

**Curriculum Subcommittee Meeting  
Wednesday, June 6, 2012 5:30 PM  
Central Services**

**I. Consent Agenda**

**A. Approve minutes of the May 16, 2012 meeting**

**Attachments:**

Curriculum Subcommittee Minutes 5-16-12

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**II. Old Business**

**A. Technology Committee/Technology Plan (BYOD)**

**III. New Business**

**A. Curriculum Director's Report**

**Attachments:**

Monthly Curriculum Report - May

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**B. Administrative Regulations for Homework Policy**

**Attachments:**

Homework Focus Group Summary and Revised Admin Regs

5

**C. Draft Policy 5141.21, Administering Medication**

**Attachments:**

Draft Policy 5141.21 - Administering Medication

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**Curriculum/Policy/Technology/Communication Subcommittee Meeting Minutes  
May 16, 2012  
5:30 p.m.**

Attendance:

Diane Dugas - Present  
Jenny Emery – Present  
Ben Perron – Absent  
Rosemarie Weber – Present

Meeting commenced at: 5:45 p.m.

Meeting adjourned at: 6:30 p.m.

1. The Consent Agenda was approved.

2. Old Business

a) Technology Committee/Plan - Discussed revisions to plan based on issues raised at last meeting. Schedule: BYOD policy will be discussed in the subcommittee meeting on 6/6 and will be presented to the BOE as a whole on 6/20 along with the entire plan. A vote on the Technology Plan is scheduled to take place on 6/20.

b) Student Success Plan - Reviewed framework. Put into context based on state requirements and then more specifically how it relates to Granby. To be incorporated into Naviance program; which is already being used at the 9 – 12 level. To be implemented at 6 – 8 level in the Fall. Guidance will direct this program through developmental guidance lessons with the children. Guidance, teachers, administrators, and parents will have access to individual student success plans for review. Student plans to be reviewed with each student, initially two times per year, but ultimately three times per year. Student success plans are universally supported by teachers in district. Plan is required to be in place by July. The plan is to be presented to entire BOE at 6/6 meeting.

c) Math Resources - math curriculum being finalized consistent with common core. Algebra I was discussed. This year all seventh graders qualified for entrance into eight grade Algebra I. Math resources are in the process of being identified and will be presented to the subcommittee for review and approval in the fall.

## Monthly Curriculum Sub Committee Report

From: Diane Dugas, Director of Curriculum, Teaching and Learning

Date: May 2012

### **Professional Development:**

- CREC Author Dinner with Pedro Noguera- Equity and Diversity
- Leveled Literacy Intervention Training – Special Education Teachers, Literacy Specialists K-8
- Leadership Academy –Aspiring Leader Group - Creating a Culture of Learning
- PLC Year in Reflection Conversations

### **Curriculum:**

- Curriculum Committee Work:  
During the month of May the following curriculum committees met to continue deepening awareness of standards, developing units and designing assessments:

**Social Studies**- Completed pacing units 5-12, began writing performance assessments the two units each identified at grade levels K-4.

**Math**- Continued working on alignment of Everyday Math resources to units and development of performance assessments.

**PE** – Focused on completing big ideas and essential questions K-12.

**Developmental Guidance** – Continued focused on unwrapping standards K-12

### **DCP Update:**

#### **Professional Development/Planning and Organization:**

Finalization of schedules, staffing and planning for fall implementation.

#### **Communications:**

Aimee Martin, Director of Pupil Services held a parent communication evening for parents of special education children to share current status of the work and answer questions.

### **Other Committee Work:**

- Teacher supervision and Evaluation Committee – Guest presenter Patrick Flynn, Revision Learning, provided an overview of the work time line and expectations to follow in the next 18-24 months based on the new legislation expectations.

- Technology Committee – Plan has been presented to the board and is pending board approval, committee will reconvene in the fall. Media Specialists will be meeting with Diane to plan fall PD for teachers.
- Student Success Plan Committee – Committee identified guiding questions for lessons, revisions and year one roll out. Plan is being presented to the Board on June 6<sup>th</sup>.
- Early Childhood Committee Meetings – Integrated preschool play dates took place, final curriculum decisions are being made and parent communication is underway.
- Intervention Work – Collaborative work groups K-8 and 6-12 met to identify universal screenings, appropriate interventions with entrance and exit criteria for math, study skills and behaviors.

