

- I. CALL TO ORDER
- II. PLEDGE OF ALLEGIANCE
- III. APPROVAL OF THE MINUTES
 - III.A. December 3, 2015 – Regular
 - III.B. December 5, 2015 – Special
- IV. APPROVAL OF THE AGENDA
- V. CHAIRMAN’S REPORT
- VI. SUPERINTENDENT’S REPORT
- VII. STUDENT REPRESENTATIVES’ REPORT
- VIII. COMMITTEES
 - VIII.A. Finance
 - VIII.B. Curriculum
 - VIII.C. Personnel
 - VIII.D. Policy
 - VIII.E. Operations
 - VIII.F. Field Fees
 - VIII.G. Liaison
 - VIII.G.1. Board of Finance
 - VIII.G.2. Magnet School
 - VIII.G.3. Parks and Recreation Committee
 - VIII.G.4. Permanent Building Committee
 - VIII.G.5. Technology
 - VIII.G.6. Safety
 - VIII.G.7. Education Connection
- IX. INFORMATION ITEMS
 - IX.A. Consolidated School Heimlich Maneuver Video
 - IX.B. Announcement of Retirement
 - IX.C. BSC Group Parking Lot Circulation Proposals for NFMS/HS and Consolidated School
 - IX.D. Board of Education Policies (First Reading)
 - IX.E. Policy 1120 - Public Participation at BOE Meetings
 - IX.F. Bylaw 9132 - Standing Committees
 - IX.G. Bylaw 9133 - Special/Advisory/Ad Hoc Committees
 - IX.H. Bylaw 9325 - Meeting Conduct
 - IX.I. Bylaw 9325.2 - Order of Business
- X. PUBLIC PARTICIPATION - The Board welcomes public participation. Pursuant to our Board Policy, public participation is limited to no more than three (3) minutes per speaker and a total of no more than fifteen (15) minutes. People who wish to speak longer are encouraged to attend any and all related
- XI. ACTION ITEMS
 - XI.A. Personnel Report

XI.B. Board of Education Policies

XI.B.1. Policy 4115 – Evaluation

XI.B.2. Policy 4131 – Staff Development

XI.B.3. Policy 5113.2 – Truancy

XI.B.4. Policy 5141 – Student Health Services

XI.B.5. Policy 5141.3 – Health Assessments and Immunizations

XI.B.6. Policy 5141.21 – Administering Medication

XI.B.7. Policy 6146.2 – Statewide Proficiency/Mastery Examinations

XI.C. Acceptance of Donations

XI.C.1. New Fairfield High School Booster Club

XI.C.2. Ingersoll Auto

XII. OTHER

XIII. ADJOURNMENT

Consolidated School Heimlich Maneuver Video

[Sequence 1-Heimlich-H.264 - Webcasting .mov](#)

Community Relations

Public Participation at Board of Education Meetings

The Board encourages public participation during the public comment portion of the meeting. The Chairperson reserves the right to limit public comment. Furthermore, the public is encouraged to attend the Board of Education subcommittee meetings where public discussion of issues is welcomed.

Each speaker, Board of Education and public, should try to speak directly to the point in as concise a manner as possible and should not repeat a previous comment. ~~The Board welcomes public participation.~~ Pursuant to our Board Policy, public participation is limited to no more than three (3) minutes per speaker and a total of no more than fifteen (15) minutes. Individuals who wish to speak longer are encouraged to attend any and all related subcommittee meetings where most of the board's groundwork is done. ~~The board values public input, but due to these time limitations, asks individuals to be concise and please do not repeat a previous comment.~~ Persons wishing to address the Board should give their names ~~and addresses.~~

(cf. 1312 Public Complaints)

Legal Reference: Connecticut General Statutes

- 1-225 Meetings of government agents to be public. Recording of votes. Schedule and agenda of meetings to be filed. Notice of special meetings. Executive sessions.
- 1-226 Broadcasting or photographing meetings.
- 19a-342 Smoking in public meetings in rooms of public building prohibited.
- 1-227 Mailing of notice of meetings to persons filing written request. Fees.
- 1-230 Regular meetings to be held pursuant to regulation, ordinance or resolution.
- 1-232 Conduct of meeting.
- 1-206 Denial of access to public records or meetings.
- 10-238 Petition for hearing by board of education.

Policy adopted: June 21, 2007
 Policy revised: June 18, 2015

NEW FAIRFIELD PUBLIC SCHOOLS
 New Fairfield, Connecticut

Bylaws of the Board

Standing Committees

Standing committee members shall be appointed by the Chairperson of the Board of Education at a Board of Education meeting at such time as the Board decides to create or recreate the committee. The Chairperson shall be an ex officio member of each standing committee. Standing committees shall have at least three members and no more than four so as not to constitute a quorum when meeting.

Should it be necessary, the Chairperson or Acting Chairperson of the committee is authorized to appoint any Board member in attendance at that meeting provided the committee does not exceed four members.

The duties of the committee shall be outlined at the time of appointment, and the committee shall report to the Board of Education, as needed.

Minutes shall be kept in accordance with Board policy and the Freedom of Information Act.

The calling of the committee will be determined by the Chairperson of the committee in consultation with the committee members. The conduct of the committee will be determined by its members.

Committee Generally, committee meetings shall be scheduled on a monthly basis, with the exception of Field Fees that will be scheduled as needed. However, the committee Chairperson, in consultation with the Superintendent can cancel the meeting should there be no pressing business.

SUBCOMMITTEES

- Curriculum
- ~~Finance~~
- ~~Personnel~~
- Communications/Community Outreach
- Policy
- ~~Operations~~
- Business Operations/Resource Management
- Field Fees

(cf. 9130 - Committees)

Legal Reference: Connecticut General Statutes
 1-200 through 1-241 Freedom of Information Act.
 1-200 Definitions.
 1-225 Meetings of government agencies to be public.

Bylaw adopted by the Board:	January 6, 2000	NEW FAIRFIELD PUBLIC SCHOOLS
Bylaw revised:	May 3, 2007	New Fairfield, Connecticut
Bylaw revised:	March 15, 2012	

Bylaws of the Board

~~Special Committees/Advisory Committees/Ad Hoc Committees~~

~~Upon discussion with the Board of Education, special committees, advisory committees and ad hoc committees act in an advisory capacity only. Their recommendations are presented to the Board but are not binding.~~

The Chairperson of the Board of Education shall appoint temporary and special ad hoc committees as may be deemed necessary or advisable by the Board of Education, and the Chairperson shall be an ex-officio member of each committee.

The duties of the committee shall be outlined at the time of appointment, and the committee shall be considered dissolved when its final report has been made to the Board of Education.

~~All committees of the Board of Education shall follow the provisions of the Freedom of Information Act as required by statute.~~

~~Ad Hoc Committees~~

Ad Hoc committee members shall be appointed by the Chairperson of the Board of Education at a Board of Education meeting at such time as the Board decides to create or recreate the committee. No more than four Board of Education members may be appointed to any such committee.

~~Upon discussion with the Board of Education, special committees, advisory committees and ad hoc committees act in an advisory capacity only. Their recommendations are presented to the Board but are not binding.~~

Ad Hoc committees shall, at their first meeting, elect a member of that committee to chair the committee. Should it be necessary to reach a quorum, the Chairperson of an Ad Hoc committee is authorized to appoint any Board member as a temporary member for that meeting only.

~~All committees shall follow the provisions of the Freedom of Information Act as required by statute.~~

Ad Hoc committees shall be formed by a majority vote of the Board. If, when forming an Ad Hoc committee, it is being formed for a specific time-limited task, the Board shall state a date upon which the Ad Hoc committee shall expire. The Board of Education may, by majority vote, extend such time period as it feels necessary. If the committee is formed without an end date it must be reestablished at the first regularly scheduled meeting following the biannual general elections or it shall expire.

Bylaws of the Board

~~Special Committees/Advisory Committees/Ad Hoc Committees~~

No Ad Hoc committee shall have the power other than to recommend to the Board of Education. No Ad Hoc committee, or member of such a committee, shall be authorized to make any contract or enter into any agreement which involves the expenditure of money, unless such contract or agreement is authorized by the Board either in regular or special meeting.

All committees of the Board of Education shall follow the provisions of the Freedom of Information Act as required by statute.

Legal Reference: Connecticut General Statutes

1-200 through 1-241 Freedom of Information Act.

1-200 Definitions.

1-225 Meetings of government agencies to be public.

Bylaw adopted by the Board: June 23, 1999
Bylaw revised: May 3, 2007

NEW FAIRFIELD PUBLIC SCHOOLS
New Fairfield, Connecticut

Bylaws of the Board

Meeting Conduct

Meetings of the Board of Education shall be conducted by the Chairperson in a manner consistent with the adopted bylaws of the Board.

All Board meetings shall commence at the stated time and shall be guided by an agenda which has been prepared and delivered in advance to all Board members and other designated persons.

The conduct of meetings shall, to the fullest possible extent, enable members of the Board to (1) consider problems to be solved, weigh evidence related thereto, and make wise decisions intended to solve the problems, and (2) receive, consider and take any needed action with respect to reports of accomplishment of students or of school system operations.

Provisions for permitting any individual or group to address the Board concerning any subject that lies within its jurisdiction shall be as follows:

1. Time allotment to each speaker will be left to the discretion of the Chairperson.
2. No boisterous **inappropriate and disrespectful** conduct shall be permitted at any Board of Education meeting. Persistence in boisterous **inappropriate and disrespectful** conduct shall be grounds for summary termination by the Chairperson of that person's privilege of address. If necessary, the Chairperson may clear the room so that the Board can continue the meeting.
3. Speakers may offer objective criticism of district operations and programs, but the Board encourages members of the public to address complaints concerning individual district personnel through the proper chain of command. The Chairperson may direct the member of the public to the appropriate means to address concerns brought before the Board; however the Board will not respond with action but will take comments under advisement and direct the comments to the appropriate staff member to address outside of the Board meeting.

