involving a student's life-threatening allergic reaction. Such training can be completed online, provided the online module fulfills legislative requirements.

VI. Self-Administration of Medications (CGS/Regulations 10-212a-4)

- A. Students who have a verified chronic medical condition and are deemed capable to self-administer prescribed emergency medication, including rescue asthma inhalers and cartridge injectors for medically-diagnosed allergies, may possess, self-administer or possess and self-administer medicine administered through the use of an asthmatic inhaler or an EpiPen or similar device in the school at all times or while receiving school transportation service, such medication, and other medications, excluding controlled drugs as defined in Section 10-212a-1.

B. Students who are able to possess, self-administer or possess and self-administer medication may do so provided:

1. An authorized prescriber provides a written order for self-administration; and
2. There is written authorization from the student's parent/guardian; and
3. The appropriate teachers are informed that the student is self-administering prescribed medication; and
4. Such medication is under the student's control in accordance with this Board of Education's Policy.

C. In the case of inhalers for asthma and cartridge injectors for medically-diagnosed allergies, the school nurse's review of a student's competency to self-administer inhalers for asthma and cartridge injectors for medically-diagnosed allergies in the school setting **shall not** be used to prevent a student from retaining and self-administering inhalers for asthma and cartridge injectors for medically-diagnosed allergies if the written authorization of an authorized prescriber and written authorization from a student's parent or guardian or eligible student has been provided.

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

VII. Handling, Storage, and Disposal of Medications (CGS/Regulations 10-212a-5):

A. All medications, except those approved and brought by students for self-medication, must be delivered by the parent or other responsible adult and shall be received by a nurse assigned to the school. The nurse must examine on-site any new medication; medication order and authorization form and develop a medication administration plan for the student before any medication is given by any school personnel. Medications administered by coaches and or licensed athletic trainers must also be delivered directly to that coach or trainer by the parent or guardian.

B. All medications, except those approved for keeping by students for self-medication, shall be kept in a designated locked container, cabinet or closet used exclusively for the storage of medication. In the case of controlled substances, they shall be stored separately from other drugs and substances in a separate secure, substantially constructed, locked metal or wood cabinet.

- C. Access to all stored medications shall be limited to persons authorized to administer medications. Each school shall maintain a current list of those persons authorized to administer medications.
- D. All medications, prescription and non-prescription, shall be stored in their original containers and in such a manner as to render them safe and effective.
- E. All emergency medications shall be stored in an unlocked clearly labeled cabinet during school hours.
- F. All unused, discontinued or obsolete **non-control** medications shall be removed from storage areas and either returned to the parent/guardian or, with the permission of the parent/guardian, destroyed or destroyed in the presence of at least (1) witness.

Controlled drugs shall be destroyed in accordance with part 1307.21 of the Code of Federal Regulations or by surrender to the Commissioner of the Department of Consumer Protection.

- G. No more than a ninety (90) school day supply of a medication for a student shall be stored at the school.

VIII. Documentation and Record Keeping

In addition to those records required for controlled drugs, the following shall apply:

- A. Each school where medications are administered shall maintain a medication administration record for each student who receives medication during school hours. (Appendix B) Such record shall include the following:
 - Name of the Student, name of the medication, dose of the medication, route of administration, frequency of administration, name of prescribing physician, date of medication order, quantity of medication received, student allergies, date and time of administration or omission including the reason for the omission, dose of the drug administered, the full legal signature of the nurse, or qualified personnel administering medication.
 - B. Transactions shall be documented in the student's cumulative health record.
 - C. The written order of the authorized prescriber, the written authorization of the parent or guardian, and the completed medication administration record shall be filed in the student's cumulative health record. In addition the controlled medication authorization shall be maintained in the school for three (3) years.
 - D. An authorized prescriber's verbal order, including a telephone order, for a change in any medication can be received only by a school nurse. Any such verbal order must be followed by a written order which may be faxed within three (3) school days.
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IX. Errors in Medication Administration:

In the event of a medication error:

1. The head nurse shall be notified immediately.
2. Emergency procedures and necessary medical treatment should be initiated as necessary.
3. Parent/Guardian must be notified.
4. A student incident report must be completed by the person responsible for the medication error.
5. Medication error is to be documented on the student's cumulative health record.

