Policy Committee

Monday, November 5, 2018 6:00 PM
L.P. Wilson Community Center, Room 17, 601 Matianuck Avenue, Windsor, CT 06095

1. **Call to Order, Pledge to the Flag and Moment of Silence**
2. **Audience to Visitors**
3. **Review revised P 4112.3 Employment Checks**
4. **Review revised P 4600 Reports of Suspected Abuse or Neglect of Adults with an Intellectual Disability or Autism Spectrum Disorder**
5. **Review revised P/AR 5113 Student Attendance and Truancy**
6. **Review revised P/AR 5131.6 Drugs and Alcohol**
7. **Review revised P 5141.21 Administration of Student Medications in the Schools**
8. **Review revised AR 5141.22 Communicable/Infectious Diseases**
9. **Review revised P 5141.25 Management Plan and Guidelines for Students with Food Allergies and/or Glycogen Storage Disease**
10. **Review revised AR 5141.31 Immunizations**
11. **Update on Concussion Efforts**
12. **Adjournment**

EMPLOYMENT CHECKS

As set forth below, each applicant for a position with the district shall be asked whether he/she has ever been convicted of a crime, whether there are any criminal charges pending against him/her and whether the applicant is included on the Abuse and Neglect Registry of the Connecticut Department of Children and Families ("DCF") (the "Registry"). Applicants shall not be required to disclose any arrest, criminal charge or conviction that has been erased.

In addition, the district shall conduct an employment history check for each applicant for a position, as set forth below.

For the purposes of this policy:

"Sexual misconduct means" any verbal, nonverbal, written, or electronic communication, or any other act directed toward or with a student that is designed to establish a sexual relationship with the student, including a sexual invitation, dating or soliciting a date, engaging in sexual dialog, making sexually suggestive comments, self-disclosure or physical exposure of a sexual or erotic nature, and any other sexual, indecent, or erotic contact with a student.

"Abuse or neglect" means abuse or neglect as described in Conn. Gen. Stat. § 46b-120, and includes any violation of Conn. Gen. Stat. §§ 53a-70 (sexual assault in the first degree), 53a-70a (aggravated sexual assault in the first degree), 53a-71 (sexual assault in the second degree), 53a-72a (sexual assault in the third degree), 53a-72b (sexual assault in the third degree with a firearm), or 53a-73a (sexual assault in the fourth degree).

"Former employer" means any person, firm, business, educational institution, nonprofit agency, corporation, limited liability company, the state, any political subdivision of the state, any governmental agency, or any other entity that such applicant was employed by during any of the previous twenty years prior to applying for a position with a local or regional board of education.

I. Employment History Check Procedures

A. The district shall not offer employment to an applicant for a position, including any position that is contracted for, if such applicant would have direct student contact, prior to the district:

1. Requiring the applicant:

a. to list the name, address, and telephone number of each current employer or former employer (please note the definition of "former employer" employer above, including the applicable twenty year reporting period) during any of the previous twenty years), if:

(i) such current or former employer is/was a local or regional board of education, council of a state or local charter school, interdistrict magnet school operator, or a supervisory agent of a nonpublic school, and/or

(ii) the applicant's employment with such current or former employer caused the applicant to have contact with children;.

such current or former employer was a local or regional board of education, council or operator or if such employment otherwise caused the applicant to have contact with children;

b. to submit a written authorization that

(i) consents to and authorizes disclosure by the employers listed under paragraph I.A.1.a of this policy of the information requested under paragraph I.A.2 of this policy and the release of related records by such employers,

(ii) consents to and authorizes disclosure by the Department of Education of the information requested under paragraph I.A.3 of this policy and the release of related records by the department, and

(iii) releases those employers and the Department of Education from liability that may arise from such disclosure or release of records pursuant to paragraphs I.A.2 or I.A.3 of this policy; and

c. to submit a written statement of whether the applicant

(i) has been the subject of an abuse or neglect or sexual misconduct investigation by any employer, state agency or municipal police department, unless the investigation resulted in a finding that all allegations were unsubstantiated,

(ii) has ever been disciplined or asked to resign from employment or resigned from or otherwise separated from any employment while an allegation of abuse or neglect was pending or under investigation by DCF, or an allegation of sexual misconduct was pending or under investigation or due to an allegation substantiated pursuant to Conn. Gen. Stat. § 17a-101g or abuse or neglect, or of sexual misconduct or a conviction for abuse or neglect or sexual misconduct, or

(iii) has ever had a professional or occupational license or certificate suspended or revoked or has ever surrendered such a license or certificate while an allegation of abuse or neglect was pending or under investigation by DCF or an investigation of sexual misconduct was pending or under investigation, or due to an allegation substantiated by DCF of abuse or neglect or of sexual misconduct or a conviction for abuse or neglect or sexual misconduct;

2. Conducting a review of the employment history of the applicant by contacting those employers listed by the applicant under paragraph I.A.1.a of this policy. Such review shall be conducted using a form developed by the Department of Education, which shall request the following:

   a. the dates employment of the applicant, and

   b. a statement as to whether the employer has knowledge that the applicant:

      (i) was the subject of an allegation of abuse or neglect or sexual misconduct for which there is an investigation pending with any employer, state agency, or municipal police department or which has been substantiated;

      (ii) was disciplined or asked to resign from employment or resigned from or otherwise separated from any employment while an allegation of abuse or neglect or sexual misconduct was pending or under investigation, or due to a substantiation of abuse or neglect or sexual misconduct; or

      (iii) has ever had a professional or occupational license, certificate, authorization or permit suspended or revoked or has ever surrendered such a license, certificate, authorization or permit while an allegation of abuse or neglect or sexual misconduct was pending or under investigation, or due to a substantiation of abuse or neglect or sexual misconduct. Such review may be conducted telephonically or through written communication. Notwithstanding the provisions of subsection (f) of Conn. Gen. Stat. § 31-51i, not later than five (5) business days after the district receives a request for such information about an employee or former employee, the district shall respond with such information. The district may request more information concerning any response made by a current or former employer for information about an applicant, and, notwithstanding subsection (f), such employer shall respond not later than five (5) business days after receiving such request.

3. Requesting information from the Department of Education concerning:

   a. the eligibility status for employment of any applicant for a position requiring a certificate, authorization or permit,

   b. whether the Department of Education has knowledge that a finding has been substantiated by DCF pursuant to Conn. Gen. Stat. § 17a-101g of abuse or neglect or of sexual misconduct against the applicant and any information concerning such a finding, and

   c. whether the Department of Education has received notification that the applicant has been convicted of a crime or of criminal charges pending against the applicant and any information concerning such charges.

B. Notwithstanding the provisions of subsection (f) of Conn. Gen. Stat. § 31-51i, if the district receives information that an applicant for a position with or an employee of the board has been disciplined for a finding of abuse or neglect or sexual misconduct, it shall notify the Department of Education of such information.

C. The district shall not employ an applicant for a position involving direct student contact who does not comply with the provisions of paragraph I.A.1 of this policy.

D. The district may employ or contract with an applicant on a temporary basis for a period not to exceed ninety (90) calendar days, pending the district's review of information received under this section, provided:

1. The applicant complied with paragraph I.A.1 of this policy;

2. The district has no knowledge of information pertaining to the applicant that would disqualify the applicant from employment with the district; and

3. The applicant affirms that the applicant is not disqualified from employment with the district.

E. The district shall not enter into a collective bargaining agreement, an employment contract, an agreement for resignation or termination, a severance agreement, or any other contract or agreement or take any action that:

1. Has the effect of suppressing information relating to an investigation of a report of suspected abuse or neglect or sexual misconduct by a current or former employee;

2. Affects the ability of the district to report suspected abuse or neglect or sexual misconduct to appropriate authorities; or

3. Requires the district to expunge information about an allegation or a finding of suspected abuse or neglect or sexual misconduct from any documents maintained by the district, unless, after investigation, such allegation is dismissed or found to be false.

F. The district shall not offer employment to a person as a substitute teacher, unless such person and the district comply with the provisions of paragraph I.A.1 of this policy. The district shall determine which such persons are employable as substitute teachers and maintain a list of such persons. The district shall not hire any person as a substitute teacher who is not on such list. Such person shall remain on such list as long as such person is continuously employed by the district as a substitute teacher as described in paragraph III.B.2 of this policy, provided the district does not have any knowledge of a reason that such person should be removed from such list.

G. In the case of an applicant who is a contractor, the contractor shall require any employee with such contractor who would be in a position involving direct student contact to supply to such contractor all the information required of an applicant under paragraphs I.A.1.a. and I.A.1.c of this policy and a written authorization under paragraph I.A.1.b. of this policy. Such contractor

shall contact any current or former employer (please note the definition of "former employer" employer above, including the applicable twenty year reporting period) of such employee that was a local or regional board of education, council of a state or local charter school, interdistrict magnet school operator, or a supervisory agent of a nonpublic school, or if the employee's employment with such current or former employer caused the employee to have contact with children, and request, either telephonically or through written communication, any information concerning whether there was a finding of abuse or neglect or sexual misconduct against such employee. Notwithstanding the provisions of subsection (f) of Conn. Gen. Stat. § 31-51i, such employer shall report to the contractor any such finding, either telephonically or through written communication. If the contractor receives any information indicating such a finding or otherwise receives any information indicating such a finding or otherwise has knowledge of such a finding, the contractor shall, notwithstanding the provisions of subsection (f) of Conn. Gen. Stat. § 31-51i, immediately forward such information to the district, either telephonically or through written communication. If the district receives such information, it shall determine whether such employee may work in a position involving direct student contact at any school in the district. No determination by the district that any such employee shall not work under any such contract in any such position shall constitute a breach of such contract.

H. Any applicant who knowingly provides false information or knowingly fails to disclose information required in subdivision (1) of subsection (A) of this section shall be subject to discipline by the district that may include

1. denial of employment, or

2. termination of the contract of a certified employee, in accordance with the provisions of Conn. Gen. Stat. § 10-151.

I. If the district provides information in accordance with paragraph I.A.2. or I.G. of this policy, the district shall be immune from criminal and civil liability, provided the district did not knowingly supply false information.

J. Notwithstanding the provisions of Conn. Gen. Stat. § 10-151c and subsection (f) of Conn. Gen. Stat. § 31-51i, the district shall provide, upon request by another local or regional board of education, governing council of a state or local charter school or interdistrict magnet school operator, or supervisory agent of a nonpublic school for the purposes of an inquiry pursuant to paragraphs I.A.2 or I.G. of this policy or to the Commissioner of Education pursuant to paragraph I.B. of this policy any information that the district has concerning a finding of abuse or neglect or sexual misconduct by a subject of any such inquiry.

Prior to offering employment to an applicant, the district shall make a documented good faith effort to contact each current and any former employer(please note the definition of "former employer" employer above, including the applicable twenty year reporting period) of the applicant that was a local or regional board of education, governing council of a state or local charter school, interdistrict magnet school operator , or supervisory agent of a nonpublic school, or if the applicant's employment with such current or former employer caused the applicant to have contact with children in order to obtain information and recommendations that may be

relevant to the applicant's fitness for employment. Such effort, however, shall not be construed to require more than three telephonic requests made on three separate days.

K. The district shall not offer employment to any applicant who had any previous employment contract terminated by a local or regional board of education, council of a state or local charter school, interdistrict magnet school operator, or a supervisory agent of a nonpublic school, or who resigned from such employment, if the person has been convicted of a violation of Conn. Gen. Stat. § 17a-101a, when an allegation of abuse or neglect or sexual assault has been substantiated.

II. DCF Registry Checks

Prior to hiring any person for a position with the district, the district shall require such applicant to submit to a records check of information maintained on the Registry concerning the applicant.

For any applicant whose current or most recent employment occurred out of state, the district shall request that the applicant provide the district with authorization to access information maintained concerning the applicant by the equivalent state agency in the state of most recent employment, if such state maintains information about abuse and neglect and has a procedure by which such information can be obtained. Refusal to permit the district to access such information shall be considered grounds for rejecting any applicant for employment.

The district shall request information from the Registry or its out of state equivalent promptly, and in any case no later than thirty (30) calendar days from the date of employment. Registry checks will be processed according to the following procedure:

A. No later than ten (10) calendar days after the Superintendent or his/her designee has notified a job applicant of a decision to offer employment to the applicant, or as soon thereafter as practicable, the Superintendent or designee will either obtain the information from the Registry or, if the applicant's consent is required to access the information, will supply the applicant with the release form utilized by DCF, or its out of state equivalent when available, for obtaining information from the Registry.

B. If consent is required to access the Registry, no later than ten (10) calendar days after the Superintendent or his/her designee has provided the successful job applicant with the form, the applicant must submit the signed form to DCF or its out of state equivalent, with a copy to the Superintendent or his/her designee. Failure of the applicant to submit the signed form to DCF or its out of state equivalent within such ten-day period, without good cause, will be grounds for the withdrawal of the offer of employment.

C. Upon receipt of Registry or out-of-state registry information indicating previously undisclosed information concerning abuse or neglect investigations concerning the successful job applicant/employee, the Superintendent or his/her designee will notify the affected applicant/employee in writing of the results of the Registry check and will provide an opportunity for the affected applicant/employee to respond to the results of the Registry check.

D. If notification is received by the Superintendent or designee that that the applicant is listed as a perpetrator of abuse or neglect on the Registry, the Superintendent or designee shall provide the applicant with an opportunity to be heard regarding the results of the Registry check. If

warranted by the results of the Registry check and any additional information provided by the applicant, the Superintendent or designee shall revoke the offer of employment and/or terminate the applicant's employment if he or she has already commenced working for the district.

III. Criminal Records Check Procedure

A. Each person hired by the district shall be required to submit to state and national criminal record checks within thirty (30) calendar days from the date of employment. Each person otherwise placed within a school under any public assistance employment program, employed by a provider of supplemental services pursuant to federal law or in a nonpaid, noncertified position completing preparation requirements for the issuance of an educator certificate, who performs a service involving direct student contact shall also be required to submit to state and national criminal record checks within thirty (30) calendar days from the date such worker begins to perform such service. Record checks will be processed according to the following procedure:*

1. No later than five (5) calendar days after the Superintendent or his/her designee has notified a job applicant of a decision to hire the applicant, or as soon thereafter as practicable, the Superintendent or his/her designee will provide the applicant with a packet containing all documents and materials necessary for the applicant to be fingerprinted by Biometric ID Services. This packet shall also contain all documents and materials necessary for the police department to submit the completed fingerprints to the State Police Bureau of Identification for the processing of state and national criminal record checks. The Superintendent or his/her designee will also provide each applicant with the following notifications before the applicant obtains his/her fingerprints: (1) Agency Privacy Requirements for Noncriminal Justice Applicants; (2) Noncriminal Justice Applicant's Privacy Rights; (3) and the Federal Bureau of Investigation, United States Department of Justice Privacy Act Statement.