The Board of Education may adjourn any regular or special meeting to a specified time and place. If there is less than a quorum, the members present may do likewise. If all members of the Board are absent, the clerk may adjourn the meeting. A copy of the notice of adjournment shall be conspicuously displayed near the meeting room door within twenty-four hours of adjournment.

Bylaws of the Board

Meeting Conduct (continued)

Actions by the Board

No action will be taken unless the subject acted upon was listed in the agenda published for that meeting, except that an item of business not included on the agenda of a regular meeting may be considered and acted upon after a two-thirds vote of the members present and voting to add such business to the agenda.

The Board of Education shall not adopt resolutions except where such adoption is required by law, or where the intent of the Board is to publish a status position of the Board, as in advising the General Assembly of the Board's position on a proposed law, or commending staff members or other agencies for work well done.

All actions taken by the Board shall be identified clearly in minutes of the Board meeting as provided in Bylaw 9326, Minutes.

(cf. 1120 - Board of Education Meetings re public participation)

(cf. 1312 - Public Complaints)

(cf. 9321 - Time, Place, Notification of Meetings)

(cf. 9322 - Public and Executive Sessions)

(cf. 9323 - Construction/Posting of Agenda)

Legal Reference: Connecticut General Statutes
 18a Definitions
 1-200 Access to public records
 1-225 Meetings of government agencies to be public
 1-226 Recording, broadcasting or photographing meetings
 19a-342 Smoking prohibited in certain places. Signed required. Penalty
 1-231 Executive sessions
 1-232 Conduct of meetings (re disturbances)
 1-206 Denial of access of public records or meetings. Notice. Appeal
 10-224 Duties of the Secretary

Bylaw adopted by the Board: January 6, 2000
 Bylaw revised: May 3, 2007
 Bylaw revised: April 21, 2015

NEW FAIRFIELD PUBLIC SCHOOLS
 New Fairfield, Connecticut

Bylaws of the Board

Order of Business

The order of business at the regular meeting shall be as follows:

- I. Call to Order
- II. Pledge of Allegiance
- III. Approval of the Minutes
- IV. Approval of the Agenda

V. Public Participation

The Board welcomes public participation. Pursuant to our Board Policy, public participation is limited to no more than three (3) minutes per speaker and a total of no more than fifteen (15) minutes. People who wish to speak longer are encouraged to attend any and all related subcommittee meetings where most of the board's groundwork is done. We value your input, but due to these time limitations, we ask you to be concise and please do not repeat a previous comment. We know you will observe the rules of common courtesy. Thanks. [9320(a) of Board Bylaws]

VI. Election of a New Board Member – when necessary

VII. Recognition – when necessary

VIII. Chairman's Report

IX. Superintendent's Report

X. Student Representatives' Report

XI. Board and Administrative Communications

- A. Chairman's Report
- B. Superintendent's Report
- C. Student Representatives' Report
- D. Committee Reports – when necessary
 - 1. Business Operations/Resource Management (*Committee Chair name*)
 - 2. Curriculum (*Committee Chair name*)
 - 3. Communications/Community Outreach (*Committee Chair name*)
 - 4. Policy (*Committee Chair name*)
 - 5. Field Fees (*Committee Chair name*)
- E. Liaison Reports – when necessary
 - 1. Board of Finance (*Board Member name*)
 - 2. Magnet School (*Board Member name*)
 - 3. Parks & Recreation Commission (*Board Member name*)

Bylaws of the Board

Order of Business (continued)

4. Permanent Building Committee (Board Member name)
5. Technology (Board Member name)
6. Safety (Board Member name)
7. Education Connection (Board Member name)
8. Calendar (Board Member name)
9. Athletic Council (Board Member name)

IX. Information Items

XI. ~~Public Participation~~

~~The Board welcomes public participation. Pursuant to our Board Policy, public participation is limited to no more than three (3) minutes per speaker and a total of no more than fifteen (15) minutes. People who wish to speak longer are encouraged to attend any and all related subcommittee meetings where most of the board's groundwork is done. We value your input, but due to these time limitations, we ask you to be concise and please do not repeat a previous comment. We know you will observe the rules of common courtesy. Thanks. [9320(a) of Board Bylaws]~~

X. Action Items

XIV. ~~Other~~

XI. Board Member Comments

XII. Executive Session – when necessary

XIII. Adjournment

Dates to Remember: Listing of upcoming meeting dates and events

Procedure

Executive session can be called at any point during the meeting. The current edition of *Robert's Rules of Order*, Newly Revised, shall govern the proceedings of the Board of Education, except when in conflict with Board policy or State Statutes.

Bylaw adopted by the Board: June 23, 1999
 Bylaw revised: May 3, 2007
 Bylaw revised: March 15, 2012

NEW FAIRFIELD PUBLIC SCHOOLS
 New Fairfield, Connecticut

Personnel -- Certified

Evaluation

It is universally accepted that good teaching is the most important element in a sound educational program. Student learning is directly affected by teacher competence; therefore, teacher evaluation shall be accomplished using a teacher evaluation plan that demonstrates a clear link between teacher evaluation, professional development, and improved student learning as evidenced by student achievement.

Note: "Teacher" or "Administrator" for purposes of evaluation shall include each professional employee of the Board, below the rank of Superintendent, who holds a certificate or permit issued by the State Board of Education.

Appraisal of teaching performance should serve three purposes:

1. To raise the quality of instruction and educational services to the children of our community resulting in improved student learning and achievement.
2. To raise the standards of the teaching profession as a whole.
3. To aid the individual teacher to continue to grow professionally, linking district-wide teacher evaluation and professional development plans.

Evaluation of teacher performance must be a cooperative, continuing process designed to improve student learning and the quality of instruction. For the school year commencing July 1, 2013, and each school year thereafter, the Superintendent shall annually evaluate or cause to be evaluated all certified employees in accordance with the teacher evaluation and support program developed through mutual agreement with the Professional Development and Evaluation Committees for the District. **The required union representation on such committee shall include at least one representative from each of the teachers' and administrators' unions.** The teacher shares with those who work with the teacher the responsibility for developing effective evaluation procedures and instruments and for the development and maintenance of professional standards and attitudes regarding the evaluation process.

The Board of Education shall adopt and implement a teacher evaluation and support program. Such teacher evaluation and support program shall be developed through mutual agreement with the District's professional development and evaluation committees.

The system-wide program for evaluating the instructional process and all certified personnel is viewed as one means to improve student learning and insure the quality of instruction. The evaluation plan shall include, but need not be limited to, strengths, areas needing improvement, strategies for improvement and multiple indicators of student academic growth.

The Superintendent and all certified employees whose administrative and supervisory duties equal at least 50% of their time shall include a minimum of fifteen hours of training in the evaluation of teachers pursuant to Section 10-151b, as part of the required professional development activity during each five year period for reissuance of their professional educator certificate.

Personnel -- Certified

Evaluation (continued)

The Superintendent shall annually evaluate or cause to be evaluated each teacher and administrator in accordance with the teacher evaluation and support program and may conduct additional formative evaluations toward producing an annual summative evaluation.

In the event that a teacher or an administrator does not receive a summative evaluation during the school year, such individual shall receive a rating of “not rated” for that year.

~~*Note: The SBE may waive the requirement of consistency with SBE’s model guidelines for any district that, before the model guidelines are validated, (after the pilots 2012-2013), developed a teacher evaluation program that is determined by the SBE to substantially comply with the guidelines.*~~

The Superintendent shall report to the Board by June 1 annually on the status of the evaluations. In addition, by June 30 annually, the Superintendent shall report to the Commissioner of Education on the implementation of the teacher evaluation and support program including their frequency of evaluations, aggregate evaluation ratings, the number of teachers and administrators not evaluated, and other requirements as determined by the State Department of Education.

Remediation Plans

Teachers rated “below standard” or “developing” shall have an improvement and remediation plan that:

1. is developed in consultation with the teacher and his/her union representative;
2. identifies resources, support, and other methods to address documented deficiencies;
3. contains a timeline for implementing such measures in the same school year as the plan is issued; and
4. provides success indicators that include a minimum overall rating of “proficient” at the end of the improvement and remediation plan.

Evaluation Training

For the school year commencing July 1, 2013, the Board, prior to any evaluation conducted under the teacher evaluation and support program, shall conduct training programs for all evaluators and orientation for all District teachers regarding the District’s teacher evaluation and support program. Such training shall provide instruction to evaluators regarding how to conduct proper performance evaluations prior to conducting an evaluation under the teacher evaluation and support program. The orientation for each teacher shall be completed before a teacher receives an evaluation under the teacher evaluation and support program.

Note: “Teacher” includes all certified employees below the rank of Superintendent.

Personnel -- Certified

Evaluation (continued)

Audit

The Board, starting July 1, 2014, if selected, will participate as required, in an audit of its evaluation program, conducted by the State Department of Education.

(cf. - 4131 Staff Development)

Legal Reference: Connecticut General Statutes

10-145b Teaching certificates

10-151b Evaluation by superintendent of certain educational personnel. (as amended by P.A. 95-58 An Act Concerning Teacher Evaluations, Tenure and Dismissal and P.A. 00-13 An Act Concerning Teacher Competency and P.A. 10-111, An Act Concerning Education Reform in Connecticut and P.A. 12-116, An Act Concerning Educational Reform)

10-220a In-service training. Professional development. Institutes for educators. Cooperative and beginning teacher programs, regulations. (as amended by PA 15-215)

PA 12-116 An Act Concerning Education Reform (as amended by PA 13-145 An Act Concerning Revisions to the Reform Act of 2012.)

Connecticut Guidelines for Educator Evaluation, adopted by the State Board of Education, June 27, 2012.

Connecticut's System for Educator Evaluation and Development (SEED) state model evaluation system.

Policy adopted: June 1, 2006
Policy revised: November 21, 2013
Policy revised:

NEW FAIRFIELD PUBLIC SCHOOLS
New Fairfield, Connecticut

An update to this appendix based upon PA 15-108 and PA 15-215.