**Other:**

- Teacher of the Year selection
- Budget – Closing out of school year
- Year-end evaluations
- Ongoing collaboration and planning of Summer programs: Global Learning Academy and Summer School
- SIIP – Participation with Bob Gilbert and Anna Forlenza-Baily through the Connecticut Center for School Change on alignment and coherence of school improvement initiatives to district and Superintendent theory of action.
- K-12 Intervention Work – Focus on math, study skills and behavior.
- SERC – Equity and cultural relevance through the SRBI questioning process
- Interviews – Elementary World Language, Kearns Media Literacy Specialist, Math/Science Consulting teacher, secretary and department chair guidance positions were all finalized.

**Monthly Meetings:**

- District Ad Council – Focus on Coherence, PLC and Technology
- Elementary Ad Council Meetings – Focus on curriculum, instruction, assessment and year end transitions.
- Principals Seminar – Teacher and leadership supervision and evaluation.
- Bi Monthly Building Administrator Meetings – Interviews and Year end reviews.
- Monthly Walkthrough's – Wells Road – Worked collaboratively with Anna to facilitate walkthrough and debriefing focused on students taking ownership to generate their own questioning, promoting thinking.
- K-12 Language Arts meetings-Year end data reflections and planning for next year.
- PLC Team meetings – As requested.
- Superintendent meetings – Ongoing daily communication and district level planning
- BOE meetings
- ELL tutor meetings

**To: Administrators, BOE Curriculum Subcommittee**  
**Cc: Homework Focus Group**  
**From: Mike Dunn**  
**Date: June 6, 2012**  
**Re: Administrative Regulations regarding Homework**

Background and Charge:

The Homework Focus Group convened in the fall of 2011 to address concerns raised by parents regarding inconsistencies between district values and homework practices. Comprised of community, faculty and administrative representatives, the focus group met several times to examine current research on best homework practices, summarize district values, and make recommendations for the revision, implementation and monitoring of administrative regulations accompanying the Board homework policy (Policy #6154). Administrators were apprised of the results of this work this spring in preparation for communicating the guidelines to staff by the start of the 2012-2013 school year. Group membership and research sources include:

Focus Group Members:

- Amy Milbrandt, parent representative
- Katie Goodrow, parent representative
- Kristin LaFlamme, Grade 3 teacher, Kelly Lane
- Lauren Shafer, English teacher, (Grades 9, 10, AP English Language), GMHS
- Kathy Sutton, Assistant Principal, GMHS
- Mike Dunn, K-12 Language Arts Supervisor

References:

- Erkins, Cassie. *Making Homework Meaningful* (DVD). Solution Tree, 2011.
- Fisher, Douglas, et. al. "Making Homework Relevant and Engaging." *Journal of Adolescent and Adult Literacy*. International Reading Association, September, 2011.
- Hanover Research Council. "Effective Homework Policies and Practices for Middle School." 2010
- Marzano, Robert and Pickering, Debra. "The Case For and Against Homework." *Educational Leadership*. ASCD. March, 2007.
- Protheroe, Nancy. "Good Homework Policy." *Principal*. September-October, 2009.
- Vatterott, Cathy. "Making Homework Central to Learning." *Educational Leadership*. ASCD, November, 2011.

## Synthesis of Research/Value Statements:

Our review of the research, which Marzano and Pickering (2007) distill into “research-based homework guidelines” (assign purposeful homework, keep it manageable/doable, involve parents in appropriate ways, monitor time to minimize overload), is summarized as follows:

1. Homework is effective when students clearly understand its purpose, when it is meaningful and relevant (not busy work) and when it allows for practice, reinforcement, extension of learning (including research), and choice. The purpose of homework should be “to help students reach their learning goals” (Vatterott, 2011), not merely task completion or grading.
2. Homework is effective when used as formative checks for understanding accompanied by relevant and timely feedback (teacher to student, student to student and student to self) about learning, and when it involves learning processes as well as products.
3. Homework should be completed by the students independently with minimal parental support. The central role of parents should be to create a supportive learning environment, not to complete assignments. Schools can provide support for parents by providing links and resources that help them connect to their children’s learning.
4. At the elementary level, homework should include reading, and follow the “ten minute” rule (10 minutes per grade level). Although benefits of homework may include the fostering of time-management, responsibility and study habits, research suggests the effects of homework at the secondary level may diminish after two hours (Marzano and Pickering, 2007).
5. Homework policy should foster mindfulness of the need of students and families to manage multiple commitments and activities beyond the classroom, and encourage the time and opportunity for effective communication and coordination within schools and among teachers, students and parents.

Based on these research-based practices, the focus group revised the Administrative Regulations below. Administrators will communicate these guidelines to staff by the beginning of the 2012-2013 school year, and collaborate to monitor their implementation.