2. No later than ten (10) calendar days after the Superintendent or his/her designee has provided the successful job applicant with the fingerprinting packet, the applicant must arrange to be fingerprinted by Biometric ID Services. Failure of the applicant to have his/her fingerprints taken within such ten-day period, without good cause, will be grounds for the withdrawal of the offer of employment.

3. Any person for whom criminal records checks are required to be performed pursuant to this policy must pay all fees and costs associated with the fingerprinting process and/or the submission or processing of the requests for criminal record checks.

4. Upon receipt of a criminal record check indicating a previously undisclosed conviction, the Superintendent or his/her designee will notify the affected applicant/employee in writing of the results of the record check and will provide an opportunity for the affected applicant/employee to respond to the results of the criminal record check. The affected applicant/employee may notify the Superintendent or his/her designee in writing within five (5) calendar days that the affected/employee will challenge his/her criminal history record check. Upon written notification to the Superintendent or his/her designee of such a challenge, the affected applicant/employee shall have ten (10) calendar days to provide the Superintendent or his/her designee with necessary documentation regarding the

affected applicant/employee's record challenge. The Superintendent or his/her designee may grant an extension to the preceding ten-day period during which the affected applicant/employee may provide such documentation for good cause shown.

5. Decisions regarding the effect of a conviction upon an applicant/employee, whether disclosed or undisclosed by the applicant/employee, will be made on a case-by-case basis. Notwithstanding the foregoing, the falsification or omission of any information on a job application or in a job interview, including but not limited to information concerning criminal convictions or pending criminal charges, shall be grounds for disqualification from consideration for employment or discharge from employment.

6. Notwithstanding anything in paragraph III.A.5 of this Policy, above, no decision to deny employment or withdraw an offer of employment on the basis of an applicant/employee's criminal history record shall be made without affording the applicant/employee the opportunities set forth in paragraph III.A.4 of this Policy, above.

B. **Criminal Records Check for Substitute Teachers:**

A substitute teacher who is hired by the district must submit to state and national criminal history record checks according to the procedures outlined above, subject to the following:

1. If the state and national criminal history record checks for a substitute teacher have been completed within one year prior to the date the district hired the substitute teacher, and if the substitute teacher arranged for such prior criminal history record checks to be forwarded to the Superintendent, then the substitute teacher will not be required to submit to another criminal history record check at the time of such hire.

2. If a substitute teacher submitted to state and national criminal history record checks upon being hired by the district, then the substitute teacher will not be required to submit to another criminal history record check so long as the substitute teacher is continuously employed by the district, that is, employed for at least one day of each school year, by the district, provided a substitute teacher is subjected to such checks at least once every five years.

IV. Sex Offender Registry Checks

School district personnel shall cross-reference the Connecticut Department of Public Safety's sexual offender registry prior to hiring any new employee. Registration as a sexual offender constitutes grounds for denial of employment opportunities.

V. Credit Checks

The district may also ask a prospective employee for a credit report for employment for certain district positions, where the district's receipt of a credit report is substantially related to the employee's potential job. Substantially related is defined to mean "the information contained in the credit report is related to the position for which the employee or prospective employee who is the subject of the report is being evaluated." Prior to

asking for a credit report, the district will determine whether the position falls within one of the categories as described in this paragraph. The position must: (1) be a managerial position which involves setting the direction or control of the district; (2) involve access to employees' personal or financial information; (3) involve a fiduciary responsibility to the district, including, but not limited to, the authority to issue payments, collect debts, transfer money or enter into contracts; (4) provide an expense account or district debit or credit card; or (5) involve access to the district's nonfinancial assets valued at two thousand five dollars or more.

When a credit report will be requested as part of the employment process, the district will provide written notification to prospective employee regarding the use of credit checks. That notification must be provided in a document separate from the employment application. The notification must state that the district may use the information in the consumer credit report to make decisions related to the individual's employment.

The district will obtain consent before performing the credit or other background checks. If the district intends to takes an action adverse to a potential employee based on the results of a credit report, the district must provide the prospective employee with a copy of the report on which the district relied in making the adverse decision, as well as a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act," which should be provided by the company that provides the results of the credit check. The district will notify the prospective employee either orally, in writing or via electronic means that the adverse action was taken based on the information in the consumer report. That notice must include the name, address and phone number of the consumer reporting company that supplied the credit report; a statement that the company that supplied the report did not make the decision to take the unfavorable action and cannot provide specific reasons for the district's actions; and a notice of the person's right to dispute the accuracy or completeness of any information the consumer reporting company furnished, and to get an additional free report from the company if the person asks for it within sixty (60) calendar days.

VI. Notice of Conviction

If, at any time, the ~~Board of Education~~ district receives notice of a conviction of a crime by (1) a person holding a certificate, authorization or permit issued by the State Board of Education, or (2) a person employed by a provider of supplemental services, the ~~Board~~ district shall send such notice to the State Board of Education.

VII. School Nurses

School nurses or nurse practitioners appointed by, or under contract with, the ~~Board of Education~~ district shall also be required to submit to a criminal history records check in accordance with the procedures outlined above.

VIII. Personal Online Accounts

For purposes of these Administrative Regulations, "personal online account" means any online account that is used by an employee or applicant exclusively for personal purposes and unrelated to any business purpose of the ~~Board~~ district, including, but not limited to, electronic mail, social media and retail-based Internet web sites. "Personal online account" does not include any account created, maintained, used or accessed by an employee or applicant for a business purpose of the ~~Board~~ district.

A. During the course of an employment check, the Board may not:

1. request or require that an applicant provide the ~~Board~~ district with a user name and password, password or any other authentication means for accessing a personal online account;

2. request or require that an applicant authenticate or access a personal online account in the presence of the ~~Board~~ district; or

3. require that an applicant invite a supervisor employed by the ~~Board~~ district or accept an invitation from a supervisor employed by the ~~Board~~ district to join a group affiliated with any personal online account of the applicant.

B. The Board may request or require that an applicant provide the ~~Board~~ district with a user name and password, password or any other authentication means for accessing:

1. any account or service provided by ~~Board~~ district or by virtue of the applicant's employment relationship with the ~~Board~~ district or that the applicant uses for the ~~Board~~ district 's business purposes, or

2. any electronic communications device supplied or paid for, in whole or in part, by the ~~Board~~ district.

C. In accordance with applicable law, the ~~Board~~ district maintains the right to require an applicant to allow the ~~Board~~ district to access his or her personal online account, without disclosing the user name and password, password or other authentication means for accessing such personal online account, for the purpose of:

1. conducting an investigation for the purpose of ensuring compliance with applicable state or federal laws, regulatory requirements or prohibitions against work-related employee misconduct based on the receipt of specific information about activity on an applicant's personal online account; or

2. conducting an investigation based on the receipt of specific information about an applicant's unauthorized transfer of the ~~Board~~ district's proprietary information, confidential information or financial data to or from a personal online account operated by an applicant or other source.

IX. Policy Inapplicable to ~~Students Employed by the School District~~ Certain Individuals

~~A. This policy shall also not apply to a: student employed by the local or regional school district in which the student attends school.~~

A. A student employed by the local or regional school district in which the student who attends a district school.

B. A person employed by the district as a teacher for a noncredit adult class or adult education activity, as defined in Conn. Gen. Stat. § 10-67, who is not required to hold a teaching certificate pursuant to Conn. Gen. Stat. § 10-145b for his or her position.

X. Falsification of Records.

Notwithstanding any other provisions of this policy, the falsification or omission of any information on a job application or in a job interview, including but not limited to information concerning abuse or neglect investigations or pending criminal applications, shall be grounds for disqualification from consideration for employment or discharge from employment.

Legal References:

Conn. Gen. Stat. § 10-212

Conn. Gen. Stat. § 10-221d~~.~~

Conn. Gen. Stat. § 10-222c

Conn. Gen. Stat. § 31-40x

Conn. Gen. Stat. § 31-51i

Conn. Gen. Stat. § 31-51tt

Public Act ~~17~~ 18 ~~68, "An Act Concerning Various Revisions and Additions to the Education Statutes.~~" 51, "An Act Implementing the Recommendations of the Department of Education.

~~Public Act 17-220, "An Act Concerning Education Mandate Relief."~~

Elementary and Secondary Education Act, reauthorized as the Every Student Succeeds Act, Pub. L. 114-95, codified at 20 U.S.C.§ 1001 *et seq.*

Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*

Policy Adopted: 1/18/06
Policy Revised: 1/14/14
Policy Revised: 11/15/16
Policy Revised: 1/17/18

Windsor Public Schools
Windsor, CT

REPORTS OF SUSPECTED ABUSE OR NEGLECT OF ADULTS WITH AN INTELLECTUAL DISABILITY OR AUTISM SPECTRUM DISORDER

Section 46a-11b of the Connecticut General Statutes requires that certain school personnel report any suspected abuse or neglect of persons between eighteen (18) and sixty (60) years of age who: 1) have an intellectual disability or 2) receive funding or services from the Department of Social Services' ("DSS") Division of Autism Spectrum Disorder Services. In furtherance of this statute and its purpose, it is the policy of the Windsor Board of Education to require ALL EMPLOYEES of the Board of Education to comply with the following procedures in the event that, in the ordinary course of their employment or profession, they have reasonable cause to suspect that a person with an intellectual disability or an individual receiving funding or services from DSS' Division of Autism Spectrum Disorder Services between eighteen (18) and sixty (60) years of age has been abused or neglected.

1. Scope of Policy

   This policy applies not only to employees who are required by law to report suspected abuse and/or neglect of adults with intellectual disabilities, but also to ALL EMPLOYEES of the Board of Education.

2. Definitions

   For the purposes of this policy:

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

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

   "Statutory Mandated Reporter" means an individual required by Conn. Gen. Stat. Section 46a-11b to report suspected abuse and/or neglect of adults with intellectual disabilities. In the public school context, the term "statutory mandated reporter" includes teachers, school administrators, school guidance counselors, paraprofessionals, licensed behavior analysts, registered or licensed practical nurses, psychologists, social workers, licensed or certified substance abuse counselors, mental health professionals, physical therapists, occupational therapists, dental hygienists, speech pathologists, and licensed professional counselors.

3. Reporting Procedures for Statutory Mandated Reporters

If a statutory mandated reporter has reasonable cause to suspect or believe that any person with an intellectual disability, or any individual who receives funding or services from DSS' Division of Autism Spectrum Disorder Services, between eighteen (18) and sixty (60) years of age has been abused or neglected, the mandated reporter shall, as soon as practicable, but not later than ~~seventy-two~~ forty-eight (~~72~~ 48) hours after having reasonable cause to suspect abuse or neglect, make an oral report to:

Abuse Investigation Division
Department of Developmental Services ("DDS")
460 Capitol Avenue
Hartford, Connecticut 06106
Telephone: 1-844-878-8923

An unsuccessful attempt to make an initial report to DDS on the weekend, holiday, or after business hours shall not be construed as a violation of this policy or applicable law if the mandatory reporter makes reasonable attempts to make such report as soon as practicable after the initial attempt. For purposes of this policy, "reasonable attempts" means documented efforts to contact DDS by phone, electronic mail or in person.

The statutory mandated reporter shall also immediately notify the Superintendent.

Such initial oral report shall be followed by a written report to the Abuse Investigation Division of DDS not later than five calendar days after the initial oral report was made, and a copy of any written report shall be given to the Superintendent.

4. Reporting Procedures for Non-Statutory Mandated Reporters

The following procedures apply only to employees who are not statutory mandated reporters, as set forth above.

a) If an employee who is not a statutory mandated reporter has reasonable cause to suspect that any person with an intellectual disability, or any individual who receives funding or services from the DSS' Division of Autism Spectrum Disorder Services, between eighteen (18) and sixty (60) years of age has been abused or neglected, the following steps shall be taken.

(1) The employee shall as soon as practicable, but not later than ~~seventy-two~~ forty-eight (~~72~~ 48) hours after having reasonable cause to suspect abuse or neglect, make an oral report by telephone

or in person to the Superintendent of Schools or his/her designee, to be followed by an immediate written report to the Superintendent or his/her designee.

(2) If the Superintendent or his/her designee determines that there is reasonable cause to suspect or believe that any person with an intellectual disability, or any individual who receives funding or services from the DSS' Division of Autism Spectrum Disorder Services, between eighteen (18) and sixty (60) years has been abused or neglected, the Superintendent or designee shall cause reports to be made in accordance with the procedures set forth for statutory mandated reporters, set forth above.

b) Nothing in this policy shall be construed to preclude an employee from reporting suspected abuse and/or neglect of adults with intellectual disabilities, or any individual who receives funding or services from the DSS' Division of Autism Spectrum Disorder Services, directly to the Abuse Investigation Division of DDS.

5. Contents of Report

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

a) the name and address of the allegedly abused or neglected person;

b) a statement from the reporter indicating a belief that the person is intellectually disabled or receives funding or services from the DSS' Division of Autism Spectrum Disorder Services, together with information indicating that the person is unable to protect himself or herself from abuse or neglect;

c) information concerning the nature and extent of the abuse or neglect; and,

d) any additional information that the reporter believes would be helpful in investigating the report or in protecting the person with an intellectual disability or who receives funding or services from the DSS' Division of Autism Spectrum Disorder Services.

6. Investigation of the Report

If the suspected abuser is a school employee, the Superintendent shall thoroughly investigate the report, and shall, to the extent feasible, endeavor to coordinate any such investigation with the investigation conducted by the Abuse Investigation Division of DDS.

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

If the investigation by the Superintendent and/or the Abuse Investigation Division of DDS produces evidence that a person with an intellectual disability, or any individual who receives funding or services from the DSS' Division of Autism Spectrum Disorder Services, has been abused by a school employee, the Superintendent and/or the Board, as appropriate, may take disciplinary action, up to and including termination of employment.

7. Delegation of Authority by Superintendent

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

8. Disciplinary Action for Failure to Follow Policy

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

9. Non-discrimination Policy

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

Legal References:

Connecticut General Statutes:

Section 46a-11a
Section 46a-11b et seq.

Public Act 18-96, "An Act Concerning Reports of Abuse or Neglect of Persons with Intellectual Disability or Autism Spectrum Disorder"

Policy adopted: March 17, 2015
Policy revised: January 18, 2017
Policy revised: April 17, 2018

Windsor Public Schools
Windsor, CT

STUDENT ATTENDANCE AND TRUANCY

Regular and punctual student attendance in school is essential to the educational process. Connecticut state law places responsibility for assuring that students attend school with the parent or other person having control of the child. To assist parents and other persons in meeting this responsibility, the Board of Education (the "Board"), through its Superintendent, will adopt and maintain procedures to implement this policy.

In addition, the Board ~~of Education~~ takes seriously the issue of chronic absenteeism. To address this issue, the Board ~~of Education~~, through its Superintendent, will adopt and maintain procedures regarding chronic absenteeism in accordance with state law.