Connecticut General Statutes 10-220a - In-service Training

A. Required In-service Topics for Certified Personnel

1. Nature and the relationships of drugs and alcohol to health and personality development and procedures for discouraging their abuse.
2. Health and mental health risk reduction education including, but not limited to the prevention of risk-taking behavior by children and the relationship of such behavior to substance abuse, pregnancy, sexually transmitted diseases, including HIV-infection and AIDS, violence, teen dating, domestic violence, child abuse and youth suicide.
3. Growth and development of exceptional children, including handicapped and gifted and talented children including but not limited to, children with attention deficit hyperactivity disorder or learning disabilities who may require special education, and methods for identifying, planning and working effectively with special needs children in a regular classroom
4. School violence prevention and conflict resolution and the prevention of and response to youth suicide.
5. Identification and prevention of bullying and response to bullying as defined in 10-222d, subsection (a) as amended. (Boards that implement an evidence-based model approach approved by the SDE are not required to provide in-service training on prevention of bullying.)
6. Cardiopulmonary resuscitation and other emergency life saving procedures.
7. Computer and other information technology as applied to student learning and classroom instruction, communications and data management.
8. Teaching of the language arts, reading and reading readiness and assessment of reading performance including methods of teaching language skills necessary for reading, comprehension skills, phonics and the structure of the English language for teachers in grades kindergarten to three, inclusive. (15 hours every 5 years)
9. Second language acquisition in districts required to provide a program of bilingual education pursuant to C.G.S. 10-17f.
10. Elementary, middle, and high school teachers must include 15 hours of training in the use of computers in the classroom every five years. Teachers, regardless of grade level, who can demonstrate technology competency, in a manner determined by the Board of Education, based on statewide standards for teacher competency in the use of instructional technology, shall be exempted from this requirement.
11. Training in the evaluation of teachers for superintendents and those employees employed in positions requiring an intermediate administrator or supervisory certificate whose duties equal at least 50% of the assigned time. (15 hours every 5 years)

Connecticut General Statutes 10-220a - In-service Training

A. Required In-service Topics for Certified Personnel (continued)

12. Training in the teacher evaluation and support program developed pursuant to subsection (b) of Connecticut General Statute 10-151b, as amended.
13. Certified staff with an endorsement in special education, holding a position requiring such endorsement shall have at least ten hours of training every five years in the implementation of student individualized education programs (IEPs) and the communication of individualized education program procedures to parents/guardians of students who require special education or related services.
14. Training in the detection and recognition of, and evidence-based structured literacy interventions for, students with dyslexia.
15. Training in cultural competency including instruction concerning awareness of students' background and experience that lead to the development of skills, knowledge and behaviors that enable educators and students to build positive relationships and work effectively in cross-cultural situations.

B. Optional In-Service Topics for Certified Personnel

- Holocaust and genocide education and awareness
- African-American History
- Puerto-Rican History
- Native American History
- Personal Financial Management
- The historical events surrounding the Great Famine in Ireland
- ~~Domestic Violence and Teen Dating Violence~~

Existing policy with revisions based on PA 15-225.

Students

Truancy

Introduction and Definitions

The district's policy on student truancy shall stress early prevention and inquiry leading to remediation of absences rather than imposition of punitive measures for students. Referral to legal authorities normally shall be made only when local resources are exhausted. For purposes of implementing this policy and for reporting purposes regarding truancy, the District will utilize the State Board of Education approved definitions of "excused" and "unexcused" absences.

"Truant" shall mean a student age five to eighteen, inclusive, who has four unexcused absences in any one month, or ten unexcused absences in one school year.

"Unexcused Absence" Board policy with respect to unexcused absences stresses prevention and inquiry leading to remediation of absences. The schools will make all reasonable efforts to help students improve their attendance when such improvement is warranted. When all local resources are exhausted referral to legal authorities is recommended.

"In attendance" shall mean a student is present at his/her assigned school, or an activity sponsored by the school (e.g., field trip), for at least half of the regular school day. A student who is serving an out-of-school suspension or expulsion should always be considered absent.

"Chronically absent child" is an enrolled student whose total number of absences at any time during a school year is equal to or greater than ten percent of the total number of days that such student has been enrolled at such school during such school year.

"Absence" means an excused absence, unexcused absence or disciplinary absence, as those terms are defined by the State Board of Education or an in-school suspension that is greater than or equal to one-half of a school day.

"District chronic absenteeism rate" means the total number of chronically absent children in the previous school year divided by the total number of children under the jurisdiction of the Board of Education for such school year.

"School chronic absenteeism rate" means the total number of chronically absent children for a school in the previous school year divided by the total number of children enrolled in such school for such school year.

Remediation of Truancy

School personnel shall seek cooperation from parents or other persons having control of such child and assist them in remedying and preventing truancy. The Superintendent of Schools shall develop regulations which will detail the following school district obligations under the district's truancy policy:

Students

Truancy

Remediation of Truancy (continued)

1. Notify parents annually of their obligations under the attendance policy.
2. Obtain telephone numbers for emergency record cards or other means of contacting parents or other persons having control of the child during the school day.
3. Establish a system to monitor student attendance.
4. Make a reasonable effort by telephone and by mail to notify parents or other persons having control of the child when a child does not arrive at school and there has been no ~~previously~~ **previous** approval or other indication which indicates parents are aware of the absence.

The required mailed notice shall include a warning that two unexcused absences from school in one month or five unexcused absences in a school year may result in a complaint filed with the Superior Court alleging the belief that the acts or omissions of the child are such that the child's family is a family with service needs.

5. Identify a student as "truant" when the student accumulates four unexcused absences in any month or ten in a school year.
6. Identify a student as "chronically absent" when the student accumulates a total number of absences at any time during a school year that is equal to or greater than ten percent of the total number of days that such student has been enrolled at the school during the school year.
7. Appropriate school staff meet with parents of a child identified as truant **or chronically absent** to review and evaluate the situation, within ten days of such designation. **Such meeting may involve the school or District Attendance Team.**

Students so identified may be subject to:

- (a) retention in the same grade to acquire necessary skills for promotion.
 - (b) a requirement to complete a summer school program successfully before being promoted to the next grade.
8. File a written complaint with the Superior Court, not later than fifteen calendar days after the failure of a parent/guardian to attend the meeting (item ~~#6~~ **#7**) or upon the failure to cooperate with the school attempting to solve the truancy problem, alleging that the acts or omissions of a child identified as "truant" are such that the student's family is a "family with service needs", if the parent or other person having control of the child fails to attend the required meeting with appropriate school personnel to evaluate why the child is truant or fails to cooperate with the school in trying to solve the child's truancy problem.

Students

Truancy

Remediation of Truancy (continued)

9. When a petition is filed, an educational evaluation of the truant student shall be done by appropriate school personnel if no such evaluation has been performed within the preceding year.
10. Provide coordination of services and refer “truants” to community agencies which provide family services.
11. If in existence, refer the child to the children’s probate court truancy clinic.

Chronic Absenteeism

The Board of Education, in compliance with statute, requires the establishment of attendance review teams when chronic absenteeism rates in the District or at individual schools in the District meet the following circumstances:

1. A District team must be established when the District’s chronic absenteeism rate is 10 percent or higher.
2. A school team must be established when the school chronic absenteeism rate is 15 percent or higher.
3. A team for either the District or each school must be established when (a) more than one school in the District has a school chronic absenteeism rate of 15 percent or higher or (b) a District has a District chronic absenteeism rate of 10 percent or higher and one or more schools in the District have a school chronic absenteeism rate of 15 percent or higher.

The membership of attendance review teams may consist of school administrators, guidance counselors, school social workers, teachers, chronically absent children, parents or guardians of chronically absent children, and representatives from community-based programs who address issues related to student attendance by providing programs and services to truants.

Each attendance review team shall be responsible for reviewing the cases of truants and chronically absent children, discussing school interventions and community referrals for such truants and chronically absent children and making any additional recommendations for such truants and chronically absent children and their parents or guardians. Each attendance review team shall meet at least monthly.

The District shall utilize the chronic absenteeism prevention and intervention plan developed by the State Department of Education when it becomes available. (*SDE to develop by 1/1/16.*)

Students

Truancy

Chronic Absenteeism (continued)

The District shall annually include in information for the strategic school profile report for each school and the District that submitted to the Commissioner of Education, data pertaining to truancy and chronically absent children.

The Principal or his/her designee of any elementary or middle school located in a town/city designated as an alliance district may refer to the children's truancy clinic established by the Probate Court serving the town/city, a parent/guardian with a child defined as a truant or who is at risk of becoming a truant. (An attendance officer or a police officer shall deliver the citation and summons and a copy of the referral to the parent/guardian.)

Legal Reference: Connecticut General Statutes
 10-184 Duties of parents. (as amended by PA 98-243 and PA 00-157)
 10-198a Policies and procedures concerning truants (as amended by PA 00-157 and P.A. 11-136)
 10-199 through 10-202 Attendance, truancy in general. (Revised, 1995, PA 95-304)
 45a-8c Truancy clinic. Administration. Policies and procedures. Report. (as amended by PA 15-225)
 10-220(c) Duties of boards of education (as amended by PA 15-225)
 10-202e-f Policy on dropout prevention and grant program.
 10-221(b) Board of education to prescribe rules. *Campbell v New Milford*, 193 Conn 93 (1984).
Action taken by the State Board of Education on January 2, 2008, to define "attendance."
Action taken by the State Board of Education on June 27, 2012, to define "excused" and "unexcused" absences.
 PA 15-225, An Act Concerning Chronic Absenteeism.

Policy adopted: December 4, 2008
 Policy revised: November 17, 2011
 Policy revised: March 7, 2013
 Policy revised:

NEW FAIRFIELD PUBLIC SCHOOLS
 New Fairfield, Connecticut

Existing policy with revisions to consider based on PA 15-174 and PA 15-242.

