

**WESTBROOK BOARD OF EDUCATION
EDUCATE, CHALLENGE, & INSPIRE**

<p>WESTBROOK BOARD OF EDUCATION Wednesday, April 26, 2023 @ 5:00 p.m. Policy Subcommittee Meeting BOE Conference Room</p>
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AGENDA

- I. Call to Order
- II. Approval of Minutes
 - 1. February 9, 2023
- III. Wellness Policy
- IV. Administering Medication
- V. 5125 – Student Records Confidentiality
- VI. 5145.14 – Uniform Treatment of Recruiters (Shipman)
- VII. Discussion on “next steps” and meeting date(s)
- VIII. Adjourn

Preamble

Westbrook Public Schools (hereto referred to as the District) is committed to the optimal development of every student. The District believes that for students to have the opportunity to achieve personal, academic, developmental, and social success, we need to create positive, safe, and health-promoting learning environments at every level, in every setting, throughout the school year.

Research shows that two components, good nutrition and physical activity before, during, and after the school day, are strongly correlated with positive student outcomes. For example, student participation in the U.S. Department of Agriculture's (USDA) School Breakfast Program is associated with higher grades and standardized test scores, lower absenteeism, and better performance on cognitive tasks.i,ii,iii,iv,v,vi,vii Conversely, less-than-adequate consumption of specific foods including fruits, vegetables, and dairy products, is associated with lower grades among students.viii,ix,x In addition, students who are physically active through active transport to and from school, recess, physical activity breaks, high-quality physical education, and extracurricular activities - do better academically.xi,xii,xiii,xiv

i Bradley, B, Green, AC. Do Health and Education Agencies in the United States Share Responsibility for Academic Achievement and Health? A Review of 25 years of Evidence About the Relationship of Adolescents' Academic Achievement and Health Behaviors, *Journal of Adolescent Health*. 2013; 52(5):523–532.

ii Meyers AF, Sampson AE, Weitzman M, Rogers BL, Kayne H. School breakfast program and school performance. *American Journal of Diseases of Children*. 1989;143(10):1234–1239.

iii Murphy JM. Breakfast and learning: an updated review. *Current Nutrition & Food Science*. 2007; 3:3–36.

iv Murphy JM, Pagano ME, Nachmani J, Sperling P, Kane S, Kleinman RE. The relationship of school breakfast to psychosocial and academic functioning: Cross-sectional and longitudinal observations in an inner-city school sample. *Archives of Pediatrics and Adolescent Medicine*. 1998;152(9):899–907.

v Pollitt E, Mathews R. Breakfast and cognition: an integrative summary. *American Journal of Clinical Nutrition*. 1998; 67(4), 804S–813S.

vi Rampersaud GC, Pereira MA, Girard BL, Adams J, Metzl JD. Breakfast habits, nutritional status, body weight, and academic performance in children and adolescents. *Journal of the American Dietetic Association*. 2005;105(5):743–760, quiz 761–762.

vii Taras, H. Nutrition and student performance at school. *Journal of School Health*. 2005;75(6):199–213.

viii MacLellan D, Taylor J, Wood K. Food intake and academic performance among adolescents. *Canadian Journal of Dietetic Practice and Research*. 2008;69(3):141–144.

ix Neumark-Sztainer D, Story M, Dixon LB, Resnick MD, Blum RW. Correlates of inadequate consumption of dairy products among adolescents. *Journal of Nutrition Education*. 1997;29(1):12–20.

x Neumark-Sztainer D, Story M, Resnick MD, Blum RW. Correlates of inadequate fruit and vegetable consumption among adolescents. *Preventive Medicine*. 1996;25(5):497–505.

xi Centers for Disease Control and Prevention. *The association between school-based physical activity, including physical education, and academic performance*. Atlanta, GA: US Department of Health and Human Services, 2010.

xii Singh A, Uijtdewilligne L, Twisk J, van Mechelen W, Chinapaw M. *Physical activity and performance at school: A systematic review of the literature including a methodological quality assessment*. *Arch Pediatr Adolesc Med*, 2012; 166(1):49–55.

xiii Haapala E, Poikkeus A-M, Kukkonen-Harjula K, Tompuri T, Lintu N, Väistö J, Leppänen P, Laaksonen D, Lindi V, Lakka T. *Association of physical activity and sedentary behavior with academic skills - A follow-up study among primary school children*. *PLoS ONE*, 2014; 9(9): e107031.

15 Change Lab Solutions. (2014). *District Policy Restricting the Advertising of Food and Beverages Not Permitted to be Sold on School Grounds*. Retrieved from <http://changelabsolutions.org/publications/district-policy-school-food-ads>.

REVISED/BOE APPROVED: June 13, 2017

REVISED October 28, 2019

This policy outlines the District's approach to ensuring environments and opportunities for all students to practice healthy eating and physical activity behaviors throughout the school day while minimizing commercial distractions. Specifically, this policy establishes goals and procedures to ensure that:

- § Students in the District have access to healthy foods throughout the school day—both through reimbursable school meals and other foods available throughout the school campus—in accordance with Federal and state nutrition standards;
- § Students receive quality nutrition education that helps them develop lifelong healthy eating behaviors;
- § Students have opportunities to be physically active before, during, and after school;
- § Schools engage in nutrition and physical activity promotion and other activities that promote student wellness;
- § School staff are encouraged and supported to practice healthy nutrition and physical activity behaviors in and out of school;
- § The community is engaged in supporting the work of the District in creating continuity between school and other settings for students and staff to practice lifelong healthy habits; and
- § The District establishes and maintains an infrastructure for management, oversight, implementation, communication about, and monitoring of the policy and its established goals and objectives.

This policy applies to all students, staff, and schools in the District.

I. School Wellness Committee

Committee Role and Membership

The District will convene a representative district wellness committee (hereto referred to as the DWC) that meets at least four times per year to establish goals for and oversee school health and safety policies and programs, including development, implementation, and periodic review and update of this district-level wellness policy (heretofore referred to as "wellness policy").

The DWC membership will represent all school levels (elementary and secondary schools) and include (to the extent possible), but not be limited to: parents and caregivers; students; representatives of the school nutrition program (ex., school nutrition director); physical education teachers; health education teachers; school health professionals (ex., health education teachers, school health services staff [i.e., nurses, physicians, dentists, health educators, and other allied health personnel who provide school health services], and mental health and social services staff [i.e., school counselors, psychologists, social workers, or psychiatrists]; school administrators (ex., superintendent, principal, vice principal), school board members; health professionals (ex., dietitians, doctors, nurses, dentists); and the general public. To the extent possible, the DWC will include representatives from each school building and reflect the diversity of the community.

Leadership

The Superintendent or designee(s) will convene the DWC and facilitate development of and updates to the wellness policy, and will ensure each school's compliance with the policy. The designated official for oversight is the Director of Special Education and Student Support Services.

II. Wellness Policy Implementation, Monitoring, Accountability, and Community Engagement

Implementation Plan

The District will develop and maintain a plan for implementation to manage and coordinate the execution of this wellness policy. The plan delineates roles, responsibilities, actions, and timelines specific to each school, and includes information about who will be responsible to make what change, by how much, where, and when, as well as specific goals and objectives for nutrition standards for all foods and beverages available on the school campus, food and beverage marketing, nutrition promotion and education, physical activity, physical education, and other school-based activities that promote student wellness. It is recommended that the school use the Healthy Schools Program online tools to complete a school level assessment based on the Centers for Disease Control and Prevention's School Health Index, create an action plan that fosters implementation, and generate an annual progress report. The wellness policy and progress reports can be found on the school website: www.westbrookctschools.org

Recordkeeping

The District will retain records to document compliance with the requirements of the wellness policy at Central Office. Documentation maintained in this location will include but will not be limited to:

- § Documentation demonstrating that the policy has been made available to the public;
- § Documentation of efforts to review and update the Local Schools Wellness Policy: including an indication of who is involved in the update and methods the district used to make stakeholders aware of their ability to participate on the DWC;
- § Documentation to demonstrate compliance with the annual notification requirements;
- § The most recent assessment on the implementation of the local school wellness policy;
- § Documentation demonstrating the most recent assessment on the implementation of the Local School Wellness Policy has been made available to the public.

