

May 23, 2011

Staples High School

WESTPORT BOARD OF EDUCATION

*AGENDA

(Agenda Subject to Modification in Accordance with Law)

PUBLIC SESSION/PLEDGE OF ALLEGIANCE:

7:30 p.m. Staples High School, Cafeteria B (Room 301)

ANNOUNCEMENTS FROM BOARD AND ADMINISTRATION

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

MINUTES: May 9, 2011

PRESENTATIONS:

1. Exemplary Inclusionary Extracurricular Activities for Students
Ms. Gilchrest
Mr. Zito
Ms. McQuone
Ms. Joyce
Wyatt Davis
2. Gifted Education: Review of Current Program and Potential
For Modifications for Greater Challenges for Students (Encl) Mr. Fagan
Dr. Fischetti

DISCUSSION/ACTION:

1. Health Education Curriculum: Grades 6-12 (Encl) Mr. Gusitsch
Mr. Fagan
2. Policy P5141.21: Administration of Medications (Encl) Ms. Schwab
3. Acceptance of Gift: Chartwells (Encl) Dr. Landon
4. Adoption of 2011-12 Board of Education Budget (Encl) Dr. Landon
Ms. Harris

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 cable TV on channel 78.

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 PUBLIC SCHOOLS

ELLIOTT LANDON
Superintendent of Schools

110 MYRTLE AVENUE
WESTPORT, CONNECTICUT 06880
TELEPHONE: (203) 341-1010
FAX: (203) 341-1029

To: Members of the Board of Education

From: Elliott Landon

Subject: Gifted Education: Review of Current Program and Potential for Modifications for Greater Challenges for Students

Date: May 23, 2011

Among the "School System Priorities" that were approved by the Board in October 2010 was the following multi-year objective:

Review the potential for modifying the gifted program at the elementary and middle school levels to provide for greater challenges for gifted and talented students

Towards that end, a review of the literature related to gifted education was performed; a number of focus groups were formed to elicit student opinions in grades 3-8 as to the strengths and weaknesses of the current program; and, a survey document was sent to the parents of all students currently identified as gifted in grades three through eight to solicit their opinions anonymously about the current program.

As you will note from the correspondence from Mr. Fagan that follows, the results of the research and surveys will be presented to the Board at our meeting of May 23. Also to be included are areas for exploration with regard to the charge to provide for greater challenges for gifted and talented students in our elementary and middle schools.



WESTPORT PUBLIC SCHOOLS

Memorandum

To: Dr. Elliott Landon and members of the Board of Education

From: Brian A. Fagan
Dr. Barbara Fischetti

Date: May 18, 2011

Subject: Board of Education Gifted Presentation

Dr. Barbara Fischetti and I will present a report to the Board of Education on Monday, May 23, 2011 addressing three components of the Board's Objective to "Evaluate the effectiveness of the elementary and middle school programs for gifted students." Our presentation will present an overview of the research on the effectiveness of various program models for this identified population of children to establish the validity of several programming approaches. We will share the results of focus group meetings conducted with children at each of Westport's five elementary and two middle schools. This summary of student responses to the focus group questions provides insights into how the children view the program and its relationship to their overall school experiences. As you are aware, all parents of students currently identified as gifted in our grade three through grade eight population were provided an opportunity to participate in an anonymous survey that solicited their opinions about the Workshop Program and the degree to which they felt it met their child's needs. A representative from Beresford Research, the firm that conducted the survey, will be present to share the survey results and join in responding to any questions the Board may have regarding the survey or conclusions drawn from the data. The third and final component will seek to meld the information acquired through research, the focus groups, and the survey instrument into recommendations for the Board members to consider as we plan the way forward.

We look forward to an engaging discussion of this important topic.

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Superintendent of Schools

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TELEPHONE: (203) 341-1010
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To: Members of the Board of Education
From: Elliott Landon
Subject: Health Education Curriculum, Grades 6-12
Date: May 23, 2011

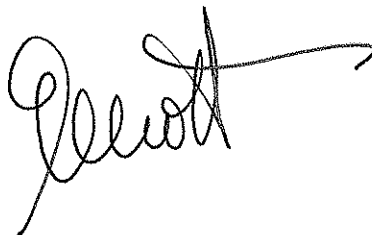
Appended to this memorandum you will find the proposed Health Education Curriculum, Grades 6-12, for the Westport Public Schools that was presented to the Board at our meeting of May 9. This curriculum was prepared by a committee of teachers and administrators working under the guidance of David Gusitsch, Department Chair for Physical Education and Health, and Assistant Superintendent Brian Fagan.