## **Administrative Regulations 6154(a)**

### **Instruction**

#### **Homework**

Since learning is a continuous process that extends beyond the school day, a carefully planned, research-based program of homework can be an effective means of increasing and strengthening student learning through encouraging practice, review, research or extension. As an outgrowth of classroom activities, homework can strengthen learning, reinforce skills, stimulate student interest in further study, and foster self-discipline, responsible work habits and initiative. The central purpose of homework should be “to help students reach their learning goals” (Vatterott, 2011), not merely to complete tasks or accumulate grades.

Homework includes any school assignment that is to be completed outside of the regular classroom, including daily reading expectations. Homework may also include review of classwork, practice of skills and concepts, and preparation for assessments and lessons. The time necessary to complete an assignment will increase from grade one to grade twelve and according to the requirements of the subject, as will the frequency and regularity of homework. Because each grade level serves as a foundation for the next, homework is introduced in the elementary school years and increases in complexity with the maturity of the student. The amount, frequency, and types of homework assigned will vary with the grade level, subject areas, and level of student abilities. Since educators need to be mindful of the need of students and families to balance multiple commitments and activities beyond the classroom, school leadership should encourage the time and opportunity for effective communication and coordination within schools and among teachers, students and parents. Teachers should not assign work to be completed over holidays and vacations.

As homework should be completed by students independently with minimal parental support, the central role of parents should be to create a supportive learning environment and to foster student independence. Schools can provide support for families by providing links and resources that help them connect to their children’s learning.

#### **Procedures**

Research states that homework is effective when students clearly understand its purpose, when it is meaningful and relevant, and when it allows for practice, reinforcement, extension of learning (including research), and choice. Homework is effective when used as formative checks for understanding accompanied by relevant and timely feedback (teacher to student, student to student and student to self) about learning goals, and when it involves learning processes as well as products. Nightly homework allotment includes reading and follows the research-supported

“ten minute” rule (roughly 10 minutes per grade level), although with longer term projects involving independent work, high school homework assignments vary, and college-level courses may require more substantive assignments. Although benefits of homework include the fostering of time-management, responsibility and study habits, research suggests the effects of homework at the secondary level may diminish after two hours (Marzano and Pickering, 2007).

## **Varying Role and Responsibilities**

### **1. The student will:**

- A. Complete assignments to the best of his/her ability.
- B. Take responsibility for understanding the purpose and requirement of assignments.
- C. Take home all necessary material with which to work.
- D. Plan a personal schedule that will include enough time to complete assignments.
- E. Make up missed work.
- F. Monitor progress on the portal (MS, HS).

### **2. The teacher will:**

- A. Emphasize quality over quantity, clearly explain the purpose, and provide clear, concise directions for completing homework.
- B. Where appropriate, differentiate assignments to reflect the varied abilities of students, and involve choices.
- C. Teach skills needed to complete assignments successfully and independently.
- D. Expect and encourage completion/revision of unsatisfactory and missing assignments.
- E. Assign homework that is an outgrowth of class, that provides opportunities to practice, and that can be completed successfully within a reasonable time limit.
- F. Check to ensure homework has been completed.
- G. Return assignments promptly, providing meaningful and timely formative feedback.
- H. Notify parents if students establish unsatisfactory homework practices.
- I. With administrative support, coordinate major due dates and projects with other teachers to avoid overloading students.
- J. Not assign work to be completed over holidays and vacations, and limit summer assignments to what is most essential \*
- K. Input relevant grades into portal every two weeks (MS, HS).

### **3. The administrator will:**

- A. Clearly and thoroughly communicate homework guidelines to teachers, and ensure teachers communicate homework expectations to students and parents.
- B. Consistently monitor the implementation of homework guidelines.
- C. Provide opportunities and support for teachers to communicate about and coordinate

major assignments and projects.

**4. The parent will:**

- A. Support students' homework routine by providing an environment for learning including space and necessary materials.
- B. Assist the student in working out a personal schedule that will include enough time to complete assignments.
- C. Display an active interest in the work of each child, and foster and support student independence.
- D. Monitor progress on the portal (MS, HS).

\*Students K-12 are encouraged and expected to engage in independent reading over the summer vacation, aligning with district and state reading incentive programs. Expectations for other summer assignments will be clarified during the 2012-2013 school year.

## Students

### Administering Medication

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

The Board of Education allows students to self-administer medication and school personnel to administer medication to students in accordance with the established procedures and applicable state regulations. In order to provide immunity afforded to school personnel who administer medication, the Board of Education, along with the School Medical Advisor and the school nurse supervisor, shall review and/or revise this policy and regulations as required. The District's School Medical Advisor will approve this policy and its regulations.