Students

Student Health Services

School District Medical Advisor

The Board of Education shall appoint a school district medical advisor and appropriate medical support service personnel including nurses.

School health efforts shall be directed toward detection and prevention of health problems and to emergency treatment, including the following student health services:

1. Appraising the health status of student and school personnel;
2. Counseling students, parents, and others concerning the findings of health examination;
3. Encouraging correction of defects;
4. Helping prevent and control disease;
5. Providing emergency care for student injury and sudden illness;
6. Maintaining school health records.

Health Records

There shall be a health record for each student enrolled in the school district which will be maintained in the school nurse's room. For the 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 Accountability 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 that such information once released by health care providers is no longer protected under HIPAA but is covered under FERPA.

Regular Health Assessments

Prior to enrollment in kindergarten, each child shall have a health assessment by one of the following medical personnel of the parents or guardians choosing to ascertain whether the student has any physical disability or other health problem tending to prevent him or her from receiving the full benefit of school work and to ascertain whether such school work should be modified in order to prevent injury to the student or to secure for the student a suitable program of education:

1. a legally qualified physician;
2. a physician's assistant licensed in Connecticut;
3. a school medical advisor;
4. a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base.

Students

Student Health Services (continued)

Regular Health Assessments (continued)

Such health assessment shall include:

1. Physical examination which shall include hematocrit or hemoglobin tests, height, weight, and blood pressure;
2. Updating of immunizations required under C.G.S. 10-204a as periodically amended;
3. Vision, hearing, postural, and gross dental screening;
4. Testing for tuberculosis and sickle cell anemia or Cooley's Anemia, (if required by the school district medical advisor);
5. Any other information including a health history as the physician believes to be necessary and appropriate.

Health assessments shall also be required in grades 6 and in grade 10 by a legally qualified physician of each student's parents or guardians own choosing, or by the school medical advisor, or the advisor's designee, to ascertain whether a student has any physical disability or other health problem. Such health assessments shall include:

1. Physical examination which shall include hematocrit or hemoglobin tests, height, weight, and blood pressure;
2. Updating of immunizations required under C.G.S. 10-204a and the Department of Public Health, Public Health Code, 10-204a-2a, 10-204-3a and 10-204a-4;
3. Vision, hearing, postural, and gross dental screening;
4. Testing for tuberculosis and sickle cell anemia or Cooley's Anemia, (if required by the school district medical advisor);
5. Any other information including a health history as the physician believes to be necessary and appropriate.

Students

Student Health Services (continued)

Regular Health Assessments (continued)

A child will not be allowed, as the case may be, to begin or continue in district schools unless health assessments are performed as required. Students transferring into the district must provide evidence of required Connecticut vaccinations, immunizations, and health assessments at enrollment and prior to school attendance.

Health assessments will be provided by the school medical advisor or the advisor's designee without charge to all students whose parents or guardians meet the eligibility requirement of free and reduced priced meals under the National School Lunch Program or for free milk under the special milk program.

Health assessment results and recommendations signed by the examining physician or authorized medical personnel shall be recorded on forms provided by the Connecticut State Board of Education and kept on file in the school the student attends. Upon written authorization from the student's parent or guardian, original cumulative health records shall be sent to the chief administrative officer of the school district to which such student moves and a true copy of the student's cumulative health records maintained with the student's academic records. If the student moves outside of Connecticut, a true copy will be sent to that school, and the original will be kept in our district. The Superintendent of Schools, or designee, shall notify parents of any health-related problems detected in health assessments and shall make reasonable efforts to assure that further testing and treatment is provided, including advice on obtaining such required testing or treatment.

Students who are in violation of Board requirements for health assessments and immunizations will be excluded from school after appropriate parental notice and warning.

Vision Screening

All students in grades ~~K-6, and grade 9~~ **K, 1, 3, 4 and 5** will be screened using a Snellen chart, or equivalent screening, by the school nurse or school health aide. Additional vision screening will also be conducted in response to appropriate requests from parents/guardians or professionals working with the student in question. Results will be recorded in the student's health record on forms supplied by the Connecticut State Board of Education, and the superintendent shall cause a written notice to be given to the parent or guardian of each student found to have any defect of vision or disease of the eyes, with a brief statement describing such defect or disease.

As necessary, special educational provisions shall be made for students with disabling conditions.

Students

Student Health Services (continued)

Hearing Screening

All students will be screened for possible hearing impairments in grades ~~K-3, grade 5~~, K, 1, 3, 4, 5 and grade 8. Additional audiometric screening will be conducted in response to appropriate requests from parents/guardians or professionals working with the student. Results will be recorded in the student's health record on forms supplied by the Connecticut State Board of Education, and the Superintendent shall cause a written notice to be given to the parent or guardian of each student found to have any defect of vision or disease of the eyes, with a brief statement describing such defect or disease.

As necessary, special educational provisions shall be made for students with disabling conditions.

Postural Screening

School nurses will screen all ~~female~~ students in grades ~~5 through 9 inclusive~~ 5 and 7 and male students in grades 8 or 9 for scoliosis or other postural problems. Additional postural screening will also be conducted in response to appropriate requests from parents/guardians or professionals working with the student. Results will be recorded in the student's health record on forms supplied by the Connecticut State Board of Education, and the Superintendent shall cause a written notice to be given to the parent or guardian of each student found to have any postural defect of problem, with a brief statement describing such defect or disease.

As necessary, special educational provisions shall be made for students with disabling conditions.

Student Medical Care at School

Student medical problems and emergencies are outlined in Categories I through IV in administrative regulation #5143. Schools personnel are responsible for the immediate care necessary for a student whose sickness or injury occurs on the school premises during school hours or in school-sponsored and supervised activities. Depending upon specific circumstances, Category V issues may also be considered emergencies by attending school personnel.

Schools shall maintain files of emergency information cards for each student. If a child's injury requires immediate care, the parent or guardian will be called by telephone by the nurse, the building principal, or other personnel designated by the principal, and will be advised of the student's condition. When immediate medical or dental attention is indicated, and when parents or guardians cannot be reached, the student will be transported to the nearest hospital unless otherwise indicated on the student's Emergency Information card. In this event, the family physician/dentist and school district medical advisor will be notified of school district actions.

Students

Student Health Services (continued)

(cf. 5142 - Student Safety)
(cf. 5141.4 - Child Abuse and Neglect)
(cf. 5141.5 - Suicide Prevention)
(cf. 6142.1 - Family Life and Sex Education)
(cf. 6145.2 - Interscholastic/Intramural Athletics)
(cf. 6171 - Special Education)

Legal Reference: Connecticut General Statutes

10-203 Sanitation.

10-204a Required immunizations, as amended by PA 15-174 & PA 15-242.

10-204c Immunity from liability

10-205 Appointment of school medical advisors.

10-206 Health assessments, as amended by PA 07-58 and PA 11-179.

10-206a Free health assessments.

10-207 Duties of medical advisers.

10-208 Exemption from examination or treatment.

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

10-209 Records not to be public.

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

10-212 School nurses and nurse practitioners.

10-212a Administration of medicines by school personnel.

10-213 Dental hygienists.

Students

Student Health Services

Legal Reference: Connecticut General Statutes (continued)

10-214 Vision, audiometric and postural screening: When required; notification of parents re defects; record of results. (As amended by PA 96-229 An Act Concerning Scoliosis Screening)

10-214a Eye protective devices.

10-214b Compliance report by local or regional board of education.

10-217a Health services for children in private nonprofit schools. Payments from the state, towns in which children reside and private nonprofit schools.

Department of Public Health, Public Health Code – 10-204a-2a, 10-204a-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)

Policy adopted: August 7, 2003
Policy readopted: June 16, 2005
Policy revised: March 15, 2012
Policy revised:

NEW FAIRFIELD PUBLIC SCHOOLS
New Fairfield, Connecticut

Suggested revisions to the existing policy based upon PA 15-174 and PA 15-242.

Students

Health Assessments and Immunizations

The Board of Education recognizes the importance of periodic health assessments according to state health regulations.

To determine health status of students, facilitate the removal of disabilities to learning and find whether some special adaptation of the school program may be necessary, the Board of Education requires that students have health assessments.

The Board of Education adheres to those state laws and regulations that pertain to school immunizations and health assessments. It is the policy of the Board of Education to insure that all enrolled students are adequately immunized against communicable diseases. The Board may deny continued attendance in school to any student who fails to obtain the health assessments required under C.G.S. 10-206, as may be periodically amended.

Parents wishing their children exempted or excused from health assessments must request such exemption to the Superintendent of Schools in writing. This request must be signed by the parent/guardian.

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 child or of the parent/guardian of the child. 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, **or a Connecticut-licensed attorney.** ~~or a school nurse.~~ It is the responsibility of the Principal to insure that each student enrolled has been adequately immunized and has fulfilled the required health assessments. The school nurse shall check and document immunizations and health assessments on all students enrolling in school and to report the status to the school principal. The school nurse shall also contact parents or guardians to make them aware if immunizations and/or health assessments are insufficient or not up-to-date. The school nurse will maintain in good order the immunization and health assessment records of each student enrolled.

No record of any student's medical assessment may be open to the public.

As required, beginning February 2004, the district will annually report to the Department of Public Health and to the local health director the asthma data obtained through the required asthma assessments, including student demographics. The district, as required, will also participate in annual school surveys conducted by the Department of Public Health pertaining to asthma. Individual students' names will not be disclosed.

(cf. 5111 - Admission)

(cf. 5141.31 - Physical Examinations for School Programs)

(cf. 5125 - Student Records)

Students

Health Assessments and Immunizations

Legal Reference: Connecticut General Statutes

- 10-204a Required immunizations (as amended by PA 96-244, PA 15-174 and PA 15-242)
- 10-204c Immunity from liability
- 10-205 Appointment of school medical adviser
- 10-206 Health assessments (as amended by June Special Session PA 01-1)
- 10-207 Duties of medical advisors
- 10-206a Free health assessments
- 10-208 Exemption from examination or treatment
- 10-208a Physical activity of student restricted; board to honor notice
- 10-209 School nurses
- 10-212 School nurses
- 10-214 Vision, audiometric and postural screenings. When required. Notification of parents re defects; record of results.