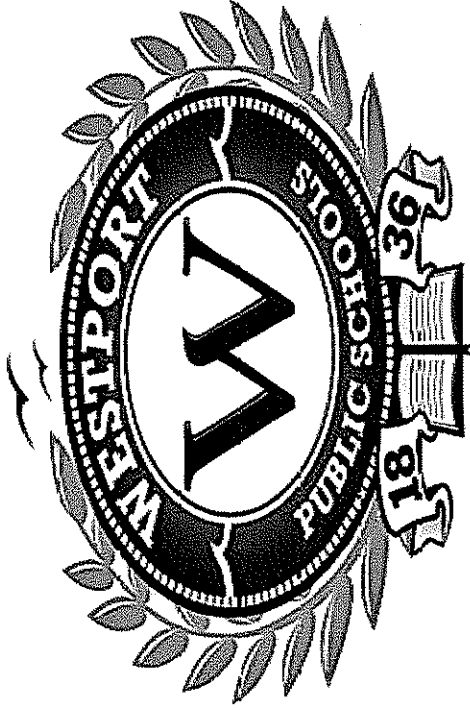
Focused on units of study by grade level, the documents representing this health education curriculum appear in two parts; the first of which is organized around the middle school grades, 6-8 and the second, for the high school grades, 9-12. Instruction related to each grade level focuses on the published Connecticut state standards for health education; the Westport objectives responsive to those standards; the resources and activities to be used by certified Westport health education teachers to achieve those standards and objectives; and, the assessment and data collection to be utilized in determining whether the desired health education learning outcomes for students in grades 6-12 have been achieved.

This item appears on the agenda of the meeting of May 23 for Board of Education approval.

ADMINISTRATIVE RECOMMENDATION

Be it Resolved, That upon the recommendation of the Superintendent of Schools, the Board of Education approves the revised Health Education Curriculum, Grades 6-12 that is to be implemented effective with the start of the 2011-12 school year, a copy of which will be appended to the Minutes of the meeting held on May 23, 2011.





Westport Public Schools

Health Curriculum

Grades 6 – 8

*Presented to the
Board of Education
May 23, 2011*

HEALTH CURRICULUM

GRADES 6 - 8

Units of Study

In Grades 6-8, the Health Curriculum and its Programming is divided into units of study over the course of each school year. Those units are as follows:

	Grade 6	Grade 7	Grade 8
Unit 1:	Human Growth and Development (p2)	Unit 1: Human Growth and Development (p7)	Unit 1: Human Growth and Development (p11)
Unit 2:	Substance Abuse Prevention (p3)	Unit 2: Substance Abuse Prevention (p8)	Unit 2: Personal Safety (p12)
Unit 3:	Nutrition (p4)	Unit 3: Nutrition (p9)	Unit 3: Substance Abuse Prevention (p13)
Unit 4:	First Aid and Safety (p5)	Unit 4: Social and Emotional Health (p10)	Unit 4: Social and Emotional Health (p14)
Unit 5:	Social and Emotional Health (p6)		

GRADE 6: Unit 1 - Human Growth and Development

State Standard	Westport Objective	Resources & Activities	Assessment & Data Collection
Standard 1: Comprehend concepts related to health promotion and disease prevention	Describe strategies that support positive health behaviors (i.e., sleep, nutrition, exercise...) and prevention of injury & disease	www.kidshealth.org www.mypyramid.gov	Writing prompt
Standard 3: Demonstrate the ability to practice health-enhancing behaviors to reduce health risks	Review the developmental issues associated with puberty	School Nurse Puberty video	
	Describe how positive health behaviors contribute to good health	American Medical Association: (Pediatric and Adolescent Journals) Discussion	
		Questions & Answers	

GRADE 6: Unit 2 - Substance Abuse Prevention

State Standard	Westport Objective	Resources & Activities	Assessment & Data Collection
Standard 1: Comprehend concepts related to health promotion and disease prevention	Describe the physical, social, and emotional effects associated with tobacco, alcohol, and other drugs	www.drugfreeamerica.org www.health.org	Assessment & Data Collection Poster Role playing
Standard 5: Demonstrate the ability to use interpersonal communication skills to enhance health	Demonstrate steps that will assist you in refusing tobacco, alcohol, and other drugs and keep friends	www.ct.gov : Connecticut School Health Survey www.cdc.gov/dash (Centers for Disease Control & Prevention) American Heart Association American Lung Association	Create letter to future self addressing how tobacco can affect their quality of life
Standard 6: Demonstrate the ability to use decision-making skills to enhance health	Demonstrate decision making skills to be tobacco, alcohol, and other drugs		
		Discussion & Question/Answer	
		Discussion	
		Role Play	

