

**WESTPORT BOARD OF EDUCATION**

**\*AGENDA**

(Agenda Subject to Modification in Accordance with Law)

**PUBLIC SESSION/PLEDGE OF ALLEGIANCE:**

7:00 p.m., Staples High School, Cafeteria B (Room 301)

**RECOGNITION/RECEPTION:** 2019 Westport Teacher of the Year

**ANNOUNCEMENTS FROM BOARD AND ADMINISTRATION**

**PUBLIC QUESTIONS/COMMENTS ON NON-AGENDA ITEMS (15 MINUTES)**

**MINUTES:** August 27, 2018, *pages 1-4*

**DISCUSSION/ACTION**

- 1. Memorandum of Understanding For School Resource Officer(s) Between the Westport Board of Education and the Westport Police Department, *pages 5-8* Dr. Colleen Palmer
- 2. Coleytown Middle School Insurance Claim Proceeds Dr. Colleen Palmer  
Mr. Elio Longo
- 3. Funding for School Resource Officers Dr. Colleen Palmer

**DISCUSSION**

- 1. Update on Coleytown Middle School Facilities Dr. Colleen Palmer  
Mr. Elio Longo
- 2. Calendar of Board of Education Agenda Items: September 2018 – June 2019, *pages 9-13* (Encl.) Dr. Colleen Palmer
- 3. 2018-19 Board Committees Dr. Colleen Palmer
- 4. Superintendent’s Report for the Start of the 2018-19 School Year Dr. Colleen Palmer
- 5. Health and Medical Insurance Revenue and Expenses FY17 End of Year Report, *page 15* (Encl.) Mr. Elio Longo
- 6. First Reading of Westport Board of Education Policy 5145.42 (5145), Policy Regarding Students and Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990, and Policy 5141.21, Administration of Medications, *pages 17-53* (Encl.) Ms. Karen Kleine  
Dr. Colleen Palmer

**COMMITTEE REPORTS**

- 1. Policy Committee Ms. Karen Kleine

**ADJOURNMENT**

\*A 2/3 vote is required to go to executive session, to add a topic to the agenda of a regular meeting, or to start a new topic after 10:30 p.m. The meeting can also be viewed on Cablevision on channel 78; Frontier channel 6021 and by video stream @www.westportps.org

PUBLIC PARTICIPATION WELCOME USING THE FOLLOWING GUIDELINES:

- Comment on non-agenda topics will occur during the first 15 minutes *except* when staff or guest presentations are scheduled.
- Board will not engage in dialogue on non-agenda items.
- Public may speak as agenda topics come up for discussion or information.
- Speakers on non-agenda items are limited to 2 minutes each, except by prior arrangement with chair.
- Speakers on agenda items are limited to 3 minutes each, except by prior arrangement with chair.
- Speakers must give name and use microphone.
- Responses to questions may be deferred if answers not immediately available.
- Public comment is normally not invited for topics listed for action after having been publicly discussed at one or more meetings.

**WESTPORT BOARD OF EDUCATION MINUTES**

**Board Members Present:**

Mark Mathias            Chair  
Jeannie Smith        Vice Chair  
Elaine Whitney        Secretary  
Karen Kleine  
Vik Muktavaram  
Candice Savin  
Neil Phillips

**Administrators Present:**

Colleen Palmer        Superintendent of Schools  
Anthony Buono        Assistant Superintendent of Teaching and Learning  
Tina Mannarino       Assistant Superintendent of Pupil Personnel Services  
Elio Longo            Chief Financial Officer  
John Bayers            Director of Human Resources

**PUBLIC SESSION/PLEDGE OF ALLEGIANCE:** 7:33 p.m., Staples High School Cafeteria

**ELECTION OF OFFICERS OF THE BOARD OF EDUCATION**

Dr. Colleen Palmer presided until the election of the Chair, who presided for the remainder of the meeting.

**Be It Resolved, that the Board of Education elects Mark Mathias to serve as Chair of the Westport Board of Education, said election effective until the next annual Board of Education election of officers.**

**MOTION:** Jeannie Smith  
**SECOND:** Elaine Whitney  
**RESULT:** Passed Unanimously  
**VOTE:** 6-0-1 (Mark Mathias abstaining)

**Be It Resolved, that the Board of Education elects Jeannie Smith to serve as Vice Chair of the Westport Board of Education, said election effective until the next annual Board of Education election of officers.**

**MOTION:** Mark Mathias  
**SECOND:** Karen Kleine  
**RESULT:** Passed Unanimously  
**VOTE:** 7-0

**Be It Resolved, that the Board of Education elects Elaine Whitney to serve as Secretary of the Westport Board of Education, said election effective until the next annual Board of Education election of officers.**

**MOTION:** Candice Savin  
**SECOND:** Vik Muktavaram  
**RESULT:** Passed Unanimously

**VOTE:** 6-0-1 (Elaine Whitney abstaining)

## **ANNOUNCEMENTS FROM BOARD AND ADMINISTRATION**

Neil P. Phillips was welcomed as a new Member of the Board of Education.

Dr. Anthony Buono, Assistant Superintendent, and Dr. Tina Mannarino, Assistant Superintendent for Pupil Personnel Services, were welcomed as new members of the Central Office team.

## **PUBLIC QUESTIONS/COMMENTS**

**MINUTES:** June 11 and 18, 2018; July 9 and 23, 2018; and August 6 and 7, 2018

Mark Mathias moved to approve the minutes of June 11 and 18, 2018; July 9 and 23, 2018; and August 6 and 7, 2018; seconded by Elaine Whitney and approved unanimously (6-0-1, with Neil Phillips abstaining).

## **PRESENTATION**

Sandy Hook Promise

## **UPDATES**

Coleytown Middle School Facility Update

Summer Maintenance Projects Completed

Coleytown Middle School Insurance Proceeds/Mold Remediation

## **DISCUSSION/ACTION**

Acceptance of Gifts

**Be It Resolved, that upon the recommendation of the Superintendent of Schools, the Board of Education accepts with gratitude and appreciation the donation of \$4,967 by the KHS PTA for the purchase, delivery, and installation of a 10' wooden gazebo on the playground at Kings Highway Elementary School.**

**Motion:** Jeannie Smith  
**Second:** Karen Kleine  
**Result:** Passed Unanimously  
**Vote:** 7-0

Teacher Evaluation Plan Approval

***Be it resolved, that upon the recommendation of the Superintendent of Schools, the Board of Education adopts the amended language in Westport's Professional Development and Evaluation Plan for teachers for the 2018-2019 school year, contingent upon review and approval by the Connecticut State Department of Education.***

**Motion:** Elaine Whitney  
**Second:** Karen Kleine  
**Result:** Passed Unanimously  
**Vote:** 6-0-1 (Neil Phillips abstaining)

2017-18 End-of-Year Financial Report

**Be It Resolved, That upon the recommendation of the Superintendent of Schools, the Board of Education approves the 2017-2018 End-of-Year Financial Report as presented.**

**Be It Further Resolved, That upon the recommendation of the Superintendent of Schools, the Board of Education approves the following transfers within the 2017-2018 Operating Budget: \$622,107 from 100s: Salaries, \$378,849 from 400s: Purchased Property Services; and \$132,935 from 600s: Supplies and Materials, totaling \$1,133,891; \$622,107 to 200s: Employee Benefits, \$24,412 to 300s: Purchased Services, \$354,437 to 500s: Other Purchased Services, and \$132,935 to 700s: Equipment, totaling \$1,133,891.**

**Motion:** Mark Mathias  
**Second:** Jeannie Smith  
**Result:** Passed Unanimously  
**Vote:** 6-0-1 (Neil Phillips abstaining)

#### **DISCUSSION/ POSSIBLE ACTION**

Memorandum of Understanding for School Resource Officer(s) Between the Westport Board of Education and the Westport Police Department

No action was taken.

School Resource Officer Pilot Funding Through the Board of Education Operating Budget

**Be It Resolved, That upon the recommendation of the Superintendent of Schools, the Board of Education requests that the First Selectman or his designee submits a request to the Board of Finance for a special appropriation of \$185,000 to the Police Department overtime account to fund two (2) School Resource Officers, to be placed on the agenda of the next Board of Finance meeting.**

**Motion:** Candice Savin  
**Second:** Karen Kleine  
**Result:** Passed  
**Vote:** 6-1 (Vik Muktavaram opposed)

#### **DISCUSSION**

All Discussion items below were deferred to a future meeting, as no action was taken to continue with the agenda after 10:30 p.m.

Calendar of Board of Education Agenda Items: September 2018 – June 2019

First Reading of Westport Board of Education Policy 5145.42 (5145), Policy Regarding Students and Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990, and Policy 5141.21, Administration of Medications

2018-19 Board Committees

Superintendent's Report for the Start of the 2018-19 School Year

### **Committee Reports**

Committee Reports were deferred to a future meeting, as no action was taken to continue with the agenda after 10:30 p.m.

Policy Committee

### **ADJOURNMENT**

Mark Mathias moved to adjourn the meeting at 12:16 a.m.; seconded by Jeannie Smith and passed unanimously.

Respectfully submitted,

Elaine Whitney, Secretary  
(Minutes written by Jennifer Caputo)

**Agreement Between the  
Westport Police Department and the  
Westport Public Schools for  
The School Resource Officer Program**

This agreement made and entered into this xx day of September xx, 2018 by and between the Westport Police Department and the Westport Public Schools ("Agreement").

It is the intention of the Westport Police Department and the Westport Public Schools to work together to provide a safe and healthy school environment for students, staff, faculty, and visitors.

**Goals and Objectives**

- Establish a positive working relationship between the police and the schools in a cooperative effort to maintain a safe, drug free and secure school environment that is conducive to learning and to student development.
- Promote positive attitudes regarding the role of police in our community.
- Sustain an integrated community partnership to ensure a collaborative and supportive system is created to promote positive youth development that results in fewer student infractions referred to the legal system.
- Serve as a resource to families of students to provide proactive support and connections to community resources, as appropriate.

**Term of Agreement**

This agreement may be terminated by both parties at any time by mutual agreement, or by either party by providing written notice of termination to the other party by January 1 of any year, with such termination to be effective the following July 1.

**Assignment of School Resource Officer**

The Westport Police Department agrees to provide one or more School Resource Officer(s) (hereinafter, "the SRO(s)") to the Westport Public Schools.

The Chief of Police (hereinafter "the Chief") shall assign and or hire one or more Westport Police officers to assume the roles and responsibilities of the SRO(s), subject to the approval of the Westport School Superintendent (hereinafter "the Superintendent"), which approval shall not unreasonably be withheld.

It is the responsibility of each SRO to notify the Superintendent and school principals of his or her work schedule each month. Such schedule shall be determined by and between the Chief, with the intent that the work schedule of the SRO is aligned with the school calendar.

SRO(s) shall remain employees of the Westport Police Department and shall not be employees of the Westport Public Schools. The Westport Public Schools acknowledge that the SRO(s) will

remain responsive to the command of the Westport Police Department.