X. Supervision (CGS/Regulations 10-212a-7)

- A. The school nurse is responsible for general supervision of administration of medications in the schools to which that nurse is assigned. This shall include, but not limited to, the following:
 1. Review orders or change in orders, and communicate these to the personnel designated to give medication for appropriate follow-up;
 2. Develop a medication plan and schedule to ensure medications are given
 3. Provide training to qualified personnel in the administration of medications
 - B. Support and assist other licensed nursing personnel, and qualified personnel to prepare and implement their responsibilities related to the administration of specific medications during school hours;
 - C. Implementation of policies and procedures regarding receipt, storage, and administration of medications.
 - D. Periodic review, as needed, with licensed nursing personnel, administrators and teachers regarding the needs of any student receiving medication.
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Legal reference: Connecticut General Statutes:

Section 10-206 Health Assessment

Section 10-212 School nurses and nurse practitioners.

Administration of medications by parents or guardians on school grounds. Criminal history; records check.

Section 10-212a Administration of medications in schools. (as amended by PA 99-2, and June Special Session and PA 03-211, PA 04-181, PA 07-241, PA 07-252, PA 09-155, PA 12-198, PA 14-176 PA 15-215, and PA18-185)

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

10-212c Life-threatening food allergies and glycogen storage disease: guidelines; district plans. (as amended by PA 18-185)

Section 21a-240 Definitions

Section 52-557b Immunity from liability for emergency medical assistance first aid or medication by injection. School personnel not required to administer or render. (as amended by PA 05-144, An Act Concerning the Emergency Use of Cartridge Injector and PA 18-185)

Regulations of Conn. State Agencies: Sections 10-212a-1 through 10-212a-10, inclusive, as amended

Code of Federal Regulations: Title 21 Part 1307.21

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

20-94a Licensure as advanced practice registered nurse.

PA 18-185 An act concerning the recommendation of the Task Force of Life-Threatening Food Allergies in Schools.

PA 16-43 An act concerning opioids and access to overdose reversal drugs.

Policy Adopted: October 1981

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Reviewed: December 18, 2000

Revised: April 28, 2003

Revised: February 28, 2005

Revised: May 23, 2011

Revised: November 26, 2012

Revised: August 31, 2015

Revised: February 25, 2019

Revised:

Any recorded information or data relating to the conduct of the public's business prepared, owned, used, received or retained by the Board of Education or the school system, whether handwritten, typed, emailed, tape-recorded, printed, photostatted, photographed or recorded by any other method is by definition a "public record," and access thereto during normal hours of business may be granted to any citizen. All such records shall be maintained at the office of the superintendent of schools, who shall be the custodian for all public records of the school system.

Not included in the category of public records to which the privilege of access is given are the following:

1. Preliminary drafts or notes provided the custodian of records or the Board of Education has determined that the public interest in withholding such documents clearly outweighs the public interest in disclosure.
2. Personnel or medical files and similar files, the disclosure of which would constitute an invasion of personal privacy.
3. Records pertaining to strategy and negotiations with respect to pending claims and litigation to which the school system is a party until such litigation or claim has been adjudicated or otherwise settled.
4. Trade secrets, as defined in Connecticut General Statutes 1-213.
5. Test questions, scoring keys and other examination data used to administer a licensing examination, examination for employment or academic examination.
6. The content of real estate appraisals, engineering or feasibility estimates and evaluations made for or by the district relative to the acquisition of property or to prospective public supply and construction contracts, until such time as all actions have been terminated (except that the law of public domain is not affected by this provision).
7. Records, reports and statements of strategy or negotiations with respect to collective bargaining.
8. Records, tax returns, reports and statements exempted by federal or state statutes or communications privileged by the attorney-client relationship.
9. Names or addresses of students enrolled in the public schools without the consent of each student whose name or address is to be disclosed who is eighteen or older and a parent or guardian of such minor student. (cf. 5125/5125.1 Confidentiality of Student Records)

10. Records including engineering and architectural drawings; security systems' operational specifications (except a general description, cost and quality of the system); training manuals that describe security procedures, emergency plans or security equipment; internal security audits; and logs and other documents containing information on security personnel movement or assignments if reasonable grounds exist to believe their release would pose a safety risk, including harm to anyone, a facility, or equipment.
11. Security manuals, emergency plans, emergency recovery or response plans and staff meeting minutes or records or portions of them that contain or reveal security information or otherwise exempt records.
12. Educational records not subject to disclosure under the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. 123g; as amended.
13. Records of standards, procedures, processes, software and codes not otherwise available to the public, the disclosure of which would compromise the security or integrity of an information technology system.