GRADE 6: Unit 3 - Nutrition

State Standard	Westport Objective	Resources & Activities	Assessment & Data Collection
Standard 1: Comprehend concepts related to health promotion and disease prevention	Explain the relationship between good nutrition and good health (i.e., 6 essential nutrients, daily requirements)	www.mypyramid.gov	Individual Food Journal
Standard 2: Demonstrate the ability to access valid health information and health-promoting products and services	Interpret the information found on food labels	Food labels: www.fda.gov ("Spot the Block") Current literature	
Standard 3: Demonstrate the ability to practice health-enhancing behaviors to reduce health risks	Examine the influences of family, friends, advertising, and media on personal food choices	American Dietetic Association School Nurse	
Standard 4: Analyze the influence of culture, media, technology and other factors on health	Identify areas of improvement in eating habits	Analyze Food Labels Discussion Role Play	

GRADE 6: Unit 4 – First Aid and Safety

State Standard	Westport Objective	Resources & Activities	Assessment & Data Collection
Standard 1: Comprehend concepts related to health promotion and disease prevention	Identify situations in which there is a need for emergency medical response	American Red Cross American Heart Association	Emergency list Role playing
Standard 2: Demonstrate the ability to access valid health information and health-promoting products and services	Discuss strategies to promote personal safety at home, in school, and in the community	www.westportct.gov (Public Safety) School Nurse	
Standard 3: Demonstrate the ability to practice health-enhancing behaviors to reduce health risks	Develop a list of resources to assist people with emergency response	Discussion Role Play	
Standard 8: Demonstrate the ability to advocate for personal, family and community health	Identify strategies to prevent disease transmission in an emergency situation Apply basic first aid techniques (i.e., check situation, 911 call, caring for victim until help arrives, broken bone, shock...) Sun Safety (i.e., consequences of over exposure)		

GRADE 6: Unit 5 - Social and Emotional Health

Assessment & Data Collection
Salubrious bag

Resources & Activities

www.kidshealth.org

Westport Objective

Describe the characteristics of a mentally and emotionally healthy person

Current literature

State Standard

Standard 1: Comprehend concepts related to health promotion and disease prevention

Standard 3: Demonstrate the ability to practice health-enhancing behaviors to reduce health risks

Identify behaviors associated with social and emotional health
List the adults in your support system

www.cdc.gov/dash

www.ct.gov: Connecticut School Health Survey

Standard 4: Analyze the influence of culture, media, technology and other factors on health

Discuss strategies that support mental health and manage stress

Create Health/Wellness Triangle

Discussion

Make a personal commitment to show respect and consideration for others, both in person and through social mediums

Role Play

GRADE 7: Unit 1 - Human Growth and Development

State Standard	Westport Objective	Resources & Activities	Assessment & Data Collection
Standard 1: Comprehend concepts related to health promotion and disease prevention	Explain the relationship between hormones and puberty	www.kidshealth.org	Written quiz or test
Standard 5: Demonstrate the ability to use interpersonal communication skills to enhance health	Identify ways in which hormonal changes may affect communication, behavior, and relationships	www.kingcounty.gov (F.L.A.S.H. Curriculum: Family Life & Sexual Health)	
	Identify anatomy of male and female reproductive system	American Medical Association: (Pediatric and Adolescent Journals) Video	
		Discussion	

GRADE 7: Unit 2 - Substance Abuse Prevention

State Standard	Westport Objective	Resources & Activities	Assessment & Data Collection
Standard 1: Comprehend concepts related to health promotion and disease prevention	Differentiate between over the counter (OTC), prescription and illicit drugs	www.teens.drugabuse.gov	Brochure/poster/photo story to demonstrate knowledge dangers of drugs. (Public service announcement)
Standard 2: Demonstrate the ability to access valid health information and health-promoting products and services	Define addiction and list the possible effects on well-being	www.nida.nih.gov (National Institute on Drug Abuse: National Institute of Health)	
Standard 5: Demonstrate the ability to use interpersonal communication skills to enhance health	Develop and present accurate information on drugs and alcohol (i.e., poster, power point, brochure...)	Connecticut Clearing House Discussion	
Standard 8: Demonstrate the ability to advocate for personal, family and community health	Describe risks associated with drug use (HIV/AIDS & other diseases) Analyze the factors that influence a person's decision to use or not use alcohol and other drugs	Role Play	

GRADE 7: Unit 3 - Nutrition

State Standard	Westport Objective	Resources & Activities	Assessment & Data Collection
Standard 1: Comprehend concepts related to health promotion and disease prevention	Explain serving size in relationship to portion control	Myramid.gov American Dietetic Association American Heart Association	Create a food plan with focus on portion size and nutrient intake. (specific profile)
Standard 3: Demonstrate the ability to practice health-enhancing behaviors to reduce health risks	Describe how family, community & the media influence eating habits	Zisboombah.com Discussion	
Standard 4: Analyze the influence of culture, media, technology and other factors on health	Analyze nutritional needs based on personal growth & development Apply nutrition information to design a healthy eating plan		