### **Duties of the School Resource Officer**

- Assist the Superintendent, principals, other administrators, faculty, and staff in developing plans and strategies to prevent and/or minimize dangerous situations that may occur on school grounds.
- Present topics to students on various law enforcement/safety issues.
- Contact the principal of the school about any juvenile delinquency, incidents, charges, and arrests at that school within a timely manner.
- Take law enforcement action when necessary.
- Conduct investigations of crimes that occur at any school and use other resources if needed for follow up investigations.
- Follow the guidelines of case law, Board of Education policy, Westport Public Schools administrative regulations, and the Westport Police Department general orders in regards to investigations, interviews and searches relating to juveniles and other students.
- Assist the Superintendent, principals, other administrators, faculty, and staff in enforcing the Board of Education policies, administrative regulations, and other school practices in order to maintain a safe learning environment. When it pertains to preventing a disruption that would, if ignored, place students, faculty and/or staff at risk of harm, the SRO will resolve the problem to preserve the school climate. IN ALL OTHER CASES, student discipline is the Westport Public Schools' responsibility. As may be requested or otherwise be appropriate in specific situations, the SRO will intervene and take students who violate Board of Education policies, administrative regulations, and other school rules to the office of the principal where school discipline can be meted out by the principal or other appropriate administrators.
- Coordinate and communicate with Westport Public Schools security personnel.
- Provide safety and security training to staff.
- In the extremely rare occasion that student or staff issues would prompt a citation or arrest by a Westport Police Officer, every reasonable effort would be made not to involve the SRO, but to have another officer on duty conduct this business.
- Serve as positive role model to youth in our schools through actions and words.
- Participate in relevant professional development offered by the District related to adolescent and child behavior and development.
- Remain current in all trainings mandated for all school personnel, e.g. Mandated Reporter, Bloodborne Pathogens, etc.
- Maintain confidentiality of student records and information as mandated by law.

### **Facilities**

The school board shall provide to the full time SROs the following materials and facilities, which are deemed necessary to the performance of the SRO:

- Access to an air-conditioned and properly lighted private office containing a telephone line to be used for general business purposes;
- A desk with drawers, a chair and filing drawers;



- Access to a computer terminal or computer hookup.

The Westport Police Department will supply the SRO with the usual and customary office supplies and forms required for the performance of his or her duty.

### **Uniform and Equipment**

All equipment necessary to serve as an active police officer within the Westport Police Department shall be provided by the Westport Police Department.

SROs will wear Class B uniforms when on-duty during school hours, the standard polo-type black uniform top with embroidered insignia.

### **Dismissal of a School Resource Officer**

Upon receipt of written documentation from the Superintendent of the Westport Public Schools to the Chief of Police of any concerns that the SRO is not effectively performing his or her duties and responsibilities, the Westport Police Department may dismiss or reassign the SRO based upon the Westport Police Department's rules, regulations, general orders, and the terms of the collective bargaining agreement with its officers, after consideration of the Superintendent's concerns and documentation.

The Westport Police Department and the Westport Public Schools agree to provide their employees with training relative to this Agreement and its purpose. The parties also agree to maintain regular and open communication to evaluate the effect of this Agreement and suggest improvements and adjustments that may be necessary.

This Agreement constitutes a final written expression of all terms of this Agreement and is a complete and exclusive statement of those terms. It may be modified in writing by consent of the parties.

IN WITNESS WHEREOF, the parties have caused this Agreement to be signed by their duly authorized officers.

Signed, sealed, and delivered in the presence of:

Superintendent  
Westport Public Schools

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Police Chief  
Westport Police Department

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Chairman  
Westport Board of Education

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## 2018-2019 Board of Education Calendar

### September 4, 2018

- Recognition/Reception: 2018 Westport Teacher of the Year 7:00 p.m.
- Health and Medical Insurance Revenues and Expenses, FY 2018 EOY Report
- Calendar of 2018-2019 BOE Agenda Items
- Superintendent's Update for Start of 2018-2019 School Year
- Discussion of 2018-2019 Board Committees
- Review of Proposed Board Policies

### September 17, 2018

- Results of NSCC School Climate Survey
- Staffing Report
- Review/Approval of Proposed Board Policies
- Review/Approval of Proposed Board Policies
- Approval of 2018-2019 Board Committees
- Health and Medical Insurance Revenues and Expenses, FY 2019 as of July 31, 2018

### October 1, 2018

- Assessment Data Report
- Review/Approval of Proposed Board Policies
- Update on Teaching and Learning (topic to be provided one month in advance)
- Discussion of BOE Proposed Meeting Dates 2019-2020

### October 15, 2018

#### **EXECUTIVE SESSION: Formative Evaluation of Superintendent**

- Approval of FY 2019 Budget Preparation Calendar
- Board of Education Establishment of FY 2019 Budget Guidelines: Goals and Priorities
- Health and Medical Insurance Revenues and Expenses; Projected Year-End Balance in Health Reserve Account
- Quarterly Financial Report: July 1, 2018 - September 30, 2018
- Review/Approval of Proposed Board Policies
- Update on Teaching and Learning (topic to be provided one month in advance)
- Approval of BOE Proposed Meeting Dates 2019-2020

### November 5, 2018

#### **EXECUTIVE SESSION: Security**

- FY 2019 Budget Cost Drivers and Budget Assumptions (Preliminary)
- Review/Approval of Proposed Board Policies
- Update on Teaching and Learning (topic to be provided one month in advance)

*September 4, 2018*

### **November TBD, 2018**

- Board Self-Review

### **November 19, 2018**

- Health and Medical Insurance Revenues and Expenses; Projected Year-End Balance in Health Reserve Account
- Review/Approval of Proposed Board Policies
- Update on Teaching and Learning (topic to be provided one month in advance)
- NESDEC Ten Year Enrollment Projections (BoS, BoF, RTM invited)

### **December 3, 2018**

#### **EXECUTIVE SESSION: Election of Officers of the Board of Education**

- Election of Officers of the Board of Education (with executive session)
- 2019-2020 Preliminary Budget Discussions with Board of Finance, RTM Education and Finance Committee Chairs
- Review/Approval of Proposed Board Policies
- Presentation on Recommendations of the School Start Time Committee
- Proposed Graduation Requirements Policy Update
- Proposed Course Additions, Deletions, Modifications, 6-12

### **December 17, 2018**

- **EXECUTIVE SESSION: Pending Litigation**
- Vote on Proposed Graduation Requirement Policy Update
- Review/Approval of Proposed Board Policies
- Update on Teaching and Learning (topic to be provided one month in advance)
- Health and Medical Insurance Revenues and Expenses; Projected Year-End Balance in Health Reserve Account
- Approval of Proposed Course Additions, Deletions, Modifications, 6-12
- Discussion/Possible Action on Recommendations of the School Start Time Committee

### **January 2, 2019**

- Executive Summary: Proposed 2019-2020 Budget of the Superintendent of Schools
- Discussion of Capital Projects in Rank Order Priority

### **January 4, 2019**

- Discussion: 2019-2020 Proposed Budget of the Superintendent of Schools  
(This is planned as an “all-day” work session to review the proposed budget)

### **January 7, 2019**

- 2019-2020 Proposed Budget of the Superintendent of Schools
- Review/Approval of Proposed Board Policies
- Update on Teaching and Learning (topic to be provided one month in advance)

*September 4, 2018*

**January 14, 2019**

- 2019-2020 Proposed Budget of the Superintendent of Schools

**January 22, 2019**

- 2019-2020 Proposed Budget of the Superintendent of Schools
- Review/Approval of Proposed Board Policies
- Update on Teaching and Learning (topic to be provided one month in advance)
- Health and Medical Insurance Revenues and Expenses; Projected Year-End Balance in Health Reserve Account

**January 28, 2019**

- 2019-2020 Proposed Budget of the Superintendent of Schools

**February 4, 2019**

- 2019-2020 Proposed Budget of the Superintendent of Schools

**February 11, 2019**

- Discussion of Student and Faculty Calendar: 2019-2020 School Year
- Review/Approval of Proposed Board Policies
- Update on Teaching and Learning (topic to be provided one month in advance)

**February 25**

- Approval of Student and Faculty Calendar: 2019-2020 School Year
- Health and Medical Insurance Revenues and Expenses; Projected Year-End Balance in Health Reserve Account
- Quarterly Financial Report: July 1, 2018 - December 31, 2018

**March 4, 2019**

**EXECUTIVE SESSION: Formative Evaluation of Superintendent**

- Review/Approval of Proposed Board Policies
- Update on Teaching and Learning (topic to be provided one month in advance)

**March 18, 2019**

- Review/Approval of Proposed Board Policies
- Update on Teaching and Learning (topic to be provided one month in advance)
- Health and Medical Insurance Revenues and Expenses; Projected Year-End Balance in Health Reserve Account

**April 1, 2019**

- Review/Approval of Proposed Board Policies
- Update on Teaching and Learning (topic to be provided one month in advance)
- DATTCO Contract Extension

*September 4, 2018*

**April 22, 2019**

- Non-Renewal of Certified Teaching Staff
- Quarterly Financial Report: July 1, 2018 - March 31, 2019
- Review/Approval of Proposed Board Policies
- Update on Teaching and Learning (topic to be provided one month in advance)
- Health and Medical Insurance Revenues and Expenses; Projected Year-End Balance in Health Reserve Account

**May TBD, 2019** *(This date is not on BOE calendar)*

- Board of Education and Members of the Public: “Brown Bag” Daytime Meeting, 12:00 p.m.

**May 6, 2019**

**EXECUTIVE SESSION: Non-Union Personnel Compensation**

- Adaption: 2019-2020 Budget of the Board of Education
- Discussion of 2019-2020 School Year Student and Faculty Calendar
- Review/Approval of Proposed Board Policies
- Update on Teaching and Learning (topic to be provided one month in advance)
- 2019-2020 Goals of the Board of Education

**May 20, 2019**

**EXECUTIVE SESSION: Non-Union Personnel Compensation, Summative Evaluation of Superintendent**

- Adoption: 2019-2020 Budget of the Board of Education
- 2019-2020 Goals of the Board of Education
- Review/Approval of Proposed Board Policies
- Update on Teaching and Learning (topic to be provided one month in advance)
- Discussion of Anticipated Carryover Funds
- Health and Medical Insurance Projected Revenues and Expenses and Projected Year End Balance in Health Reserve: 2018-2019 and 2019-2020 Fiscal Years

**June 3, 2019**

**EXECUTIVE SESSION: Summative Evaluation of Superintendent**

- Approval: 2019-2020 Goals of the Board of Education
- Review/Approval of Proposed Board Policies
- Update on Teaching and Learning (topic to be provided one month in advance)
- Approval: Non-Union Personnel Compensation
- Discussion/Possible Request to Carry Over Funds

**June 10, 2019**

- **Recognition of Retirees 7:00 p.m.**
- Health and Medical Insurance Revenues and Expenses; Projected Year-End Balance in Health Reserve Account
- Approval: Tuition Rates for 2019-2020 School Year

*September 4, 2018*

- Approval: Annual Authorization to Sign Contracts
- Review/Approval of Proposed Board Policies
- Update on Teaching and Learning (topic to be provided one month in advance)
- Vote on Contract of the Superintendent of Schools
- 2019-2020 School Lunch Program

*September 4, 2018*

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**Medical Health Insurance Fund  
FY 17-18 End of Year Fund Balance (Unaudited)  
with Claims Cash Draw Data as of June 30, 2018**