Annual Notification of Policy

The District will actively inform families and the public each year of basic information about this policy, including its content, any updates to the policy and implementation status. The District will make this information available via the district website and/or district wide communications. The District will provide as much information as possible about the school nutrition environment. This will include a summary of the District's events or activities related to wellness policy implementation. Annually, the District will also publicize the name and contact information of the District's leading and coordinating the committee, as well as information on how the public can get involved with the school wellness committee.

Triennial Progress Assessments

At least once every three years, the District will evaluate compliance with the wellness policy to assess the implementation of the policy and include:

- § The extent to which schools under the jurisdiction of the District are in compliance with the wellness policy;
- § The extent to which the District's wellness policy compares to the Alliance of Healthier Generation's model wellness policy; and
- § A description of the progress made in attaining the goals of the District's wellness policy.

The position/person responsible for managing the triennial assessment and contact information is the Superintendent or designee.

The DWC, in collaboration with individual schools, will monitor schools' compliance with this wellness policy.

The District will actively notify households/families of the availability of the triennial progress reports.

Revisions and Updating the Policy

The DWC will update or modify the wellness policy based on the results of the annual progress reports and triennial assessments and/or as District priorities change; community needs change; wellness goals are met; new

health science, information, and technology emerges; and new federal or state guidance or standards are issued. The wellness policy will be assessed and updated at least every three years, following the triennial assessment.

Community Involvement, Outreach, and Communications

The District is committed to being responsive to community input, which begins with awareness of the wellness policy. The District will actively communicate ways in which representatives of DWC and others can participate in the development, implementation, and periodic review and update of the wellness policy through a variety of means appropriate for that district. The District will also inform parents of the improvements that have been made to school meals and compliance with school meal standards, availability of child nutrition programs and how to apply, and a description of and compliance with Connecticut Nutrition Standards. The District will use electronic mechanisms, such as email or displaying notices on the district's website, as well as non-electronic mechanisms, such as newsletters, presentations to parents, or sending information home to parents, to ensure that all families are actively notified of the content of, implementation of, and updates to the wellness policy, as well as how to get involved and support the policy. The District will ensure that communications are culturally and linguistically appropriate to the community, and accomplished through means similar to other ways that the district and individual schools are communicating other important school information with parents.

The District will actively notify the public about the content of or any updates to the wellness policy annually, at a minimum. The District will also use these mechanisms to inform the community about the availability of the annual reports.

III. Nutrition

School Meals

Our school district is committed to serving healthy meals to children, with plenty of fruits, vegetables, whole grains, and fat-free and low-fat milk; moderate in sodium, low in saturated fat, and zero grams *trans* fat per serving (nutrition label or manufacturer's specification); and to meet the nutrition needs of school children within their calorie requirements. The school meal programs aim to improve the diet and health of school children, help mitigate childhood obesity, model healthy eating to support the development of lifelong healthy eating patterns, and support healthy choices while accommodating cultural food preferences and special dietary needs.

All schools within the District participate in USDA child nutrition programs, including the National School Lunch Program (NSLP), the School Breakfast Program (SBP), and Connecticut Nutrition Standards program. All schools within the District are committed to offering school meals through the NSLP and SBP programs, and other applicable Federal child nutrition programs, that:

- § Are accessible to all students;
- § Are appealing and attractive to children;
- § Are served in clean and pleasant settings;
- § Meet or exceed current nutrition requirements established by local, state, and Federal statutes and regulations. (The District offers reimbursable school meals that meet USDA nutrition standards.)
- § Promote healthy food and beverage choices using at least ten of the following Smarter Lunchroom techniques:
 - Whole fruit options are displayed in attractive bowls or baskets (instead of chaffing dishes or hotel pans)
 - Sliced or cut fruit is available daily
 - Daily fruit options are displayed in a location in the line of sight and reach of students
 - Daily vegetable options are bundled into all grab and go meals available to students
 - All staff members, especially those serving, have been trained to politely prompt students to select and consume the daily vegetable options with their meal
 - White milk is placed in front of other beverages in all coolers
 - Alternative entrée options (e.g., salad bar, yogurt parfaits, etc.) are highlighted on posters or signs within all service and dining areas

A reimbursable meal can be created in any service area available to students (e.g., salad bars, snack rooms, etc.)

Student surveys and taste testing opportunities are used to inform menu development, dining space decor, and promotional ideas

Student artwork is displayed in the service and/or dining areas

Daily announcements are used to promote and market menu options

Menus will be posted on the District website or individual school websites

Menus will be created/viewed by a Registered Dietitian or certified nutrition professional

Student will be allowed at least 10 minutes to eat breakfast and at least 20 minutes to eat lunch, counting from the time they have received their meals and are seated. Students are served lunch at a reasonable and appropriate time of day.

Participation in the Federal child nutrition programs will be promoted among students and families to help ensure that families know what programs are available in their children's school.

Staff Qualifications and Professional Development

All school nutrition program directors, managers, and staff will meet or exceed hiring and annual continuing education/training requirements in the USDA professional standards for child nutrition professionals. These school nutrition personnel will refer to USDA's Professional Standards for School Nutrition Standards website to search for training that meets their learning needs.

Water

To promote hydration, free, safe, unflavored drinking water will be available to all students throughout the school day* and throughout every school campus* ("school campus" and "school day" are defined in the glossary). The District will make drinking water available where school meals are served during mealtimes. In addition, students will be allowed to bring and carry (approved) water bottles filled with only water with them throughout the day.

Competitive Foods and Beverages

The District is committed to ensuring that all foods and beverages available to students on the school campus* during the school day* support healthy eating. The foods and beverages sold and served outside of the school meal programs (i.e., "competitive" foods and beverages) will meet the Connecticut Nutrition Standards, at a minimum. The CT Nutrition Standards aim to improve student health and well-being, increase consumption of healthful foods during the school day, and create an environment that reinforces the development of healthy eating habits. A summary of the standards and information are available at: <http://www.sde.ct.gov>

Acceptable food list is available at <http://www.sde.ct.gov>

To support healthy food choices and improve student health and well-being, all foods and beverages outside the reimbursable school meal programs that are sold to students on the school campus during the school day* will meet or exceed the Connecticut Nutrition Standards. These standards will apply in all locations and through all services where foods and beverages are sold, which may include, but are not limited to, a la carte options in cafeterias, vending machines, school stores, and snack or food carts.

Celebrations and Rewards

All foods offered on the school campus will support healthy food choices and improve student health and well being including through:

1. Celebrations and parties. The district will provide a list of healthy party ideas to parents and teachers, including non-food celebration ideas. Healthy party ideas from the Connecticut Nutrition Standards.
2. Classroom snacks brought by parents. The District will provide to parents a list of foods and beverages that meet Connecticut Nutrition Standards; and

3. Rewards and incentives. The District will provide teachers and other relevant school staff a list of alternative ways to reward children.

Fundraising

Foods and beverages that meet or exceed the Connecticut Nutrition Standards may be sold through fundraisers on the school campus* during the school day*. The District will make available to parents and teachers a list of healthy fundraising ideas as recommended by the Connecticut Nutrition Standards.