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

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

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: August 7, 2003
Policy readopted: June 16, 2005
Policy readopted: November 17, 2011
Policy readopted:

NEW FAIRFIELD PUBLIC SCHOOLS
New Fairfield, Connecticut

Existing regulation with mandatory revisions based upon PA 15-206.

Students

Health Assessments and Immunizations

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

- 1) Proof of immunization shall be required prior to school entry. A “school-aged child” also includes any student enrolled in an adult education program that leads to a high school diploma. This immunization verification is mandatory for all new school enterers and must include complete documentation of those immunizations requiring a full series. A required immunization record includes:
 - a) **For initial entry into school for kindergarten, regular and special education pre-school programs, grades 1-6:**
 - 4 doses of DPT/DTaP vaccine (Diphtheria - Pertussis - Tetanus). At least one dose is required to be administered on or after the 4th birthday for children enrolled in school at kindergarten or above. Students who start the series at age 7 or older need a total of 3 doses.
 - 3 doses of either trivalent oral polio vaccine (TOPV) or inactivated polio vaccine (IPV) with at least one dose of polio vaccine administered on or after the 4th birthday and before school entry. (This then usually results in 4 doses in total.)
 - 2 doses of MMR vaccine (measles, mumps and rubella). One dose at one (1) year of age or after and a second dose, given at least twenty-eight (28) days after the first dose, prior to school entry in kindergarten through grade twelve (12) OR disease protection, confirmed in writing, by a physician, physician assistant or advanced practical registered nurse that the child has had a confirmed case of such disease based on specific blood testing conducted by a certified laboratory. One dose on or after the child’s first birthday for enrollment in preschool.
 - 3 doses of Hepatitis B vaccine (HBV) or has had protection confirmed in writing by a physician, physician assistant or advanced practice registered nurse based on specific blood testing by a certified laboratory.
 - 1 dose of Hib (Hemophilus Influenza type b) is required of all school children who enter school **prior to their fifth birthday** or had a laboratory confirmed infection at age 24 months or older, confirmed in writing by a physician, physician assistant or advanced practice registered nurse.

Students

Health Assessments and Immunizations (continued)

- a) **For initial entry into school for kindergarten, regular and special education pre-school programs, grades 1-6:** (continued)
- Varicella (Chickenpox) Immunity -
 - (i) All students born January 1, 1997 or later must show proof of immunity to varicella (chickenpox) for entry into licensed pre-school programs and kindergarten; or on or after August 1, 2011 for entry into kindergarten two (2) doses shall be required, given at least three (3) months apart, the first dose on or after the 1st birthday.
 - (ii) Proof of immunity includes any of the following:
 - * Documentation of age appropriate immunizations considered to be one dose administered on or after the student's first birthday (if the student is less than 13 years old) or two doses administered at least 30 days apart for students whose initial vaccination is at thirteen years of age or older.
 - * Serologic evidence of past infection, confirmed in writing by a physician, physician assistant or advanced practice registered nurse based on specific blood testing by a certified laboratory, or
 - * Statement signed and dated by a physician, physician assistant or advanced practice registered nurse indicating a child has already had varicella (chickenpox) based on diagnosis of varicella or verification of history of varicella. (Date of chickenpox illness not required)
 - (iii) All students are required to show proof of immunity (see above) to Varicella for entry into 7th grade.
 - Hepatitis A – Requirement for PK and K for children born on or after January 1, 2007, is enrolled in preschool or kindergarten on or after August 1, 2011.
 - (i) Two (2) doses of hepatitis A vaccine given at least six (6) months apart, the first dose given on or after the child's first birthday; or
 - (ii) Has had protection against hepatitis A confirmed in writing by a physician, physician assistant or advanced practice registered nurse based on specific blood testing by a certified laboratory.

Students

Health Assessments and Immunizations (continued)

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

- Influenza Requirement for PK.
 - (i) Effective January 1, 2012 and each January 1 thereafter, children aged 24-59 months enrolled in preschool are required to receive at least one (1) dose of influenza vaccine between August 1 and December 31 of the preceding year (effective August 1, 2011).
 - (ii) Children aged 24-59 months who have not received vaccination against influenza previously must be given a second dose at least twenty-eight (28) days after the first dose.
- Pneumococcal Disease Requirement for PK and K
 - (i) Effective August 1, 2011 all students born on or after January 1, 2007, enrolled in PK and K who are less than five (5) years of age must show proof of having received one (1) dose of pneumococcal conjugate vaccine on or after the student's first birthday.
 - (ii) An individual shall be considered adequately protected if currently aged five (5) years or older.

b) For entry into seventh (7th) grade

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

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

In those instances at entry to seventh grade, where an individual has not received a second dose of measles contained vaccine, a second dose shall be given. If an individual has received no measles containing vaccines, the second dose shall be given no less than thirty (30) days after the first. (Students entering 7th grade must show proof of having received 2 doses of measles-containing vaccine)

Students

Health Assessments and Immunizations (continued)

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

- Proof of Varicella (Chickenpox) Immunity.
 - (i) On or after August 1, 2011, two doses, given at least three (3) months apart, the first dose on or after the individual's first (1st) birthday and before the individual's thirteenth (13th) birthday or two doses given at least twenty-eight (28) days apart if the first dose was given on or after the individual's thirteenth (13th) birthday,
 - (ii) Serologic evidence of past infection, or
 - (iii) A statement signed and dated by a physician, physician assistant, or advanced practice registered nurse indicating that the child has already had varicella (chickenpox) based on family and/or medical history. (Date of chickenpox illness not required)
- Proof of at least one dose of Hepatitis B vaccine or show proof of serologic evidence of infection with Hepatitis B.
- Proof of Diphtheria-Pertussis-Tetanus Vaccination (Adolescent Tdap Vaccine Requirement for Grade 7 Students)
 - (i) On or after August 1, 2011, an individual eleven (11) years of age or older, enrolled in the seventh (7th) grade, shall show proof of one (1) dose of diphtheria, tetanus and pertussis containing vaccine, (Tdap booster) in addition to completion of the recommended primary diphtheria, tetanus and pertussis containing vaccination series unless:
 - (ii) Such individual has a medical exemption for this dose confirmed in writing by a physician, physician assistant or advanced practice registered nurse based on having last received diphtheria, tetanus and pertussis containing vaccine less than five (5) years earlier and no increased risk of pertussis according to the most recent standards of care for immunization in Connecticut (C.G.S. 19a-7f)
- Meningococcal Vaccine (MCV4) Required for Grade 7 Students
 - (i) Effective August 1, 2011, one dose of meningococcal vaccine

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

Students

Health Assessments and Immunizations (continued)

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

Immunization requirements are satisfied if a student:

- i) presents verification of the above mentioned required immunizations;
- ii) presents a certificate from a physician, physician assistant, advanced practice registered nurse or a local health agency stating that initial immunizations have been administered to the child and additional immunizations are in process;
- iii) presents a certificate from a physician stating that in the opinion of the physician immunization is medically contraindicated in accordance with the current recommendation of the National Centers for Disease Control and Prevention Advisory Committee on Immunization Practices because of the physical condition of the child;
- iv) presents a written statement officially acknowledged by a notary public or a judge, family support magistrate, clerk/deputy clerk of a court having a seal, a town clerk, a justice of the peace, or a Connecticut-licensed attorney ~~or a school nurse~~ from the parents or guardian of the child that such immunization would be contrary to religious beliefs of the child or his/her parents/guardians;
- v) he/she has had a natural infection confirmed in writing by a physician, physician assistant, advanced practice registered nurse or laboratory.

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

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

- 2) A physical examination including blood pressure, height, weight, hematocrit or hemoglobin, and a chronic disease assessment which shall include, but not be limited to, asthma and which must include public health related screening questions for parents to answer and other screening questions for providers and screenings for hearing, vision, speech, and gross dental and posture shall be required for all new school enterers, and students in grade 6 or grade 7 and grade 9 or 10. This health assessment must be completed prior to school entry. This assessment must be conducted within the school year for students in grade 6 and 10.

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

Students

Health Assessments and Immunizations (continued)

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

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

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

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

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

1. birth in a high risk country of the world (to include all countries in Africa, Asia, the former Soviet Union, Central and South America, Dominican Republic and Haiti);
2. travel to a high risk country since the previously required examination;
3. extensive contact with persons who have recently come to the United States since the previously required examination;
4. contact with persons suspected to have tuberculosis;
5. have been incarcerated;
6. have been living in a homeless shelter, or
7. have HIV infection.

Health assessments completed within one (1) year of new school entry will be accepted by the school system.

Failure of students to satisfy the above mentioned health assessment shall result in exclusion from school.

Schools shall report to the Department of Public Health and to the local health director the asthma data obtained through school assessments, including student demographics.

Student Medical Care at School

School personnel are responsible for the immediate care necessary for a student whose sickness or injury occurs on the school premises during school hours or in school-sponsored and supervised activities.

Students

Health Assessments and Immunizations (continued)

Schools shall maintain files of emergency information cards for each student. If a child's injury requires immediate care, the parent or guardian will be called by telephone by the nurse, the building principal, or other personnel designated by the principal, and be advised of the student's condition. When immediate medical or dental attention is indicated, and when parents or guardians cannot be reached, the student will be transported to the nearest hospital unless otherwise indicated on the student's Emergency Information card. In this event, the family physician/dentist and school district medical advisor will be notified of school district actions.