	<u>FY 18 Projection</u>	<u>FY 18 Projection</u>	<u>Actual</u>	<u>Actual to Mar-18 Variance</u>
	<u>Mar-17</u>	<u>Mar-18</u>	<u>Jun-17</u>	<u>\$</u>
<b>Cash receipts</b>				
General Fund Budget from line 210	13,447,595	13,447,595	14,145,247	697,652
Other Fund Contributions	100,000	100,000	114,423	14,423
Employee Contributions (Active)	3,058,383	3,055,442	3,006,710	(48,732)
Flex Spending Accounts	-	-	106,295	106,295
Cobra Participants	49,397	62,736	61,765	(971)
Retirees Self Insured	479,272	390,000	355,864	(34,136)
State Teachers Retirement (TRB)	115,000	114,636	114,636	-
Life Insurance Premiums	25,000	25,000	31,406	6,406
Retirees Medicare Surround	492,000	580,000	574,960	(5,040)
Other Contributions (FMLA, Retiree Life, etc.)	64,500	64,500	65,401	901
Prescription Guarantee Adjustment	98,789	98,789	41,439	(57,350)
Pharmacy Rebate	326,209	303,917	303,917	-
<b>Total cash receipts</b>	<b>18,256,145</b>	<b>18,242,615</b>	<b>18,922,062</b>	<b>679,447</b>
<b>Cash disbursements</b>				
Medical	12,060,244	13,319,455	13,417,284	(97,829)
Prescription	2,649,308	2,414,417	2,555,673	(141,256)
Dental	1,145,136	1,088,000	1,015,850	72,150
Flex Spending Accounts	-	-	101,529	(101,529)
Contribution to HSA	1,188,000	1,242,000	1,223,779	18,221
Medical Administrative	388,214	398,940	398,747	193
Network Access Fee	158,676	159,801	158,336	1,465
Individual Stop-Loss	1,047,898	900,007	891,660	8,347
Dental Administrative	55,236	55,835	55,709	126
FSA Administrative	2,000	2,000	3,000	(1,000)
Consulting Fee	50,000	50,000	49,167	833
PCORI Fee	4,279	4,279	4,443	(164)
Retirees Medicare Surround	810,747	885,796	885,074	722
<b>Total cash disbursements</b>	<b>19,559,738</b>	<b>20,520,530</b>	<b>20,760,252</b>	<b>(239,722)</b>
<b>Change in cash balance</b>	<b>(1,303,593)</b>	<b>(2,277,915)</b>	<b>(1,838,190)</b>	<b>439,725</b>
<b>Beginning cash balance</b>	<b>2,034,188</b>	<b>2,034,188</b>	<b>2,034,188</b>	
Insurance Fund Draw Down (budget)	(1,509,994)	(1,509,994)	(1,509,994)	
Insurance Fund Draw Down (YTD delta)	206,401	(767,921)	(328,196)	
FY 19 Pre funded by Town			1,500,000	
<b>Ending cash balance(deficit)-projection</b>	<b>730,595</b>	<b>(243,727)</b>	<b>1,695,998</b>	
Less: Incurred but not reported claims	(968,308)	(1,300,000)	(1,300,000)	
<b>Net Position(Deficit) end of year-projection</b>	<b>(237,713)</b>	<b>(1,543,727)</b>	<b>395,998</b>	

	5% Floor	Excess/(Shortfall)
	\$ 849,440	\$ 846,558
	-1.4%	
	-7.7%	
	-9.2%	

**Claims Cash Draw Against Insurance Fund Account**

					Total	Avg. Monthly Claims (Med/Rx/Dental)	Variance	Avg. Monthly Claims-FY 17	
	Medical/Rx	Dental	Flex	Other				(Med/Rx/Dental)	Variance
Jul 2017	\$ 1,385,628	\$ 101,584	\$ 875	\$ -	\$ 1,488,087	\$ 1,487,212		\$ 1,103,161	
Aug 2017	\$ 1,972,596	\$ 94,032	\$ 4,400	\$ -	\$ 2,071,028	\$ 1,776,920	\$ 289,708	\$ 1,426,306	\$ 323,145
Sept 2017	\$ 1,278,736	\$ 86,461	\$ 5,256	\$ -	\$ 1,370,454	\$ 1,639,679	\$ (137,241)	\$ 1,410,030	\$ (16,276)
Oct 2017	\$ 1,415,081	\$ 84,978	\$ 9,694	\$ -	\$ 1,509,753	\$ 1,604,774	\$ (34,905)	\$ 1,375,645	\$ (34,385)
Nov 2017	\$ 943,015	\$ 70,196	\$ 11,290	\$ -	\$ 1,024,500	\$ 1,486,461	\$ (118,313)	\$ 1,304,202	\$ (71,442)
Dec 2017	\$ 1,279,050	\$ 76,462	\$ 7,954	\$ -	\$ 1,363,466	\$ 1,464,636	\$ (21,825)	\$ 1,291,690	\$ (12,512)
Jan 2018	\$ 1,087,833	\$ 84,443	\$ 10,391	\$ -	\$ 1,182,667	\$ 1,422,871	\$ (41,766)	\$ 1,256,863	\$ (34,828)
Feb 2018	\$ 1,249,143	\$ 84,142	\$ 5,735	\$ -	\$ 1,339,020	\$ 1,411,672	\$ (11,198)	\$ 1,260,538	\$ 3,675
Mar 2018	\$ 1,326,680	\$ 91,969	\$ 16,833	\$ -	\$ 1,435,482	\$ 1,412,448	\$ 775	\$ 1,274,606	\$ 14,068
Apr 2018	\$ 1,038,404	\$ 91,802	\$ 13,136	\$ -	\$ 1,143,341	\$ 1,384,223	\$ (28,224)	\$ 1,257,506	\$ (17,100)
May 2018	\$ 1,534,227	\$ 74,054	\$ 5,966	\$ -	\$ 1,614,247	\$ 1,404,592	\$ 20,369	\$ 1,285,119	\$ 27,613
Jun 2018	\$ 1,462,566	\$ 75,727	\$ 10,000	\$ -	\$ 1,548,292	\$ 1,415,734	\$ 11,142	\$ 1,278,087	\$ (7,032)
	\$ 15,972,958	\$ 1,015,850	\$ 101,529	\$ -	\$ 17,090,337				
YTD/Estimate	101.5%	93.4%	n/a	n/a					
Theoretical YTD Spend Rate	100.0%	100.0%	n/a	n/a					
variance %	1.5%	-6.6%							
variance \$	\$ 239,086	\$ (72,150)							
FY18 Projection (Mar-18):	\$ 15,733,872	\$ 1,088,000							
YTD Expense:	\$ (15,972,958)	\$ (1,015,850)							
Ending Balance available to June 30:	\$ (239,086)	\$ 72,150							



## Students

### Policy Regarding Students and Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990

Section 504 of the Rehabilitation Act of 1973 ("Section 504") prohibits discrimination against individuals with a disability in any program receiving Federal financial assistance. Similarly, Title II of the Americans with Disabilities Act of 1990 ("Title II" or "ADA") prohibits discrimination against individuals with a disability by state and local governments. To be protected under Section 504 and the ADA ("collectively, "Section 504/ADA"), an individual must (1) have a physical or mental impairment that substantially limits one or more major life activities; (2) have a record of such an impairment; or (3) be regarded as having such an impairment.

In order to fulfill its obligation under Section 504/ADA, the Westport Public Schools ~~recognize a responsibility to avoid~~ prohibits discrimination ~~in policies and practices regarding its personnel, students, parents/guardians and members of the public who participate in school sponsored programs. In this regard, the Westport Public Schools prohibit discrimination against any person~~ with a ~~based on~~ disability in access to, or treatment or employment in any of the services, programs or activities of the school system.

The school district has specific responsibilities under Section 504 to identify, evaluate and provide an educational placement for students who have a physical or mental impairment that substantially limits a major life activity. The school district's obligation includes providing access to a free appropriate public education ("FAPE") for students determined to be eligible under Section 504/ADA. Under Section 504, FAPE is defined as the provision of regular or special education and related services that are designed to meet the individual educational needs of a student with a disability as adequately as the needs of students without disabilities are met, and that are provided without cost (except for fees imposed on nondisabled students/parents).

If the parent/guardian of a student disagrees with the decisions made by the professional staff of the school district with respect to the identification, evaluation or educational placement of his/her child, the parent/guardian has a right to request an impartial due process hearing.

In addition, a student or parent/guardian of a student may also file an internal grievance/complaint on these issues or any other type of discrimination on the basis of disability by or within the district by utilizing the grievance/complaint procedures outlined in the Board's Administrative Regulations Regarding Students and Section 504 of Rehabilitation Act of 1973 and Title II of Americans with Disabilities Act, and/or may file a complaint with the Office for Civil Rights, U.S. Department of Education ("OCR"):

Office for Civil Rights, Boston Office

U.S. Department of Education

8th Floor

5 Post Office Square

Boston, MA 02109- 3921

(617) 289-0111

Anyone who wishes to file a grievance/complaint with the district, or who has questions or concerns about this policy, should contact The Director of Pupil Services, the Section 504/ADA Coordinator for the Westport Public Schools, at phone number 203-341-1250.

Legal References:

29 U.S.C. §§ 705, 794

34 C.F.R. Part 104

42 U.S.C. § 12101 et seq.

28 C.F.R. Part 35

Protecting Students with Disabilities, Frequently Asked Questions About Section 504 and the Education of Children with Disabilities, Office for Civil Rights (March 17, 2011), available at <http://www.ed.gov/about/offices/list/ocr/504faq.html>

Dear Colleague Letter, United States Department of Education, Office for Civil Rights (January 19, 2012)

**ADOPTED: January 22, 2018**

WESTPORT PUBLIC SCHOOLS

Westport, Connecticut

## Students

### Administration of Medications

**Purpose:** To promote the safe administration of medications to students in order to maintain their health, support their learning, and intervene in medical emergencies.

The Westport Board of Education shall adopt written policies and procedures, in accordance with C.G.S., Section 10-212a and Connecticut regulations, Section 10-212a-1 through Section 10-212a-10. Pursuant to the regulations, Section 10-212a-2 (a) (4), the Board, with the advice and approval of the school medical advisor and health services supervisor, shall review and revise the policy and procedures concerning medication administration in school as needed, but at least biennially, except that the policy and procedures specific to school readiness and before-and-after school programs shall be reviewed on an annual basis. Once so approved, administration of medication, including over the counter medicines, shall be in accordance with the policy, procedures and health services protocols of Westport Public Schools for the administration of medications.

For the administration of medication in school readiness and before-and-after school programs, as defined in Connecticut regulations, Section 10-212a-1, the Westport Board of Education shall develop, and review on an annual basis, procedures for administration of medication in these programs, with input from the school medical advisor, or a licensed physician, and the school nurse supervisor. Once so approved, administration of medication in school readiness and before-and-after school programs shall be in accordance with Connecticut regulations, Section 10-212a-10, this policy, and Westport Public Schools' procedures for the administration of medications.

[The Board authorizes the Superintendent or his/her designee to develop administrative regulations and/or procedures in accordance with this policy and applicable state law concerning the administration of medication to students in school.](#)

In accordance with Connecticut General Statutes, Section 10-212a, no school nurse or other nurse, principal, teacher, licensed physical or occupational therapist employed by a school district, coach, school paraprofessional (pursuant to subsection (d) of the statute), or director or director's designee of a school readiness or before-or-after school program shall be liable to a student, or a parent or guardian of such student, for civil damages for any personal injuries which result from acts or omissions of a school nurse or other nurse, principal, teacher, licensed physical or occupational therapist employed by a school district, coach, school paraprofessional (pursuant to subsection (d) of the statute), or director or director's designee of a school readiness or before-or-after school program in administering such preparations which may constitute ordinary negligence. This immunity shall not apply to acts or omissions constituting gross, willful or wanton negligence.