Availability of Records

Any person applying in writing shall receive promptly on request a plain or certified copy of any fifty cents per page. If any copy requested requires a printout or transcription of a public record, the fee shall not exceed the cost to the school system. The school system will require pre-payment of the fee. There will be no sales tax for this service. There will be no charge if the person requesting the record is an indigent, the record requested is exempt from disclosure, or if, in the judgment of the custodian of records, compliance with the request benefits the general welfare.

An additional charge may be made for certification of any records, or of any fact within the record, as permitted under Connecticut General Statute 1-212.

Disposition of Original Documents

Original documents, after having been reproduced on film, may be disposed of as permitted by law.

Legal reference: Connecticut General Statutes
1-15 Application for copies of public records
~~1-16 Photographic Reproduction of Documents~~
~~1-17 Reproductions to Serve Purpose of Originals~~
~~1-18 Disposition of Original Documents~~
1-200 Definitions
1-210-213 Access to Public Records, Exempt Records, Copies of
Public Records, Fees (as amended by PA 02-113)
1-211 Access to computer stored records
1-212(g) Copies and scanning of public records
1-214 Public Employment Contracts as Public Records
1-225-232; 1-240 Meetings of Public Agencies
Paulsen v. Superintendent of Schools, Bethel Public Schools, #FIC
2015-663 (June 8, 2016)
Federal Rules of Civil Procedure – 2006 Amendments

Policy

Adopted: October, 1981

Revised: May 24, 2004

Revised:

Board Member Use of Internet Social Networks

Board Member Use of Internet Social Networks

The Board of Education (Board) recognizes that reliance on social media as a means of communication is rapidly becoming the norm for school districts. Many school board members are active users of social media, including, but not limited to, such online platforms as Facebook and Twitter, as well as other media such as blogs and personal websites. The Board understands that social media can be a positive tool for fostering community engagement with the school district. However, Board members need to operate with appropriate guidelines when they are communicating online about school district business.

While social networking sites can be an effective and efficient means of communication, Board members need to be aware of the obligations and requirements that arise when using this form of communication. Board members' personal use of social networking sites may be limited or prohibited because of the need to comply with Connecticut statutes pertaining to public records and open meetings as described in the Freedom of Information Act.

Compliance with Public Records Law

Any recorded data or information relating to the conduct of public's business prepared, owned, received, or retained by the Board or the school district, whether handwritten, typed, tape-recorded, printed, photo-stated, photographed or recorded by any other method is by definition a "public record" and access thereto during normal hours of business shall be granted to any citizen. This includes communication that school board members and district employees send or receive relating to the affairs of the school district and the official acts of school officials and employees. Electronically stored information generally constitutes a "record" within the meaning of the public records law provided such recorded information is created or kept in connection with school business. The substance of the information, not the format, controls whether it is a public record. As an elected official, a school board member's information contained on a social networking site or a blog, which is created or kept by the Board member regarding the affairs of the district is likely to be considered a public record.

Compliance with the Freedom of Information Act

Board members must be mindful of the Connecticut Freedom of Information Act (FOIA) when using social networking sites. The FOIA defines a "meeting" as any hearing or other proceeding of a public agency, any convening or assembly of a quorum of a multimember public agency, and any communication by or to a quorum of a multimember public agency, whether in person or by means of electronic equipment, to

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discuss or act upon a matter over which the public agency has supervision, control, jurisdiction, or advisory power (C.G.S. 1-200(2)).

Board members use of a social networking site may be susceptible to violations of the FOIA due to the ease with which Board members can discuss school business in a manner that may determine the Board's course of action. An online discussion by Board members can result in agreement, tacitly or explicitly to act in a certain manner in number sufficient to reach a quorum.

Code of Ethics

Use of social media sites by Board members shall be consistent with the Board's Code of Ethics (Policy #9270).

Board members will refrain from inappropriate conduct in making public statements on Facebook and other social networking sites, and will refrain from any disparagement of fellow Board members or other on a personal, social, racial, or religious basis. Board members shall not send messages that contain material that may be defined by a reasonable person as profane or obscene; messages that are racist, sexist or promote illicit, illegal or unethical activity.

Board members will recognize that authority rests with the Board of Education and will make no personal promises on social media sites nor take any private action which may compromise the Board.