### 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.

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

**Controlled drugs** means those drugs as defined in Connecticut General Statutes..

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

**Error** means:

- (1) the failure to do any of the following as ordered:
  - (a) administer a medication to a student;
  - (b) administer medication within the time designated by the prescribing physician;
  - (c) administer the specific medication prescribed for a student;
  - (d) administer the correct dosage of medication;
  - (e) administer medication by the proper route; and/or
  - (f) administer the medication according to generally accepted standards of practice; or

## Students

### Administering Medication

#### Definitions (Cont'd)

- (2) the administration of medication to a student which is not ordered by an authorized prescriber, or which is not authorized in writing by the parent or guardian of such student.

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

**Medication** means any medicinal preparation including over-the-counter, prescription and controlled drugs, as defined in Connecticut General Statutes Section 21a-240. This definition includes Aspirin, Ibuprofen or Aspirin substitutes containing Acetaminophen.

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

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

**Qualified personnel** for schools means (a) a full time employee who meets state certification requirements as a principal, teacher, occupational therapist or physical therapist and has been trained in the administration of medication by the school nurse; (b) a coach and licensed athletic trainer who has been trained in the administration of medication by the school nurse.

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

## **Students**

### **Administering Medication**

#### **General Policies on Administration of Medication**

A child with diabetes may test his/her own blood glucose level per the written order of a physician or advanced practice nurse stating the need and the capacity of such child to conduct self-testing, along with authorization of the parent/guardian and approval of the school nurse. Such self-testing shall be pursuant to guidelines promulgated by the Commissioner of Education.

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

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

In the absence of a school nurse, any nurse employed by and/or providing services under the direction of the Board of Education at a school-based clinic, school sponsored activity, and/or extracurricular activity and only qualified personnel for schools who have been properly trained may administer medications to students as delegated by the school nurse upon the successful completion of specific training in administration of medication and satisfactory completion of the required criminal history check.

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

Coaches and licensed athletic trainers during intramural and interscholastic events may administer medications as described in this policy and administrative regulations

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

## **Students**

### **Administering Medication**

#### **Administration of Medication by Paraprofessionals**

Paraprofessionals shall not administer medication.

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

During intramural and interscholastic athletic events, a coach or licensed athletic trainer who has been trained in the general principles of medication administration applicable to receiving, storing, and assisting with inhalant medications or cartridge injector medications and documentation, may administer medication for select students for whom self-administration plans are not viable options as determined by the school nurse. The medication which may be administered is limited to: (1) inhalant medications prescribed to treat respiratory conditions and (2) medication administered with a cartridge injector for students with a medically diagnosed allergic condition which may require prompt treatment to protect the student against serious harm or death.

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

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

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

Coaches and athletic trainers are required to fulfill the documentation requirements as outlined in the administrative regulations accompanying this policy. If the school nurse is not available, a report may be submitted by the coach or licensed athletic trainer to the school nurse on the next school day.

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**Administering Medication**

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

Legal Reference: Connecticut General Statutes  
10-206 Health Assessment  
10-212 School nurses and nurse practitioners. Administration of medications by parents or guardians on school grounds. Criminal history; records check.  
10-212a Administration of medications in schools. (as amended by PA 99-2, and June Special Session and PA 03-211, PA 04-181, PA 07-241, PA 07-252 and PA 09-155)  
19a-900 Use of cartridge injector by staff member of before- or after-school program, day camp or day care facility.  
21a-240 Definitions  
29-17a Criminal history checks. Procedure. Fees.  
52-557b Immunity from liability for emergency medical assistance first aid or medication by injection. School personnel not required to administer or render. (as amended by PA 05-144, An Act Concerning the Emergency Use of Cartridge Injectors)  
Connecticut Regulations of State Agencies 10-212a-1 through 10-212a-10, inclusive  
Code of Federal Regulations: Title 21 Part 1307.2  
20-12d Medical functions performed by physician assistants. Prescription authority.  
20-94a Licensure as advanced practice registered nurse.  
PA 07-241 An Act Concerning Minor Changes to the Education Statutes  
29-17a Criminal history checks. Procedure. Fees.

**Policy adopted:**

rev. 11/01  
rev. 6/03  
rev. 8/03  
rev. 6/04  
rev. 7/05  
rev. 7/07  
rev. 7/09  
rev. 8/09  
rev. 4/11

**Students**

**Administering Medication**

Policy adopted: September 3, 1997

**GRANBY PUBLIC SCHOOLS  
Granby, Connecticut**

Revision of Policy First Reading:	September 19, 2001
Revision of Policy Second Reading:	October 3, 2001
Revision of Policy Adopted:	October 3, 2001
Revision of Policy First Reading	November 3, 2004
Revision of Policy Second Reading	December 1, 2004
Revision of Policy Adopted	December 1, 2004
Revision of Policy First Reading	June 2012

## **Students**

### **Administering Medication to Students**

The Board of Education allows students to self-administer medication and qualified personnel for schools to administer medication to students in accordance with the following established procedures. These procedures shall be reviewed and/or revised and approved as required by the School Medical Provider, and the school nurse supervisor. The District's School Medical Advisor will approve this policy, and its administrative.