Legal References:

~~Public Act 17-14, An Act Implementing the Recommendations of the Department of Education~~

~~Public Act 16-147, An Act Concerning the Recommendations of the Juvenile Justice Policy and Oversight Committee~~

Connecticut General Statutes § 10-220

Connecticut General Statutes § 10-184

Connecticut General Statutes § 10-186

Connecticut General Statutes § 10-198a

Connecticut General Statutes § 10-198b

Connecticut General Statutes § 10-198c

Connecticut General Statutes § 10-198d

Connecticut General Statutes § 10-198e

Guidelines for Reporting Student Attendance in the Public School Information System (Connecticut State Department of Education, January 2008)

Connecticut State Board of Education Memorandum, *Definitions of Excused and Unexcused Absences* (June 27, 2012)

Connecticut State Department of Education, *Guidelines for Implementation of the Definitions of Excused and Unexcused Absences and Best Practices for Absence Prevention and Intervention* (April 2013)

Connecticut State Department of Education, *Reducing Chronic Absence in Connecticut's Schools: A Prevention and Intervention Guide for Schools and Districts* (April 2017)

Connecticut State Department of Education Memorandum, *Youth Service Bureau Referral for Truancy and Defiance of School Rules* (February 22, 2018)

Connecticut State Department of Education, *Youth Service Bureau Referral Guide* (February 2018)

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Policy Revised: January 17, 2018

Windsor Public Schools
Windsor, CT

STUDENT ATTENDANCE, TRUANCY AND CHRONIC ABSENTEEISM

I. Attendance and Truancy

A. Definitions for Section I

1. "Absence" - any day during which a student is not considered "in attendance" at his/her assigned school, or on a school sponsored activity (e.g. field trip), for at least one half of the school day.

2. "Disciplinary absence" – Any absence as a result of school or district disciplinary action. Any student serving an out-of-school suspension or expulsion should be considered absent. Such absence is not considered excused or unexcused for attendance and truancy purposes.

3. "Educational evaluation" - for purposes of this policy, an educational evaluation is an assessment of a student's educational development, which, based upon the student's presenting characteristics, would assess (as appropriate) the following areas: health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status and motor abilities.

4. "Excused absence" – a student is considered excused from school if the school has received written documentation describing the reason for the absence within ten (10) days of the student's return to school, or the child has been excluded from school in accordance with section 10-210 of the Connecticut General Statutes, and meets the following criteria:

    a. Any absence before the student's tenth absence, is considered excused when the student's parent/guardian approves such absence and submits appropriate written documentation in accordance with this regulation.

    b. For the student's tenth absence and all absences thereafter, a student's absences from school are, with appropriate documentation in accordance with this regulation, considered excused only for the following reasons:

        i. student illness (verified by an appropriately licensed medical professional);

        ii. religious holidays;

        iii. mandated court appearances (documentation required);

        iv. funeral or death in the family, or other emergency beyond the control of the student's family;

v. extraordinary educational opportunities pre-approved by the district administrators and in accordance with Connecticut State Department of Education guidance and this regulation;

vi. lack of transportation that is normally provided by a district other than the one the student attends.

c. A student, age five to eighteen, whose parent or legal guardian is an active duty member of the armed forces who has been called for duty, is on leave from or has immediately returned from deployment to a combat zone or combat support posting, shall be granted ten (10) days of excused absences in any school year, and, in the discretion of the administration, additional excused absences to visit such student's parent or legal guardian with respect to the parent's leave or deployment. In the case of such excused absences, the student and parent or legal guardian are responsible for obtaining assignments from the student's teacher prior to any period of excused absence, and for ensuring that such assignments are completed by the student prior to his or her return to school.

5. "In Attendance" - any day during which a student is not considered to be absent from his/her assigned school, or from an activity sponsored by the school (e.g. field trip), for at least one half of the school day.

6. "Student" - a student enrolled in the Windsor Public Schools (the "District").

7. "Truant" - any student five (5) to eighteen (18) years of age, inclusive, who has four (4) unexcused absences from school in any one month or ten (10) unexcused absences from school in any school year.

8. "Unexcused absence" - any absence from a regularly scheduled school day for at least one half of the school day, unless the absence an excused absence as defined above or the absence is a disciplinary absence.

The determination of whether an absence is excused will be made by the building principal or his/her designee. Parents or other persons having control of the child may appeal that decision to the Superintendent or his/her designee, whose decision shall be final.

B. Written Documentation Requirements for Absences

"Written Documentation" - includes a signed note from the student's parent/guardian, a signed note from a school official that spoke in person with the parent/guardian regarding the absence, or a note confirming the absence by the school nurse or by a licensed medical professional, as appropriate, that explains the nature of and the reason for the absence as well as the length of the absence.

C. Truancy Exceptions:

1. A student five (5) or six (6) years of age shall not be considered truant if the parent or person having control over such student has appeared personally at the school district office and exercised the option of not sending the child to school at five (5) or six (6) years of age.

2. A student seventeen (17) years of age shall not be considered truant if the parent or person having control over such student consents to such student's withdrawal from school. Such parent or person shall personally appear at the school district office and sign a withdrawal form indicating such consent. Such withdrawal form must include an attestation from a guidance counselor or school administrator from the school that the district provided the parent (or person having control of the child) with information on the educational options available in the school system and community.

3. If a parent or guardian of an expelled student chooses not to enroll the student in an alternative program, the student shall not be considered to be "truant."

D. Readmission to School Following Voluntary Withdrawal

1. Except as noted in paragraph 2 below, if a student voluntarily withdraws from school (in accordance with Section C.2, above) and subsequently seeks readmission, the Board may deny school accommodations to the student for up to ninety (90) school days from the date of the student's withdrawal from school.

2. If a student who has voluntarily withdrawn from school (in accordance with Section C.2, above) seeks readmission within ten (10) school days of his/her withdrawal, the Board shall provide school accommodations to the student not later than three (3) school days after the student requests readmission.

E. Determinations of Whether a Student is "In Attendance":

1. A student serving an out of school suspension or expulsion shall be reported as absent unless he or she receives an alternative educational program for at least one half of the regular school day. In any event, the absence is considered a disciplinary absence, and will not be designated as excused or unexcused.

2. On early dismissal days and days shortened due to inclement weather, the regular school day for attendance purposes is considered to be the amount of instructional time offered to students on that day. For example, if school is open for four hours on a shortened day scheduled, a student must be present for a minimum of two hours in order to be considered "in attendance."

3. Students placed on homebound instruction due to illness or injury in accordance with applicable regulations and requirements are counted as being "in attendance" for every day that they receive instruction from an appropriately certified teacher for an amount of time deemed adequate by the administration so as to ensure that the student is able to successfully return to the regular classroom setting.

F. Procedures for students in grades K-8*

1. Notification

   a. Annually at the beginning of the school year and upon the enrollment of any child during the school year, the administration shall notify the parent or other person having control of the student enrolled in grades K - 8 in writing of the obligations pursuant to Conn. Gen. Stat. §10-184 to assure

that such a student attends school regularly or to show that the child is elsewhere receiving equivalent instruction in the studies taught in the ~~Windsor Public Schools~~ **District**.

b. Annually at the beginning of the school year and upon the enrollment of any child during the school year, the administration shall obtain from the parent or other person having control of the student in grades K-8 a telephone number or other means of contacting such parent or other person during the school day.

2. Monitoring

Each school shall implement a system of monitoring individual unexcused absences of students in grades K-8. Whenever such a student fails to report to school on a regularly scheduled school day, school personnel under the direction of the building principal [or his/her designee] shall make a reasonable effort to notify the parent or other person having control of such student by telephone and by mail of the student's absence, unless school personnel have received an indication that the parent or other person is aware of the student's absence. [Reasonable efforts shall include two (2) attempts to reach the parent or other person at the telephone number provided by the parent or other person. Such attempts shall be recorded on a form provided by the Superintendent.] Any person who, in good faith, gives or fails to give such notice shall be immune from liability, civil or criminal, which might otherwise be incurred or imposed and shall have the same immunity with respect to any judicial proceeding which results from such notice or failure to give notice.

G. Procedures applicable to students ages five (5) to eighteen (18)

1. Intervention

a. When a student is truant, the building principal or his/her designee shall schedule a meeting with the parent (or other person having control of such student) and appropriate school personnel to review and evaluate the reasons for the student's truancy. This meeting shall be held no later than ten (10) days after the student becomes truant. The district shall document the meeting, and if parent or other person declines to attend the meeting, or is otherwise is non responsive, that fact shall also be documented and the meeting shall proceed with school personnel in attendance.

b. When a student is truant, the Superintendent or his/her designee shall coordinate services with and referrals of students to community agencies providing child and family services, as appropriate. The district shall document efforts to contact and include families and to provide early intervention in truancy matters.

c. ~~On or before August 15, 2018, if~~ **If** the Commissioner of Education determines that any school under the jurisdiction of ~~Windsor~~ Board ~~of Education~~ has a disproportionately high rate of truancy, the district shall implement **in that school** a truancy

intervention model identified by the Department of Education pursuant to Conn. Gen. Stat. § 10-198e.

d. In addition to the procedures specified in subsections (a) through (c) above, a regular education student who is experiencing attendance problems should be referred to the building Child Study Team [or other appropriate school based team] to consider the need for additional interventions and/or assistance. The Team will also consider whether the student should be referred to a planning and placement team ("PPT") meeting to review the student's need and eligibility for special education. A special education student who is experiencing attendance problems should be referred to a PPT meeting for program review.

e. Where the documented implementation of the procedures specified in subsections (a) through (d) above does not result in improved outcomes despite collaboration with the parent/guardian, the Superintendent or his/her designee may, with written parental consent, refer a student who is truant to a Youth Service Bureau.

H. Attendance Records

All attendance records developed by the Board shall include the individual student's state-assigned student identifier (SASID).

II. Chronic Absenteeism

A. Definitions for Section II

1. "Chronically absent child" - a child who is enrolled in a school under the jurisdiction of the ~~Windsor~~ Board ~~of Education~~ and whose total number of absences at any time during a school year is equal to or greater than ten percent (10%) of the total number of days that such student has been enrolled at such school during such school year;

2. "Absence" - an excused absence, unexcused absence or disciplinary absence, as those terms are defined by the State Board of Education pursuant to section 10-198b of the general statutes and these administrative regulations;

3. "District chronic absenteeism rate" - the total number of chronically absent children under the jurisdiction of the ~~Windsor~~ Board ~~of Education~~ in the previous school year divided by the total number of children under the jurisdiction of the Board ~~of Education~~ for such school year; and

4. "School chronic absenteeism rate" - 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.

B. Establishment of Attendance Review Teams

If the ~~Windsor~~ Board ~~of Education~~ has a district chronic absenteeism rate of ten percent (10%) or higher, it shall establish an attendance review team for the school district.

If a school under the jurisdiction of the ~~Windsor~~ Board ~~of Education~~ has a school chronic absenteeism rate of fifteen percent (15%) or higher, it shall establish an attendance review team for that school.

If the ~~Windsor~~ Board ~~of Education~~ has more than one school with a school chronic absenteeism rate of fifteen percent (15%) or higher, it shall establish an attendance review team for the school district or at each such school.

If the ~~Windsor~~ Board ~~of Education~~ has a district chronic absenteeism rate of ten percent (10%) or higher and one or more schools with a school chronic absenteeism rate of fifteen percent (15%) or higher, it shall establish an attendance review team for the school district or at each such school.

C. Composition and Role of Attendance Review Teams

Any attendance review team established under these regulations may include school administrators, guidance counselors, school social workers, teachers, representatives from community-based programs who address issues related to student attendance by providing programs and services to truants, and chronically absent children and their parents or guardians.

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.

D. State Chronic Absenteeism Prevention and Intervention Plan

The ~~Windsor~~ Board ~~of Education~~ and its attendance review teams, if any, will consider any chronic absenteeism prevention and intervention plan developed by the State Department of Education.

III. Reports to the State Regarding Truancy Data:

Annually, each local and regional board of education shall include information regarding the number of truants and chronically absent children in the strategic school profile report for each school under its jurisdiction and for the school district as a whole submitted to the Commissioner of Education. Measures of truancy include the type of data that is required to be collected by the Department of Education regarding attendance and unexcused absences in order for the department to comply with federal reporting requirements and the actions taken by the board of education to reduce truancy in the school district.

Legal References:

~~Public Act 17-14, An Act Implementing the Recommendations of the Department of Education~~

~~Public Act 16-147, An Act Concerning the Recommendations of the Juvenile Justice Policy and Oversight Committee~~

Connecticut General Statutes § 10-220

Connecticut General Statutes § 10-184

Connecticut General Statutes § 10-186

Connecticut General Statutes § 10-198a

Connecticut General Statutes § 10-198b

Connecticut General Statutes § 10-198c

Connecticut General Statutes § 10-198d

Connecticut General Statutes § 10-198e

Guidelines for Reporting Student Attendance in the Public School Information System (Connecticut State Department of Education, January 2008)

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Connecticut State Department of Education Memorandum, *Youth Service Bureau Referral for Truancy and Defiance of School Rules* (February 22, 2018)

Connecticut State Department of Education, *Youth Service Bureau Referral Guide* (February 2018)

Regulation Approved: January 17, 2018

Craig A. Cooke, Ph.D.
Superintendent of Schools

Windsor Public Schools
Windsor, CT

Current

Section:	**Students**
Subject:	**DRUGS AND ALCOHOL** **P-5131.6**

BOARD OF EDUCATION POLICY
WINDSOR PUBLIC SCHOOLS
WINDSOR, CT

1. The use, sale or possession of controlled drugs or alcohol, as defined in Section 21a-240 of the General Statutes, on school property or during any school sponsored activity shall be prohibited.

2. All school personnel, as specified in Section 10-154a (a), (b), and (c), shall cooperate with law enforcement officials.

3. The Superintendent of Schools shall develop administrative regulations to govern procedures pertaining to:

   a. Persons who are observed as users, sellers and/or possessors of controlled drugs or alcohol on school property;

   b. Students who require emergency treatment because of drug related incidents;

   c. Students who, in confidence, refer themselves to school personnel as users, sellers or possessors of controlled drugs or alcohol.

Legal Reference: Connecticut General Statute
10-154a Professional communications between teacher or nurse and student
Surrender of physical evidence obtained from students.
10-220b Policy statement on drugs.
10-221d Boards of education to prescribe rules re: use, sale or possession.
1-21b Smoking prohibited in certain places.
10a-18 Programs to be offered on effects of drugs and alcohol.
21a-240 Definitions (8) "Controlled Drugs," dependency producing drugs.