(cf. 5142 - Student Safety)

(cf. 5141.4 - Child Abuse and Neglect)

(cf. 5141.5 - Suicide Prevention)

(cf. 6142.1 - Family Life and Sex Education)

(cf. 6145.2 - Interscholastic/Intramural Athletics)

(cf. 6171 - Special Education)

Legal Reference: Connecticut General Statutes
 10-203 Sanitation.
 10-204a Required immunizations.
 10-204c Immunity from liability
 10-205 Appointment of school medical advisors.
 10-206 Health assessments.
 10-206a Free health assessments.
 10-207 Duties of medical advisers.
 10-208 Exemption from examination or treatment.
 10-208a Physical activity of student restricted; boards to honor notice.
 10-209 Records not to be public.
 10-210 Notice of disease to be given parent or guardian.
 10-212 School nurses and nurse practitioners.
 10-212a Administration of medicines by school personnel.
 10-213 Dental hygienists.
 10-214 Vision, audiometric and postural screening: When required; notification of parents re defects; record of results.
 10-214a Eye protective devices.
 10-214b Compliance report by local or regional board of education.
 10-217a Health services for children in private nonprofit schools. Payments from the state, towns in which children reside and private nonprofit schools.
 Department of Public Health, Public Health Code – 10-204a-2a, 10-204a-3a and 10-204a-4, as amended.
 20 U.S.C. Section 1232h, No Child Left Behind Act.

Regulation approved:	August 7, 2003	NEW FAIRFIELD PUBLIC SCHOOLS
Regulation reapproved:	June 16, 2005	New Fairfield, Connecticut
Regulation reapproved:	November 17, 2011	
Regulation reapproved:		

Existing policy revised due to P.A. 14-176 and P.A. 15-215.

Students

Administering Medication

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

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

Definitions

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

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

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

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

Students

Administering Medications

Definitions (continued)

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

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

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

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

Error means:

- (1) the failure to do any of the following as ordered:
 - (a) administer a medication to a student;
 - (b) administer medication within one hour of the time designated by the prescribing physician;
 - (c) administer the specific medication prescribed for a student;
 - (d) administer the correct dosage of medication;
 - (e) administer medication by the proper route; and/or
 - (f) administer the medication according to generally accepted standards of practice; or
- (2) the administration of medication to a student which is not ordered by an authorized prescriber, or which is not authorized in writing by the parent or guardian of such student.

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

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

Students

Administering Medications

Definitions (continued)

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

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

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

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 Brand 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. A 30-day grace period may be granted at the school nurse's discretion.

Nurse means an advanced practice registered nurse, a registered nurse or a practical nurse licensed in Connecticut in accordance with Chapter 378 of the Connecticut General Statutes.

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

Students

Administering Medications

Definitions (continued)

Paraprofessional means a health care aide or assistant or an instructional aide or assistant employed by the local or regional Board of Education who meets the requirements of such Board for employment as a health care aide or assistant or instructional aide or assistant.

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

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

Principal means the administrator in the school.

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 in accordance with Section 10-212a-3 of the State regulations; (b) a coach and licensed athletic trainer who has been trained in the administration of medication pursuant to Section 10-212a-8 of the State regulations; or (c) a paraprofessional who has been trained in the administration of medication pursuant to Section 10-212a-9 of the State regulations. For school readiness programs and before- and after-school programs, Directors or Director's designee, lead teachers and school administrators who have been trained in the administration of medication may administer medications pursuant to Section 10-212a-10 of the State regulations.

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

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

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

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

Students

Administering Medications

Definitions (continued)

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

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

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

General Policies on Administration of Medication

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

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

Students

Administering Medication

General Policies on Administration of Medication (continued)

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

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

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

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

Coaches and licensed athletic trainers during intramural and interscholastic events may administer medications pursuant to Section 10-212a-9 of the Regulations of Connecticut State Agencies and as described in this policy and in the administrative regulations to this policy.

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

Students

Administering Medication

Administration of Medication by Paraprofessionals

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

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

Directors, or their designees, who may include lead teachers or school administrators, who have been properly trained, may administer medications to students as delegated by the school nurse or other registered nurse, in school readiness programs and before- and after-school programs that are child care programs. Such programs must either be District-administered or administered by a municipality exempt from licensure by the Department of Public Health and are located in a District public school. Medicine may be administered pursuant to the Regulations of Connecticut State Agencies, Section 10-212a-10, to children enrolled in these programs.

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

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

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

Students

Administering Medication

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

The selected staff member shall be trained in the use of a cartridge injector by either a licensed physician, physician's assistant, advanced practice registered nurse or registered nurse.

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

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

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

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

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

Students

Administering Medication

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

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

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

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

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

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

Students

Administering Medication

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

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

Storage and Administration of Epinephrine

Definitions (For purposes of this subsection of this policy)

- **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.

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

Qualified medical professional means a licensed physician, optometrist, advanced practice registered nurse, or a physician assistant.

Storage and Use of Epinephrine Cartridge Injectors

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, who were not previously known to have serious allergies and therefore do not have a prior written authorization of a parent/guardian or a prior written order of a qualified medical professional for the administration of epinephrine.

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

The school nurse or school principal shall select qualified school employees to be trained to administer such epinephrine. There shall be at least one such qualified school employee on the grounds of each District school during regular school hours in the absence of the school nurse. Each school must maintain a store of epipens for such emergency use.

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

Students

Administering Medication

Storage and Use of Epinephrine Cartridge Injectors (continued)

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

The school nurse or, in the absence or unavailability of such school nurse, such qualified school employee may administer epinephrine. A qualified school employee must annually complete the required training program in order to be permitted to administer epinephrine utilizing an epipen.

The parent/guardian of a student may submit, in writing, to the school nurse and school medical advisor, if any, that epinephrine shall not be administered to his/her child permitted by statute.

Optional to consider: The District's School Medical Advisor shall sign off, via his/her standing orders, on this procedure regarding the use of epipens by trained qualified school personnel.

Administration of Anti-Epileptic Medications to Students

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

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

(cf. 4112.5/4212.5 – Security Check/Fingerprinting)

(cf. 5141 – Student Health Services)

(cf. 5141.23 – Students with Special Health Care Needs)

Students

Administering Medication

Legal Reference: Connecticut General Statutes

10-206 Health Assessment

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

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

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

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

21a-240 Definitions.

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

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: November 17, 2011
Policy revised: December 6, 2012
Policy revised:

NEW FAIRFIELD PUBLIC SCHOOLS
New Fairfield, Connecticut

Existing regulation revised due to PA 14-176.

Students

Administering Medication to Students

Regular School Day

The Board of Education (Board) 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 by the School Medical Advisor, the school nurse and the Board of Education. The District's School Medical Advisor (or other qualified physician) will approve this policy, its regulations and any changes prior to submission to the Board of Education for its approval.

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, or an aspirin substitute containing acetaminophen during school hours must provide:

1. The authorized prescriber's (physician, dentist, optometrist, advanced practice registered nurse, or physician assistant; and a podiatrist in the case of interscholastic or intramural athletic events) orders for medication or aspirin, ibuprofen, or an aspirin substitute containing 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.
2. Written authorization from his or her 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.

Students

Administering Medications to Students

Regular School Day (continued)

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 21a-240. 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;
5. maintains safe control of the medication at all times;
6. seeks adult supervision whenever warranted; and
7. cooperates with the established medication plan.

Students

Administering Medications to Students

Regular School Day (continued)

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 supervisor and the School Medical Advisor in advance and an appropriate plan shall be developed.

Medication may be administered by a licensed nurse, or in absence of such licensed personnel, any other nurse licensed pursuant to the provisions of Chapter 378, including a nurse employed by, or providing services under the direction of the Board of Education at a school-based clinic, qualified personnel for schools (principals, teachers, licensed physical or occupational therapists and 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.

A licensed practical nurse may administer medications to students if he/she can demonstrate evidence of one of the following:

1. Training in administration of medications as part of their basic nursing program;
2. Successful completion of a pharmacology course and subsequent supervised experience;
3. Supervised experience in medication administration while employed in a health care facility.

Students

Administering Medications to Students

Regular School Day (continued)

Licensed practical nurses shall **not** train or delegate the administration of medication to another individual. Such nurses shall only administer medications after the medication plan has been established by the school nurse or registered nurse.

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 approved by the School Medical Advisor and school nurse will be formally trained by the school nurse or School Medical Advisor 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 Brand 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 submitted to the Superintendent by the nursing supervisor on October 31 of each year. All such individuals including school nurses and nurse practitioners must have also satisfactorily passed the criminal background check. 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.
4. A current list of those authorized to give medication shall be maintained in the school.

Students

Administering Medications to Students

Regular School Day (continued)

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 promulgated by the Commissioner of Education.

Storage and Administration of Epinephrine

Definitions (For purposes of this subsection of this policy)

- **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.

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

Qualified medical professional means a licensed physician, optometrist, advanced practice registered nurse, or a physician assistant.

Storage and Use of Epinephrine Cartridge Injectors

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, who were not previously known to have serious allergies and therefore do not have a prior written authorization of a parent/guardian or a prior written order of a qualified medical professional for the administration of epinephrine.

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

The school nurse or school principal shall select qualified school employees to be trained to administer such epinephrine. There shall be at least one such qualified school employee on the grounds of each District school during regular school hours in the absence of the school nurse. Each school must maintain a store of epipens for such emergency use.

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

Students

Administering Medications to Students

Storage and Use of Epinephrine Cartridge Injectors (continued)

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

The school nurse or, in the absence or unavailability of such school nurse, such qualified school employee may administer epinephrine. A qualified school employee must annually complete the required training program in order to be permitted to administer epinephrine utilizing an epipen.

The parent/guardian of a student may submit, in writing, to the school nurse and school medical advisor, if any, that epinephrine shall not be administered to his/her child permitted by statute.

Optional to consider: The District's School Medical Advisor shall sign off, via his/her standing orders, on this procedure regarding the use of epipens by trained qualified school personnel.

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:

- 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 except as otherwise determined by a student emergency care plan.

Students

Administering Medications to Students

Handling and Storage of Medications (continued)

- 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 and, if necessary, the Program Director or lead teacher trained in the administration of medication shall also have a set of keys.