Legal Reference: Connecticut General Statutes

~~Section 10-206~~<sup>(M4)</sup>

Section [10-212](#)

Section [10-212a](#)

Section [19a-900](#)

Section [20-87a](#)

Section [21a-240](#)

Section [21a-262](#)

Regulations of Conn. State Agencies:

Sections [10-212a-1](#) through [10-212a-10](#), inclusive

Section [21a-254](#) (f) and (h)

Section [21a-262-1](#), 2, 3 and 8 and 9

Code of Federal Regulations:

Title 21 Part 1307.21

Other

American Academy of Pediatrics. (2009). *Policy Statement—Guidance for the Administration of Medication in School*. Author: Elk Grove Village, IL. Available online on September 29, 2010, at <http://aappolicy.aappublications.org/cgi/reprint/pediatrics;124/4/1244.pdf>

American Academy of Pediatrics, Committee on Bioethics. (2009). Pediatrician-family-patient relationships: Managing the boundaries. *Pediatrics* 124:1685-1688. Available online September 29, 2010, at <http://www.pediatrics.org/cgi/content/full/124/6/1685>

American Academy of Pediatrics, Committee on School Health.. (2006). *School health: Policy and practice*, 6th ed. Author: Elk Grove Village, IL.

American Academy of Pediatrics and National Association of School Nurses. (2005). *Health, mental health, and safety guidelines for schools*. Authors: Elk Grove Village, IL.

American Medical Association. 1993. *Code of Medical Ethics*, Opinion 8.19 - Self-Treatment or Treatment of Immediate Family Members. Available online September 29, 2010, at <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion819.shtml>

Johnson, PE, Hayes, JM, Reinstein, VF, Simmons, SM, and Benson, JM. (2003). *Medication in schools*. Tallahassee: Florida Society of Health-System Pharmacists.

Healthy Child Care Connecticut, Medication Administration Committee. (1999). *Medication administration training manual: an instructional program for teaching child care providers to give medications*. Transferred in 2004 to the CT Nurses Association, Meriden, CT

National Association of School Nurses. (2003) *Position statement: Medication administration in the school setting*. Available online September 29, 2010, at <http://www.nasn.org/Portals/0/positions/2003psmedication.pdf>

**POLICY ADOPTED: June 18, 1990**

**REVISED: May 10, 2011**

**WESTPORT PUBLIC SCHOOLS**



**ADMINISTRATION OF MEDICATION – PROCEDURES**

**TABLE OF CONTENTS**

I. GENERAL PROCEDURES ..... 1

II. SELF-ADMINISTRATION [AND/OR POSSESSION](#) OF MEDICATION ..... 4

III. DELEGATION OF MEDICATION ADMINISTRATION TO OTHER STAFF..... 6

IV. ERRORS IN MEDICATION ADMINISTRATION ..... 9

V. MEDICATION EMERGENCIES..... 11

VI. HANDLING, STORAGE AND DISPOSAL OF MEDICATIONS ..... 12

VII. DOCUMENTATION OF MEDICATION ADMINISTRATION..... 17

VIII. MEDICATION ADMINISTRATION IN SCHOOL READINESS AND BEFORE- AND AFTER-SCHOOL PROGRAMS ..... 20

IX. MEDICATION ADMINISTRATION DURING SCHOOL SPONSORED EVENTS..... 20

X. DEFINITION OF TERMS ..... 24

XI. REFERENCES ..... 29

XII. APPENDICES..... 30

- A. Authorization for the Administration of Medicine by School Personnel
- B. Medication Administration Record for Non-Nurse Qualified Personnel
- C. General Principles of Medication Administration (training form 1)
- D. Student Specific Principles of Medication Administration (training form 2)
- E. Medication Error Report





- F. SNAP Directions for Documenting Medications and Treatments
- G. Controlled Drug Weekly Count Form
- H. Refusal to Permit Administration of Epinephrine for Emergency First Aid Form



## I. GENERAL PROCEDURES

**The following general procedures apply to all instances of medication administration in Westport Public Schools.**

Medicinal preparations (medications), including over the counter medicines and such controlled drugs as the Commissioner of Consumer Protection designates by regulation, shall be administered to children in the Westport Public Schools by ~~qualified~~ licensed school nurses according to the policy and procedures of the district. ~~when such medication is required during the school day in order to (a) maintain a student's health, (b) support student learning, or (c) intervene in a medical emergency~~<sup>[A1]</sup>. Circumstances in which competent students may self-administer medication and qualified personnel other than a school nurse may administer medication to a student are delineated in the sections below *Self Administration of Non-Controlled Drugs* and *Administration of Medications in Special Circumstances*, respectively.

1. Administration of medication by school personnel includes any one of the following activities: handling, storing, preparing or pouring of the medication; conveying it to the student according to the order; if indicated, observing the student inhale, apply, swallow, or self-inject the medication; documenting that the medication was administered; and counting remaining doses to verify proper administration and use of the medication.
2. ~~No medication shall be administered in school or self-administered by a student until the school nurse has (a) reviewed the medical order for safety parameters according to pediatric practice standards, as published in a text such as the Physician Desk Reference, (b) reviewed the medical necessity for administering the medication during school hours, and (c) established the medication or self-administration of medication plan.~~<sup>[A2]</sup> Experimental, investigational and "off-label" medications that are not recommended or approved for children or orders for medications that provide the student with a single or cumulative daily dosage beyond recommended pharmacological parameters will be reviewed by the health services supervisor and school medical advisor to determine whether it is safe and appropriate for the medication to be administered in school as ordered by the prescriber. Investigational drugs or research of student study medications may be administered only by a licensed nurse. See also Section IV.
3. Nothing in this policy shall be construed to prohibit a parent/guardian from administering a medication in school or on school grounds to his or her own child. ~~in an emergent or urgent situation, or as an alternate plan if the school district believes that school personnel cannot safely administer the medication or prescribed dosage to the student~~<sup>[A3]</sup>.
- 3.4. A school nurse in collaboration with the school principal shall select at least one qualified school employee, generally the health assistant in each health office, for each school to administer epinephrine 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 during regular school hours and on school grounds in the absence of the school nurse. Regular school hours are those listed in the parent handbook and on the district website. There shall always be at least one school nurse or one qualified school employee, generally the health assistant, available during regular school hours and on school



grounds. In the event that the school nurse is unavailable, the school nurse will notify the designated qualified school employee(s), generally the health assistant, of their responsibility for emergency administration of epinephrine. These selected qualified school employees ~~shall~~ must voluntarily agree to take part in an annual training and to administer epinephrine in cartridge injectors for the purpose of emergency first aid. After the emergency administration of epinephrine, personnel who administered the epinephrine must report such administration immediately to the school nurse and medical advisor, and the school nurse or personnel ~~or~~ who administered the epinephrine must report such administration immediately to the student's parent or guardian. Parents will be notified annually of this public act in the student handbook and may submit in writing to the school nurse and school medical advisor in the event that they do not want epinephrine administered to their child in the event of a potential allergic reaction. These names of students whose parents have requested in writing that they do not want epinephrine administered in the event of a potential allergic reaction will be made available to all school nurses and communicated to all qualified school employees designated to administer epinephrine to a student experiencing an allergic reaction who do not have a prior written authorization. For the purpose of ~~administration of epinephrine to students without written authorization who are experiencing a life threatening allergic reaction~~ this section, qualified school employees refers to principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the school district, coach or school paraprofessional, which includes health assistants. A supply of epinephrine shall be available in each health office in the district and will be available to qualified, trained school employees during school hours. 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. In making this determination, the school 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.

~~4.5.~~ No medication, with the exception of epinephrine for the purpose of emergency first aid to students who experience allergic reactions and do not have a prior written authorization of a parent or guardian or a prior written order of a qualified medical professional for the administration of epinephrine ~~(when the nurse is unavailable)~~, may be administered by any school personnel without the following:

- a. the written medication order, as defined in C.G.S. Sec. 10-212a-1, of a physician licensed to practice medicine or a dentist licensed to practice dental medicine in this or another state, an advanced practice registered nurse licensed under chapter 378, a physician assistant licensed under chapter 370, an optometrist licensed under chapter 380 or, for interscholastic and intramural athletic events only, a podiatrist licensed under chapter 375;
- b. the written authorization of the student's parent/guardian or eligible student; and
- c. the written permission of the parent/guardian or eligible student for the exchange of information between the prescriber and the school nurse necessary to ensure the safe administration of medication in school.

~~5.6.~~ The written medication order of the prescriber, the written authorization of the parent/guardian or eligible student, and the written permission of the parent/guardian of eligible student for the exchange of information between the prescriber and the school nurse must be:

- a. valid for no more than one full year. and must indicate both the start and end dates, and
- b. provided on the Westport Public Schools form, *Authorization for the Administration of*



*Medication by School Personnel* (see Appendix A) unless an alternate form containing all required information is submitted.

- ~~6.7.~~ If necessary in a given situation, an authorized prescriber's verbal (telephone) order for a change in a medication order may be received only by a school nurse. The verbal order must be followed by a written order within three (3) school days; a faxed order is acceptable.
- ~~7.8.~~ Prescribed medication shall be administered to and taken by only the person for whom the prescription has been written.
- ~~8.9.~~ Self-administration or carrying of any medication including over-the-counter medications, except as permitted in the Section II, *Self Administration and/or Self Possession of Medication*, is not permitted in Westport Public Schools or in any school district program or activity. In a rare circumstance as part of a Section 504 plan or IEP, a student who is unable to self-administer a medication may be permitted to carry it on his or her person with the written permission of a parent/guardian and an authorized prescriber, for life-saving reasons.
- ~~9.10.~~ Medicinal preparations administered by injection to children in the Westport Public Schools shall be consistent with provisions of the Needlestick Safety Act and OSHA regulations. For the purposes of this policy, cartridge injector means an automatic pre-filled cartridge injector, such as an Epi Pen or similar automatic injectable equipment that is easy to administer and is used to deliver epinephrine in a standard dose for emergency first aid response to anaphylactic reactions.
- ~~10.11.~~ ~~11.~~ Standing orders for medication shall be developed by the school medical advisor and health services supervisor in keeping with medical and nursing standards of practice for community-based interventions in medical emergencies and management of certain routine health problems. The purpose of such orders in an emergency is to prevent harm or death, and stabilize the individual until emergency transport to the hospital is available. The purpose of such orders for the management of routine health complaints is to keep students, who are not acutely ill, in school and available for learning. These orders, which shall be kept at a minimum, must be reviewed and authorized at least annually by the school medical advisor. Administration of acetaminophen and ibuprofen under standing orders of the school medical advisor requires written parental permission which shall be valid for twelve months.