Nutrition Promotion

Nutrition promotion and education positively influence lifelong eating behaviors by using evidence-based techniques and nutrition messages, and by creating food environments that encourage healthy nutrition choices and encourage participation in school meal programs. Students and staff will receive consistent nutrition messages throughout schools, classrooms, gymnasiums, and cafeterias. Nutrition promotion also includes marketing and advertising nutritious foods and beverages to students and is most effective when implemented consistently through a comprehensive and multi-channel approach by school staff and teachers, parents, students, and the community.

The District will promote healthy food and beverage choices for all students throughout the school campus, as well as encourage participation in school meal programs. This promotion will occur through at least:

§ Implementing evidence-based healthy food promotion techniques through the school meal programs using Connecticut Nutrition Standards; and

§ Promoting foods and beverages that meet the Connecticut Nutrition Standards.

Nutrition Education

The District aims to teach, model, encourage, and support healthy eating by students. Schools will provide nutrition education and engage in nutrition promotion that:

§ Is designed to provide students with the knowledge and skills necessary to promote and protect their health;

§ Is part of not only health education classes, but also integrated into other classroom instruction through subjects such as math, science, language arts, social sciences, and elective subjects;

§ Include enjoyable, developmentally-appropriate, culturally-relevant, and participatory activities, such as cooking demonstrations or lessons, promotions, taste-testing, farm visits, and school gardens;

§ Promote fruits, vegetables, whole-grain products, low-fat and fat-free dairy products, and healthy food preparation methods;

§ Emphasize caloric balance between food intake and energy expenditure (promotes physical activity/exercise);

§ Link with school meal programs, cafeteria nutrition promotion activities, school gardens, Farm to School programs, other school foods, and nutrition-related community services;

§ Teach media literacy with an emphasis on food and beverage marketing; and

§ Include nutrition education training for teachers and other staff.

Essential Healthy Eating Topics in Health Education

The District will include in the health education curriculum the following essential topics on healthy eating:

§ The relationship between healthy eating and personal health and disease prevention

§ Food guidance from MyPlate

§ Reading and using USDA's food labels

§ Eating a variety of foods every day

§ Balancing food intake and physical activity

- § Eating more fruits, vegetables, and whole grain products
- § Choosing foods that are low in fat, saturated fat, and cholesterol and do not contain *trans* fat
- § Choosing foods and beverages with little added sugars
- § Eating more calcium-rich foods
- § Preparing healthy meals and snacks
- § Risks of unhealthy weight control practices
- § Accepting body size differences
- § Food safety
- § Importance of water consumption
- § Importance of eating breakfast
- § Making healthy choices when eating at restaurants
- § Eating disorders
- § The Dietary Guidelines for Americans
- § Reducing sodium intake
- § Social influences on healthy eating, including media, family, peers, and culture
- § How to find valid information or services related to nutrition and dietary behavior
- § How to develop a plan and track progress toward achieving a personal goal to eat healthfully
- § Resisting peer pressure related to unhealthy dietary behavior
- § Influencing, supporting, or advocating for others' healthy dietary behavior

Food and Beverage Marketing in Schools

The District is committed to providing a school environment that ensures opportunities for all students to practice healthy eating and physical activity behaviors throughout the school day while minimizing commercial distractions. The District strives to teach students how to make informed choices about nutrition, health, and physical activity. These efforts will be weakened if students are subjected to advertising on District property that contains messages inconsistent with the health information the District is imparting through nutrition education and health promotion efforts. It is the intent of the District to protect and promote student's health by permitting advertising and marketing for only those foods and beverages that are permitted to be sold on the school campus, consistent with the District's wellness policy.

Any foods and beverages marketed or promoted to students on the school campus* during the school day* will meet or exceed the Connecticut Nutrition Standards such that only those foods that comply with or exceed those nutrition standards are permitted to be marketed or promoted to students.

Food advertising and marketing is defined^{xv} as an oral, written, or graphic statements made for the purpose of promoting the sale of a food or beverage product made by the producer, manufacturer, seller, or any other entity with a commercial interest in the product. This term includes, but is not limited to the following:

- § Brand names, trademarks, logos or tags, except when placed on a physically present food or beverage product or its container.
- § Displays, such as on vending machine exteriors.
- § Corporate brand, logo, name, or trademark on school equipment, such as marquees, message boards, scoreboards, or backboards (Note: immediate replacement of these items are not required; however, districts will consider replacing or updating scoreboards or other durable equipment over time so that decisions about the replacement include compliance with the marketing policy.)

§ Corporate brand, logo, name, or trademark on cups used for beverage dispensing, menu boards, coolers, trash cans, and other food service equipment; as well as on posters, book covers, pupil assignment books, or school supplies displayed, distributed, offered, or sold by the District.

§ Advertisements in school publications or school mailings.

§ Free product samples, taste tests, or coupons of a product, or free samples displaying advertising of a product.

IV. Physical Activity

Children and adolescents should participate in 60 minutes of physical activity every day. A substantial percentage of students' physical activity can be provided through a comprehensive, school-based physical activity program (CSPAP) that includes these components: physical education, recess, classroom-based physical activity, walk and bicycle to school, and out-of-school time activities and the district is committed to providing these opportunities. Schools will ensure that these varied opportunities are in addition to, and not as a substitute for, physical education (addressed in "Physical Education" subsection).

Physical activity during the school day (including but not limited to recess, physical activity breaks, or physical education) will **not be withheld** as punishment for any reason if appropriate. The district will provide teachers and other school staff with a list of ideas for alternative ways to discipline students.

To the extent practicable, the District will ensure that its grounds and facilities are safe and that equipment is available to students to be active. The District will conduct necessary inspections and repairs.

Physical Education

The District will provide students with physical education, using an age-appropriate, sequential physical education curriculum consistent with national and state standards for physical education. The physical education curriculum will promote the benefits of a physically active lifestyle and will help students develop skills to engage in lifelong healthy habits, as well as incorporate essential health education concepts.

All students will be provided equal opportunity to participate in physical education classes. The District will make appropriate accommodations to allow for equitable participation for all students and will adapt physical education classes and equipment as necessary.

All District elementary students (K-4th grade) will receive physical education for at least 60 minutes per week throughout the school year.

All District middle school students (5th-8th grade) will receive physical education for at least 90-135 minutes per week throughout the school year.

All District high school students (9th-12th grade) are required to take the equivalent of one academic year of physical education.

The District physical education program will promote student physical fitness through individualized fitness and activity assessments (via the Presidential Youth Fitness Program or other appropriate assessment tool) and will use criterion-based reporting for each student.

Essential Physical Activity Topics in Health Education

The District will include in the health education curriculum the following essential topics on physical activity when student is enrolled in health or physical education:

§ The physical, psychological, or social benefits of physical activity

§ How physical activity can contribute to a healthy weight

§ How physical activity can contribute to the academic learning process

§ How an inactive lifestyle contributes to chronic disease

§ Health-related fitness, that is, cardiovascular endurance, muscular endurance, muscular strength, flexibility, and body composition

§ Differences between physical activity, exercise, and fitness

§ Phases of an exercise session, that is, warm up, workout, and cool down

§ Overcoming barriers to physical activity

§ Decreasing sedentary activities, such as TV watching

§ Opportunities for physical activity in the community

§ Preventing injury during physical activity

§ Weather-related safety, for example, avoiding heat stroke, hypothermia, and sunburn while being physically active

§ How much physical activity is enough, that is, determining frequency, intensity, time, and type of physical activity

§ Developing an individualized physical activity and fitness plan

§ Monitoring progress toward reaching goals in an individualized physical activity plan

§ Dangers of using performance-enhancing drugs, such as steroids

§ Social influences on physical activity, including media, family, peers, and culture

§ How to find valid information or services related to physical activity and fitness

§ How to influence, support, or advocate for others to engage in physical activity

§ How to resist peer pressure that discourages physical activity

Recess (Elementary)

All elementary schools will offer at least **20 minutes of recess** on all or most days during the school year. If recess is offered before lunch, schools will have appropriate hand-washing facilities and/or hand-sanitizing mechanisms located just inside/outside the cafeteria to ensure proper hygiene prior to eating and students are required to use these mechanisms before eating. Hand-washing time, as well as time to put away coats/hats/gloves, will be built in to the recess transition period/timeframe before students enter the cafeteria.