Policy adopted: October 21, 2008

Current

Section:	**Students**
SUBJECT:	**DRUGS and ALCOHOL** **AR-5131.6**

ADMINISTRATIVE REGULATION
WINDSOR PUBLIC SCHOOLS
WINDSOR, CT

In accordance with Windsor Board of Education policy on use, sale or possession of controlled drugs or alcohol, the Superintendent of Schools does promulgate and effect the following administrative regulations dealing with students involved with controlled drugs or alcohol at school activities, in school buildings or on school grounds:

1. Bringing controlled drugs, controlled substances, or alcohol, as defined by Connecticut General Statutes Section 21a-240(8) and 21a-240(9), to school activities, into school buildings or into school grounds by students is prohibited.

2. Possession of such controlled drugs, controlled substances, or alcohol by students on their person or in lockers, desks, vehicles, or any place during school activities, in school buildings or on school grounds or school transportation is prohibited.

3. Distribution, sale or use of controlled drugs, controlled substances, or alcohol by students at school activities, in school buildings or on school grounds or school transportation is prohibited.

4. Employees observing a person using, selling and/or possessing controlled drugs, controlled substances, or alcohol at school activities, in school buildings, or on school grounds or school transportation shall report said person to the school Principal or his/her designee.

Penalties – Drug or Alcohol Use/Sale Distribution or Possession

1. In order to protect the health, safety, morals and general well-being of the involved student, his/her classmates, and the student body, said student shall be suspended by the Principal or his/her designee for a period of ten (10) days. At the time of said suspension, the school Principal or his/her designee shall inform the student of the charges and the suspension. The parent or guardian shall then be sent written notice of the suspension and the charges. The Principal or his/her designee shall follow procedures set forth in Regulation 5114 – Procedures Governing Suspension. In addition, the following action shall be taken:

    a. Parents or guardians will be referred to a licensed substance abuse counselor or agency.

    b. The student and parents or guardians will be asked to meet with the Principal or his/her designee to review any assessment and/or recommendations resulting from step one above.

2. The Principal or his/her designee may exercise his/her authority to supervise closely the student when the student resumes his/her education, taking into account the circumstances of the case and the background of the individual student involved.

3. The Principal or his/her designee shall inform the Superintendent of the suspension. The Superintendent will review and may recommend to the Board of Education the expulsion of said student.

4. The Principal or his/her designee will notify the Windsor Police Department.

Suspected Drug or Alcohol Use

1. When an employee receives information concerning the use, sale or possession of controlled drugs, controlled substances or alcohol, two possible situations exist. If the information is disclosed in confidence by the student, such disclosure may be held in confidence as described in Connecticut General Statutes, Section 10-154a. If, however, the information is obtained through observation, suspicion, hearsay, or other means, the staff member must take the following action:

    a. Contact the Principal or his/her designee and share information with as many specific facts as possible.

    b. If such information is substantiated by the Principal or his/her designee, refer to Section 2 Penalties – Drug or Alcohol Use.

    c. If such information is not substantiated by the Principal or his/her designee, no immediate action is required.

Drug or Alcohol Emergency Situations

1. When it is determined that a student is in need of immediate attention due to alcohol or drug use, the attending staff member must take the following action:

    a. The student shall not be left unattended.

    b. The staff member shall notify the nurse immediately.

    c. If the nurse is unavailable, the administrator shall be notified.

d. If the nurse is not in the building, he/she shall be summoned immediately.

e. The school should attempt to contact the parent or person designated by the parent to take the responsibility for the student. This person would be asked to come to the school and assume the care of the child.

f. If no one can be reached, the nurse should attempt to reach the family physician for his/her recommendations. If the family physician is unavailable, the nurse should attempt to reach the school physician for his/her recommendation.

g. If the physician and/or parent cannot be reached, and if, in the judgment of the school nurse, an emergency condition exists, the student may be taken to a hospital emergency room. The nurse will accompany the student to the hospital.

h. If the student becomes uncontrollable, the police shall be called for assistance.

i. The Principal or his/her designee should file a report of the activity to the Superintendent of Schools within twenty-four (24) hours.

Confidential Disclosures by a Student

1. As used in this policy, (1) "school" means a public school as defined in Section 10-183(b) or a private elementary or secondary school attendance at which meets the requirements of Section 10-184; (2) a "professional employee" means a person employed by a school who (a) holds a certificate from the State Board of Education, (b) is a member of a faculty where certification is not required, (c) is an administration officer of a school or (d) is a registered nurse and employed by or assigned to a school; (3) a "student" is a person enrolled in a school; (4) a "professional communication" is any communication made privately and in confidence by a student to a professional employee of such student's school in the course of the latter's employment.

2. If a student privately and in confidence discloses to a professional employee of the school information concerning a drug or alcohol problem, this employee may maintain the confidence within the limits of Connecticut General Statutes, Section 10-154a, Professional Communication Between Teacher or Nurse and Student.

ADMINISTRATIVE REGULATION
WINDSOR PUBLIC SCHOOLS
WINDSOR, CT

3. Professional employees must decide whether or not to maintain the confidentiality of communication as per Connecticut General Statutes 10-154a.

    a. In the event that a student should voluntarily come forward with a drug or alcohol problem, the professional employee may inform the student that he/she does not wish to maintain confidentiality.

    b. Confidentiality would not be violated by a teacher or nurse if, with the student's permission, the teacher or nurse sought consultation with appropriate professionals.

4. Any professional employee who in good faith discloses or does not disclose a professional communication shall be immune from any liability, civil or criminal, which might otherwise be incurred or imposed and shall have the same immunity with respect to any judicial proceeding which results from such disclosure.

5. Irrespective of whether the professional employee decides to maintain confidentiality of a student's private communications as permitted above, if the professional employee obtains physical evidence from a student, indicating that a crime has been or is being committed, such employee shall be required to turn such evidence over to school administrators or law enforcement officials within two school days after receipt of such physical evidence, provided if such evidence is obtained less than two days before a school vacation or the end of a school year, such evidence shall be turned over within two calendar days after receipt thereof, excluding Saturdays, Sundays and holidays, and provided further in no such case shall such employee be required to disclose the name of the student from whom he obtained such evidence and such employee shall be immune from arrest and prosecution for the possession of such evidence obtained from such student.

6. Any physical evidence surrendered to a school administrator by a professional employee shall be turned over by the school administrator to the Commissioner of Consumer Protection or the appropriate law enforcement agency with three (3) school days after receipt of such physical evidence for its proper disposition, provided if such evidence is obtained less than three (3) school days before a school vacation or at the end of a school year, such evidence shall be turned over within three (3) calendar days from receipt thereof, excluding Saturdays, Sundays and holidays.

ADMINISTRATIVE REGULATION
WINDSOR PUBLIC SCHOOLS
WINDSOR, CT

Confidential Disclosure by Parent/Guardian

1. When a parent/guardian contacts a professional employee in regard to a drug or alcohol problem pertaining to their child, the professional employee must inform the parent/guardian that this disclosure is not within the limits of Connecticut General Statutes 10-154a.

Legal Reference: Connecticut General Statutes
10a-18 Programs to be offered on effects of drugs and alcohol.
10-221(d) Boards of Education to prescribe rules re: use, sale of possession.
21a-240 Definitions, dependency producing drugs.
21a-243 Regulation re schedules of controlled substances.

Regulation approved: October 21, 2008

Elizabeth E. Feser, Ed.D.
Superintendent of Schools

Recommended

Students **P 5131.6**

DRUG AND ALCOHOL USE BY STUDENTS

Policy Statement

The Board is required by Connecticut law to prescribe rules for the management and discipline of its schools. In keeping with this mandate, the unlawful use, sale, distribution or possession of controlled drugs, controlled substances, drug paraphernalia, as defined in C.G.S. Section 21a-240, or alcohol on or off school property or during any school sponsored activity is prohibited. It shall be the policy of the Board to take positive action through education, counseling, discipline, parental involvement, medical referral, and law enforcement referral, as appropriate, in the handling of incidents in the schools involving the unlawful possession, distribution, sale or use of substances that affect behavior.

Definitions

(1) Controlled Drugs: means those drugs which contain any quantity of a substance which has been designated as subject to the federal Controlled Substances Act, or which has been designated as a depressant or stimulant drug pursuant to federal food and drug laws, or which has been designated by the Commissioner of Consumer Protection pursuant to C.G.S. Section 21a-243, as having a stimulant, depressant or hallucinogenic effect upon the higher functions of the central nervous system and as having a tendency to promote abuse or psychological or physiological dependence, or both. Such controlled drugs are classifiable as amphetamine-type, barbiturate-type, cannabis-type, cocaine-type, hallucinogenic, morphine-type and other stimulant and depressant drugs. C.G.S. Section 21a-240(8).

(2) Controlled Substances: means a drug, substance or immediate precursor in schedules I to V, inclusive, of the Connecticut controlled substance scheduling regulations adopted pursuant to C.G.S. Section 21a-243. C.G.S. Section 21a-240(9).

(3) Professional Communication: any communication made privately and in confidence by a student to a professional employee of such student's school in the course of the professional employee's employment. C.G.S. Section 10-154a(a)(4).

(4) Professional Employee: means a person employed by a school who "(A) holds a certificate from the State Board of Education, (B) is a member of a faculty where certification is not required, (C) is an administration officer of a school, or (D) is a registered nurse employed by or assigned to a school." C.G.S. Section 10-154a(a)(2).

(5) Drug Paraphernalia: means any equipment, products and materials of any kind which are used, intended for use or designed for use in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repackaging, storing, containing or concealing, or injecting, ingesting, inhaling or otherwise introducing controlled drugs or controlled substances into the human body, including but not limited to all items specified in C.G.S. Section 21a-240(20)(A), such as "bongs," pipes, "roach clips," miniature cocaine spoons, crack cocaine vials, tobacco rolling papers, and any object or container used, intended or designed for use in storing, concealing, possessing, distributing or selling controlled drugs or controlled substances. C.G.S. Section 21a-240(20)(A).

Procedures

(1) Emergencies.

If an emergency situation results from drug or alcohol use, the student shall be sent to the school nurse or medical advisor immediately. The parent or designated responsible person will be notified.

(2) Prescribed Medications.

Students may possess and/or self-administer medications in school in accordance with the Board's policy concerning the administration of medication in school.

Students taking improper amounts of a prescribed medication, or otherwise taking medication contrary to the provisions of the Board's policy on the administration of medication will be subject to the procedures for improper drug or alcohol use outlined in this policy.

(3) Voluntary Disclosure of Drug/Alcohol Problem (Self-Referral).

The following procedures will be followed when a student privately, and in confidence, discloses to a professional employee in a professional communication information concerning the student's use, possession, distribution or sale of a controlled drug, controlled substance or alcohol.

(a) Professional employees are permitted, in their professional judgment, to disclose any information acquired through a professional communication with a student, when such information concerns alcohol or drug abuse or any alcohol or drug problem of such student. In no event, however, will they be required to do so. C.G.S. Section 10-154a(b).

(b) Any physical evidence obtained from such student through a professional communication indicating that a crime has been or is being committed by the student **must** be turned over to school administrators or law enforcement officials as soon as possible, but no later than two calendar days after receipt of such physical evidence, excluding Saturdays, Sundays and holidays. Employees are encouraged to contact the school

administrator immediately upon obtaining physical evidence. In no case, however, will such employee be required to disclose the name of the student from whom the evidence was obtained. C.G.S. Section 10-154a(b).

(c) Any professional employee who has received a professional communication from a student may obtain advice and information concerning appropriate resources and refer the student accordingly, subject to the rights of the professional employee as described in paragraph (a) above.

(d) If a student consents to disclosure of a professional communication concerning the student's alcohol or drug problem, or if the professional employee deems disclosure to be appropriate, the professional employee should report the student's name and problem to the school's building administrator or designee who shall refer the student to appropriate school staff members for intervention and counseling.

(4) Involuntary Disclosure or Discovery of Drug/Alcohol Problems.

When a professional employee obtains information related to a student *from a source other than the student's confidential disclosure*, that the student, on or off school grounds or at a school sponsored activity, is under the influence of, or possesses, uses, dispenses, distributes, administers, sells or aids in the procurement of a controlled drug, controlled substance, drug paraphernalia or alcohol, that information is considered to be involuntarily disclosed. In this event, the following procedures will apply.

(a) The professional employee will immediately report the information to the building administrator or designee. The building administrator or designee will then refer the student to appropriate school staff members for intervention and counseling.

(b) Any physical evidence (for example, alcohol, drugs or drug paraphernalia) obtained from a student indicating that a crime has been or is being committed by the student must be turned over to the building administrator or designee or to law enforcement officials as soon as possible, but no later than within two calendar days after receipt of such physical evidence, excluding Saturdays, Sundays and holidays. C.G.S. Section 10-154a(b). Because such evidence was **not** obtained through a professional communication, the name of the student must be disclosed to the building administrator or designee.

(c) Search and Seizure of Students and/or Possessions: A professional employee who reasonably suspects that a student is violating a state/federal law or a school substance abuse policy must **immediately** report his/her suspicion to the building administrator or designee. The building administrator or designee may then search a student's person or possessions connected to that person, in accordance with the Board's

policies and regulations if he/she has reasonable suspicion from the inception of the search that the student has violated or is violating either the law or a school substance abuse policy.

Any physical evidence obtained in the search of a student, or a student's possessions, indicating that the student is violating or has violated a state or federal law **must** be turned over to law enforcement officials as soon as possible, but not later than within three calendar days after receipt of such physical evidence, excluding Saturdays, Sundays and holidays. C.G.S. Section 10-154a(c). All school employees are encouraged to contact the school administration immediately upon obtaining physical evidence.

(5) Consequences for the Use, Sale, Distribution or Possession of Controlled Drugs, Controlled Substances, Drug Paraphernalia or Alcohol.

(a) Any student in the Windsor Public Schools using, consuming, possessing, being under the influence of, manufacturing, distributing, selling or aiding in the procurement of controlled drugs, controlled substances, drug paraphernalia or alcohol either on or off school property, or at a school-sponsored activity, except as such use or possession is in accordance with Connecticut General Statutes § 21a-408a through 408q, is subject to discipline up to and including expulsion pursuant to the Board's student discipline policy.

(b) In conformity with the Board's student discipline policy, students may be suspended or expelled for drug or alcohol use off school grounds if such drug or alcohol use is considered seriously disruptive of the educational process. In determining whether the conduct is seriously disruptive of the educational process, the Administration and the Board may consider, among other factors: 1) whether the drug or alcohol use occurred within close proximity of a school; 2) whether other students from the school were involved; and 3) whether any injuries occurred.

(c) If a school administrator has reason to believe that any student was engaged, on or off school grounds, in offering for sale or distribution a controlled substance (as defined by Conn. Gen. Stat. § 21a-240(9)), whose manufacturing, distribution, sale, prescription, dispensing, transporting, or possessing with intent to sell or dispense, offering or administering is subject to criminal penalties under Conn. Gen. Stats. §§ 21a-277 and 21a-278, the administrator will recommend such student for expulsion, in accordance with the Board's student discipline policy.