Maintaining Confidentiality

Board members will exercise care not to divulge confidential information about students, school employees, or Board business on social media sites. Board members who have access to student information, like District employees, are prohibited from disclosing that information without the consent of the adult student or parent/guardian of a minor. In general, all records related to the individual student maintained by a school constitute confidential student records.

Board members are not to expect that their online conversations will remain private. Discussion of investigations into school issues will not be conducted online. Extreme care must be taken not to disclose confidential information related to students or employees while interacting online.

Board Member Use of Internet Social Networks

Social Media Guidelines for Board Members

The following guidelines are for Board members to consider when using social media in their role as public officials. In using social media to communicate about school district activities, a Board member shall:

1. Clarify that the communication is as an individual member of the Board and not in the role of an official District spokesperson.
2. Avoid deliberating school district business with a quorum of the Board.
3. Direct complaints or concerns presented online from other individuals to the appropriate administrator.
4. Avoid posting content that indicated the reaching of an opinion on pending matters.
5. Ask for community input through appropriate channels, but will not allow the social network site to direct decisions as a Board member.
6. Post only content that the District has already released to the public.
7. Clarify, when attempting to restate what happened at a previous Board meeting, that the posting on the social media site is not an official record of such meeting. Share information only from the open portions of the meeting.
8. Conduct himself/herself online in a matter that reflects well on the District; avoid posting information that has not been verified and made public by the District; and never post anonymously about school business.
9. Report immediately harassing or defamatory communications to the Superintendent if they involve school officials, staff, students or District business.
10. Retain electronic records, including Board member's own posts and content others post to the Board members account, when required to do so by the District's retention policy.
11. Report immediately to the District any potential security breaches if the Board member loses control or possession of a District-issued or personal electronic device on which confidential District records could be accessed.
12. Comply with the District's acceptable use policy when using District-issued devices or technology resources, including District Internet access on a personal device.

BYLAWS OF THE BOARD

Policy: 9327.1(c)

Board Member Use of Internet Social Networks

(cf. 1100 - Communications with the Public)
(cf. 4118.51/4218.51 - Social Networking)
(cf. 5125 - Student Records)
(cf. 6141.2 - Acceptable Computer Use)
(cf. 6141.3 - Websites and Social Media)
(cf. 9270 - Board Code of Ethics)
(cf. 9329 - Electronic Mail Communications)
(cf. 9330 - Board/School District Records)

Legal Reference: Connecticut General Statutes
The Freedom of Information Act
1-200 Definitions.
10-209 Records not to be public.
1-210 Access to public records. Exempt records.
Public Law 94-553, The Copyright Act of 1976, 17 U.S.C. 101 et.seq.
Federal Family Educational Rights and Privacy Act of 1974
Dept. of Education. 34 CFR. Part 99 (May 9, 1980 45 FR 30802)
regs. implementing FERPA enacted as part of 438 of General
Education Provisions Act (20 U.S.C. 1232g) parent and student
privacy and other rights with respect to educational records, as
amended 11/21/96

Policy Adopted:

Policy
Adopted:

Student Dress Code

Student dress should enhance the educational climate of the schools and avoid disruption of the educational process. Students are required to dress in a manner consistent with generally accepted standards of health, safety and decency.

The following may not be worn by any student attending a Glastonbury school:

1. Carbon-content, black-soled, lug-type shoes and/or boots which can leave black marks on floors or walls or any other type of footwear which can damage school property.
2. Garments that expose the chest, midriff and/or buttocks.
3. Clothing or apparel bearing language or symbols that are obscene, profane or violent.
4. Attire or accessories which depict logos or emblems that encourage, glorify or parody the use of drugs, tobacco products or alcoholic beverages.

Middle and High Schools

Building principals shall develop and implement student dress codes which are consistent with the above standards. These codes shall be reviewed with students and included in student handbooks. Dress codes shall be appropriate for the students' age level and the disciplinary needs of the school.

Elementary Schools

Principals may develop written standards of dress for their students, but it is recognized that at the elementary level, less formal communication of standards may be desirable.

All student dress codes shall be approved by the superintendent/designee before implementation.

Students who fail to comply with Board policy and administrative regulations concerning appropriate school attire will be subject to disciplinary measures up to and including expulsion in accordance with Board policy (cf.5114(a-1))

Policy

Adopted: October, 1981

Revised: February 28, 2005