## II. SELF-ADMINISTRATION AND/OR POSSESSION OF MEDICATION [A4]

1. Westport Public Schools promotes the self-administration and/or possession of non-controlled drugs (medications) by mature students with a verified chronic health condition who demonstrate the requisite knowledge, skills and behaviors necessary for the safety of themselves and others in the school setting pursuant to:
  - a. ~~authorization-a written medication order~~ for self-administration and/or possession of the medication by the authorized prescriber, written authorization for self-administration and/or possession of the medication from the student's ~~the~~ parent/guardian, - and the authorization of the school nurse for self-administration after a competency assessment, except that authorization by the school nurse is not required for the self-administration of asthma inhalers and epinephrine auto injectors;
  - b. review of the medication order and parent/guardian authorization;
  - c. completion of a nursing assessment to determine if the student has the requisite knowledge, skills and behaviors necessary to safely administer and/or possess medication in school and provide documentation of student assessment in SNAP.
  - d. notification of the principal and appropriate staff that the student is self-administering and/or possessing prescribed medication
2. In the case of a student with a medically diagnosed life-threatening allergic condition, such student may possess, self-administer, or possess and self-administer medication during school, school activities and on school transportation, including but not limited to medication administered with a cartridge injector, to protect such student against serious harm or death, as long as the school nurse receives (1) the written authorization for possession, self-administration, or possession and self-administration of medication from the student's parent/guardian; and (2) the written order of a qualified medical professional providing for the student's possession, self-administration, or possession and self-administration of medication.[A5]
3. The school nurse shall develop a plan for self-administration and general supervision and shall document the plan in the student's cumulative health record. The school nurse shall assess a student's competency for self-administration and shall deem it safe and appropriate for the student to self-administer (except for student's self-administering asthma inhalers and epinephrine auto injectors). Such assessment shall include 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 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.
- ~~2.4.~~ Self-administration means that the student brings the medication to and from home each day, keeps it on or with his or her person at all times during the school day, including and during extra-curricular activities and in before and after school and school readiness programs, and is capable of independently administering the medication to himself or herself. Possession of medication means that the student brings the medication to and from home each day and keeps it on or with his or her person at all times during the school day, and during extra-curricular activities and in before and after school and school readiness programs. This opportunity is



generally, but not exclusively, available to middle and high school students who have asthma, severe food allergy, and other chronic health conditions for which students require immediate access to their medication for emergency purposes or for proper medical management of their condition.

- 3.5. If the nurse's assessment of a student authorized by the prescriber and parent/guardian to self-administer an asthma inhaler or epinephrine auto injector does not support that the student is safe to self-administer the medication in the school setting, the school nurse will share the assessment results with the health services supervisor, principal, parent/guardian and prescriber, and will provide recommendations for helping the student attain the requisite knowledge and skills for a school setting. If the prescriber and parent/guardian want the student to self-administer the inhaler or auto injector nonetheless, and the school nurse and administrators agree that this poses a safety concern for the student or others, then the school nurse and principal will document the school's concern in writing to the parent/guardian and prescriber.
- 4.6. Self-administration and/or possession of controlled drugs is never permitted during school or extra-curricular activities. In an extraordinary circumstance, such as an international field trip, self-administration of a controlled drug may be considered with an appropriate plan approved by the Health Services supervisor and School Medical Advisor in advance of the situation or event.



### III. DELEGATION OF MEDICATION ADMINISTRATION TO OTHER STAFF

1. ~~When judged appropriate by the school nurse [A6] and~~ In the absence of the school nurse, the school nurse may delegate the administration of a specific medication for a specific student to another nurse licensed pursuant to the provisions of chapter 378, or to the principal, a full time teacher, or a full time licensed physical or occupational therapist who works with the student as an employee of the school district, for example, to accommodate student medication needs on field trips.
2. ~~When judged appropriate by a~~ With the approval of the school nurse and school medical advisor, a school paraprofessional, which includes health assistants, ~~may, under the supervision of the school nurse,~~ administer medication ~~administered through a cartridge injector [A7]~~ to a specific student with a medically diagnosed allergic condition that may require prompt treatment to protect the student from harm or death, ~~so long as that paraprofessional has received training in the administration of medication in accordance with this policy, there is a written order from an authorized prescriber, and written authorization from the parent/guardian for the administration of medication.~~ For example, it may be appropriate to delegate the administration of medication to a paraprofessional when a student who has a medically-diagnosed allergic condition is unable to self-administer the medication when the student travels into the community for educational program purposes with a paraprofessional who has one-to-one responsibility for the student during the community based learning activity.
3. Qualified school employees may administer glucagon within injectable equipment used to administer glucagon in an appropriate dose for emergency first aid response to students with diabetes that may require prompt treatment in order to protect the student against serious harm or death, as long as ~~in the event that~~ there is written authorization of ~~the~~ a student's parent or guardian, a written medication order for such administration, and the school nurse and school medical advisor have attested in writing that the qualified school employee has completed the annual training. The qualified school employee must be selected by either the school nurse or principal and must voluntarily agree to serve in this capacity. Authorization of injectable glucagon is limited to situations when the school nurse is absent or unavailable. For purposes of emergency medication administration of glucagon, qualified school employees refers to a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the school district, coach or school paraprofessional.
4. With the approval of the school nurse supervisor and school medical advisor, the school nurse may in rare circumstances, if judged appropriate and necessary for a safe emergency medication plan, delegate the administration of a specific medication for a specific student to a certified athletic trainer or coach of the student in intramural or interscholastic athletics according to the requirements of C.G.S. Sec. 10-212a(c) and its regulations, and school district policy and procedures. During intramural and interscholastic athletic events, a coach or licensed athletic trainer may administer (1) inhalant medications prescribed to treat respiratory conditions and (2) medication administered with a cartridge injector for students with a medically diagnosed allergic condition to a specific student when a plan for self-administration of medication is not a viable option, as determined by the school nurse and (3) injectable equipment used to administer glucagon in an appropriate dose for emergency first aid response to diabetes provided the following requirements have been met:



- a. The coach or licensed athletic trainer has been trained according to the requirements as pertinent to receiving, storing and ~~assisting with~~ administering inhalant medications or cartridge injector medications and glucagon injectable medications.
- b. The school nurse has provided a copy of the authorized prescriber's order and the parental permission form to the coaches.
- c. The parent/guardian or guardian has provided to the coach or licensed athletic trainer the medication in accordance with the provisions for safe handling and storage in Section VI below.
- d. The medication provided to the coach or licensed athletic trainer, such as the inhaler cartridge injector or glucagon injectable equipment, is maintained separately from the medication stored in the school health office for use during the school day.
- e. The coach or licensed athletic trainer has agreed to the administration of emergency medication and is prepared to implement the emergency care plan.
- f. For the purposes of glucagon, there must be a ~~that there is~~ written authorization from ~~of~~ a student's parent or guardian and the school nurse and school medical advisor ~~have attested~~ must attest in writing that the ~~qualified school employer~~ coach or licensed athletic trainer has completed the annual training for the administration of medication and voluntarily agrees to serve in this capacity.
- ~~g. Medications to be used in athletic events~~ must be in compliance with the policy including storage, maintenance and errors ~~are stored:~~
  - ~~• in containers for the exclusive use of holding medication;~~
  - ~~• in locations that preserve the integrity of the medication;~~
  - ~~• under the general supervision of the coach or licensed athletic trainer trained in the administration of medication; and~~
  - ~~• g. in a locked secure cabinet when not in use at athletic events.~~
- ~~h. Errors in the administration of medication are addressed in the same manner as Section 10-212a-6 of the Regulations of Connecticut State Agencies, except that if the school nurse is not available, a report may be submitted by the coach or licensed athletic trainer to the school nurse on the next school day.~~
- ~~i. Documentation of any administration of medication by a coach or licensed athletic trainer shall be completed on forms provided by the school nurse, and the school nurse shall be notified as follows:~~
  - ~~• a separate medication administration record for each student shall be maintained in the athletic area (see Appendix B)~~
  - ~~• administration of a cartridge injector medication shall be reported to the school nurse at the earliest possible time but not later than the next school day;~~
  - ~~• all other instances of the administration of medication shall be reported to the school nurse at least monthly or as frequently as required by the individual student plan;~~
  - ~~• the administration of medication record shall be submitted to the school nurse at the end of each sport season and filed in the student's cumulative health record according to Section 10-206 of the Regulations of Connecticut State Agencies of each sport season and filed in the student's cumulative health record according to Section 10-212a-6 of the Regulations of Connecticut State Agencies. [A8]~~





5. Qualified school employees may administer antiepileptic medication, including by rectal syringe, to a specific student with a medically diagnosed epileptic condition that requires prompt treatment in accordance with the student's individual seizure action plan, as long as in the event there is written authorization of the student's parent or guardian, a written medication order from the student's physician, and the school nurse and medical advisor have attested in writing that the qualified school employee has completed annual training program established by the Connecticut Department of Education and the Association of School Nurses in Connecticut. The qualified school employee must be selected by the school nurse and school medical advisor and voluntarily agrees to serve in this capacity. Authorization of administration of emergency antiepileptic medication by a trained, qualified school personnel shall be limited to situations when the school nurse is absent or unavailable. The school nurse shall meet with qualified school personnel monthly to review procedures and determine competency. Qualified school employee for the purposes of emergency administration of antiepileptic medication include principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the Board, coach or school paraprofessional, including which include health assistants.
6. When a school nurse delegates medication administration according to the provisions in #1-3 above, the school nurse will provide medication administration training to the delegate(s) at least annually, and more frequently if indicated. Only trained personnel shall be permitted to administer medications.- The school nurse will maintain documentation of such training for each school year, including dates, content, individuals who have completed training, and the name and credentials of the school nurse who provides the training. When required by law, delegates will complete trainings developed and/or provided by the Connecticut Departments of Education and/or Public Health, and will complete training in cardiopulmonary resuscitation. Such training will be documented on Westport Public Schools forms developed for such purposes, *General Principles of Medication Administration* and *Student Specific Principles of Medication Administration* (see Appendix C and D), and will include the following content:
  - a. General principles of safe medication administration;
  - b. Procedural aspects of medication administration, including the safe handling and storage of medications, and documentation; and
  - c. Specific information related to each student's medication(s) and medication plan(s) including the type of medication, indications for medication, routes and time of administration, therapeutic effects and, potential side effects or untoward reactions, and when to implement emergency interventions.
7. When a school nurse delegates medication administration according to the provisions in #1-3 above, the school nurse shall be responsible to provide and document ongoing general supervision to the delegate(s). The school nurse shall provide general supervision by:
  - a. Establishing a plan and schedule to ensure that medications are administered properly. This plan may be the same as or an adaptation of the student's IECP and medication plan during the school day.
  - b. Reviewing orders and changes in orders and communicating these to personnel designated and trained to administer the medication.
  - c. Periodic observation and review of the delegate's performance in handling and administering the medication.
  - d. Consultation by telephone or other means on an as-needed basis.