(d) Students found to be in violation of this policy may be referred by the building administrator to an appropriate agency licensed to assess and treat drug and alcohol involved individuals. In such event, assessment and treatment costs will be the responsibility of the parent or guardian.

(e) A meeting may be scheduled with appropriate school staff members for the purpose of discussing the school's drug and alcohol policy with the student and parent or guardian.

(f) Law enforcement officials may be contacted by the building administrator in the case of suspected involvement in the use, sale or distribution of controlled drugs, controlled substances, drug paraphernalia or alcohol.

Legal References:

Connecticut General Statutes:

Public Act 18-185, An Act Concerning the Recommendations of the Task Force on Life-Threatening Food Allergies in Schools

Section 10-154a
Section 10-212a
Section 10-221
Sections 10-233a through 10-233f
Section 21a-240
Section 21a-243
Section 21a-408a through 408q

ADOPTED: _____
REVISED: _____

ADMINISTRATION OF STUDENT MEDICATIONS IN THE SCHOOLS

A. Definitions

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

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

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

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

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

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

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

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

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

Error means:

(1) the failure to do any of the following as ordered:

(a) administer a medication to a student;

(b) administer medication within the time designated by the prescribing physician;
(c) administer the specific medication prescribed for a student;
(d) administer the correct dosage of medication;
(e) administer medication by the proper route;
(f) administer the medication according to generally accepted standards of practice; or

(2) the administration of medication to a student which is not ordered, or which is not authorized in writing by the parent or guardian of such student, except for the administration of epinephrine or naloxone for the purpose of emergency first aid as set forth Section D below.

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.

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 that are highly organized and extend beyond the scope of intramural programs and includes tryouts, competition, practice, drills and transportation to and from such events.

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

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

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

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

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

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

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

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

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

Paraprofessional means a health care aide or assistant or an instructional aide or assistant employed by the local or regional board of education who meets the requirements of such board of 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.

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

Principal means the administrator in the school.

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 Conn. Gen. Stat. Section 10-212.

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

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

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

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

B. General Policies On Administration of Medications

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

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

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

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

(a) a full-time principal, a full-time teacher, or a full-time licensed physical or occupational therapist employed by the school district. A full-time principal, teacher, licensed physical or occupational therapist employed by the school district may administer oral, topical, intranasal or inhalant medications. Such individuals may administer injectable medications only to a student with a medically diagnosed allergic condition that may require prompt treatment to protect the student against serious harm or death.

(b) students with chronic medical conditions who are able to possess self-administer medication, or possess and self-administer provided all of the following conditions are met:

(i) an authorized prescriber provides a written medication order, including the recommendation for ~~such~~ possession, self-administration, or possession and self-administration;

(ii) there is a written authorization for possession, self-administration, or possession and self-administration from the student's parent or guardian or eligible student;

(iii) the school nurse has developed a plan for possession, self-administration, or possession and self-administration and general supervision, and has documented the plan in the student's cumulative health record;

(iv) the school nurse has assessed the student's competency for self-administration and deemed it safe and appropriate, including that the student: is capable of identifying and selecting the appropriate medication by size, color, amount or other label identification; knows the frequency and time of day for which the medication is ordered; can identify the presenting symptoms that require medication; administers the medication appropriately; maintains safe control of the medication at all times; seeks adult supervision whenever warranted; and cooperates with the established medication plan.

(v) the principal, appropriate teachers, coaches and other appropriate school personnel are informed the student is possessing, self-administering or possessing and self-administering prescribed medication;

(vi) such medication is transported to school and maintained under the student's control in accordance with this policy; and

(vii) controlled drugs, as defined in this policy, may not be possessed or self-administered by students, except in extraordinary situations, such as international field trips, with approval of the school nurse supervisor and the school medical advisor in advance and development of an appropriate plan.

(c) a student diagnosed with asthma who is able to self administer medication shall be permitted to retain possession of an asthmatic inhaler at all times while attending school, in order to provide for prompt treatment to protect such child against serious harm or death, provided all of the following conditions are met:

(i) an authorized prescriber provides a written order requiring the possession of an inhaler by the student at all times in order to provide for prompt treatment in order to protect the child against serious harm or death and authorizing the

student's self-administration of medication, and such written order is provided to the school nurse;

(ii) there is a written authorization from the student's parent or guardian regarding the possession of an inhaler by the student at all times in order to protect the child against serious harm or death and authorizing the student's self-administration of medication, and such written authorization is provided to the school nurse;

(iii) the conditions set forth in subsection (b) above have been met, except that the school nurse's review of a student's competency to self-administer an inhaler for asthma in the school setting shall not be used to prevent a student from retaining and self-administering an inhaler for asthma. Students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from the student's parent or guardian or eligible student; and

(iv) the conditions for self-administration meet any regulations as may be imposed by the State Board of Education in consultation with the Commissioner of Public Health.

(d) a student diagnosed with an allergic condition who is able to self administer medication shall be permitted to retain possession of ~~an automatic prefilled injection~~ a cartridge or ~~similar automatic injectable equipment~~ injector at all times while attending school, in order to provide for prompt treatment to protect such child against serious harm or death, provided all of the following conditions are met:

(i) an authorized prescriber provides a written order requiring the possession of ~~an automatic prefilled injection~~ a cartridge ~~or similar automatic injectable equipment~~ injector by the student at all times in order to provide for prompt treatment in order to protect the child against serious harm or death and authorizing the student's possession, self-administration, or possession and self-administration of medication, and such written order is provided to the school nurse;

(ii) there is a written authorization from the student's parent or guardian regarding the possession of ~~an automatic prefilled injection~~ a cartridge ~~or similar automatic injectable equipment~~ injector by the student at all times in order to protect the child against serious harm or death and authorizing the student's possession, self-administration, or possession and self-administration of medication, and such written authorization is provided to the school nurse;

(iii) the conditions set forth in subsection (b) above have been met, except that the school nurse's review of a student's competency to self-administer cartridge injectors for medically-diagnosed allergies in the school setting shall not be used to prevent a student from retaining and self-administering a cartridge injector for medically-diagnosed allergies. Students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from the student's parent or guardian or eligible student; and

(iv) the conditions for self-administration meet any regulations as may be imposed by the State Board of Education in consultation with the Commissioner of Public Health.

(e) a student with a medically diagnosed life-threatening allergic condition may possess, self-administer, or possess and self-administer medication, including but not limited to medication administered with a cartridge injector, to protect the student against serious harm or death, provided the following conditions are met:

(i) the parent or guardian of the student has provided written authorization for the student to possess, self-administer, or possess and self-administer such medication; and

(ii) a qualified medical professional has provided a written order for the possession, self-administration, or possession and self-administration.

(ef) a coach of intramural or interscholastic athletic events or licensed athletic trainer, who has been trained in the administration of medication, during intramural or interscholastic athletic events, may administer inhalant medications prescribed to treat respiratory conditions and/or medication administered with a cartridge injector for students with medically diagnosed allergic conditions which may require prompt treatment to protect the student against serious harm or death, provided all of the following conditions are met:

(i) the school nurse has determined that a self-administration plan is not viable;

(ii) the school nurse has provided to the coach a copy of the authorized prescriber's order and parental permission form;

(iii) the parent/guardian has provided the coach or licensed athletic trainer with the medication in accordance with Section ~~J~~ K of this policy, and such medication is separate from the medication stored in the school health office for use during the school day; and

(iv) the coach or licensed athletic trainer agrees to the administration of emergency medication and implements the emergency care plan, identified in Section ~~G~~ H of this policy, when appropriate.

(~~f~~ g) an identified school paraprofessional who has been trained in the administration of medication, provided medication is administered only to a specific student in order to protect that student from harm or death due to a medically diagnosed allergic condition, except as provided in Section D below, and the following additional conditions are met:

(i) there is written authorization from the student's parents/guardian to administer the medication in school;

(ii) medication is administered pursuant to the written order of (A) a physician licensed (B) an optometrist licensed to practice optometry under chapter 380 of the Connecticut General Statutes,, (C) an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a of the Connecticut General Statutes, or (D) a physician assistant licensed to prescribe in accordance with section 20-12d of the Connecticut General Statutes; and

(iii) medication is administered only with approval by the school nurse and school medical advisor, in conjunction with the school nurse supervisor, and under the supervision of the school nurse; and

(iv) the medication to be administered is limited to medications necessary for prompt treatment of an allergic reaction, including, but not limited to, a cartridge injector; and

(v) the paraprofessional shall have received proper training and supervision from the school nurse in accordance with this policy and state regulations

(gh) a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the Board, coach or school paraprofessional, provided medication is antiepileptic medication, including by rectal syringe, administered only to a specific student with a medically diagnosed epileptic condition that requires prompt treatment in accordance with the student's individual seizure action plan, and the following additional conditions are met:

(i) there is written authorization from the student's parents/guardians to administer the medication; and

(ii) a written order for such administration has been received from the student's physician licensed under Chapter 370 of the Connecticut General Statutes; and

(iii) the principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the Board, coach or school paraprofessional is selected by the school nurse and school medical advisor, if any, and voluntarily agrees to administer the medication; and

(iv) the principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the Board, coach or school paraprofessional annually completes the training program established by the Connecticut State Department of Education and the Association of School Nurses of Connecticut, and the school nurse and medical advisor, if any, have attested, in writing, that such training has been completed; and

(v) the principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the Board, coach or school paraprofessional receives monthly reviews by the school nurse to confirm competency to administer antiepileptic medication.

(~~h~~i) a director of a school readiness program or a before or after school program, or the director's designee, provided that the medication is administered:

(i) only to a child enrolled in such program; and

(ii) in accordance with Section ~~K~~ L of this policy.

(~~i~~j) a licensed practical nurse, after the school nurse has established the medication plan, provided that the licensed practical nurse may not train or delegate the administration of medication to another individual, and provided that the licensed practical nurse can demonstrate one of the following:

(i) training in administration of medications as part of their basic nursing program;

(ii) successful completion of a pharmacology course and subsequent supervised experience; or

(iii) supervised experience in the administration of medication while employed in a health care facility.

(4) Medications may also be administered by a parent or guardian to his/her own child on school grounds.

(5) Investigational drugs or research or study medications may be administered only by a licensed nurse. For FDA-approved medications being administered according to a 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.

C. Diabetic Students

(1) The Windsor Board of Education (the "Board") permits blood glucose testing by students who have a written order from a physician or an advanced practice registered nurse stating the need and capability of such student to conduct self-testing.

(2) The Board will not restrict the time or location of blood glucose testing by a student with diabetes on school grounds who has written authorization from a parent or guardian and a written order from a physician or an advanced practice registered nurse stating that such child is capable of conducting self-testing on school grounds.

(3) In the absence or unavailability of the school nurse, select school employees may administer medication with injectable equipment used to administer glucagon to a student with diabetes that may require prompt treatment in order to protect the student against serious harm or death, under the following conditions:

(a) The student's parent or guardian has provided written authorization;

(b) A written order for such administration has been received from the student's physician licensed under Chapter 370 of the Connecticut General Statutes;

(c) The school employee is selected by either the school nurse or principal and is a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, coach or school paraprofessional;

(d) The school nurse shall provide general supervision to the selected school employee;

(e) The selected school employee annually completes any training required by the school nurse and school medical advisor in the administration of medication with injectable equipment used to administer glucagon;

(f) The school nurse and school medical advisor have attested in writing that selected school employee completed the required training; and

(g) The selected school employee voluntarily agrees to serve as one who may administer medication with injectable equipment used to administer glucagon to a student with diabetes that may require prompt treatment in order to protect the student against serious harm or death.

D. Epinephrine for Purposes of Emergency First Aid Without Prior Authorization

(1) For purposes of this Section D, "regular school hours" means the posted hours during which students are required to be in attendance at the individual school on any given day.

(2) The school nurse shall maintain epinephrine in cartridge injectors for the purpose of emergency first aid to students who experience allergic reactions and do not have prior written authorization of a parent or guardian or a prior written order of a qualified medical professional for the administration of epinephrine.

(a) The school nurse, in consultation with the school nurse supervisor, shall determine the supply of epinephrine in cartridge injectors that shall be available in the individual school.

(b) In determining the appropriate supply of epinephrine in cartridge injectors, the nurse may consider, among other things, the number of students regularly in the school building during the regular school day and the size of the physical building.

(3) The school nurse or school principal shall select principal(s), teacher(s), licensed athletic trainer(s), licensed physical or occupational therapist(s) employed by the Board, coach(es) and/or school paraprofessional(s) to maintain and administer the epinephrine in cartridge injectors for the purpose of emergency first aid as described in Paragraph (2) above, in the absence of the school nurse.

(a) More than one individual must be selected by the school nurse or school principal for such maintenance and administration in the absence of the school nurse.

(b) The selected personnel, before conducting such administration, must annually complete the training made available by the Department of Education for the administration of epinephrine in cartridge injectors for the purpose of emergency first aid.

(c) The selected personnel must voluntarily agree to complete the training and administer epinephrine in cartridge injectors for the purpose of emergency first aid.

(4) Either the school nurse or, in the absence of the school nurse, at least one of the selected and trained personnel as described in Paragraph (3) above shall be on the grounds of each school during regular school hours.

(a) The school principal, in consultation with the school nurse supervisor, shall determine the level of nursing services and number of selected and trained personnel necessary to ensure that a nurse or selected and trained personnel is present on the grounds of each school during regular school hours;

(b) If the school nurse, or a substitute school nurse, is absent or must leave school grounds during regular school hours, the school nurse, school administrator or designee shall send an email to all staff indicating that the selected and trained personnel identified in Paragraph (3) above shall be responsible for the emergency administration of epinephrine

(5) The administration of epinephrine pursuant to this section must be done in accordance with this policy, including but not limited to the requirements for documentation and record keeping, errors in medication, emergency medical procedures, and the handling, storage and disposal of medication; and the Regulations adopted by the Department of Education.

(6) The parent or guardian of any student may submit, in writing, to the school nurse or school medical advisor, if any, that epinephrine shall not be administered to such student pursuant to this section.

(a) The school nurse shall notify selected and trained personnel of the students whose parents or guardians have refused emergency administration of epinephrine;

(b) The Board shall annually notify parents or guardians of the need to provide such written notice.

(7) Following the emergency administration of epinephrine by selected and trained personnel as identified in this section:

(a) Such emergency administration shall be reported immediately to:

(i) The school nurse or school medical advisor, if any, by the personnel who administered the epinephrine; and

(ii) The student's parent or guardian, by the school nurse or personnel who administered the epinephrine.

(b) A medication administration record shall be:

(i) Submitted to the school nurse by the personnel who administered the epinephrine as soon as possible, but no later than the next school day; and

(ii) filed in or summarized on the student's cumulative health record, in accordance with Section E of this policy.