The administration of medication includes the activities of 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.

A student who is required to receive medication or wants to take aspirin, ibuprofen (12 years and older), or acetaminophen, cough drops and topical Antibiotic Ointment at school, during school sponsored activities, and/or during extracurricular activities must provide:

1. The authorized prescriber's (physician, dentist, optometrist, advanced practiced registered nurse, or physician assistant; and a podiatrist in the case of interscholastic or intramural athletic events) orders for medication or aspirin, ibuprofen, or acetaminophen on a school district form which specifies the student's name, condition for which the drug is being administered, name of drug and method of administration and dosage of drug. For students receiving medicine the time of administration and duration of the order, side effects to be observed (if any) and management of such effects, and student allergies to food and/or medicine is also required on the form. This medical order must be renewed yearly if a student is to be administered medication by school personnel

In the absence of the school nurse or a licensed nurse, only qualified personnel properly trained may administer medications, including controlled drugs designated to a specified student provided a written order by an authorized prescriber along with written authorization of a parent or guardian is on file with the school nurse. Investigational drugs may not be administered.

2. Written authorization from the parent or guardian allowing school personnel to administer said medication. This authorization shall be renewed yearly and shall include parental consent for school personnel to destroy said medication if not repossessed by the parent or guardian within a seven (7) day period of notification by school authorities.
3. The medication must have its original correct label from the pharmacy or manufacturer.

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### **Administering Medication to Students**

4. Per the School Medical Advisor's standing order, the students in Grades PreK-12, with parental/guardian authorization, may receive Acetaminophen and students 12 years and older, may receive Ibuprofen, cough drops and Topical Antibiotic Ointment at school or during school related activities from the school nurse or designated trained school personnel listed in Section 1 of this Regulation.

Students who are able to self-administer medication may do so provided:

1. An authorized prescriber provides a written order for self-administration of said medication.
2. There is written authorization for self-administration of medication from the student's parent or guardian.
3. The school nurse has evaluated the situation and deemed it to be safe and appropriate; has documented this on the student's cumulative health record, and has developed a plan for general supervision.
4. The student and school nurse have developed a plan for reporting and supervision of self-administration and notification of teachers.
5. The principal and appropriate teachers are informed that the student is self-administering prescribed medication.
6. Such medication is transported to the school and maintained under the student's control within these guidelines.

In addition, the Board permits those 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, to self-administer such medications and may permit such students to self-administer other medications, excluding controlled drugs, as defined in Connecticut General Statute. Such students must provide:

1. An authorized prescriber's written medication order including the recommendation for self-administration; and
2. A written authorization for self-administration of medication from the student's parent or guardian.

Further, the school nurse shall assess the student's competency for self-administration in the school setting and deem it to be safe and appropriate, including that a student:

1. is capable of identifying and selecting the appropriate medication by size, color, amount, or other label identification;
2. knows the frequency and time of day for which the medication is ordered;
3. can identify the presenting symptoms that require medication;
4. administers the medication properly;

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### **Administering Medication to Students**

5. maintains safe control of the medication at all times;
6. seeks adult supervision whenever warranted; and
7. cooperates with the established medication plan.

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. Students may self-administer such medications only with the written authorization of an authorized prescriber and written authorization from the student's parent or guardian or eligible student.

The school nurse is responsible for:

1. Reviewing the medication order and parental authorizations;
2. Developing an appropriate plan for self-administration;
3. Documenting the medication plan in the student's or participant's health record; and
4. Informing qualified personnel for schools and other staff regarding the student's self-administration of prescribed medication.

The medication shall be transported to school by the student and maintained under the student's control in accordance with the District's policy on self-medication by students and the individual student plan.

Self-administration of controlled medication may be considered for extraordinary situations such as international field trips. Such self-administration must be approved by the school nurse and the School Medical Advisor in advance and an appropriate plan shall be developed.

### **Outside the Regular School Day**

Medication may be administered by a nurse employed by, or providing services under the direction of the Board of Education at a school-based clinic, school activity, or extracurricular activity, and by qualified personnel for schools (principals, and teachers, coaches and licensed athletic trainers during intramural and/or interscholastic athletics) trained in the administration of medication. They shall not be held liable for any personal injuries which may result from acts or omissions constituting ordinary negligence.