Outdoor recess will be offered when weather is feasible for outdoor play.

In the event that the school or district must conduct **indoor recess**, teachers and staff will follow the indoor recess guidelines that promote physical activity for students, to the extent practicable.

Recess will complement, not substitute, physical education class. Recess monitors or teachers will encourage students to be active, and will serve as role models by being physically active alongside the students whenever feasible.

Physical Activity Breaks (Elementary and Secondary)

The District recognizes that students are more attentive and ready to learn if provided with periodic breaks when they can be physically active or stretch. Thus, students will be offered **periodic opportunities** to be active or to stretch throughout the day on all or most days during a typical school week. The District recommends teachers provide short (3-5 minute) physical activity breaks to students during and between classroom time. These physical activity breaks will complement, not substitute, for physical education class, recess, and class transition periods.

The District will provide resources and links to resources, tools, and technology with ideas for physical activity breaks.

Active Academics

Teachers will incorporate movement and kinesthetic learning approaches into “core” subject instruction when possible (e.g., science, math, language arts, social studies, and others) and do their part to limit sedentary behavior during the school day.

The District will support classroom teachers incorporating physical activity and employing kinesthetic learning approaches into core subjects by providing annual professional development opportunities and resources,

increasing information on reading activities, activity options, as well as making available background material on the connections between learning and movement.

Teachers will serve as role models by being physically active alongside the students whenever feasible.

Before and After School Activities

The District offers opportunities for students to participate in physical activity either before and/or after the school day (or both) through a variety of methods. The District will encourage students to be physically active before and after school by: clubs, intramurals or varsity sports.

Active Transport

The District will support active transport to and from school, such as walking or biking. The District will encourage this behavior by engaging in *six or more* of the activities below; including but not limited to:

§ Designation of safe or preferred routes to school

§ Promotional activities such as participation in International Walk to School Week, National Walk and Bike to School Week

§ Secure storage facilities for bicycles and helmets (e.g., shed, cage, fenced area)

§ Instruction on walking/bicycling safety provided to students

§ Promotion of safe routes program to students, staff, and parents via newsletters, websites, local newspaper

§ Crossing guards are used

§ Crosswalks exist on streets leading to schools

§ Walking school buses are used

§ Documentation of number of children walking and or biking to and from school

§ Creation and distribution of maps of school environment (e.g., sidewalks, crosswalks, roads, pathways, bike racks, etc.)

V. Other Activities that Promote Student Wellness

The District will integrate wellness activities across the entire school setting, not just in the cafeteria, other food and beverage venues, and physical activity facilities. The District will coordinate and integrate other initiatives related to physical activity, physical education, nutrition, and other wellness components so all efforts are complementary, not duplicative, and work towards the same set of goals and objectives promoting student well-being, optimal development, and strong educational outcomes.

Schools in the District are encouraged to coordinate content across curricular areas that promote student health, such as teaching nutrition concepts in mathematics, with consultation provided by either the school or the District's curriculum experts.

All efforts related to obtaining federal, state, or association recognition for efforts, or grants/funding opportunities for healthy school environments will be coordinated with and complementary of the wellness policy, including but not limited to ensuring the involvement of the DWC/SWC.

All school-sponsored events will adhere to the wellness policy. All school-sponsored wellness events will include physical activity opportunities.

Community Partnerships

The District will continue relationships with community partners (i.e. YMCA, hospitals, universities/colleges, local businesses, etc.) in support of this wellness policy's implementation. Existing and new community partnerships and sponsorships will be evaluated to ensure that they are consistent with the wellness policy and its goals.

Community Health Promotion and Engagement

The District will promote to parents/caregivers, families, and the general community the benefits of and approaches for healthy eating and physical activity throughout the school year. Families will be informed and invited to participate in school-sponsored activities and will receive information about health promotion efforts.

As described in the "Community Involvement, Outreach, and Communications" subsection, the District will use electronic mechanisms (such as email or displaying notices on the district's website), as well as non-electronic mechanisms, (such as newsletters, presentations to parents, or sending information home to parents), to ensure that all families are actively notified of opportunities to participate in school-sponsored activities and receive information about health promotion efforts.

Staff Wellness and Health Promotion

The DWC will have a staff wellness subcommittee that focuses on staff wellness issues, identifies and disseminates wellness resources, and performs other functions that support staff wellness in coordination with human resources staff.

Schools in the District will implement strategies to support staff in actively promoting and modeling healthy eating and physical activity behaviors. The District promotes staff member participation in health promotion programs and will support programs for staff members on healthy eating/weight management that are accessible and free or low-cost.

Professional Learning

When feasible, the District will offer annual professional learning opportunities and resources for staff to increase knowledge and skills about promoting healthy behaviors in the classroom and school (e.g., increasing the use of kinesthetic teaching approaches or incorporating nutrition lessons into math class). Professional learning will help District staff understand the connections between academics and health and the ways in which health and wellness are integrated into ongoing district reform or academic improvement plans/efforts.

Glossary:

Extended School Day - time during before and afterschool activities that include clubs, intramural sports, band and choir practice, drama rehearsals, etc.

School Campus - areas that are owned or leased by the school and used at any time for school-related activities such as the school building or on the school campus, including on the outside of the school building, school buses or other vehicles used to transport students, athletic fields, and stadiums (e.g. on scoreboards, coolers, cups, and water bottles), or parking lots.

School Day - midnight the night before to 30 minutes after the end of the instructional day.

Triennial - recurring every three years.

Appendix A: School Level Contacts

School	Name	Title	Email Address	Role
High School	Tara Winch	Principal	twinch@westbrookctschools.org	Leadership- HS
	Allison Carr	Health/Nutrition	acarr@westbrookctschools.org	PLC Leader-
	Jill Britton	Sch. Counselor	jbritton@westbrookctschools.org	PE/Health/Nutrition
				Social Services
Middle School	Erik Becker	Family & Consumer Science Tchr.	ebecker@westbrookctschools.org	Nutrition
	Tim Bennett TBO	M/HS Nurse	bennett@westbrookctschools.org	School Health

Daisy Elementary	Ruth Rose	Principal	rose@westbrookctschools.org	Leadership- Daisy
	TBD	Nurse		School Health
Central Office	Kristina Martineau Patricia A. Ciccone	Superintendent	pciccone@westbrookctschools.org	Superintendent
	Lesley Wysocki FRAN LAGACE	Business Manager	lwyssocki@westbrookctschools.org	Administrator of F Program
	Madeline Hlinger	Director of Special Services	millinger@westbrookctschools.org	Chair of Wellness Council
	Mary Conway ANNE SHARILLO	Food Service Director	mconway@westbrookctschools.org	Nutrition/Food pr
Parents	Kelly Landino	Parent/B-ball Coach	kmlandino@hotmail.com	Parent/Coach
	Alyssa Lindquist	Parent	alindquist@westbrookctschools.org	Parent
	Kate Gilstad	Parent	kgilstad@hotmail.com	Parent
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	Tony Sharillo	YMCA	tsharillo@vsymca.org	Community Partn

[Boards of education are required to have a wellness policy in place. The development, implementation and periodic review of this policy must involve parents, students, representatives from the school food authority, school administrators, the school board and the public, and may also permit the involvement of teachers of physical education and school health professionals. We recommend that the district consider creating an advisory council to review applicable state and federal guidance in this area and to make recommendations to the Board regarding district-specific goals and guidelines to be included in this policy and that such stakeholders are included in the implementation of the policy as well as the triennial review.]