E. Naloxone for Purposes of Emergency First Aid

(1) Pursuant to a standing order of the Board's medical advisor and authorization from the Superintendent of Schools, and in accordance with Connecticut law and this policy, a school nurse may maintain naloxone, for the purpose of administering emergency first aid to students who experience a known or suspected opioid overdose.

(a) The school nurse, in consultation with the Board's medical advisor, shall determine the supply of naloxone that shall be maintained in the individual school.

(b) The school nurse shall be responsible for the safe storage of naloxone maintained in a school and shall ensure any supply of naloxone maintained is stored in accordance with the manufacturer's instructions.

(c) The school nurse shall be responsible for maintaining an inventory of naloxone maintained in the school, tracking the date(s) of expiration of the supply of naloxone maintained in a school, and, as appropriate, refreshing the supply of naloxone maintained in the school.

(2) The school nurse, in consultation with the Superintendent and the building principal, shall provide notice to parents and guardians of the Board's policies and procedures regarding the emergency administration of naloxone in the event of a known or suspected opioid overdose.

(3) A school nurse shall be approved to administer naloxone for the purpose of emergency first aid, as described in Paragraph (1) above, in the event of a known or suspected opioid overdose, provided that such nurse has completed appropriate training, as identified by the Board's medical advisor, which shall include training in the identification of opioid abuse and overdose.

(3) The administration of naloxone pursuant to this section must be effected in accordance with this policy and procedures regarding the acquisition, maintenance, and administration established by the Superintendent in consultation with the Board's medical advisor.

(4) Following the emergency administration of naloxone by a school nurse:

(a) Such emergency administration shall be reported immediately to:

(i) The Board medical advisor; and

(ii) The Superintendent; and

(iii) The student's parent or guardian.

(b) A medication administration record shall be:

(i) Maintained by the school nurse who administered the naloxone as soon as possible, but no later than the next school day; and

(ii) filed in or summarized on the student's cumulative health record, in accordance with Section F of this policy.

F. Documentation and Record Keeping

(1) Each school or before-and-after school program and school readiness program where medications are administered shall maintain an individual medication administration record for each student who receives medication during school or program hours. This record shall include the following information:

(a) the name of the student;
(b) the student's state-assigned student identifier (SASID);
(c) the name of the medication;
(d) the dosage of the medication;
(e) the route of the administration, (i.e., oral, topical, inhalant, etc.);
(f) the frequency of administration;
(g) the name of the authorized prescriber;
(h) the dates for initiating and terminating the administration of medication, including extended year programs;
(i) the quantity received at school and verification by the adult delivering the medication of the quantity received;
(j) the date the medication is to be reordered (if any);
(k) any student allergies to food and/or medication(s);
(l) the date and time of each administration or omission, including the reason for any omission;
(m) the dose or amount of each medication administered; and,
(n) the full written or electronic legal signature of the nurse or other authorized school personnel administering the medication; and,
(o) for controlled medications, a medication count which should be conducted and documented at least once a week and co-signed by the assigned nurse and a witness.

(2) All records are either to be made in ink and shall not be altered, or recorded electronically in a record that cannot be altered.

(3) Written orders of authorized prescribers, written authorizations of parent or guardian, the written parental permission for the exchange of information by the prescriber and school nurse to ensure safe administration of such medication, and the completed medication administration record for each student 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.

(4) Authorized prescribers may make verbal orders, including telephone orders, for a *change* in medication order. Such verbal orders may be received only by a school nurse and must be followed by a written order, which may be faxed, and must be received within three (3) school days.

(5) Medication administration records will be made available to the Department of Education for review until destroyed pursuant to Section 11-8a and Section 10-212a(b) of the Connecticut General Statutes.

(a) The completed medication administration record for non-controlled medications may, at the discretion of the school district, be destroyed in accordance with Section M8 of the Connecticut Record Retention Schedules for Municipalities, so long as it is superseded by a summary on the student health record.

(b) 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 (3) years pursuant to Section 10-212a(b) of the Connecticut General Statutes.

(6) Documentation of any administration of medication by a coach or licensed athletic trainer shall be completed on forms provided by the school and the following procedures shall be followed:

(a) a medication administration record for each student shall be maintained in the athletic offices;

(b) administration of a cartridge injector medication shall be reported to the school nurse at the earliest possible time, but no later than the next school day;

(c) all instances of medication administration, except for the administration of cartridge injector medication, shall be reported to the school nurse at least monthly, or as frequently as required by the individual student plan; and

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

G. Errors In Medication Administration

(1) 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 Policy if necessary;

(b) the person making the error in medication administration shall in all cases immediately notify the school nurse, principal, school nurse supervisor, and authorized prescriber. The person making the error, in conjunction with the principal, shall also immediately notify the parent or guardian, 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); and

(c) the principal shall notify the Superintendent or the Superintendent's designee.

(2) The school nurse, along with the person making the error, shall complete a report using the authorized medication error report form. The report shall include any corrective action taken.

(3) 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.

(4) These same procedures shall apply to coaches and licensed athletic trainers during intramural and interscholastic events, except that if the school nurse is not available, a report must be submitted by the coach or licensed athletic trainer to the school nurse the next school day.

H. Medication Emergency Procedures

(1) Whenever a student has a life-threatening reaction to administration of a medication, resolution of the reaction to protect the student's health and safety shall be the foremost priority. The school nurse and the authorized prescriber shall be notified immediately, or as soon as possible in light of any emergency medical care that must be given to the student.

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

(a) use of the 911 emergency response system;
(b) application by properly trained and/or certified personnel of appropriate emergency medical care techniques, such as cardio-pulmonary resuscitation;
(c) administration of emergency medication in accordance with this policy;
(d) contact with a poison control center; and
(e) transporting the student to the nearest available emergency medical care facility that is capable of responding to a medication emergency.

(3) As soon as possible, in light of the circumstances, the principal shall be notified of the medication emergency. The principal shall immediately thereafter contact the Superintendent or the Superintendent's designee, who shall thereafter notify the parent or guardian, advising of the existence and nature of the medication emergency and all steps taken or being taken to resolve the emergency and protect the health and safety of the student, including contact with the authorized prescriber and/or any other medical action(s) that are being or have been taken.

I. Supervision

(1) The school nurse is responsible for general supervision of administration of medications in the school(s) to which that nurse is assigned.

(2) The school nurse's duty of general supervision includes, but is not limited to the following:

(a) availability on a regularly scheduled basis to:

(i) review orders or changes in orders, and communicate these to personnel designated to give medication for appropriate follow-up;

(ii) set up a plan and schedule to ensure medications are given properly;

(iii) provide training to licensed nursing personnel, full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and interscholastic athletics, licensed athletic trainers and to identified paraprofessionals designated in accordance with Section B(3)(~~f~~g), above, which training shall pertain to the administration of medications to students, and assess the competency of these individuals to administer medication;

(iv) support and assist other licensed nursing personnel, full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics, licensed athletic trainers and identified paraprofessionals designated in accordance with Section B(3)(~~f~~g), above, to prepare for and implement their responsibilities related to the administration of specific medications during school hours and during intramural and interscholastic athletics as provided by this policy;

(v) provide appropriate follow-up to ensure the administration of medication plan results in desired student outcomes, including providing proper notification to appropriate employees or contractors regarding the contents of such medical plans; and

(vi) provide consultation by telephone or other means of telecommunications, which consultation may be provided by an authorized prescriber or other nurse in the absence of the school nurse.

(b) In addition, the school nurse shall be responsible for:

(i) implementing policies and procedures regarding the receipt, storage, and administration of medications;

(ii) reviewing, on a periodic basis, all documentation pertaining to the administration of medications for students;

(iii) performing observations of the competency of medication administration by full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics and licensed athletic trainers in accordance with Section B(3)(ef), above, and identified paraprofessionals designated in accordance with Section B(3)(fg), above, who have been newly trained to administer medications; and,

(iv) conducting periodic reviews, as needed, with licensed nursing personnel, full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics and licensed athletic trainers in accordance with Section B(3)(ef), above, and identified paraprofessionals designated in accordance with Section B(3)(fg), above, regarding the needs of any student receiving medication.

J. Training of School Personnel

(1) Full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics and licensed athletic trainers in accordance with Section B(3)(ef), above, and identified paraprofessionals designated in accordance with Section B(3)(fg), above, who are designated to administer medications shall at least annually receive training in their safe administration; and only trained full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics and licensed athletic trainers in accordance with Section B(3)(ef), above, and identified paraprofessionals designated in accordance with Section B(3)(fg), above, shall be allowed to administer medications.

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

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

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

(c) specific information related to each student's medication plan, including the name and generic name of the medication, indications for medication dosage, routes, time and frequency of

administration, therapeutic effects of the medication, potential side effects, overdose or missed doses of the medication, and when to implement emergency interventions.

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

(4) The Board shall maintain documentation of medication administration training as follows:

(a) dates of general and student-specific trainings;

(b) content of the trainings;

(c) individuals who have successfully completed general and student-specific administration of medication training for the current school year; and

(d) names and credentials of the nurse or school medical advisor trainer or trainers.

(5) Licensed practical nurses may not conduct training in the administration of medication to another individual.

(6) Bus Drivers.

(a) Not later than June 30, 2019, the Board shall provide training to all of its school bus drivers, which training may be completed using an online module, on topics including, but not limited to, the following:

(i) the identification of the signs and symptoms of anaphylaxis;

(ii) the administration of epinephrine by a cartridge injector;

(iii) the notification of emergency personnel; and

(iv) the reporting of an incident involving a student and a life-threatening allergic reaction.

(c) On and after July 1, 2019, the Board shall provide the training described in subsections J(6)(a), above as follows:

(i) In the case of a school bus driver who is employed by the Board, such training shall be provided to such school bus driver following the issuance or renewal of a public passenger endorsement to operate a school bus pursuant

to Conn. Gen. Stat. 14-44(a), to such school bus driver; and

(ii) In the case of a school bus driver who is not employed by the Board at the time when such endorsement is issued or renewed to such school bus driver, upon the hiring of such school bus driver by the Board, except the Board is not required to provide such training to any school bus driver who has previously received such training following the most recent issuance or renewal of such endorsement to such school bus driver.]

K. Handling, Storage and Disposal of Medications

(1) All medications, except those approved for transporting by students for self-medication, those administered by coaches of intramural or interscholastic athletics or licensed athletic trainers in accordance with Section B(3)(ef) above, and epinephrine or naloxone to be used for emergency first aid in accordance with Sections D and E above, must be delivered by the parent, guardian, or other responsible adult to the nurse assigned to the student's school or, in the absence of such nurse, the school principal who has been trained in the appropriate administration of medication. Medications administered by coaches of intramural or interscholastic athletics or licensed athletic trainers must be delivered by the parent or guardian directly to the coach or licensed athletic trainer in accordance with Section B(3)(ef) above.

(2) The nurse shall examine on-site any new medication, medication order and the required authorization to administer form, and, except for epinephrine and naloxone to be used as emergency first aid in accordance with Sections D and E above, shall develop a medication administration plan for the student before any medication is given to the student by any school personnel. No medication shall be stored at a school without a current written order from an authorized prescriber.

(3) The school nurse shall review all medication refills with the medication order and parent authorization prior to the administration of medication, except for epinephrine and naloxone intended for emergency first aid in accordance with Sections D and E above.

(4) Emergency Medications

(a) Except as otherwise determined by a student's emergency care plan, emergency medications shall be stored in an unlocked, clearly labeled and readily accessible cabinet or container in the health room during school hours under the general supervision of the school nurse, or in the absence of the school nurse, the principal or the principal's designee who has been trained in the administration of medication;

(b) Emergency medication shall be locked beyond the regular school day or program hours, except as otherwise determined by a student's emergency care plan.

(5) All medications, except those approved for keeping by students for self medication, shall be kept in a designated and locked location, used exclusively for the storage of medication. Controlled substances shall be stored separately from other drugs and substances in a separate, secure, substantially constructed, locked metal or wood cabinet.

(6) Access to 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 such authorized persons.

(7) All medications, prescription and non prescription, shall be delivered and stored in their original containers and in such a manner that renders them safe and effective.

(8) At least two sets of keys for the medication containers or cabinets shall be maintained for each school building or before-and-after school program and school readiness program. One set of keys shall be maintained under the direct control of the school nurse or nurses and an additional set shall be under the direct control of the principal and, if necessary, the program director or lead teacher who has been trained in the general principles of the administration of medication shall also have a set of keys.

(9) Medications that must be refrigerated shall be stored in a refrigerator, at no less than 36 degrees Fahrenheit and no more than 46 degrees Fahrenheit. The refrigerator must be located in the health office that is maintained for health services with limited access. Non-controlled medications may be stored directly on the refrigerator shelf with no further protection needed. Controlled medication shall be stored in a locked box that is affixed to the refrigerator shelf.

(10) All unused, discontinued or obsolete medications shall be removed from storage areas and either returned to the parent or guardian or, if the medication cannot be returned to the parent or guardian, the medication shall be destroyed in collaboration with the school nurse:

(a) non controlled drugs shall be destroyed in the presence of at least one witness;

(b) controlled drugs shall be destroyed in pursuant to Section 21a-262-3 of the Regulations of Connecticut State Agencies; and

(c) 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 Section 10-212a(b) of the Connecticut General Statutes. If no residue is present, notification must be made to the

Department of Consumer Protection pursuant to Section 21a-262-3 of the Regulations of Connecticut State Agencies.

(11) Medications to be administered by coaches of intramural or interscholastic athletic events or licensed athletic trainers shall be stored:

(a) in containers for the exclusive use of holding medications;

(b) in locations that preserve the integrity of the medication;

(c) under the general supervision of the coach or licensed athletic trainer trained in the administration of medication; and

(d) in a locked secured cabinet when not under the general supervision of the coach or licensed athletic trainer during intramural or interscholastic athletic events.

(12) In no event shall a school store more than a three (3) month supply of a medication for a student.

L. School Readiness Programs and Before-and-After School Programs

(1) As determined by the school medical advisor, if any, and school nurse supervisor, the following procedures shall apply to the administration of medication during school readiness programs and before-and-after school programs run by the Board, which are exempt from licensure by the Office of Early Childhood:

(a) Administration of medication at these programs shall be provided only when it is medically necessary for participants to access the program and maintain their health status while attending the program.

(b) Except as provided by Sections D and E above, no medication shall be administered in these programs without:

(i) the written order of an authorized prescriber; and

(ii) the written authorization of a parent or guardian or an eligible student.

(c) A school nurse shall provide consultation to the program director, lead teacher or school administrator who has been trained in the administration of medication regarding the safe administration of medication within these programs. The school medical advisor and school nurse supervisor shall determine whether, based on the population of the school readiness program and/or before-and-after school program, additional nursing services are required for these programs.