#### IV. ERRORS IN MEDICATION ADMINISTRATION

1. Medication error means:
  - a. Failure to do any of the following as ordered is considered an error in medication administration:
    - (1) administer a medication to a student; or
    - (2) administer medication within the time designated by the prescribing practitioner; or
    - (3) administer the specific medication prescribed for a student; or
    - (4) administer the correct dosage of medication; or
    - (5) administer medication by the proper route; ~~and~~ or
    - (6) administer the medication according to generally accepted standards of practice
  - b. Administration of a medication to a student which is not ordered, or which is not authorized in writing by the parent/guardian of such student; and
  - c. Inadvertent destruction, theft or loss by other means of medication stored in school or in a school readiness or before or after school ~~child-care~~ program (refer to Section VI, #16-18 of these procedures for handling the loss, by any means, of controlled drugs in school).
2. If an error in medication administration (as defined in 1.a. and 1.b. above) occurs or is suspected, the school nurse or substitute nurse shall immediately assess the student and:
  - a. Determine error and potential for emergency
  - b. Call 911 if applicable
  - c. Implement Standing Orders if applicable
  - d. Call Poison Control if applicable (1-800-222-1222)
  - e. Follow directions of Poison Control - note who you spoke to, time call was made, what directions were given, and what actions you took
  - f. Call prescribing practitioner - follow prescriber's directions, if applicable
  - g. Notify health services supervisor
  - h. Notify student's parent/guardian immediately
  - i. Notify principal/administrator
  - j. Monitor student and provide interventions as directed by Poison Control, student's physician, Standing Orders or nursing protocols, as applicable, until EMS or parent/guardian arrives
  - k. Complete Medication Error Report form (see Appendix E)
  - l. Document the incident in the student's electronic health record (SNAP). Describe the error and sequence of events thereafter, including nursing assessment and interventions, medical treatment, and exchanges of information; print and attach SNAP "Event Form II" to the Medication Error Report form. Send the completed Report and Event Form II to the health services supervisor.
3. If qualified personnel other than the school or substitute nurse make or recognize a medication error, the personnel shall immediately notify the school nurse. If the school nurse is not available, the qualified personnel shall:
  - a. In a true emergency call EMS, then Poison Control if applicable;



- b. If not an immediate emergency, follow the sequence of steps in 2.a., and 2.d.-i. above and consult, as applicable, with the school nurse if available by phone;
  - c. Immediately notify the building principal and the school nurse supervisor, authorized prescriber or the school medical advisor. The person making the error, in conjunction with the school principal, nurse supervisor or medical advisor shall immediately notify the parent or guardian.
  - ~~e.~~d. Monitor the student and provide first aid care as directed by Poison Control, the student's physician, or the school nurse or school nurse supervisor, as applicable, until EMS or parent/guardian arrives.
  - ~~d.~~e. Document the incident, including all details, on the Medication Error Report form; use and attach an additional page to complete the documentation as needed.
  - ~~e.~~f. Send the completed form to the health services supervisor. For coaches and licensed athletic trainers, if the school nurse is unavailable, the report must be submitted to the school nurse the next school day.
  - ~~f.~~g. Provide a copy of the completed Medication Error Report to the school nurse who shall file it in the student's CHR. If the incident occurs in a ~~child-care~~school readiness or before or after school program, instead provide a copy of the Medication Error Report form to the program Director for filing in the ~~child-care program~~appropriate file.
4. The health services supervisor shall investigate the incident, review the Event Form II, as applicable, and the Medication Error Report form (see Appendix E), and shall document any corrective action taken in the Follow up section of the Medication Error Report form, following review with the pupil services director.



## V. MEDICATION EMERGENCIES

Definition: Medication emergency means a life-threatening reaction of a student to a medication.

1. Each health office shall post in a prominent location on or near the medication cabinet the following information:
  - a. The Poison Control information center telephone number (1-800-222-1222);
  - b. This section of the medication procedures (managing emergencies) and Section IV, Medication Errors; and
  - c. The name of the building administrator responsible for decision making in the absence of a school or substitute nurse.
2. If qualified personnel other than the school or substitute nurse recognize a potential medication emergency, the qualified individual shall immediately notify the school nurse.
3. In a medication emergency, the school nurse shall proceed as in Section IV, Medication Errors, 2.a. through 2.j., as indicated by the circumstances.
4. After managing and documenting in SNAP the medication emergency, the school nurse shall generate a report using Westport Public Schools' Event Forms I and II according to standard district procedures.
5. In the absence of a school or substitute nurse, the building administrator responsible for decision making, the qualified individual off site, such as a teacher on a field trip, or the Director of a ~~child care~~ school readiness or before or after school program shall proceed as in Section IV, Medication Errors, 3.a. through 3.f., as indicated by the circumstances.
6. In all circumstances of medication emergencies, the building principal shall be notified as soon as possible. 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) taken.



## VI. HANDLING, STORAGE AND DISPOSAL OF MEDICATIONS

1. All medications, prescription and nonprescription, except those approved for transport by students for self-administration, those administered by coaches of intramural or interscholastic athletics or licensed athletic trainers in accordance with this policy, and epinephrine to be used for emergency first aid in accordance with this policy, shall be delivered by the parent/guardian or other responsible adult, and shall be received by the responsible school nurse or substitute nurse or other qualified personnel for schools trained in the administration of medication and assigned to the school. 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 this policy.
2. The school nurse or in the absence of the school nurse, a substitute nurse, shall review the medication, authorization form, and supply of medication, and shall develop a medication administration plan for the student, before the medication can be administered by school personnel.
3. No medication for a student shall be stored at school without a current written order from an authorized prescriber.
4. Upon receipt of a new medication order, the school nurse or substitute nurse will review the medication order for completeness:
  - a. ~~Each medical order for the administration of medication in school must be written by the prescriber on an original Westport Public Schools Authorization for the Administration of Medication by School Personnel form (Appendix A).~~ [A9] A properly executed and signed faxed copy of the order constitutes a legal order in Connecticut.
  - b. The order form must be completely filled in by an authorized prescriber as defined in Section I. General Procedures (#4) and must include:
    - the name of the student
    - name and generic name of the medication
    - dosage
    - time, route and frequency of administration
    - known allergies
    - indications for the medication
    - relevant side effects or untoward reactions
    - start and end dates that the medication is to be administered, not to exceed a 12-month period
    - name/title of the authorized prescriber, as well as his/her **written signature**. A prescriber's stamped signature is not acceptable.
    - date the order was written
5. The medication order must meet safety parameters (see General Procedures, #2). The school nurse will consult with the school nurse supervisor if the medication is an investigational, experimental or "off-label" drug, a research or study medication, or the dosage ordered



provides the student with a single or cumulative daily dosage beyond recommended pharmacological parameters. The nursing supervisor and school medical advisor, in conjunction with the authorized prescriber and parent/guardian, will determine whether it is safe and appropriate for the medication to be administered in school as ordered by the prescriber. [A10]

6. If the medication is a research or study medication (an FDA-approved medication being administered according to an approved study protocol), a copy of the study protocol must be provided to the school nurse along with the name and acceptable range of dose of the medication to be administered.
7. The Parent/Guardian Authorization section of the Administration of Medication in Schools Form must be completed by the parent/guardian of students under the age of 18 years. An eligible student, one who is 18 years or older, is eligible to complete this section on his/her own behalf. If the school nurse questions the competency of an eligible student, he/she should consult with the nursing supervisor. This section of the form must be completed before a medication may be administered in school.
  - a. If the form contains a request for self-administration, please see *Section II, Self-Administration of Medication*.
  - b. If the school nurse needs clarification from the parent/guardian or eligible student regarding the medication order, the school nurse should seek such clarification from the parent/guardian or eligible student.
  - c. Once the parent/guardian authorization section has been signed, the school nurse may consult with the authorized prescriber if she/he has any questions regarding the order.
8. The school nurse or in the absence of the school nurse, a substitute nurse shall examine the medication on-site:
  - a. Each prescribed medication must be in the original, properly labeled container and dispensed by a physician/pharmacist.
  - b. Over-the-counter medications must be delivered in an unopened, properly labeled container.
  - c. If the medication is a controlled drug as defined in Section 21a-240 of the Connecticut General Statutes and in Section 10-212a-2 (f) of the Regulations of Connecticut State Agencies, the school nurse shall conduct a medication count in the presence of the person delivering the medication. If the medication is in liquid form, the amount of fluid in the container should be confirmed with the person delivering the medication to the school nurse.
  - d. No more than a three month supply of a medication for a student shall be stored at school.
9. The school nurse or in the absence of the school nurse, a substitute nurse shall sign receipt of medication:
  - a. Once the medication order and medication have been reviewed and approved by the school nurse, the school nurse shall sign and date the bottom of the *Authorization for the Administration of Medication* form, side two (2) (see Appendix A).
  - b. In the case of a controlled medication, the number of pills or the fluid volume shall be noted at the bottom of the *Authorization for the Administration of Medication* form, side



- two (2), and both the adult delivering the medication and the school nurse receiving the medication shall sign and date the form beside the count.
10. The school nurse or, in the absence of the school nurse, a substitute nurse, shall establish a plan for medication administration, except that, if a substitute nurse establishes the plan, the plan will be reviewed and revised as needed by the school nurse on the next day that the school nurse is available, as follows:
    - a. Obtain input, as appropriate, from the prescriber, parent/guardian, teacher, and student.
    - b. Record the medication order in SNAP according to SNAP procedures (see Appendix F or pages 30-35 in the SNAP Manual).
    - c. Document the medication plan which shall consist of the medication order as specified in SNAP or, when indicated, both the order as specified in SNAP and medication administration planning included in the student's IHCP or IECP.
  11. The school nurse or in the absence of the school nurse, a substitute nurse shall document the order transcription process in the SNAP daily log as a visit under Indirect Care, Medication Management. See the Section VII, *Documentation of Medication Administration*, for additional direction about record keeping.
  12. When a parent/guardian or other responsible adult delivers an additional supply of a medication, follow the steps in #8 and #9 above. In addition:
    - a. The school nurse or substitute nurse will review all medication refills with the original medication order and parent/guardian authorization.
    - b. In the case of a controlled medication, document the new total medication count in SNAP on the medication order according to SNAP instructions.
    - c. Document the process in the SNAP daily log as a visit under Indirect Care, Medication Management.
  13. Store medications in appropriate manner:
    - a. 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.
    - ~~a.~~b. Except as otherwise determined by a student's emergency care plan, sStore all emergency medications in an unlocked, clearly labeled and readily accessible cabinet in the health office during school hours and under the general supervision of the school nurse or, in the absence of the school nurse, the principal or principal's designee who has been trained in the administration of medication. The emergency medications cabinet should be locked outside of regular school hours, unless there is an exception made pursuant to a student's medication and individualized emergency care plan.
    - ~~b.~~c. All other non-controlled medications, except those approved for keeping by students for self-administration, shall be stored in a designated locked container, cabinet or closet used exclusively for the storage of medications.
    - ~~c.~~d. Controlled medications must be stored separately from other medications in a separate, secure, substantially constructed locked metal or wood cabinet, pursuant to Section 21a-262-8 of the Regulations of Connecticut State Agencies.



- d.e. Medications requiring refrigeration shall be stored in a refrigerator in the health office with limited access at no less than 36°F and no more than 46°F. Non-controlled medications may be stored directly on the shelf with no further protection needed. Controlled medications must be stored in a locked box which is affixed to the refrigerator shelf.
14. 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 maintained under the direct control of the principal who has been trained in the general principles of medication administration. If necessary, as agreed with the supervisor of health services, the director or lead teacher of a before- or after-school or readiness program shall also have a set of keys.
15. All unused, discontinued or obsolete medications shall be removed from storage areas and either returned to the parent/guardian or, if the medication cannot be returned to the parent/guardian, the medication shall be destroyed [by the school nurse or health services supervisor](#), as follows:
- If medications are returned to the parent/guardian, "Returned to parent/guardian," the date, and the parent/guardian and nurse's signatures should be written at the bottom of page two (2) of the *Authorization for the Administration of Medication* form. If a controlled medication is returned, the exact number of pills or amount of liquid medication returned shall also be noted.
  - If the medication cannot be returned to the parent/guardian, non-controlled medications may be destroyed in the presence of at least one (1) witness. "Destroyed," the date, the nurse and the witness' signatures should be written on page two (2) of the *Authorization for the Administration of Medication* form (Appendix A).
  - If a controlled drug cannot be returned to the parent/guardian, the remaining medication must be destroyed in accordance with the requirements of Section 21a-262-3 of the Regulations of Connecticut State Agencies. Destruction and disposal of a controlled drug requires consultation with the Commissioner of Consumer Protection or his/her designee unless otherwise indicated herein. "Destroyed," the date, the exact number of pills or amount of liquid medication destroyed, and the nurse and the witness' signatures should be written on page two (2) of the *Authorization for the Administration of Medication* form (Appendix A).
  - The school nurse shall enter a note on the medication order in SNAP and document a visit in SNAP under Medication Management, recording that the medication was returned to the parent/guardian or how the medication was destroyed, including the name of the witness.
16. Accidental destruction or loss of controlled drugs must be verified [by the school nurse](#) in the presence of the health services supervisor, pupil services director, or designee, including confirmation of the presence or absence of residue and jointly documented on the student medication administration record and on a medication error form to include a detailed list of any controlled substance(s) lost, destroyed or stolen, the kind and quantity of such substances and the date of the discovery of such loss, destruction or theft. ~~The medication error report must be made available~~ [If no residue is present, notification must be made](#) to the Commissioner of Consumer Protection or his/her authorized agents, [pursuant to Section 21a-262-3 of the Regulations of](#)





Connecticut State Agencies.