POLICY REGARDING WELLNESS

It is the policy of the _____ Board of Education (the “Board”) to promote the health and well-being of district students. In furtherance of this policy, the Board has created an Advisory Council on Wellness (“Advisory Council”) to review any available state or federal guidance on wellness issues and to assist in formulating recommendations for specific goals and guidelines aimed at promoting lifelong wellness practices among district students. This Advisory Council involves parents, students, representatives from the school food authority (i.e. any private company employed to provide food services), teachers of physical education, school health professionals, school administrators, the Board, and members of the public and may also involve Supplemental Nutrition Assistance Program (“SNAP”) coordinators or educators. The Advisory Council will be involved in the development and implementation of the policy, the triennial assessment and periodic updating of the policy.

I. GOALS AND GUIDELINES

The Board, following consultation with the Advisory Council, adopts the following goals and guidelines in order to promote student wellness:

A. Nutrition Education and Promotion

[These goals/guidelines should be designed to promote student wellness in a manner that the school district determines is appropriate. The development of these goals should involve the review and consideration of evidence-based strategies and techniques. Examples of the types of goals that may be recommended include, but are not limited to, the following:

- *Reviewing “Smarter Lunchroom” tools and strategies*
- *Setting an average weekly minimum time for classroom nutrition education*

- *Including nutrition education as part of health education classes and/or stand-alone courses for all grade levels, including curricula that promote skill development, such as meal planning, recognizing food groups within a meal, understanding health information and food labels to evaluate the nutrient quality and contribution of foods*
- *Integrating nutrition education into other core subjects such as math, science, language arts, and social sciences, as well as in non-core and elective subjects*
- *Providing a minimum number of hours per year of training to classroom teachers on how to integrate nutrition education into other basic subjects*
- *Including nutrition and health posters, signage, or displays in the cafeteria food service and dining areas, classrooms, hallways, gymnasium and/or bulletin boards that are frequently rotated, updated or changed*
- *Providing developmentally appropriate and culturally relevant participatory activities, such as contests, surveys, promotions, food demonstrations and taste-testing, voting for school meal recipe names, cafeteria design or décor challenges, farm visits, and school gardens*
- *Offering information to families that encourages them to teach their children about health and nutrition, and assists them in planning nutritious meals for their families*
- *Partnering with community health agencies or organizations for school wellness activities*
- *Working with the school meal program to develop school gardens and use the cafeteria as a learning lab*
- *Providing field trips to local farms where produce is purchased for school meals]*

B. Physical Activity and Other School-Based Activities

[Examples of the types of goals that may be recommended include, but are not limited to, the following:

- *Offering staff wellness activities and professional development opportunities related to health and nutrition that inspire school staff to serve as role models and practice healthy eating, physical activity and other activities that support staff and wellness*
- *Sponsoring health fairs, TV-turnoff week, school-supported races, family wellness activities or family day activities that promote health and wellness*
- *Adopting a written physical education curriculum for grades K-12 that is aligned with national and/or state physical education standards*
- *Incorporating a school garden, Farm to School, Farm to Cafeteria or Chefs Move to Schools activities that promote healthy eating*

- *Sending school newsletters or dedicated parts of newsletters or school websites promoting healthy eating, healthy recipes and physical activity*
- *Encouraging and promoting the use of Let's Move and other healthy initiatives that promote physical activity and healthy eating*
- *Applying for the Healthier US School Challenge*
- *Completing and reporting the results of the School Health Index self-assessment process to assess the extent to which some or all components of the local school wellness policy are being implemented in schools*
- *Providing physical activity opportunities at the school for families and community members*
- *Addressing before and after school physical activity for all students including clubs, intramural, and interscholastic opportunities*
- *Using the Centers for Disease Control School Health Guidelines to Promote Healthy Eating and Physical Activity*
- *Setting minimum physical education requirements including time, frequency and intensity*
- *Setting maximum teacher to student ratios for physical education classes*
- *Addressing qualifications for physical education teachers for grades K-12 and physical education training and professional development*
- *Setting minimum requirements for recess, including amount of time and scheduling of recess time*
- *Requiring recess to be outdoors if possible*
- *Allowing physical activity breaks during school*
- *Using physical activity as a reward and not punishment*
- *Prohibiting the withholding of physical activity as a punishment*
- *Encouraging walking and biking to school through safe route programs*
- *Creating after school activity programs, student health council, and community/family programs that encourage healthy habits*
- *Scheduling school meals at appropriate times in appropriate settings*
- *Marketing healthy food in ways that increase its appeal*
- *Giving students and the community after-school access to school activity facilities*
- *Participating in the Connecticut Red Ribbon PASS Program*
- *Addressing physical education exemption requirements and/or substitutions for all students]*

C. Nutritional Guidelines for School Food

[These guidelines should be selected by the school district for all foods available at each school during the school day, including sold and non-sold food and beverages, with the objectives of promoting student health and reducing childhood obesity. Nutrition guidelines for all foods offered to students for sale must be, at a minimum, consistent with the meal pattern requirements and nutrition standards for school meals and competitive foods. Examples of the

types of goals and guidelines that might be recommended under this section include, but are not limited to, the following:

- *Whether the district is in compliance with updated meal patterns (e.g. offering fruits and vegetables each day, more whole grains and portion sizes and calories standards to maintain a healthy weight)*
- *Whether all schools provide breakfast through the USDA School Breakfast Program*
- *A description of nutrition standards for school meals*
- *The website address of current school menus*
- *Description of federal Child Nutrition Programs in which the district participates (e.g. Fresh Fruit and Vegetable Program, Summer Food Service Program, etc.)*
- *How participation in the school meal programs will be promoted, how families are notified of the availability of Child Nutrition Programs, and how to determine children's eligibility for such programs. For example, applications for free/reduced priced meals are sent home to all families at the beginning of the school year. The application is also available on the district website*
- *Whether school meals are prepared onsite or offsite, and if a food service management company operates the school meal programs*
- *Timing and duration of school meals that consider evidence-based research to support healthy eating*
- *Information about the availability of free drinking water throughout the school day and the specific location of such free drinking water*
- *Regulating a la carte, vending machine, concession and school store offerings in each school*
- *Addressing compliance with USDA nutrition standards (commonly referred to as Smart Snacks, available at <https://www.fns.usda.gov/cn/smart-snacks-school>) for all food and beverages sold to students during the school day.*
- *Regulating after school activity, field trip, school event and school party offerings*
- *Eliminating the use of food as a reward*
- *Eliminate the use of candy and other unhealthy foods as fundraisers*
- *Training and certification of food preparation and food service staff that meets the requirements in the USDA Professional Standards for Child Nutrition Professionals*
- *Evaluating food and drink contracts*
- *Addressing food and beverages containing caffeine at the high school level*
- *Information about what steps the district will take to ensure that students qualifying for free or reduced priced meals are not overtly identified in any way. For example, the cafeterias are cashless—all students, regardless of the type of payment they make for school meals,*

or the food being purchased (meal or a la carte) are given a code to enter at the cash register

- *Addressing how to handle feeding children with unpaid meal balances without stigmatizing them. For example, schools will serve students a reimbursable meal, regardless of whether the student has money to pay or owes money, and/or schools will reach out to the family of a child with an unpaid balance to assess whether the child is eligible for free or reduced price meals*
- *Information about specific strategies to increase participation in school meal programs, such as limiting access to competitive foods in the cafeteria, requiring that all high school students have a scheduled lunch period, prohibiting students from promotional mailings or events, use of Smarter Lunchroom strategies, altered bus schedules, student input on the menu, “Grab and Go” breakfast items or Breakfast in the Classroom*
- *Addressing the amount of “seat time” students have to eat school meals and requiring meal periods to include at least 10 minutes of “seat time” for breakfast (if offered) and at least 20 minutes of “seat time” for lunch*
- *Addressing purchasing local foods for the school meals program*
- *Addressing nutrition standard for all foods and beverages served to students after the school day, including before/after care of school grounds, clubs, and after school programming]*

Meals served through the district’s food services program shall comply with the National School Lunch and/or Breakfast standards for meal patterns, nutrient levels, and calorie requirements for the ages/grade levels served, as specified in 7 CFR 210.10 and 220.8 as applicable. See <https://www.fns.usda.gov/part-210%E2%80%9494national-school-lunch-program>.