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### **Administering Medication to Students**

Medication will be administered according to the following procedures:

1. The school nurse will develop a medication administration plan for each student before medication may be administered by any staff member. The school nurse will also review regularly all documentation pertaining to the administration of medication for students.
2. The qualified personnel for schools will be formally trained by the school nurse prior to administering medication. The school nurse, acting as designee and under the direction of the School Medical Advisor, will annually instruct such staff members in the administration of medication. The training shall include, but not be limited to:
  - A. The generic principles of safe administration of medications.
  - B. Review of state statute and school regulations regarding administration of medication by school personnel.
  - C. Procedural aspects of the administration of medication, including the safe handling and storage of medication, and documentation.
  - D. Specific information related to each student's medication and each student's medication plan including the name and generic name of the medication, indications for medication, dosage, routes, time and frequency of administration, therapeutic effects of the medication, potential side effects, overdose or missed dose of the medication, and when to implement emergency interventions.
3. A list of qualified personnel successfully trained and approved to administer medication along with documentation of the annual update of trainees shall be maintained by the school nurse. The documentation shall include the dates of general and student-specific training, the content of the training, individuals who have successfully completed general and student-specific administration of medication training for the current school year, and names and credentials of the nurse or School Medical Advisor trainer or trainers.

A child with diabetes may test his/her own blood glucose level per the written order of a physician or advanced practice nurse stating the need and the capacity of such child to conduct self-testing, along with the written authorization of the parent/guardian. Such self-testing shall be pursuant to guidelines stipulated by the Commissioner of Education.

### **Handling and Storage of Medications**

All medication, except those approved for keeping by students for self-medication, must be delivered by the parent or other responsible adult and shall be received by the nurse assigned to the school or, in the absence of such nurse, by other qualified personnel for schools trained in the administration of medication and assigned to the school. The school nurse must:

**Students**

**Administering Medication to Students**

**Handling and Storage of Medications (Cont'd)**

- A. Examine on site any new medication, medication order and parent/guardian authorization to insure that it shall be properly labeled with dates, name of student, medication name, dosage and physician's name, and that the medication order and permission form are complete and appropriate.
- B. Develop an administration of medication plan for the student before any medication is given by qualified personnel for schools.
- C. Review all medication refills with the medication order and parent/guardian written authorization prior to the administration of medication.
- D. Except as indicated by a student's emergency care plan, emergency medications shall be stored in an unlocked, clearly labeled and readily accessible cabinet or container during school hours under the supervision of the nurse or the principal or principal's designee trained in the administration of medication.
- E. Emergency medications shall be locked beyond the regular school day or program hours..
- F. Record on the Student's Individual Medication Record the date the medication is delivered and the amount of medication received.
- G. Store medication requiring refrigeration in a refrigerator at no less than 36 degrees Fahrenheit and no more than 46 degrees Fahrenheit. The refrigerator shall be located in a health office maintained for health service purposes with limited access. Non-controlled medications may be stored directly on the shelf of the refrigerator with no further protection needed. Controlled medications shall be stored in a locked box affixed to the refrigerator shelf.
- H. Store prescribed medicinal preparations in securely locked storage compartment. Controlled substances shall be contained in separate compartments, secured and locked at all times. At least two sets of keys for the medication containers or cabinets shall be maintained for each school building or before- and after-school programs and school readiness programs. The school nurse shall maintain one set of keys. The additional set shall be under the direct control of the Principal trained in the administration of medication shall also have a set of keys.

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### **Administering Medication to Students**

#### **Handling and Storage of Medications (Cont'd)**

All medication, 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.

No more than a three month supply of a medication for a student shall be stored at the school. All medications, prescriptions and non-prescription, shall be delivered and stored in their original containers and in such a manner as to render them safe and effective. No medication for a student shall be stored at a school without a current written order from an authorized prescriber.

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.

#### **Destruction/Disposal of Medication**

At the end of the school year or whenever a student's medication is discontinued by the authorized prescriber, the parent or guardian is to be contacted and requested to repossess the unused medication within a seven (7) school day period. If the parent/guardian does not comply with this request, all medication (non-controlled drugs) is to be destroyed by the school nurse in the presence of at least one witness () according to the following procedures:

1. Medication will be destroyed in a non-recoverable fashion.
  - A. If possible keep the medication in its original container.**
    - To protect privacy and discourage misuse of the prescription, cross out the patient's name with a permanent marker or duct tape or remove the label.
  - B. Modify the medications to discourage consumption.**
    - For solid medications: such as pills or capsules: add a small amount of water to at least partially dissolve them.
    - For liquid medications: add enough table salt, flour, charcoal, or nontoxic powdered spice, such as turmeric or mustard to make a pungent, unsightly mixture that discourages anyone from eating it.
    - For blister packs: wrap the blister packages containing pills in multiple layers of duct or other opaque tape.
  - C. Seal and conceal.**
    - Tape the medication container lid shut with packing or duct tape.
    - Place it inside a non-transparent bag or container to disguise content.