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 or before- and after-school program and school readiness program 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 (school physician, principal, teacher) according to the following procedures:

Students

Administering Medications to Students

Destruction/Disposal of Medication (continued)

1. Medication will be destroyed in a non-recoverable fashion. (*Procedure below recommended by Connecticut Department of Environmental Protection, Office of Pollution Prevention.*)
 - A. **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. (Chemotherapy drugs may require special handling. Work with your healthcare provider on proper disposal options for this type of medication.)
 - 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 such as an empty yogurt or margarine tub to ensure that the contents cannot be seen.
 - **Do not** conceal medicines in food products because animals could inadvertently consume them.
 - D. **Discard the container in your trash can.**
 - E. **Schools that want to dispose of controlled substances should call the Drug Control Division of the CT Department of Consumer Protection for assistance at 860-713-6055.**
2. The following information is to be charted on the student's health folder 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. Manner of destruction of medication.

Students

Administering Medications to Students

Destruction/Disposal of Medication (continued)

3. Controlled substances shall not be destroyed by the school nurse. Controlled substances shall be destroyed pursuant to Section 21a-262-3 of the Regulations of the Connecticut State Agencies. 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. Destruction may also be conducted by a Connecticut licensed pharmacist in the presence of another pharmacist acting as a witness.
4. 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 and on a medication error form pursuant to Connecticut General Statute 10-212a(b). If no residue is present notification must be made to the Department of Consumer Protection (DEP) pursuant to Section 21a-262-3 of the Regulations of Connecticut State Agencies.
5. The completed medication administration record for non-controlled medications may be destroyed in accordance with Section M8 of the Connecticut Municipality Retention Schedule, 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. Records shall be made available to the Connecticut State Department of Education upon request, for review until destroyed pursuant to C.G.S. 11-8a and C.G.S. 10-212a(b) for controlled medications.

Each school readiness or before- and after-school program where medications are administered shall maintain an individual medication administration record for each student who receives medication during regular school or program hours. A medication administration record shall include the:

- A. Name of the student;
- B. Name of medication;
- C. Dosage of medication;
- D. Route of administration;
- E. Frequency of administration;

Students

Administering Medications to Students

Documentation and Record Keeping (continued)

- F. Name of the authorized prescriber, or in the case of aspirin, ibuprofen, or an aspirin substitute containing acetaminophen being given to a student, the name of the parent or guardian requesting the medication to be given;
- G. Dates for initiating and terminating the administration of the medication, including extended year programs;
- H. Quantity received which shall be verified by the adult delivering the medication;
- I. Student allergies to food and/or medicine;
- J. Date and time of administration or omission including reason for omission;
- K. Dose or amount of drug administered;
- L. Full written or electronic signature of the nurse or qualified personnel for schools administering the medication; and
- M. For controlled medications, a medication count which shall be conducted and documented at least once a week and co-signed by the assigned nurse and a witness.

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

The written order of the authorized prescriber, the written authorization of the parent or guardian to administer the medication and the written parental/guardian permission for the exchange of information by the prescriber and school nurse to ensure the safe administration of such medication shall be filed in the student's cumulative health record or, for before- and after-school programs and school readiness programs, in the child's program record.

Record of the medication administered shall be entered in ink on an individual student medication record form and filed in the student's cumulative health folder. If the student is absent, it shall be so recorded. If an error is made in recording, a single line shall be run through the error and initialed.

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 faxed written order from the prescriber's office phone within three (3) hours.

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.

Students

Administering Medications to Students

Documentation and Record Keeping (continued)

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.

Investigational drugs may not be administered by qualified personnel for schools.

In the case of the administration of a medication with a cartridge injector in an after-school readiness program or child-care program, such administration shall be reported to the school nurse no later than the next school day.

Medication Errors

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

- A. the person making the error in medication administration shall immediately implement the medication emergency procedures in this regulation if necessary, and shall immediately notify the school nurse and the Principal (if the Principal was not the person who made the error);
- B. the school nurse shall immediately notify the authorized prescriber or the School Medical Advisor, and the student's parent or guardian. In a severe emergency, 911 should be called. Contact the Poison Control Center as deemed necessary.
- C. the Principal shall notify the Superintendent or the Superintendent's designee, advising of the nature of the error and all steps taken or being taken to rectify the error, including contact with the authorized prescriber and/or any other medical action(s). (An incident report form is to be sent to the Superintendent or his/her designee.)

Students

Administering Medications to Students

Medication Errors (continued)

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 under Connecticut General Statute 10-212a

In the absence of a school nurse, any other nurse licensed pursuant to provisions of Chapter 378 including a nurse providing services at a school-based health clinic, 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 administrator or teacher has completed training in administration or 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: *(in the event of a medication emergency, the following will be readily available:)*

- 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;
- 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 in accordance with policy #5141.21 and this administrative regulation; and
- 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.

Students

Administering Medications to Students

Administration of Emergency Medication under Connecticut General Statute 10-212a (continued)

The school nurse 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 and other licensed nursing in the administration of medications, and assess that the qualified personnel for schools are competent to administer medications;
- d. support and assist other licensed nursing personnel and qualified personnel for schools to prepare for and implement their responsibilities related to the administration of specific medications during school hours; and,
- e. provide consultation by telephone or other means of telecommunications. (In the absence of the school nurse, an authorized prescriber or other nurse may provide this consultation.)

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. conducting periodic reviews, as needed, with licensed nursing personnel and qualified personnel for schools, regarding the needs of any student receiving medication.

Students

Administering Medications to Students (continued)

Before- and After-School Programs and School Readiness Programs

Directors, or their designees, who may include lead teachers or school administrators, who have been properly trained, may administer medications to students as delegated by the school nurse or other registered nurse, in school readiness programs and before- and after-school programs that are child care programs. (Such programs must either be District-administered or administered by a municipality exempt from licensure by the Department of Public Health and are located in a District public school). Medicine may be administered pursuant to the Regulations of Connecticut State Agencies, Section 10-212a-10, to children enrolled in these programs.

Administration of medications shall be provided only when it is medically necessary for program participants to access the program and maintain their health status while attending the program. Investigational drugs or research or study medications may not be administered by Directors or their designees, lead teachers or school administrators. Properly trained Directors, Directors' designees, lead teachers or school administrators may administer medications to students as delegated by the school nurse or other registered nurse. They may administer oral, topical, intranasal, or inhalant medications. No medication shall be administered without the written order of an authorized prescriber and the written approval of the parent/guardian.

A child attending any before- or after-school program, as defined in policy #5141.21, upon the request and with the written authorization of the child's parent/guardian and pursuant to the written order from the student's authorized prescriber, will be provided medication and supervised by the District staff member (Director or designee, lead teacher, school administrator) trained to administer medication with a cartridge injector. Such administration shall be to a particular student who is medically diagnosed with an allergy that may require prompt treatment to avoid serious harm or death.

The selected staff member shall be trained in the use of a cartridge injector by either a licensed physician, physician's assistant, advanced practice registered nurse or registered nurse.

The administration has determined, in cooperation with the School Medical Advisor and school nurse supervisor, the level of nursing services that is/is not required on site based on the needs of the program and its participants.

A child attending any before- and after-school programs or school readiness programs operated and administered by the Board or municipality in any building or on the grounds of any District school, upon the request and with the written authorization of the child's parent/guardian or eligible student and pursuant to the written order from the student's authorized prescriber, will be supervised by a District staff member trained to administer medication with a cartridge injector. Such administration shall be to a particular student diagnosed with an allergy that may require prompt treatment to avoid serious harm or death. The selected staff member shall be trained in the use of a cartridge injector by either a licensed physician, physician's assistant, advanced practice registered nurse or registered nurse.

Student

Administering Medications to Students

Before- and After-School Programs and School Readiness Programs (continued)

Supervision of the administration of medication in before- and after-school and school readiness programs shall be pursuant to the “Supervision” section of these administrative bylaws.

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.

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 addressed as specified in Section 10-212a-6 of the Regulations of Connecticut State Agencies, and detailed 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.

Student

Administering Medications to Students

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 and PA 14-176)
- 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

Regulation approved: November 17, 2011
Regulation revised: December 6, 2012
Regulation revised:

NEW FAIRFIELD PUBLIC SCHOOLS
New Fairfield, Connecticut

School District: _____ School: _____ Grade: _____

Authorization for the Administration of Medicine by Authorized School Personnel

Connecticut State Law and Regulations 10-212(a) require a written medication order of an authorized prescriber, (physician, dentist, advanced practice registered nurse or physician's assistant) and parent/guardian written authorization, for the nurse, or in the absence of the nurse, qualified personnel for schools to administer medication. Medications must be in the original properly labeled container and dispensed by a physician/pharmacist.

Authorized Prescriber's Authorization

Name of Student: _____ Date of Birth: _____

Address: _____

Condition for which drug is being administered: _____

Drug name: _____ Dose: _____ Route: _____

Time of Administration: _____ If PRN, specify criteria: ____

Relevant side effects: None expected Specify: _____

Allergies: No Yes (specify): _____

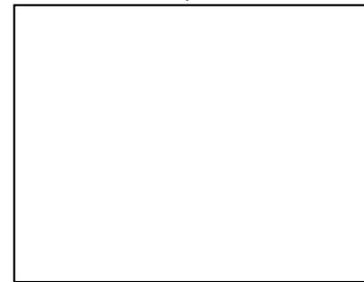
Medication shall be administered from: _____ to _____
Month/Day/Year Month/Day/Year

Authorized Prescriber's Name/Title: _____
(Type or Print)

Telephone: _____ Fax: _____

Address: _____

Authorized Prescriber's
Signature: _____ Date: _____



Use for Authorized Prescriber's Stamp

Parent/Guardian Authorization

I hereby request that the above ordered medication be administered by school personnel. I understand that I must supply the school with no more than a three (3) month supply of medication. I understand that this medication will be destroyed if not picked within one (1) week following termination of the order or the last day of school, whichever comes first.