(d) Only school nurses, directors or directors' designees, 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. Properly trained directors or directors' designees, lead teachers or school administrators may administer oral, topical, intranasal or inhalant medications. Investigational drugs or research or study medications may not be administered in these programs.

(e) Students attending these programs may be permitted to self-medicate only in accordance with the provisions of Section B(3) of this policy. In such a case, the school nurse must provide the program director, lead teacher or school administrator running the program with the medication order and parent permission for self-administration.

(f) In the absence of the school nurse during program administration, the program director, lead teacher or school administrator is responsible for decision making regarding medication administration.

(g) Cartridge injector medications may be administered by a director, lead teacher or school administrator only to a student with a medically-diagnosed allergic condition which may require prompt treatment to protect the student against serious harm or death.

(2) Local poison control center information shall be readily available at these programs.

(3) Procedures for medication emergencies or medication errors, as outlined in this policy, must be followed, except that in the event of a medication error a report must be submitted by the program director, lead teacher or school administrator to the school nurse the next school day.

(4) Training for directors or directors' designees, lead teachers or school administrators in the administration of medication shall be provided in accordance with Section ~~I~~J of this policy.

(5) All medications must be handled and stored in accordance with Section ~~J~~K of this policy. Where possible, a separate supply of medication shall be stored at the site of the before-and-after or school readiness program. In the event that it is not possible for the parent or guardian to provide a separate supply of medication, then a plan shall be in place to ensure the timely transfer of the medication from the school to the program and back on a daily basis.

(6) Documentation of any administration of medication shall be completed on forms provided by the school and the following procedures shall be followed:

(a) a medication administration record for each student shall be maintained by the program;

(b) administration of a cartridge injector medication shall be reported to the school nurse at the earliest possible time, but no later than the next school day;

(c) all instances of medication administration, except for the administration of cartridge injector medication, shall be reported to the school nurse at least monthly, or as frequently as required by the individual student plan; and

(d) the administration of medication record must be submitted to the school nurse at the end of each school year and filed in the student's cumulative health record.

(7) The procedures for the administration of medication at school readiness programs and before-and-after school programs shall be reviewed annually by the school medical advisor and school nurse supervisor.

M. Review and Revision of Policy

In accordance with the provisions of Conn. Gen. Stat. Section 10-212a (2), the Board shall review this policy periodically, and at least biennially, with the advice and approval of the school medical advisor or other qualified licensed physician, and the school nurse supervisor or other qualified licensed physician. Any proposed revisions to the policy must be made with the advice and approval of the school medical advisor, school nurse supervisor or other qualified licensed physician.

Legal References:
Connecticut General Statutes:
Section 10-206
Section 10-212
Section 10-212a
Section 10-220j
Section 19a-900
Section 21a-240
Section 52-557b

Public Act 18-185, "An Act Concerning the Recommendations of the Task Force on Life-Threatening Food Allergies in Schools"

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

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

Adopted policy: April 24, 2007
Revised policy: April 9, 2013
Revised policy: April 17, 2018

Windsor Public Schools
Windsor, CT

Section:	**Students**	
Subject:	**COMMUNICABLE/INFECTIOUS DISEASES**	**AR-5141.22**

ADMINISTRATIVE REGULATION
WINDSOR PUBLIC SCHOOLS
WINDSOR, CT

Exclusion Procedures

If it is determined that the interests of the student and the school are better served when a student with a communicable or infectious disease is excluded, procedural safeguards will establish such by extensive medical evidence which shall include, but not be limited to:

A. The nature of the disease.

B. Whether transmission may be controlled.

C. Whether the personal characteristics of the student involved are such that exclusion of the affected student from the regular classroom is clearly necessary to protect the health of other students.

D. As medical knowledge and circumstances may change rapidly, the medical advisor will monitor current medical information and assess the student's medical condition and the school's ability to accommodate that student in light of the most current medical information. New facts may warrant a different result from the one previously reached.

E. Where a student or student's parents object to the Board's decision to exclude that student, the Board of Education will provide a hearing to adjudicate pertinent facts concerning the exclusion.

Medical Intervention

The school nurse or medical advisor will establish guidelines, which will provide simple, effective precautions against transmission of communicable disease for all students and staff. Universal precautions will be used to clean up after a student or staff person has an accident or injury at school. Blood or other bodily fluids emanating from any person should be treated cautiously. Such guidelines will be reviewed regularly in light of medical advances. Necessary reports will be made to health authorities consistent with state law.

If emergency exclusion of a student is warranted, regulation will provide procedures to take care of the emergency situation.

Consideration will be given to temporary removal of a student from school, if in the school population, a disease, flu, cold or childhood disease might negatively impact the infected

student's health. Students with infectious diseases may be temporarily removed from school when that student is acutely ill.

Classroom and educational programs will be established so that students, staff and the public are better informed of the risk and prevention of transmission of communicable diseases. The school nurse or other medical staff will be available to assist in any problem resolution, answer questions and coordinate services provided by other staff.

Confidentiality

A. School staff shall strictly observe the privacy rights of students with a communicable disease. No person who obtains confidential medical information may disclose or be compelled to disclose such information except to the following:

   1. The protected student or parent

   2. Any person who secures a release of the confidential related information

   3. A federal, state or local officer when such disclosure is mandated or authorized by federal state law.

   4. A health care provider or health facility when knowledge of the related information is necessary to provide appropriate treatment to the protected student and when confidential related information is already recorded in the medical chart or record or a health provider has access to such records for the purpose of providing medical care to that student.

B. When confidential information relating to communicable disease is disclosed, it should be accompanied by a statement in writing which shall include the following similar language:

   1. "This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure without the specific written consent of the student or legal guardian to whom it pertains or as otherwise permitted by law. A general authorization for the release of medical or other information is not sufficient for this purpose."

Confidentiality (continued)

2. A notation of all such disclosure shall be placed in the medical record or with any record related to a communicable disease test results of a protected student. Any person who willfully violates the provisions of this law will be liable in a private cause of action for injuries suffered as a result of such violation.

Students/Staff with HIV, ARC, (AIDS Related Complex) or AIDS

A. All children, including those diagnosed as having AIDS or evidence of HIV infection, have the right to attend regular classes.

B. Any student with AIDS/HIV may only be excluded from school when continued attendance would result in an immediate risk of injury or harm to the individual student or to others with whom the student may have contact. Risk of transmission of the disease must be the basis for any determination to exclude a child from school. The Medical Advisor will determine such risk.

C. The child's personal physician is the primary manager of a child with any communicable disease, including those diagnosed as having HIV/AIDS or with clinical evidence of the infection with HIV, the AIDS associated virus.

   1. A parent, guardian or physician may choose to notify the school.

   2. Since the student diagnosed as having AIDS or with evidence of HIV infection has a greater risk of incurring infections, a student's physician and parents should be consulted to determine what steps to take in the event that there is an outbreak of a communicable disease, such as chicken pox, measles, etc.

D. Siblings of children diagnosed as having AIDS or with evidence of HIV infection have the right to attend school without any restrictions.

E. Any blood or any body fluid should be handled in accordance with the universal precaution guidelines.

ADMINISTRATIVE REGULATION
WINDSOR PUBLIC SCHOOLS
WINDSOR, CT

Personnel

Any employee diagnosed as having AIDS or evidence of HIV infection shall not be discriminated against in employment and shall not be terminated from employment on account of such a condition.

1. An employee should ensure that any cutaneous (skin) eruptions or weeping lesions are covered.

2. Any employee, including an employee with AIDS/HIV, required to provide assistance to other employees or students where there has been trauma to those individuals such as an open wound, which could provide a portal or entry for the virus, or mouth-to-mouth resuscitation must follow the universal precautions guidelines.

3. Any employee, who is unable to work on account of AIDS/HIV or related conditions, shall be entitled to the same benefits as any employee with illness or disability in accordance with Board of Education policy and the terms of the respective employee contract agreements.

Confidentiality/Notification

1. The diagnosis of a student or staff member with AIDS/HIV is information that must be treated as confidential and accords the highest degree of protection from public and any other unnecessary disclosure.

2. Only those persons with an absolute need to know because of potential medical emergencies may be informed of the medical condition of a particular student or staff person. To maintain strictest medical confidentiality, any disclosure of a student and/or staff member's AIDS/HIV infections should be only on a direct person-to-person basis.

ADMINISTRATIVE REGULATION
WINDSOR PUBLIC SCHOOLS
WINDSOR, CT

Pediculosis (Head Lice) Guidelines

Identification

If a teacher or other school employee views the following symptoms, the student is to be referred to the school nurse for a Pediculosis screening:

A. Excessive scratching of the scalp.

B. Observation of nits (ivory colored eggs approximately 1/32" in length) or lice in hair.

Procedures Regarding Individual Students

A. If live lice or nits appearing in close proximity to scalp are observed, the student is to be considered to have pediculosis. In this situation, the Principal will exclude the student, and the nurse will instruct the parent or guardian on treatment procedures and precautions against spreading. The school nurse or Principal will notify parents **of identified student** immediately.

B. The nurse will do head checks on all students in the classroom and on any students who are siblings of infected student. If students have siblings in other schools, the nurse will notify the school nurse of that school. The siblings will be screened immediately.

C. Identified students may return to school immediately following treatment, which includes the application of head louse shampoo. ~~The parent will be required to sign a statement attesting to the administration of appropriate treatment, and t~~**T**he student will be re-screened by the nurse **upon the student's return to school**.

D. Identified students are to be re-screened seven to ten days after re-admittance to school. ~~Parents will be required to sign a statement attesting to the administration of appropriate treatment at that point in time.~~

E. If there are nits that are not close to the scalp in a student's hair and there is a question as to whether there is a currently active infestation, implementation of the above-stated procedure will be strongly recommended to the parents.

ADMINISTRATIVE REGULATION
WINDSOR PUBLIC SCHOOLS
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Procedures Regarding Individual Students (continued)

F. To ensure confidentiality, the names of the students who have pediculosis will be shared with no other parents and with only those staff members that the Principal deems to have a reason to know. No parents other than the parent of a student in question will be present when a student is being individually re-checked by the nurse.

G. If a student's pediculosis problem does not appear to be eliminated by the standard medical treatment, the school medical advisor may intervene and request the school Principal to exclude the student from school until all lice or nits have been removed from the student's head.

Procedures Regarding the School Community

A. If a count of active pediculosis cases exceeds one percent (1%) of the school enrollment during a ten (10) calendar day period of time, the nurse is to access the entire school. This decision is to be made by the school nurse and the school Principal.

B. If a student has been declared an inactive case and becomes infected at another point in time, he or she will be re-classified as an unduplicated active case when the new one percent (1%) count is being calculated.

C. The school Principal, the School Medical Advisor and nurse are to assess the extent of the problem and form a plan of action regarding notification of parents of non-affected students. The Superintendent will be notified.

D. If a substantial number of pediculosis cases exist in a school or there are continually recurring cases, the School Medical Advisor, after consulting with the school nurse, may advise the school administration to implement a "no nit order." This order would mean that even appropriately treated students are not to be re-admitted into the school if there are any nits in their hair.

ADMINISTRATIVE REGULATION
WINDSOR PUBLIC SCHOOLS
WINDSOR, CT

Legal Reference: Connecticut General Statutes

"Education for Children with Disabilities," 20 U.S.C. 1400 et seq.
Section 504 of the Rehabilitation Act of 1972, 29 U.S.C. 706(7)(b).
"Americans with Disabilities Act."
The Family Educational Rights and Privacy Act of 1974, 9FERPA), 20 U.S.C. 1232g, 45 C.F.R. 99.

10-15b Access of parent or guardian to student's records.
10-19 Teaching about alcohol, nicotine or tobacco, drugs and acquired immune deficiency syndrome.
10-66b Regional educational service centers. Operation and management. Board.
10-76(d)(15) Duties and powers of boards of education to provide special education programs and services.
10-154a Professional communications between teacher or nurse and student.
10-207 Duties of medical advisors.
10-209 Records not to be public.
10-210 Notice of disease to be given parent or guardian.
19a-221 Quarantine of certain persons.
19a-581-585 AIDS testing and medical information.

Regulation adopted: September 18, 2007

Elizabeth E. Feser, Ed.D.
Superintendent of Schools

MANAGEMENT PLAN AND GUIDELINES FOR STUDENTS WITH FOOD ALLERGIES AND/OR GLYCOGEN STORAGE DISEASE

The Windsor Public Schools (the "District") recognize that food allergies and glycogen storage disease (GSD) may be life threatening. For this reason, the ~~district~~District is committed to developing strategies and practices to minimize the risk of accidental exposure to life threatening food allergens and to ensure prompt and effective medical response should a ~~child~~student suffer an allergic reaction while at school. The ~~district~~District is also committed to appropriately managing and supporting students with ~~glycogen storage disease~~GSD. The ~~district~~District further recognizes the importance of collaborating with parents and appropriate medical staff in developing such practices and encourages strategies to enable the student to become increasingly proactive in the care and management of his/her food allergy and/or ~~glycogen storage disease~~GSD, as developmentally appropriate. To this end, the ~~Public Schools adopt~~District adopts the following guidelines related to the management of life threatening food allergies and ~~glycogen storage disease~~GSD for students enrolled in ~~district~~District schools.

I. Identifying Students with Life-Threatening Food Allergies and/or Glycogen Storage Disease

Early identification of students with life-threatening food allergies and/or ~~glycogen storage disease~~ (GSD) is important. The ~~district~~ District therefore encourages parents/guardians of ~~children~~ students with ~~a~~ life-threatening food ~~allergy~~ allergies to notify the school of the allergy, providing as much ~~information~~**medical documentation** about the extent and nature of the food allergy as is known, as well as any known effective treatment for the allergy. The ~~district~~ District also encourages parents/guardians of ~~children~~ students with ~~a glycogen storage disease~~**GSD** to notify the school of the disease, providing as much ~~information~~**medical documentation** about the ~~extent and~~**type of GSD,** nature of the ~~glycogen storage~~ disease ~~as is known, as well as any known effective,~~ **and current** treatment ~~for~~**of** the ~~glycogen storage disease~~**student.**

II. Individualized Health Care Plans and Emergency Care Plans

1. If the ~~district~~ District ~~determines~~**obtains medical documentation** that a ~~child~~ **student** has a life-threatening food allergy or ~~glycogen storage disease~~GSD, the ~~district~~ District shall develop an individualized health care plan (IHCP) for the ~~child~~ student. Each IHCP should contain information relevant to the child's participation in school activities, and should attempt to strike a balance between individual, school and community needs, while fostering normal development of the ~~child~~ student.

2. The IHCP should be developed by a group of individuals, which shall include the parents, and appropriate school personnel. Such personnel may include, but are not limited to, the school nurse, school or food service administrator(s); classroom teacher(s); and the student, if appropriate. The school may also consult with the school's medical advisor, as needed.