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**Administering Medication to Students**

**Destruction/Disposal of Medication (Cont'd)**

- D. Discard the container in your trash can.**
  
  - E. Schools that want to dispose of controlled substances should make all attempts to have parent/guardian repossess the medications.** If compliance is not met the school nurse should follow the state guidelines to call the Drug Control Division of the CT Department of Consumer Protection for assistance at 860-713-6100.
  
  - F. The following information is to be charted on the student's health folder or electronic record and signed by the school nurse and witness:**
    - A. Date of destruction.
    - B. Time of destruction.
    - C. Name, strength, form and quantity of medication destroyed.
    - D. Name of witness
2. Controlled substances shall not be destroyed by the school nurse. In the event that any controlled substance remains unclaimed, the school nurse or Supervisor of Nursing shall contact the Connecticut Commissioner of Consumer Protection to arrange for proper disposition. Any accidental destruction or loss of controlled drugs must be verified in the presence of a second person, including confirmation of the presence or absence of residue and jointly documented on the student medication administration record.
3. The completed medication administration record for non-controlled medications may be destroyed provided it is superseded by a summary on the student health record.

**Documentation and Record Keeping**

Record keeping of medication administration shall either be in ink and shall not be altered or shall be recorded electronically, in a record that cannot be altered, on the individual student's medication record form which, along with the parental authorization form and the authorized prescriber's order, becomes part of the student's permanent record.

An authorized prescriber's verbal order, including a telephone order, for a change in any medication may be received only by a school nurse. Such verbal order must be followed by a written order within three (3) school days.

## **Students**

### **Administering Medication to Students**

#### **Documentation and Record Keeping (Cont'd)**

1. An error in the administration of medication shall be reported to the school nurse who will initiate appropriate action and documentation in a student incident report and on his/her cumulative record.
2. Untoward reactions to medication shall be reported to the school nurse, the parent, and the student's physician.
3. Records of controlled substances shall be entered in the same manner as other medications with the following additions:
  - A. The amount of controlled drug shall be counted and recorded on the individual student medication record form after each dose given.
  - B. A true copy (carbon or NCR) of the forms shall be retained by the school for 3 years and the original filed in the student's permanent health record.
  - C. Loss, theft or destruction of controlled substances shall be immediately, upon discovery, reported to the Supervisor of Nursing Services who will contact the Connecticut Commissioner of Consumer Protection.

In the absence of a licensed nurse, only qualified personnel for schools who have been properly trained may administer medication to students. Qualified personnel for schools may administer oral, topical, or inhalant medications. Medications with a cartridge injector(s) 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.

#### **Medication Errors**

An error in the administration of medication shall be reported immediately to the school nurse, the school nurse supervisor, the parent/guardian, and the authorized prescriber, verbally and followed by a written incident report to all appropriate parties within one (1) school day.

A medication error includes any failure to administer medication as prescribed for a particular student, including failure to administer the medication:

- Within the appropriate timeframe.
- In the correct dosage.
- In accordance with accepted practice.
- To the correct student.

## **Students**

### **Administering Medication to Students**

#### **Medication Errors (Cont'd)**

In the event of a medication error, the school nurse shall notify the parent or guardian. The nurse shall document the effort to reach the parent or guardian. If there is a question of potential harm to the student and medical treatment may be required, the nurse and/or building administrator shall also notify the student's authorized prescriber or the School Medical Advisor. In a severe emergency, 911 should be called. Contact the Poison Control Center as deemed necessary.

Any errors in the administration of a medication shall be documented by the nurse in the student's cumulative health record. A written incident report shall be made and submitted to the nursing supervisor.

In case of an anaphylactic reaction or the risk of such reaction, a school nurse or qualified school personnel who have been medication trained 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 physician.

A report shall be completed using the authorized accident/incident report form.

Any error in the administration of medication shall be documented in the student's cumulative health record.

#### **Administration of Emergency Medication**

In the absence of a school nurse, medication trained qualified personnel for schools may give emergency medication orally or by injection to students with a medically diagnosed allergic condition which would require such prompt treatment to protect the child from serious harm or death so long as the qualified personnel has completed training in administration of such medication.