17. If a loss of controlled drugs is discovered, the school nurse or substitute nurse shall immediately notify the health services supervisor who will:
  - a. gather relevant information and review with the school nurse available documentation and known facts;
  - b. consult with the pupil services director; and
  - c. notify the Superintendent of Schools.
  
18. If the loss of controlled drugs cannot be explained by accidental destruction or loss, and theft is a possibility, the Superintendent or his/her designee shall notify the Westport police and the Commissioner of Consumer Protection or his/her authorized agent.
  
19. All school will maintain epinephrine in cartridge injectors for the purpose of emergency first aid to students who experience allergic reactions and do not have a prior written authorization of a parent or guardian or a prior written order of a qualified medical professional for the administration of epinephrine.
  
20. 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.



## VII. DOCUMENTATION OF MEDICATION ADMINISTRATION

1. The school nurse, and before-and-after school program and school readiness program where medications are administered, shall maintain an electronic medication administration record for each student who receives medication during school hours. Such electronic records shall be completed according to Section VI, #10-12 and Appendix F (same as the SNAP Manual directions, pages 30-34b).
2. The electronic medication administration record shall include:
  - a. name of the student;
  - ~~a.b.~~ the student's state-assigned student identifier (SASID); <sup>[A11]</sup>
  - ~~b.c.~~ name of the medication;
  - ~~e.d.~~ dosage ordered by the prescriber;
  - ~~d.e.~~ route of administration;
  - ~~e.f.~~ frequency of administration;
  - ~~f.g.~~ name of the authorized prescriber;
  - ~~g.h.~~ dates for initiating and terminating the administration of the medication within the school year July 1, 20XX through June 20, 20XX, including extended school year programs;
  - ~~h.i.~~ quantity received, which shall be verified by the adult delivering the medication;
  - ~~i.j.~~ any student allergies to food or medicine;
  - ~~j.k.~~ date and time of each administration or omission including the reason for the omission;
  - ~~k.l.~~ dose or amount of drug administered, including a dose administered by other qualified school personnel, for example, on a field trip, noted as such;
  - ~~l.m.~~ the legal electronic signature of the nurse indicated by the SNAP pin number; and
  - ~~m.n.~~ for controlled drugs, a medication count which shall be ~~the automatic count generated by SNAP, based on the original number of pills or volume of fluid delivered to the school and so documented in setting up the administration plan, and the record of actual administrations conducted and documented at least once a week and co-signed by the assigned nurse and a witness.~~ <sup>[A12]</sup>
3. For controlled drugs, three additional types of records shall be kept in a file folder for the school year labelled "Controlled Drugs- 20XX" in a locked cabinet or drawer in the health office:
  - a. The record of a count of each controlled drug maintained in the school which shall be conducted at least once a week and co-signed in ink by the school nurse and a witness who may be another nurse, or in the absence of a second nurse, a principal or assistant principal who has been trained in the general principles of medication administration. The weekly count form (see Appendix G) may be destroyed in keeping with #8.d. below.
  - b. The annual plan for conducting the weekly counts including the responsible school nurse(s) and administrator, as applicable, and the day of the week that the counts will be accomplished.
  - c. A copy of the full electronic record of daily or PRN administrations of a controlled drug over a school year for any student who is administered a controlled medication in school, which shall be maintained in the school **for three years** following the year in which the



drug was administered.

4. In the absence of the school nurse or substitute nurse, qualified personnel for schools (Section III) or qualified personnel for programs (Section VIII) who administer a medication to a student shall document the administration of medication in ink on the Non-Nurse Administration of Medication Form ~~form~~ provided by the school nurse. For field trips, the form ~~which used to document administration of medication~~ shall include the SNAP-~~generated medication~~ order information with dose, route, time, frequency, the date and time of actual administration or omission, the printed name of the qualified individual administering the medication and the written legal signature of the qualified individual. For other purposes, e.g., athletics or before- and after-school programs, the F form used to document administration of medication will be a ~~controlled drug~~ <sup>[A13]</sup> administration record form properly completed with dose, route, time, frequency, the date and time of actual administration or omission, the printed name of the qualified individual administering the medication and the written legal signature of the qualified individual (see Appendix B). The school nurse shall provide qualified personnel for schools or qualified personnel for programs a copy of the original written order of the authorized prescriber, the written authorization of the parent/guardian to administer the medication and the written authorization of the parent/guardian for the exchange of information by the prescriber and school nurse to ensure the safe administration of such medication along with the appropriate Non-Nurse Administration of Medication Form ~~medication administration documentation form~~ <sup>[A14]</sup>.
- ~~5.4. Documentation of transactions shall be recorded in an electronic record which cannot be altered, such as SNAP, or in ink which shall not be altered.~~ <sup>[A15]</sup>
- ~~6.5.~~ The original written order of the authorized prescriber, the written authorization of the parent/guardian to administer the medication and the written authorization of the parent/guardian for the exchange of information by the prescriber and school nurse to ensure the safe administration of such medication shall be filed in the student's cumulative health record, or for a before- or after- school or school readiness program, in the child's program record. During the school year, the school nurse may maintain a copy of all original medication orders in a readily accessible, organized binder. ~~At the end of the school year, or if the medication is discontinued, the original order shall be filed in the student's CHR.~~ <sup>[A16]</sup>
6. A true copy of the written order of the authorized prescriber and the written authorization of the parent/guardian to administer the medication and the written authorization of the parent/guardian for the exchange of information by the prescriber and school nurse to ensure the safe administration of such medication shall at all times be maintained ~~stored~~ in the Student's cumulative health record.
- ~~7. container with the student's medication.~~
- ~~8.7.~~ Medication administration records shall be made available to the Connecticut State Department of Education or any duly authorized representative upon request until destroyed pursuant to Section 11-8a and Section 10-212a(b) of the Connecticut General Statutes ~~for controlled medications~~, as follows:



- a. A summary of the electronic record of medications administered to a student during the school year, which is part of the "Transfer Record," shall be printed from SNAP and included in the CHR at the end of each school year.
- b. Any medication administration records for non-controlled medications that are *in writing* (e.g., field trip record) may be destroyed at the end of the school year after the records have been documented in SNAP or summarized on the student's CHR.
- c. Records for controlled medications shall be maintained the same as non-controlled drugs except that, in addition to the summary of the electronic record in (or on) the CHR, a copy of the full electronic (or written) record of daily and PRN administrations of a controlled drug over a school year (July 1 through June 30) for any student who is administered a controlled medication in school, shall be maintained in the school **for three years** following the year in which the drug was administered. See also #3.c. above and Section VI.
- d. ~~The [A17] weekly count form may be destroyed at the end of each school year so long as no discrepancy in counts was identified during that school year and a note indicating that there were no discrepancies over the year is entered in the student's SNAP record or on the CHR. If a discrepancy occurred at any time during the year, the weekly count record shall be permanently maintained in the student's CHR.~~



### VIII. MEDICATION ADMINISTRATION IN SCHOOL READINESS AND BEFORE- AND AFTER-SCHOOL PROGRAMS

1. Administration of medication in school readiness and before- and after-school programs shall be in keeping with Connecticut Regulations section Sec. 10-212a-10. On an annual basis, the health services supervisor, in collaboration with the Superintendent or the Superintendent's designee(s), will review the policy and procedures as pertinent to medication administration in before- and after-school and school readiness programs and will determine what programs, if any, meet the definition of before- and after-school or school readiness programs as defined in Connecticut Regulations section Sec. 10-212a-10 for that specific year. For those programs that meet the definition, the [school medical advisor and](#) health services supervisor or his/her designee shall determine:
  - a. If administration of medications is medically necessary for any participant(s) to access the program and maintain their health status while attending the program, [as medication shall be administered in these programs only when this standard is met](#);
  - b. the level of nursing services needed to ensure the safe administration of medication within each program, e.g., medication and emergency care plan development, pre-program training of delegates, and periodic supervision; availability of telecommunications with school nurse during the program; or on-site availability of a nurse;
  - c. who may administer medication in the given program;
  - d. whether students with self-administration plans in place during the school day require any adaptation of those plans for use in before- and after-school programs;
  - e. whether students with emergency and individualized health care plans in place during the school day require adaptation of those plans for use in before- and after-school or school readiness programs;
  - f. the procedure to be followed in the event of a medication emergency or error and the individuals or facilities to be contacted in such event; and
  - g. the person responsible for decision making in the absence of the nurse.

In addition:

- a. Local poison control center information shall be readily available in each program.
- b. No medication shall be administered in these programs without:
  - (1) the written order of an authorized prescriber, and
  - (2) the written authorization of a parent/guardian or an eligible student
- c. In the absence of a ~~licensed~~-[registered](#) nurse, only 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 hired by the district to provide services to the before- and after-school or school readiness programs.
- d. Training for directors or directors' designees, lead teachers or school administrators in the administration of medications will be provided according to subsections (a) to (c), inclusive, of Section 10-212a-3 of the Regulations of Connecticut State Agencies and Section III, #4-5 of these procedures.
- e. Directors or director's designee, lead teachers and school administrators may administer oral, topical, intranasal or inhalant medications, and may administer cartridge injector medications



- only to a student with a medically-diagnosed allergic condition which may require prompt treatment to protect the student against serious harm or death.
- f. Investigational drugs or research or study medications may not be administered by directors or director's designee, lead teachers, or school administrators; and
  - g. Controlled drugs currently listed in schedules II through V of the Regulations of Connecticut State Agencies, Sections 21a-243-8 to 21a-243-11, inclusive, of the Regulations of Connecticut State Agencies may be administered in school readiness programs and before- and after-school programs if necessary in order for the student to attend the program and determined appropriate by the health services supervisor or designee<sup>[A18]</sup>.
  - h. Self-medication, when determined appropriate by the health services supervisor or designee<sup>[A19]</sup>, shall follow the procedures in Section 10-212a-4 of the Regulations of Connecticut State Agencies and ~~#7~~Section II of these procedures.
  - i. All medications in before- and after-school and school readiness programs shall be handled, stored and disposed of in accordance with the provisions of subsection (a) to (k), inclusive, of the Regulations of Connecticut State Agencies and ~~#20~~Section VI of these procedures.
  - j. A separate supply of medication shall be stored at the site of the before-and-after school or school readiness program. In the event that it is not possible for the parent/guardian to provide a separate supply of medication, then a plan shall be developed to ensure the timely transfer of the medication from the school to the program and back on a daily basis.
  - k. Documentation shall be completed and maintained on a form, provided by the ~~school nurse~~health services supervisor or designee, as follows:
    - (1) a separate administration of medication record for each student shall be maintained in the program using the controlled drug form (see Appendix B);
    - (2) the administration of medication record shall be submitted to the school nurse at the end of each school year and filed in or summarized on the student's cumulative health record according to local or regional board of education policy.
  - l. Communication with the school nurse:
    - (1) administration of a medication with a cartridge injector shall be reported to the school nurse at the earliest possible time but not later than the next school day.
    - (2) all other instances of the administration of medication shall be reported to the school nurse according to the student's individual plan or at least on a monthly basis.
  - m. Supervision of the administration of medication in school readiness and before- and after-school programs shall be the responsibility of the health services supervisor or designee who has been assigned responsibility for delegating to, training and supervising appropriate personnel in the administration of medication for before- and after-school or school readiness programs and will be conducted in accordance with the provisions of subdivision (1) to (6), inclusive, of Section 10-212a-7 of the Regulations of Connecticut State Agencies and Section III, #5 of these procedures.
- ~~m.n.~~ 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.