3. IHCPs are developed for students with special health needs or whose health needs require daily interventions. The IHCP describes how to meet the ~~child~~ student's health and safety needs within the school environment and should address the student's needs across school settings. Information to be contained in an IHCP should include a description of the functional health issues (diagnoses); student objectives for promoting self care and age appropriate independence; and the responsibilities of parents, school nurse and other school personnel. The IHCP may also include strategies to minimize the allergic student's risk for exposure. For the student with ~~glycogen storage disease~~GSD, the IHCP may include strategies designed to ameliorate ~~the risk of~~**risks associated with** such disease and support the student's participation in the classroom. IHCPs for such students may include such considerations:

   a. classroom environment, including allergy free considerations**, or allowing the student with GSD to have food/dietary supplements when needed;**
   b. cafeteria safety;
   c. participation in school nutrition programs;
   d. snacks, birthdays and other celebrations;
   e. alternatives to food rewards or incentives;
   f. hand-washing;
   g. location of emergency medication;
   h. who will provide emergency and routine care in school;
   i. ~~h.~~ risk management during lunch and recess times;
   j. ~~i.~~ special events;
   k. ~~j.~~ field trips**, fire drills and lockdowns;**
   l. ~~k.~~ extracurricular activities;
   m. ~~l.~~ school transportation;
   n. ~~m.~~ the provision of food or dietary supplements by the school nurse, or any school employee approved by the school nurse;
   o. ~~n.~~ staff notification**, including substitutes, and training;** and
   p. ~~o.~~ transitions to new classrooms, grades and/or buildings.

4. The IHCP should be reviewed annually, or whenever there is a change in the student's emergency care plan, changes in self-monitoring and self-care abilities of the student, or following an emergency event requiring the administration of medication or the implementation of other emergency protocols.

5. For a student with ~~glycogen storage disease~~GSD, the IHCP shall not prohibit a parent or guardian, or a person designated by such parent or guardian, to provide food or dietary supplements to a student with ~~glycogen storage disease~~GSD on school grounds during the school day.

6. In addition to the IHCP, the ~~district~~ District shall also develop an Emergency Care Plan (ECP) for each ~~child~~ student identified as having a life threatening food allergy. The ECP is part of the IHCP and describes the specific directions about what to do in a medical emergency. For the student with a life-threatening food allergy, the ECP should include the following information:

   a. The ~~child~~ student's name and other identifying information, such as date of birth, grade and photo;
   b. The ~~child~~ student's specific allergy;

c. The ~~child~~ student's signs and symptoms of an allergic reaction;
d. The medication, if any, or other treatment to be administered in the event of exposure;
e. The location and storage of the medication;
f. Who will administer the medication (including self-administration options, as appropriate);
g. Other emergency procedures, such as calling 911, contacting the school nurse, and/or calling the parents or physician;
h. Recommendations for what to do if the ~~child~~ student continues to experience symptoms after the administration of medication; and
i. Emergency contact information for the parents/family and medical provider.

7. In addition to the IHCP, the ~~district~~ District shall also develop an ~~Emergency Care Plan (ECP)~~ for each ~~child~~ studentchild identified as having ~~glycogen storage disease~~**GSD**. The ECP is part of the IHCP and describes the specific directions about what to do in a medical emergency. For the student with ~~glycogen storage disease~~**GSD**, the ECP should include the following information:

a. The ~~child~~ student's name and other identifying information, such as date of birth, grade and photo;
b. Information ~~pertaining to the child's condition~~**about the disease or disease specific information (i.e. type of GSD);**
c. The ~~child~~ student's signs and symptoms of ~~a diabetic emergency~~**an adverse reaction (such as hypoglycemia);**
d. The medication, if any, or other treatment to be administered in the event of ~~same;~~**an adverse reaction or emergency (i.e. Glucagon)**
e. The location and storage of the medication;
f. Who will administer the medication (including self-administration options, as appropriate);
g. Other emergency procedures, such as calling 911, contacting the school nurse, and/or calling the parents or physician;
h. Recommendations for what to do if the ~~child~~ student continues to experience symptoms after the administration of medication; and
i. Emergency contact information for the parents/family and medical provider.

8. In developing the ECP, the school nurse should obtain current ~~health information~~**medical documentation** from the parents/family and the student's health care provider, including the student's emergency plan and ~~all~~**proper** medication orders. If needed, the school nurse or other appropriate school personnel, should obtain consent to consult directly with the child's health care providers to clarify medical needs, emergency medical protocol and medication orders.

9. A student identified as having a life-threatening food allergy or ~~glycogen storage disease~~**GSD** is entitled to an IHCP and an ECP, regardless of his/her status as a ~~child~~ student with a disability, as that term is understood under Section 504 of the Rehabilitation Act of 1973 ("Section 504"), or the Individuals with Disabilities Education Act ("IDEA").

10. The ~~district~~ District shall ensure that the information contained in the IHCP and ECP is distributed to any school personnel responsible for implementing any provisions of the IHCP and/or ECP, and that any procedures in the IHCP and/or ~~EHP~~**ECP** comply with the ~~district~~ District's policies and procedures regarding the administration of medications to students.

11. Whenever appropriate, a student with a life-threatening food allergy and/or ~~glycogen storage disease~~**GSD** should be referred to a Section 504 Team for consideration if/when there is reason to believe that the student has a physical or mental impairment ~~(a life-threatening food allergy)~~ that substantially limits one or more major life activities, as defined by Section 504. Whenever appropriate, students with life-threatening food allergies and/or ~~glycogen storage disease~~**GSD** should be referred to a PPT for consideration of eligibility for special education and related services under the IDEA, if there is reason to suspect that the student has a qualifying disability and requires specialized instruction.

12. When making eligibility determinations under Section 504 and/or the IDEA, schools must consider the student's needs on an individualized, case-by-case basis.

III. Training/Education

1. The ~~district~~ District shall provide appropriate education and training for school personnel regarding the management of students with life threatening food allergies **and GSD.** Such training ~~shall~~**may include an overview of life-threatening food allergies and GSD; prevention strategies; IHCPs and ECPs; and food safety and sanitation. Training shall also** include, as appropriate for each school (and depending on the specific needs of the individual students at the school), training in the administration of medication with cartridge injectors (i.e. epi-pens), and/or **the specific** preventative strategies to minimize ~~a child's~~**the** risk of exposure to life-threatening allergens~~,~~ and **prevent adverse reactions in students with GSD (such as** the provision of food or dietary supplements for students ~~with glycogen storage disease~~). School personnel will be also be educated on how to recognize symptoms of allergic reactions and/or symptoms of ~~a diabetic emergency~~**low blood sugar, as seen with GSD,** and what to do in the event of an emergency. Staff training and education will be coordinated by the Director of Pupil and Special Education Services. Any such training regarding the administration of medication shall be done accordance with state law and Board policy.

2. Each school within the ~~district~~ District shall also provide age-appropriate information to students about food allergies and ~~glycogen storage disease~~**GSD,** how to recognize symptoms of an allergic reaction and/or ~~diabetic~~**low blood sugar** emergency and the importance of adhering to the school's policies regarding food and**/or** snacks.

IV. Prevention

Each school within the ~~district~~ District will develop appropriate practices to minimize the risk of exposure to life threatening allergens **and the risks associated with GSD.** Practices ~~which~~**that** may be considered may include, but are not limited to:

1. Encouraging handwashing;
2. Discouraging students from swapping food at lunch or other snack/meal times;
3. Encouraging the use of non-food items as incentives, rewards or in connection with celebrations.
4. **Training staff in recognizing symptoms of anaphylaxis and hypoglycemia; and**
5. **Planning for school emergencies, to include consideration of the need to access medication, food and/or dietary supplements.**

V. Communication

1. As described above, the school nurse shall be responsible for coordinating the communication ~~between~~ among parents, a student's individual health care provider and the school regarding a student's life threatening allergic condition and/or ~~glycogen storage disease~~GSD. School staff responsible for implementing a student's IHCP will be notified of their responsibilities and provided with appropriate information as to how to minimize risk of exposure and/or ~~diabetic emergency~~**alterations in blood sugar levels** and how to respond in the event of ~~an~~**such** emergency.

2. Each school will ensure that there are appropriate communication systems available within each school (i.e. telephones, cell phones, walkie-talkies) and for off-site activities (i.e. field trips) to ensure that school personnel are able to effectively respond in case of emergency.

3. The ~~district~~ District shall develop standard letters to be sent home to parents, whenever appropriate, to alert them to food restrictions within their ~~child~~ student's classroom or school.

4. All ~~district~~ District staff are expected to follow district policy and/or federal and state law regarding the confidentiality of student information, including medical information about the student.

5. The ~~district~~ District shall make the Management Plan and Guidelines for Students with Food Allergies and/or Glycogen Storage Disease available on the Board's website or the website of each school under the Board's jurisdiction.

6. The ~~district~~ District shall provide annual notice to parents and guardians regarding the Management Plan and Guidelines for Students with Food Allergies and/or Glycogen Storage Disease. Such notice shall be provided in conjunction with the annual written statement provided to parents and guardians regarding pesticide applications in the schools.

VI. Monitoring the District's Plan and Procedures

The ~~district~~ District should conduct periodic assessments of its Management Plan and Guidelines for Students with Food Allergies and/or Glycogen Storage Disease. Such assessments should occur at least annually and after each emergency event involving the administration of medication to a student with a life-threatening food allergy **or GSD** to determine the effectiveness of the process, why the incident occurred, what worked and what did not work.

The Superintendent shall annually attest to the Department of Education that the District is implementing the Management Plan and Guidelines for Students with Food Allergies and/or Glycogen Storage Disease.

Legal References:

State Law/Regulations/Guidance

Public Act 18-185, An Act Concerning the Recommendations of the Task Force on Life-Threatening Food Allergies in Schools

Conn. Gen. Stat. § 10-212a	Administration of Medications in Schools
Conn. Gen. Stat. § 10-212c	Life-threatening food allergies: Guidelines; ~~district~~ District plans
Conn. Gen. Stat. § 10-220i	Transportation of students carrying cartridge injectors
Conn. Gen. Stat. § 10-231c	Pesticide applications at schools without an integrated pest management plan.
Conn. Gen. Stat. § 19a-900	Use of cartridge injectors by staff members of before or after school program, day camp or day care facility.
Conn. Gen. Stat. § 52-557b	"Good Samaritan law." Immunity from liability for emergency, medical assistance, first aid or medication by injector. School personnel not required to administer or render.
Regs. Conn. State Agencies	§ 10-212a-1 through 10-212a-7 Administration of Medication by School Personnel

Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools (Includes Guidelines for Managing Glycogen Storage Disease), Connecticut State Department of Education (Updated 2012).

Federal Law:
Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794
Individuals with Disabilities Education Act, 20 U.S.C. § 1400 et seq.
The Americans with Disabilities Act of 1990 (ADA), 42 U.S.C. § 12101 et seq.

ADOPTED: 3/18/14

Windsor Public Schools
Windsor, CT

IMMUNIZATIONS

In accordance with state law and accompanying regulations, the Windsor Board of Education (the "Board") requires each child to be protected by adequate immunization against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, hemophilus influenzae type B, hepatitis A, hepatitis B, varicella, pneumococcal diseases, meningococcal disease and any other vaccine required by the schedule for active immunization as determined by the Commissioner of Public Health pursuant to Conn. Gen. Stat. § 19a-7f, prior to enrolling in any program or school under its jurisdiction.

Among other requirements, before being permitted to enter seventh grade, the Board requires each child to be vaccinated against meningococcal disease. The Board further requires each child to receive a second immunization against measles and tetanus, diphtheria and pertussis (Tdap) before being permitted to enter seventh grade.

Further, each child must have received two doses of immunization against varicella before being permitted to enter kindergarten and seventh grade, and each child must have received two doses of immunization against rubella and mumps before being permitted to enter grades kindergarten through twelve.

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

Exemption from the pertinent requirements of these administrative regulations shall be granted to any child who, prior to enrollment:

(1) presents a certificate from a physician, physician assistant, advanced practice registered nurse or local health agency stating that initial immunizations have been given to such child and additional immunizations are in process under guidelines and schedules specified by the Commissioner of Health; or

(2) presents a certificate from a physician, physician assistant, or advance practice registered nurse stating that in the opinion of a such physician, such immunization is medically contraindicated because of the physical condition of such child; or

(3) presents a statement from the parents or guardian of such child that such immunization would be contrary to the religious beliefs of such child or the parents or guardian of such child, which statement shall be acknowledged by

(A) a judge of a court of record or a family support magistrate,
(B) a clerk or deputy clerk of a court having a seal,
(C) a town clerk,
(D) a notary public,
(E) a justice of the peace,
(F) an attorney admitted to the bar of the State of Connecticut, or
(G) a school nurse; or

(4) in the case of measles, mumps or rubella, presents a certificate from a physician, physician assistant or advanced practice registered nurse or from the Director of Health in such child's present or previous town of residence, stating that the child has had a confirmed case of such disease; or

(5) in the case of hemophilus influenzae type B, has passed his/her fifth birthday; or

(6) in the case of pertussis, has passed his/her sixth birthday.

Before being permitted to enter the seventh grade, the parents or guardian of any child who is exempt on religious grounds from the immunization requirements, pursuant to subsection (3) above, shall present to the Board a statement that such immunization requirements are contrary to the religious beliefs of such child or the parents or guardian of such child, which statement shall be acknowledged in the same manner as required by subsection (3) above.

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

If the parents or guardians of any child are unable to pay for any required immunization, the expense of such immunization shall, upon the recommendation of the Board ~~of Education~~, be paid by the town of the child's residence.

The Board ~~of Education~~ designates Steven Carvalho, Director of Pupil and Special Education Services as the representative for receipt of reports from health care providers concerning student immunizations.

The ~~regulations concerning~~ **current** required immunizations for elementary (including preschool), middle and high school students can be found at: ~~http://www.dir.ct.gov/dph/PHC/browse.asp~~ **https://portal.ct.gove/-/media/SDE/School-Nursing/Forms/Immunization_Requirements.pdf.**

Legal Reference: Connecticut General Statutes
§ 10-204a Required immunizations
§ 10-204c Immunity from liability

Regulations of Connecticut **State** Agencies ~~Regulations~~
§ 10-204a-2a Adequate Immunization

Letter to Superintendents of Schools et al. from Connecticut State Departments of Public Health and Education, *Reinstatement of Prekindergarten and Kindergarten School Immunization Entry Requirement for Haemophilus Influenza Type B (Hib) Vaccine*, June 25, 2010.

Letter to Superintendents of Schools et al. from Connecticut State Departments of Public Health and Education, *Changes in the Immunization Requirements for School Entry*, March 15, 2011.

Regulation Approved: April 17, 2018

Craig A. Cooke, Ph.D.
Superintendent of Schools

Windsor Public Schools
Windsor, CT