Whenever a student has an untoward 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.

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

- A. The use of the 911 emergency response system;
- B. The contact of a local poison information center;
- C. The physician, clinic or emergency room to be contacted in such an emergency;

## **Students**

### **Administering Medication to Students**

#### **Administration of Emergency Medication (Cont'd)**

- D. The name of the person responsible for the decision-making in the absence of the school nurse;
- E. The application by properly trained and/or certified personnel of appropriate emergency medical care techniques, such as cardio-pulmonary resuscitation;
- F. Administration of emergency medication by qualified personnel trained in medication administration
- G. Transporting the student to the nearest available emergency medical care facility that is capable of responding to a medication emergency.

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.

The school nurse, or in the absence of the school nurse a principal or qualified personnel trained in medication administration, is responsible for notifying 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.

### **Supervision**

The school nurse is responsible for general supervision of administration of medications in the school(s) to which that nurse is assigned. The school nurse's duty of general supervision includes, but is not limited to the following:

#### **1. Availability on a regularly scheduled basis to:**

- a. review orders or changes in orders, and communicate these to personnel designated to administer medication for appropriate follow-up;
- b. set up a plan and schedule to ensure medications are given;
- c. provide training to qualified personnel for schools in the administration of medications, and assess that the qualified personnel for schools are competent to administer medications;
- d. support and assist qualified personnel for schools to prepare for and implement their responsibilities related to the administration of specific medications during school hours and during school related activities.
- e. provide consultation by telephone or other means of telecommunications. (In the absence of the school nurse, an authorized prescriber may provide this consultation.)

## **Students**

### **Administering Medication to Students**

#### **Supervision (Cont'd)**

**2. In addition, the school nurse shall be responsible for:**

- a. implementing policies and procedures regarding the receipt, storage, and administration of medications;
- b. reviewing, on a monthly basis, all documentation pertaining to the administration of medications for students;
- c. observing the competency to administer medication by qualified personnel for schools; and
- d. conduct periodic reviews, as needed, with qualified personnel for schools, regarding the needs of any student receiving medication.

#### **Administration of Medication during Intramural and Interscholastic Athletics**

A coach or licensed athletic trainer, trained in the general principles of medication administration applicable to receiving, storing, and assisting with inhalant medications or cartridge injector medications and documentation, may administer medication for select students, according to the student's individualized medication plan, for whom self-administration plans are not viable options as determined by the school nurse.

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

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

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

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

## **Students**

### **Administering Medication to Students**

#### **Administration of Medication during Intramural and Interscholastic Athletics (Cont'd)**

Coaches and licensed athletic trainers are required to fulfill the documentation requirements as outlined in these administrative regulations. A separate medication administration record for each student shall be maintained in the athletic area. Errors in the administration of medication shall be reported to the school nurse and actions taken as outlined in these administrative regulations. If the school nurse is not available, a report may be submitted by the coach or licensed athletic trainer to the school nurse on the next school day.

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

Legal Reference:        Connecticut General Statutes  
                                 10-206 Health assessment  
                                 10-212 School nurses and nurse practitioners. Administration of  
                                 medications by parents or guardians on school grounds. Criminal history;  
                                 records check  
                                 10-212a Administration of medicines by school personnel. (as amended by  
                                 P.A. 03-211, PA 04-181 and PA 09-155)  
                                 19a-900 Use of cartridge injector by staff member of before- or after-  
                                 school program, day camp or day care facility  
                                 21a-240 Definitions  
                                 29-17a Criminal history checks. Procedure. Fees  
                                 52-557b Immunity from liability for emergency medical assistance first  
                                 aid or medication by injection. School personnel not required to  
                                 administer or render. (as amended by PA 05-144 – An Act Concerning  
                                 the Emergency Use of Cartridge Injectors)  
                                 Connecticut Regulations of State Agencies  
                                 10-212a-1 through 10-212a-10 Administration of Medication by School  
                                 Personnel and Administration of Medication During Before- and After-  
                                 School Programs and School Readiness Programs  
                                 1307.21 Code of Federal Regulation

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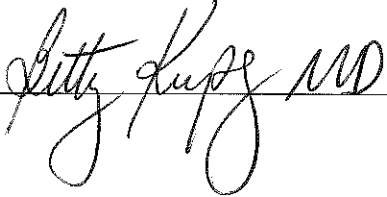
Regulations revised 6/ /2012

Regulation revised 10/18/04

Regulation approved by Board:

Regulation approved by Medical Advisor  
Dr. Betty Kupracz

**GRANBY PUBLIC SCHOOLS**  
**Granby, Connecticut**

 5/31/2012