## IX. MEDICATION ADMINISTRATION ON SCHOOL-SPONSORED ~~EVENTS~~<sup>[A20]</sup> ~~TRIPS~~<sup>[A21]</sup>

School nurses should assist in the planning for students with health care needs who require medication ~~for during~~ a school-~~sponsored~~ ~~trip~~<sup>[A22]</sup> ~~event~~.

1. For students participating ~~in~~ a ~~C~~urricular ~~F~~ield ~~T~~rip, the school nurse may delegate medication administration to qualified personnel for schools according to C.G.S. 10-212a and in accordance with section III. of these regulations. Students may also self-administer medications, if deemed appropriate, in accordance with C.G.S.10-212 and section II. of ~~these~~ regulations.
  - a. Qualified personnel for schools may not be supplied for more than one dose of medication from their school supply as this is considered dispensing. For multiple doses, parents must provide the appropriate supply from their pharmacy and ensure it is stored in an appropriately labeled pharmaceutical container.

~~For students participating in an E~~xtracurricular ~~F~~ield ~~T~~rip, school nurses ~~and responsible school administrators, along with the health services supervisor if appropriate, shall consult in advance of the trip to determine what, if any, medical needs participating students may have while on the trip. Provision of medical services for extracurricular field trips shall be made on a case-by-case basis and in accordance with federal and state laws. may provide general guidance to the school staff regarding medication that may be taken by a student on a trip, but the nurse may not delegate medical administration or assess competency or delegate supervision related to self-administration. For these trips, if deemed appropriate, students must have the control of the medication at all times and is self-managed by the student and must follow section II. of these regulations.~~ <sup>[A23]</sup>







~~X. DEFINITION OF TERMS~~

2.

**The following definitions are derived from Sections 10-212a-1 through 10-212a-10 of the Regulations of Connecticut State Agencies, plus two acronyms used in the procedures, and apply to terms used in Westport Public Schools' Policy and Procedures on the Administration of Medication.**

1. **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.
2. **Advanced practice registered nurse** means an individual licensed pursuant to Section 20-94a of the Connecticut General Statutes.
3. **Authorized prescriber** means a physician, dentist, optometrist, advanced practice registered nurse or physician assistant and, for interscholastic and intramural athletic events only, a podiatrist.
4. **Before- and after-school program** means any child care program operated and administered by a local or regional board of education or municipality exempt from licensure by the Department of Public Health pursuant to subdivision (1) of subsection (b) of Section 19a-77 of the Connecticut General Statutes. Such programs shall not include public or private entities licensed by the Department of Public Health or board of education enhancement programs and extra-curricular activities.
5. **Board of education** means a local or regional board of education, a regional educational service center, a unified school district, the regional vocational-technical school system, an approved private special education facility, the Gilbert School, the Norwich Free Academy, Woodstock Academy or a non-public school whose students receive services pursuant to Section 10-217a of the Connecticut General Statutes.
6. **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.
7. **CHR or CHR-1** refers to the cumulative health record (see below).
8. **Coach** means an athletic coach as defined in Section 10-222e of the Connecticut General Statutes.
9. **Commissioner** means the Commissioner of Education or any duly authorized representative thereof.



10. **Controlled drugs** means controlled drugs as defined in Section 21a-240 of the Connecticut General Statutes.
11. **Cumulative health record** means the cumulative health record of a pupil mandated by Section 10-206 of the Connecticut General Statutes.
12. **Curricular Field Trip** means a primarily educational trip that emerges from the classroom and that includes events or activities through which students leave school grounds, typically during the school day for part or all of the trip, for the purpose of curriculum-related study. Such a trip is designed to help students develop a better understanding of their studies by reinforcing, supplementing, and/or extending their educational experience. Examples of Curricular Field Trips include:
- Day trip to museum, nature center, science laboratory, etc.
  - Recurring trips (if tied to curriculum)
  - Overnight trips or longer trips for educational programs (e.g., Nature's Classroom)
- ~~12.~~13. **Dentist** means a doctor of dentistry licensed to practice dentistry in Connecticut pursuant to Chapter 379 of the Connecticut General Statutes, or licensed to practice dentistry in another state.
- ~~13.~~14. **Department** means the Connecticut State Department of Education or any duly authorized representative thereof.
- ~~14.~~15. **Director** means the person responsible for the operation and administration of any school readiness program or before- and-after school program.
- ~~15.~~16. **Eligible student** means a student who has reached the age of eighteen or is an emancipated minor.
- ~~16.~~17. **Error** means:
- a. failure to do any of the following as ordered:
    - administer a medication to a student;
    - administer medication within the time designated by the prescribing practitioner;
    - administer the specific medication prescribed for a student;
    - administer the correct dosage of medication;
    - administer medication by the proper route; and/or
    - administer the medication according to generally accepted standards of practice; or,
  - b. administration of a medication to a student which is not ordered, or which is not authorized in writing by the parent/guardian of such student.
18. **Extracurricular activities Field Trip** <sup>[A24]</sup> means an educational, cultural, and/or recreational trip that occurs outside the school day, and that may emerge from an approved extracurricular



club, organization, program, or activity. Such a trip, while designed to broaden and enhance students' educational experience, is not part of the educational program and is not designed for the purpose of curriculum-related study.

~~17. educational, cultural, and/or recreational trips that occur outside the school day and may emerge from an approved extracurricular club, organization, program or activity. Such trips while designed to broaden and enhance students' educational experience, are not part of the educational program and are not designed for the purpose of curricular related study.~~

~~18.~~**19. Guardian** means one who has the authority and obligations of guardianship of the person of a minor, and includes:

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

~~19.~~**20. 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.

~~20.~~**21. Interscholastic athletic events** means events between or among schools for the purpose of providing an opportunity for students to participate in competitive contests which are highly organized and extend beyond the scope of intramural programs and includes tryouts, competition, practice, drills, and transportation to and from such events.

~~21.~~**22. 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.

~~22.~~**23. Licensed athletic trainer** means a licensed athletic trainer employed by the school district pursuant to Chapter 375a of the Connecticut General Statutes.

~~23.~~**24. Medication** means any medicinal preparation including over-the-counter, prescription -and controlled drugs, as defined in Section 21a-240 of the Connecticut General Statutes.

~~24.~~**25. Medication emergency** means a life-threatening reaction of a student to a medication.

~~25.~~**26. Medication plan** means a documented plan established by the school nurse in conjunction with the parent/guardian 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.

~~26.~~**27. Medication order** means the written direction by an authorized prescriber for the administration of medication to a student which shall include the name of the student, the name and generic



name of the medication, the dosage of the medication, the route of administration, the time of administration, the frequency of administration, the indications for medication, any potential side effects including overdose or missed dose of the medication, the start and termination dates not to exceed a 12-month period, and the written signature of the prescriber.

- 27.28. Nurse** means an advanced practice registered nurse, a registered nurse or a practical nurse licensed in Connecticut pursuant to Chapter 378 of the Connecticut General Statutes.
- 28.29. 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.
- 29.30. Optometrist** means an optometrist licensed to provide optometry pursuant to Chapter 380 of the Connecticut General Statutes.
- 30.31. Paraprofessional** means a health care aide or assistant or an instructional aide or assistant employed by the local or regional board of education who meets the requirements of such board for employment as a health care aide or assistant or instructional aide or assistant.
- 31.32. 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.
- 32.33. 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.
- 33.34. Physician assistant** means an individual licensed to prescribe medications pursuant to Section 20-12d of the Connecticut General Statutes.
- 34.35. Podiatrist** means an individual licensed to practice podiatry in Connecticut pursuant to Chapter 375 of the Connecticut General Statutes.
- 35.36. Principal** means the administrator in the school.
- 36.37. Qualified personnel for schools** means (a) a full-time employee who meets the local or regional board of education requirements as a principal, teacher, occupational therapist or physical therapist and has been trained in the administration of medication in accordance with Section 10-212a-3 of these regulations; (b) a coach and licensed athletic trainer who has been trained in the administration of medication pursuant to Section 10-212a-8 of these regulations; or (c) a paraprofessional who has been trained in the administration of medication pursuant to Section 10-212a-9 of these regulations.
- 37.38. Qualified personnel for school readiness programs and before- and after-school programs**, means directors or director's designee, lead teachers and school administrators who have been trained in the administration of medication may administer medications pursuant to Section 10-212a-10 of these regulations.



- ~~38~~39. **Research or study medications** mean 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.
- ~~39~~40. **School** means any educational program which is under the jurisdiction of a board of education as defined by this section excluding extracurricular activities.
- ~~40~~41. **School medical advisor** means a physician appointed pursuant to Section 10-205 of the Connecticut General Statutes.
- ~~41~~42. **School nurse** means a nurse appointed pursuant to Section 10-212 of the Connecticut General Statutes.
- ~~42~~43. **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.
- ~~43~~44. **School readiness program** means a program that receives funds from the State Department of Education for a school readiness program pursuant to subsection (b) of Section 10-16p of the Connecticut General Statutes and exempt from licensure by the Department of Public Health pursuant to subdivision (1) of subsection (b) of Section 19a-77 of the Connecticut General Statutes.
- ~~44~~45. **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.
- ~~45~~46. **SNAP** means the electronic student health record system known as SNAP Health Center.
- ~~46~~47. **Supervision** means the overseeing of the process of the administration of medication in a school.
- ~~47~~48. **Teacher** means a person employed full time by a board of education who has met the minimum standards as established by that board of education for performance as a teacher and has been approved by the school medical advisor and school nurse to be designated to administer medications pursuant to Sections 10-212a-1 through 10-212a-7 of the Regulations of Connecticut State Agencies.



**XI. REFERENCES**

**Legal References**

Connecticut General Statutes

Section 10-206

Section 10-212

Section 10-212a

Section 19a-900

Section 21a-240

Section 52-557b

~~Public Act 14-176, "An Act Concerning The Storage And Administration Of Epinephrine At Public Schools."~~<sup>[A25]</sup>

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)

Code of Federal Regulations

Title 21 Part 1307.21

\_\_\_\_\_  
Norman Weinberger, MD  
Medical Advisor

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Date

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Suzanne Levasseur, MSN, APRN, CPNP  
Supervisor of Health Services

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Date



## **IX. APPENDICES**

- A. Authorization for the Administration of Medicine by School Personnel
- B. Self-Medication Assessment
- C. Medication Administration Record for Non-Nurse Qualified Personnel
- D. General Principles of Medication Administration (training form 1)
- E. Student Specific Principles of Medication Administration (training form 2)
- F. Medication Error Report
- G. SNAP Directions for Documenting Medications and Treatments
- H. Refusal to Permit Administration of Epinephrine for Emergency First Aid Form