D. Guidelines for the Marketing of Food on Campus

Food or beverage marketing on campus during school hours shall only be permitted of foods and beverages that may be sold on the school campus during the school day and that comply with competitive food standards. Food marketing includes oral, written or graphic statements made for the purpose of promoting the sale of a food or beverage, product made by the producer, manufacturer, seller or any other entity with a commercial interest in the product. Food marketing includes the marketing of food or beverages on the exterior of vending machines, through posters, menu boards, coolers, trash cans and other food service equipment, cups used for beverage dispensing, on educational materials, and in school publications and school media outlets.

II. MEASURING THE IMPLEMENTATION OF WELLNESS POLICY

A. Oversight of the Wellness Policy

Pursuant to this policy, the Board shall designate the [title of position] to be responsible for the implementation and oversight of the school district’s wellness

program. The [title of position] will be responsible for ensuring that the goals and guidelines relating to nutrition promotion and education, physical activity, school-based wellness activities and nutritional value of school-provided food and beverages are met, that there is compliance with the wellness policy, and that all school policies and school-based activities are consistent with the wellness policy.

B. Triennial Assessment

At least every three years, the Board will measure and make available to the public an assessment on the implementation of the wellness policy. In this triennial assessment, the Board will indicate the extent to which schools are in compliance with the wellness policy and how the Board's wellness policy compares with model school wellness policies. In addition, the triennial assessment will provide a description of the progress made in attaining the goals of the wellness policy and will provide the basis for appropriate updates or modification to the wellness policy.

C. Informing and Updating the Public

In accordance with federal law and applicable regulations, the Board will inform and update the public (including parents, students and others in the community) about the content and implementation of its wellness policy as well as the results of the triennial assessment. The results of the triennial assessment will be made available in an accessible and easily understood manner. The Board will make its wellness policy and any updates to the policy available to the public on an annual basis.

D. Recordkeeping

The Board of Education will retain records to document compliance with the local school wellness policy requirements. The Board shall retain the Wellness Policy, documentation demonstrating compliance with community involvement requirements, documentation of the triennial assessment and documentation to demonstrate compliance with public notification requirements.

Legal References:

Connecticut General Statutes:

- § 10-21i Red Ribbon PASS Program
- § 10-215d Regulations re nutrition standard for school breakfasts and lunches.
- § 10-215f Certification that food meets nutrition standards.
- § 10-221o Lunch periods. Recess.
- § 10-221p Boards to make available for purchase nutritious and low-fat foods.
- § 10-221q Sale of beverages.

Federal Law:

42 U.S.C. § 1751

Richard B. Russell National School Lunch Act § 9(f)(1) and § 17(a), codified at 42 U.S.C. § 1758(f)(1), 42 U.S.C. § 1758b and 42 U.S.C. § 1766, as amended by Pub. L. 111-296, § 204, *Healthy, Hunger-Free Kids Act of 2010*.

20 U.S.C. § 7118, as amended by Pub. L. 114-95, *Every Student Succeeds Act*.

7 C.F.R. § 210.10 Meal requirements for lunches and requirements for
afterschool snacks.

7 C.F.R. § 210.11 Competitive food service and standards.

7 C.F.R. § 210.31 Local school wellness policy.

7 C.F.R. § 220.8 Meal requirements for breakfasts.

ADOPTED: _____

REVISED: _____

11/9/2021

Students**Administration of Medication***Westbrook Policy***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 for the purpose of emergency first aid as permitted by state law and regulations and 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 self-administer medication, provided all of the following conditions are met:
 - (i) an authorized prescriber provides a written medication order, including the recommendation for such self-administration;
 - (ii) there is a written authorization for self-administration from the student's parent or guardian or eligible student;
 - (iii) the school nurse has developed a plan for 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 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 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 cartridge or similar automatic injectable equipment 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 cartridge or similar automatic injectable equipment 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 automatic prefilled

injection cartridge or similar automatic injectable equipment 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 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.
- (c) 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 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 of this policy, when appropriate.
- (f) 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 under chapter 370 of the Connecticut General Statutes, (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;
 - (iii) medication is administered only with approval by the school nurse and school medical advisor, if any, in conjunction with the school nurse supervisor and under the supervision of the school nurse;
 - (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.
- (g) 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;
 - (ii) a written order for such administration has been received from the student's physician licensed under Chapter 370 of the Connecticut General Statutes;
 - (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;

- (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) 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 of this policy.
- (i) 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 Westbrook Board of Education permits blood glucose testing by students who have a written order from a physician 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 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. 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;
 - (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.

F. 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.

G. 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.

H. 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 identified paraprofessionals designated in accordance with Section B(3)(f), 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), 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; 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)(e), above, and identified paraprofessionals designated in accordance with Section B(3)(f), 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)(e), above, and identified paraprofessionals designated in accordance with Section B(3)(f), above, regarding the needs of any student receiving medication.

I. 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)(e), above, and identified paraprofessionals designated in accordance with Section B(3)(f), 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)(e), above, and identified paraprofessionals designated in accordance with Section B(3)(f), 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)(e), above, and identified paraprofessionals designated in accordance with Section B(3)(f), 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, if any, trainer or trainers.
- (5) Licensed practical nurses may not conduct training in the administration of medication to another individual.

J. 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)(e) above, and epinephrine to be used for emergency first aid in accordance with Section D 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)(e) above.
- (2) The nurse shall examine on-site any new medication, medication order and the required authorization to administer form, and, except for epinephrine to be used as emergency first aid in accordance with Section D 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 intended for emergency first aid in accordance with Section D 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.

K. 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 Section D 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 of this policy.
- (5) All medications must be handled and stored in accordance with Section J 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, if any, and school nurse supervisor.

L. Review and Revision of Policy

In accordance with the provisions of Conn. Gen. Stat. Section 10-212a(a)(2), the Board shall review this policy periodically, and at least biennially, with the advice and approval of the school medical advisor, if any, or other qualified licensed physician, and the school nurse supervisor. 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 19a-900
Section 21a-240
Section 52-557b

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)**

BOE First Reading:	May 12, 2015	Westbrook Board of Education
BOE Revised/Re-approved:	June 09, 2015	
Revised and approved:	June 13, 2017	

Name of Child: _____ **Date of Birth:** _____

Name of Parent(s): _____

I, _____, the parent/guardian of _____
 Print name of parent/guardian Print name of student

Signature of Parent/Guardian

Date

Please return the completed original form to your child's school nurse.