Parent/Guardian Signature: _____ Date: _____

Parent's/Guardian's Home Phone #: _____ Work #: _____

Self-Administration of Medication Authorization/Approval

Self-administration of medication may be authorized by the authorized prescriber and parent/guardian and must be approved by the school nurse in accordance with Board policy.

Authorized prescriber's authorization for self-administration: Yes No _____
Signature Date

Parent/Guardian authorization for self-administration: Yes No _____
Signature Date

School nurse approval for self-administration: Yes No _____
Signature Date

MEDICATION ERROR OR INCIDENT REPORT

Date or Report: _____ School: _____ Prepared by: _____

Name of Student: _____ Grade: _____

Home Address: _____ Phone: _____

Date error occurred: _____ Time noted: _____

Person Administering Medication: _____

Authorized Prescriber: _____

Reason medication was prescribed: _____

Date of Order: _____ Instructions for Administration: _____

Medication(s)	Dose	Route	Scheduled Time	Dispensing Pharmacy	Prescription Number

Describe the error and how it occurred (use reverse side if necessary)

Action Taken: *(by school nurse)*

Prescribing practitioner notified: Yes No Date _____ Time _____

School Medical Advisor notified: Yes No Date _____ Time _____

School Principal notified: Yes No Date _____ Time _____

Superintendent of Schools notified (by Principal): Yes No Date _____ Time _____

Parent/Guardian notified: Yes No Date _____ Time _____

Outcome: _____

Name: _____

Print or Type

Signature

Title

Date

Note: Any error in the administration of medication shall be documented in the student's cumulative health record, or for before- and after-school programs and school readiness programs in the child's program record.

Record of Training of Qualified Personnel for Schools in the Administration of Medicines**

School Building

Responsible School Nurse/School Medical Advisor

Date	Name Qualified Personnel for Schools	Generic Principles of Safe Administration of Medications *	Review of State Statute & School Regulations Regarding Administration of Medication by Qualified School Personnel *	Procedural Safe Handling and Documentation Storage *	Aspects Recording *	Specific Student Needs* (including name or generic name of medication, indications for medication, dosage, routes, time & frequency of administration, therapeutic effects of the medication, overdose, missed dose.)	Medication Idiosyncrasies *	Desired Effects *	Potential Side Effects Untoward Reactions, When to Implement Emergency Interventions *

***Directions: Check (x) when completed.**

** Qualified Personnel for Schools means (a) a full time employee as a principal, teacher, occupational therapist, or physical therapist who has been trained in the administration of medication pursuant to Section 10-212a-3 of the State regulations; (b) a coach and licensed athletic trainer trained in the administration of medication pursuant to Section 10-212a-8 of the State regulations; (c) a paraprofessional who has been trained in the administration of medication pursuant to Section 10-212a-9 of the State regulations. For school readiness programs and before- and after-school programs, directors, director's designee, lead teacher and school administrators trained in the administration of medication pursuant to Section 10-212a-10 of the State regulation.

NEW FAIRFIELD PUBLIC SCHOOLS
New Fairfield, Connecticut

HIPAA-Compliant Authorization for Exchange of Health & Education Information

Patient/Student Name: _____ Date of Birth: _____

I hereby authorize _____ [insert health care provider name & title]
and

_____ [insert address & telephone of school/school district]

_____ [insert address & telephone of health care provider]

Description:

The health information to be disclosed consists of:

The education information to be disclosed consists of:

Purpose: This information will be used for the following purpose(s):

- Educational evaluation and program planning
- Health assessment and planning for health care services and treatment in school
- Medical evaluation and treatment
- Other: _____

Authorization

This authorization is valid for one calendar year. It will expire on _____ [insert date]. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I recognize that health records, once received by the school district, may not be protected by the HIPAA Privacy Rule, but will become education records protected by the Family Educational Rights and Privacy Act. I also understand that if I refuse to sign, such refusal will not interfere with my child's ability to obtain health care.

Parent Signature: _____ Date: _____

Student Signature*: _____ Date: _____

* If a minor student is authorized to consent to health care without parental consent under federal or state law, only the student shall sign this authorization form. In Connecticut, a competent minor, depending on age, can consent to outpatient mental health care, alcohol and drug abuse treatment, testing for HIV/AIDS, and reproductive health care services.

Copies: Parent or student*
Physician or other health care provider releasing the protected health information
School official requesting/receiving the protected health information

INDIVIDUALIZED HEALTH CARE PLAN

Name: _____ DOB: _____ Sex: _____ Allergies: _____ Physician: _____

Relevant Diagnosis(es): _____

Diet: _____ Mobility: _____ Equipment: _____

Medical History: _____

Medication/Treatment: _____

Signature: _____ (Parent) Signature: _____ (Student) Signature: _____ (School Nurse)

HEALTH CARE GOAL

DATE	HEALTH PROBLEM / NURSING DIAGNOSIS	STUDENT OBJECTIVES	INTERVENTION AND RESPONSIBLE PERSON	EVALUATION AND TIMELINE

5141.21
FORM #7
(continued)

NAME: _____

DATE	HEALTH PROBLEM / NURSING DIAGNOSIS	STUDENT OBJECTIVES	INTERVENTION AND RESPONSIBLE PERSON	EVALUATION AND TIMELINE

Adapted from Hartford Public Schools for use in Connecticut Department of Education Guidelines for Students with Special Health Care Needs.

Connecticut Statewide School Health Services Report

Report of Epinephrine* Administration

Please mail or fax form to: Stephanie Knutson, Connecticut State Department of Education, 25 Industrial Park Road, Middletown, CT 06457
Fax number: (860) 807-2127

School District: _____ Name of School: _____ Public Non Public
Student/Staff DOB: _____ Gender: M F Ethnicity: Spanish/Hispanic/Latino: Yes No
Race: American Indian/Alaskan Native African American Asian Native Hawaiian/other Pacific Islander White
Diagnosis/History of Asthma: Yes No History of Anaphylaxis: Yes No Previous Epinephrine Use: Yes No

Incident:

Date/Time of occurrence: _____ Known allergen(s): _____

Trigger that precipitated this allergic episode: _____

Symptoms: _____

Location of individual when symptoms developed: _____

Location of individual when Epinephrine administered: _____

Location of Epinephrine storage: _____

Epinephrine administered by: RN Other If other, please specify: _____

If other than an RN, was this person formally trained? Yes No Date of training: _____

If epinephrine was self-administered by an individual at school or a school-sponsored function, did the individual follow school protocols to notify school personnel and activate EMS? Yes No NA

Approximate time between onset of symptoms and administration of Epinephrine: _____

Was Epinephrine administered under a patient specific order for a particular student? Yes No

Does school district have non-patient specific standing orders/protocols in place for Anaphylaxis? Yes No

Individual Health Care Plan (IHCP) in place? Yes No School Physician notified? Yes No

Written school district policy on management of life-threatening allergies in place? Yes No

Disposition:

Transferred to ER: Yes No Discharged after _____ hours Biphasic reaction: Yes No Unknown

Hospitalized: Yes No Discharged after _____ days

Outcome:

Recommendations for changes/improvements to current policy or procedures: _____ Debriefing meeting? Yes No

Form completed by: _____ Date: _____
(please print)

Title: _____ Phone number: _____

Address: _____

*EpiPen®, or EpiPen® Jr. or Twinject™

Existing policy with suggested revisions based on PA 15-238.

Instruction

Statewide Proficiency/Mastery Examinations

Each student enrolled in the grades three through eight inclusive, ~~and grade ten or eleven~~ shall annually take a mastery examination ~~or examinations~~ that measures essential and grade appropriate skills in reading, writing language arts and mathematics. Students enrolled in grade eleven shall annually take a nationally recognized college readiness assessment approved by the State Board of Education that measures essential and grade appropriate skills in reading, writing and mathematics. Each student enrolled in grade five, eight ~~and ten or eleven~~ shall, annually, in March or April, take a state-wide mastery examination ~~that measures essential and grade appropriate skills~~ in science. The State Board of Education shall approve the provision and administration of all mastery examinations. ~~All examinations shall take place during the regular school day.~~

Student scores on each component of the statewide ~~tenth or eleventh~~ grade mastery test shall be included on the permanent record. Students who meet or exceed the statewide mastery goal level on any component of such mastery examination, shall have a certification of such mastery made on the permanent record and be provided a certificate of mastery for each such component. ~~A student who has not met the mastery goal level on each component of the mastery examination may annually take or retake each such component at its regular administration until the student scores at or above each goal level or until the student graduates or turns twenty one (21).~~

The school district may not require achievement of a satisfactory score on mastery examination, or any subsequent retest on a component of such examinations as the sole criterion of promotion or graduation.

Special education students shall participate in mastery testing except in the rare case when their Planning and Placement Team determines that participation would be inappropriate and recommends the use of an alternative assessment as specified by the State Board of Education.

Students with significant cognitive disabilities in grades three through eight and eleven shall be assessed with the Connecticut Alternate Assessment.

Target goals for the participation in the state mastery testing programs of students shall be in compliance with state and federal special education laws.

- (cf. 5121 - Examination/Grading/Rating)
- (cf. 5125 - Student Records; Confidentiality)
- (cf. 6146 - Graduation Requirements)
- (cf. 6162.31 - Test Exclusion)

Instruction

Statewide Proficiency/Mastery Examinations

Legal Reference: Connecticut General Statutes

10-14n Statewide mastery examination. Conditions for reexamination. Limitation on use of test results. (as amended by PA 03-174, PA 03-168, PA 13-207, Section 115 of PA 14-217 and PA 15-238)

10-14o Compensatory education grant. Financial statement of expenditures.

10-14p Reports by local and regional boards re instructional improvement and student progress.

10-14q Exceptions (as amended by PA 01-205)

PA 15-238 An Act Concerning Students Assessments

PL 107-110 – Title I, 34 CFR Part 200

Policy adopted: January 20, 2005
Policy revised: November 21, 2013
Policy revised: April 21, 2015
Policy revised:

NEW FAIRFIELD PUBLIC SCHOOLS
New Fairfield, Connecticut