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 the _____ Board of Education (the “Board”) 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. Such programs do not include public or private entities licensed by the Office of Early Childhood or Board 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 the Board 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 or 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 in Sections D and E 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 Board 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 Board who meets the requirements of the Board for employment as a health care aide or assistant or instructional aide or assistant.

Physical therapist means a physical therapist employed full time by the Board 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 Chapter 370 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 Board 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 Sections D and E, 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 Sections D and E, 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, or possess and self-administer medication, provided all of the following conditions are met:
 - (i) an authorized prescriber provides a written medication order, including the recommendation for 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 a cartridge 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 a cartridge 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 a cartridge 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.
- (f) 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 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 H of this policy, when appropriate.

- (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, 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 under chapter 370 of the Connecticut General Statutes, (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;
 - (iii) medication is administered only with approval by the school nurse and school medical advisor, if any, in conjunction with the school nurse supervisor and under the supervision of the school nurse;
 - (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.
- (h) 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;
 - (ii) a written order for such administration has been received from the student's physician licensed under Chapter 370 of the Connecticut General Statutes;
 - (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;
 - (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.
- (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 L of this policy.
- (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 the parent or guardian's 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 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, or the use of continuous blood glucose monitors (CGM) by children diagnosed with Type 1 diabetes, who have a written order from a physician or an advanced practice registered nurse.
- (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) The Board will not require a student using a continuous glucose monitor approved by the Food and Drug Administration for use without finger stick verification to undergo finger stick verification of blood glucose readings from a continuous glucose monitor on a routine basis. Finger stick testing of a child using a continuous glucose monitor so approved by the Food and Drug Administration shall only be conducted: (1) as ordered by the student's physician or advanced practice provider; (2) if it appears that the continuous glucose monitor is malfunctioning; or (3) in an urgent medical situation.
- (4) The Board shall purchase or use existing equipment owned by the Board to monitor blood glucose alerts transmitted from continuous glucose monitors of students with Type 1 diabetes to dedicated receivers, smartphone/tablet applications, or other appropriate technology on such equipment.

- (5) 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 the 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 use an effective and reasonable means of communication to notify one or more qualified school employees and other staff in the school 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 the Document and Record Keeping section of this policy.

[Optional insert for boards of education wishing to make opioid antagonists (e.g., naloxone hydrochloride or "Narcan") available in their schools. Naloxone is a controlled medication that is used as an emergency first aid measure in the event of an opioid overdose. Boards of education are not required to make opioid antagonists available in their schools; however, Public Act 22-80 authorizes school nurses or, in their absence, qualified school employees, to maintain and administer opioid antagonists, on an emergency basis, to students experiencing opioid-related drug overdoses without prior written authorization, provided certain requirements are met.

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

E. Opioid Antagonists for Purposes of Emergency First Aid Without Prior Authorization

- (1) *For purposes of this Section E, "regular school hours" means the posted hours during which students are required to be in attendance at the individual school on any given day. "Regular school hours" does not include after-school events such as athletics or extracurricular activities that take place outside the posted hours.*
- (2) *For purposes of this section, an "opioid antagonist" means naloxone hydrochloride (e.g., Narcan) or any other similarly acting and equally safe drug that the FDA has approved for the treatment of a drug overdose.*
- (3) *In accordance with Connecticut law and this policy, a school nurse may maintain opioid antagonists for the purpose of administering emergency first aid to students who experience a known or suspected opioid overdose and do not have a prior written authorization of a parent or guardian or a prior written order of a qualified medical professional for the administration of such opioid antagonist.*

- (a) The school nurse, in consultation with the Board's medical advisor, shall determine the supply of opioid antagonists that shall be maintained in the individual school.*
- (b) In determining the appropriate supply of opioid antagonists, 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.*
- (c) The school nurse shall be responsible for the safe storage of opioid antagonists maintained in a school and shall ensure any supply of opioid antagonists maintained is stored in a secure manner, in accordance with the manufacturer's instructions, and in a location where it can be obtained in a timely manner if administration is necessary.*
- (d) The school nurse shall be responsible for maintaining an inventory of opioid antagonists maintained in the school, tracking the date(s) of expiration of the supply of opioid antagonists maintained in a school, and, as appropriate, refreshing the supply of opioid antagonists maintained in the school.*
- (4) 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 opioid antagonists in the event of a known or suspected opioid overdose.*
- (5) A school nurse shall be approved to administer opioid antagonists for the purpose of emergency first aid, as described in Paragraph (3) above, in the event of a known or suspected opioid overdose, in accordance with this policy and provided that such nurse has completed a training program in the distribution and administration of an opioid antagonist (1) developed by the State Department of Education, Department of Consumer Protection, and Department of Public Health, or (2) under a local agreement, entered into by the Board on July 1, 2022 or thereafter, with a prescriber or pharmacist for the administration of opioid antagonists for the purpose of emergency first aid, which training shall also address the Board's opioid antagonist storage, handling, labeling, recalls, and record keeping.*
- (6) The school nurse or school principal shall select principal(s), teacher(s), licensed athletic trainer(s), coach(es), school paraprofessional(s), and/or licensed physical or occupational therapist(s) employed by the Board to*

maintain and administer the opioid antagonists for the purpose of emergency first aid as described in Paragraph (3) 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 administering an opioid antagonist pursuant to this section, must complete a training program in the distribution and administration of an opioid antagonist (1) developed by the State Department of Education, Department of Consumer Protection, and Department of Public Health, or (2) under a local agreement, entered into by the Board on July 1, 2022 or thereafter, with a prescriber or pharmacist for the administration of opioid antagonists for the purpose of emergency first aid, which training shall also address the Board's opioid antagonist storage, handling, labeling, recalls, and record keeping.

(c) All school personnel shall be notified of the identity of qualified school employees authorized to administer an opioid antagonist in the absence of the school nurse.

(7) 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 (6) 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 use an effective and reasonable means of communication to notify one or more qualified school employees and other staff in the school that the selected and trained personnel identified in Paragraph (6) above shall be responsible for the emergency administration of opioid antagonists.

(c) If a Board employee becomes aware of a student experiencing a known or suspected opioid overdose on school grounds but

outside of regular school hours and opioid antagonists and/or the school nurse or other qualified school employee is not available to administer opioid antagonists for the purpose of emergency first aid, the Board employee will call 9-1-1.

(8) The administration of opioid antagonists pursuant to this policy 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.

(9) The parent or guardian of any student may submit, in writing, to the school nurse or school medical advisor, if any, that opioid antagonists 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 opioid antagonists.

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

(10) Following the emergency administration of an opioid antagonist by a school nurse or selected and trained personnel as identified in this section:

(a) Immediately following the emergency administration of an opioid antagonist by a school nurse or selected and trained personnel as identified in this section, the person administering the opioid antagonist must call 911.

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

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

(ii) The Superintendent of Schools; and

(iii) The student's parent or guardian.

(c) *A medication administration record shall be:*

(i) *Created by the school nurse or submitted to the school nurse by the personnel who administered the opioid antagonist, 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.*

(11) *In the event that any provisions of this Section E conflict with regulations adopted by the Connecticut State Department of Education concerning the use, storage and administration of opioid antagonists in schools, the Department's regulations shall control.]*

F. Documentation and Record Keeping

(1) Each school or before or 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, (e.g., 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;
- (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 a 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 or 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 upon receipt of a signed approval form (RC-075) from the Office of the Public Records Administrator, so long as such record 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 or 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 identified paraprofessionals designated in accordance with Section B(3)(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)(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)(f), above, and identified paraprofessionals designated in accordance with Section B(3)(g), 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)(f), above, and identified paraprofessionals designated in accordance with Section B(3)(g), 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)(f), above, and identified paraprofessionals designated in accordance with Section B(3)(g), 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)(f), above, and identified paraprofessionals designated in accordance with Section B(3)(g), 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)(f), above, and identified paraprofessionals designated in accordance with Section B(3)(g), 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.

[Local and regional boards of education that include Section E, above, should also include the following language.]

- (4) ***The principal(s), teacher(s), licensed athletic trainer(s), licensed physical or occupational therapist(s), coach(es) and/or school paraprofessional(s) who administer opioid antagonists as emergency first aid, pursuant to Section E above, shall annually complete a training program in the distribution and administration of an opioid antagonist (1) developed by the State Department of Education, Department of Consumer Protection, and Department of Public Health, or (2) under a local agreement, entered into by the Board on July 1, 2022 or thereafter, with a prescriber or pharmacist for the administration of opioid antagonists for the purpose of emergency first aid, which training shall also address the Board's opioid antagonist storage, handling, labeling, recalls, and record keeping.]***
- (5) 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, if any, trainer or trainers.
- (6) Licensed practical nurses may not conduct training in the administration of medication to another individual.

[Local and regional boards of education that employ their own bus drivers should include the following language.]

(7) 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.***
- (b) ***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.

(c) In the event that the Board employs school bus drivers, the Board will comply with all documentation and record-keeping requirements required by law.]

K. Handling, Storage and Disposal of Medications

- (1) All medications, except those approved for transporting by students for self-medication, those administered by coaches of intramural or interscholastic athletics or licensed athletic trainers in accordance with Section B(3)(f) above, and epinephrine *[if applicable: or naloxone]* to be used for emergency first aid in accordance with Sections D *[if applicable: and E]* above, must be delivered by the parent, guardian, or other responsible adult to the nurse assigned to the student's school or, in the absence of such nurse, the school principal who has been trained in the appropriate administration of medication. Medications administered by coaches of intramural or interscholastic athletics or licensed athletic trainers must be delivered by the parent or guardian directly to the coach or licensed athletic trainer in accordance with Section B(3)(f) above.
- (2) The nurse shall examine on-site any new medication, medication order and the required authorization to administer form, and, except for epinephrine and naloxone to be used as emergency first aid in accordance with Sections D *[if applicable: 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 *[if applicable: and naloxone]* intended for emergency first aid in accordance with Sections D *[if applicable: 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 or 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 or 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 or 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 or 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 *if applicable: 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 or 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 J of this policy.
- (5) All medications must be handled and stored in accordance with Section K of this policy. Where possible, a separate supply of medication shall be stored at the site of the before or after 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 or after school programs shall be reviewed annually by the school medical advisor, if any, and school nurse supervisor.

M. Review and Revision of Policy

In accordance with the provisions of Conn. Gen. Stat. Section 10-212a(a)(2) and Section 10-212a-2 of the Regulations of Connecticut State Agencies, the Board shall

review this policy periodically, and at least biennially, with the advice and approval of the school medical advisor, if any, or other qualified licensed physician, and the school nurse supervisor. 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:

Public Act No. 22-80, "An Act Concerning Childhood Mental and Physical Health Services in Schools"

Section 10-206

Section 10-212

Section 10-212a

Section 10-212c

Section 10-220j

Section 14-276b

Section 19a-900

Section 21a-240

Section 21a-286

Section 52-557b

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)

Storage and Administration of Opioid Antagonists in Schools: Guidelines for Local and Regional Boards of Education, Connecticut State Department of Education (October 1, 2022)

ADOPTED: _____

REVISED: _____

10/20/2022



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

**[Board of Education/School Letterhead]
REFUSAL TO PERMIT ADMINISTRATION
OF EPINEPHRINE FOR EMERGENCY FIRST AID**

Name of Child: _____ Date of Birth: _____

Address of Child: _____

Name of Parent(s): _____

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

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

I, _____, the parent/guardian of _____,
Print name of parent/guardian Print name of student
refuse to permit the administration of epinephrine to the above named student for purposes of emergency first aid in the case of an allergic reaction.

Signature of Parent/Guardian

Date

Please return the completed original form to your child's school nurse or school medical advisor, -
_____***[Insert name of medical advisor] at***
_____***[Insert address of medical***
advisor].
10/2017

SHIPMAN

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

**[Board of Education/School Letterhead]
REFUSAL TO PERMIT ADMINISTRATION
OF OPIOID ANTAGONISTS FOR EMERGENCY FIRST AID**

Name of Child: _____ Date of Birth: _____

Address of Child: _____

Name of Parent(s): _____

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

Connecticut law authorizes the school nurse and other qualified school personnel in all public schools to maintain opioid antagonists (Narcan) for the purpose of administering emergency first aid to students who experience an opioid-related drug overdose and do not have a prior written authorization of a parent or guardian or a prior written order of a qualified medical professional for the administration of opioid antagonists. State law permits the parent or guardian of a student to submit a written directive to the **school nurse or school medical advisor** that opioid antagonists shall not be administered to such student in emergency situations. **This form is provided for those parents who refuse to have opioid antagonists administered to their child.** The refusal is valid for only for the 20__-20__ school year.

I, _____, the parent/guardian of _____,
Print name of parent/guardian Print name of student
refuse to permit the administration of opioid antagonists to the above named student for purposes of emergency first aid in the case of an opioid-related drug overdose.

Signature of Parent/Guardian

Date

Please return the completed original form to your child's school nurse or school medical advisor, -

[Insert name of medical advisor] at

[Insert address of medical advisor].

6/2022

WESTBROOK BOARD OF EDUCATION
EDUCATE, CHALLENGE, AND INSPIRE

WESTBROOK BOARD OF EDUCATION
Thursday, February 9, 2023 @ 5:00 pm
Policy Subcommittee Meeting
BOE Conference Room

Members present: Kim Walker, Zack Hayden, Mary Ella Luft, Christine Kuehlewind

Also present: Superintendent Kristina J. Martineau

- I. Call to Order: Kim Walker, Chair, called the Policy Subcommittee meeting to order at 5:00 p.m.

MOTION to add agenda item: Election of Chair.

MOTION by Z. Hayden to nominate K. Walker as Chair -SECOND by M. Luft. Vote unanimous.

- II. Approval of Minutes

- A. November 3, 2022: MOTION by M. Luft and SECOND by C. Kuehlewind to approve the minutes of November 3, 2022. Vote unanimous.

- III. Continue Review of 2000 Series:

- A. The subcommittee reviewed the following 2000 series policies:
1. 2000 – Concept and Roles in Administration
 2. 2112 – Professional Development
 3. 2131.1 – Appointment of Designee for Superintendent of Schools
 4. 2140 – Superintendent of Schools
 5. 2151 - Hiring School Administrators - *will check on legal reference*
 6. 2210 – Administrative Leeway in Absence of Board of Ed Policy
 7. 2231 – Policy and Regulations Systems
- B. The Committee recommends the following policies be rescinded:
1. 2100 – Administrative Staff Organization
 2. 2111 – Equal Employment Opportunities
 3. 2130 – Job Descriptions
- C. The Committee recommends adopting the following Shipman policies to be presented at the February 14 regular Board of Education meeting for a first reading:
1. 2300 – Policy Regarding Retention of Electronic Records and Information (new policy)
 2. 2301 – Policy Regarding Holds and the Destruction of Electronic Information and Paper Records (new policy 2301)
 3. Revised Policy 2240 –Educational Research in District Schools

Next meeting topics: Revisit Wellness and Administration of Medication policies

At future meeting: Review 5125 Student Records Confidentiality (Shipman and CABA examples) and 5145.14 – Uniform Treatment of Recruiters (Shipman)

- IV. Adjourn: MOTION by C. Kuehlewind and SECOND by Z. Hayden to adjourn at 6:14pm. Vote unanimous.