GRADE 7: Unit 4 - Social and Emotional Health

State Standard	Westport Objective	Resources & Activities	Assessment & Data Collection
Standard 1: Comprehend concepts related to health promotion and disease prevention	Create strategies to improve overall wellness Contract for Life	Current literature School handbook	Create public service announcement to promote positive self esteem
Standard 2: Demonstrate the ability to access valid health information and health-promoting products and services	Describe internal/external factors that influence mental and emotional health Analyze how family, school, and peers influence personal health	Media sources (Dove Campaign for Real Beauty) www.healthteacher.com	Create a role play to demonstrate positive communication skills.
Standard 3: Demonstrate the ability to practice health-enhancing behaviors to reduce health risks	Define the term sexual harassment & bullying	www.connsacs.org : (Connecticut Sexual Assault Crisis Services) Guest speakers	
Standard 4: Analyze the influence of culture, media, technology and other factors on health	Identify techniques for preventing and reporting types of abuse, bullying, & sexual harassment	Discussion Role Play	
Standard 6: Demonstrate the ability to use goal-setting and decision-making skills to enhance health	Demonstrate the ability to access school and community resources to help with mental and emotional health issues Demonstrate healthy ways to deal with conflict		
	Demonstrate how to communicate clear expectations, boundaries, and personal safety strategies		
	Discuss why stereotypes can have a negative impact on the mental health of a person		

GRADE 8: Unit 1 - Human Growth and Development

State Standard	Westport Objective	Resources & Activities	Assessment & Data Collection
Standard 1: Comprehend concepts related to health promotion and disease prevention	Explain the concept that mature human sexuality develops over a lifetime	American Medical Association: (Pediatric and Adolescent Journals) Health Education Journal	Written quiz or test Create model of male & female reproductive systems
Standard 2: Demonstrate the ability to access valid health information and health promoting products and services.	Describe the anatomy and physiology of the male and female reproductive system Explain the process of the menstruation cycle, ejaculation & conception Discuss the importance of taking responsibility for health of the reproductive system (i.e., self examinations) Define abstinence and methods of contraception Identify adults who can provide accurate information about puberty, sexual health, relationships and responsible sexual behavior.	www.kingcounty.gov (F.L.A.S.H. Curriculum: Family Life & Sexual Health) www.ct.gov : Connecticut School Health Survey Video www.plannedparenthood.org www.siecus.org (Sexuality Information and Education Council of the U.S.) Discussion	

GRADE 8: Unit 2 - Personal Safety

State Standard	Westport Objective	Resources & Activities	Assessment & Data Collection
Standard 1: Comprehend concepts related to health promotion and disease prevention	Identify school policy and community laws regarding sexual conduct	School handbook www.cdc.gov	Create list of local & national agencies for personal safety needs
Standard 2: Demonstrate the ability to access valid health information and health-promoting products and services	Discuss prevention strategies for and transmission of HIV/AIDS & STI's	www.ct.gov : Connecticut School Health Survey www.advocatesforyouth.org : Sex Education Resource Center	
Standard 5: Demonstrate the ability to use interpersonal communication skills to enhance health	Demonstrate refusal skill to resist sexual pressure and sexual assault List local health agencies available to teens and their families	www.kingcounty.gov (F.L.A.S.H. Curriculum: Family Life & Sexual Health) Videos www.plannedparenthood.org www.siecus.org (Sexuality Information and Education Council of the U.S.)	
	Examine how abstaining from sex could positively impact personal goals and healthy lifestyles	Discussion Role Play	

GRADE 8: Unit 3 - Substance Abuse Prevention

State Standard	Westport Objective	Resources & Activities	Assessment & Data Collection
Standard 1: Comprehend concepts related to health promotion and disease prevention	Predict how not using alcohol or other drugs contributes to positive health outcomes	www.teens.drugabuse.gov	Written quiz or test
Standard 6: Demonstrate the ability to use decision-making skills to enhance health	Explain family and societal influences on alcohol and other drug use	www.ct.gov : Connecticut School Health Survey	Writing prompt
Standard 8: Demonstrate the ability to advocate for personal, family and community health	Explain how decisions about alcohol and drug use will affect relationships	www.nida.nih.gov (National Institute on Drug Abuse: National Institute of Health) Current Literature	
	Describe consequences associated with binge drinking	Videos	
	Demonstrate the ability to use refusal skills	Discussion	
	Identify legal consequences of drug possession & distribution (school & community)	Role Play	

GRADE 8: Unit 4 - Social and Emotional Health

State Standard
Standard 1: Comprehend concepts related to health promotion and disease prevention

Westport Objective
 Identify characteristics of a healthy relationship

Resources & Activities
www.dvccct.org: (Domestic Violence Crisis Center)

Assessment & Data Collection
 Create a dialogue/conversation between two people in a healthy relationship

Standard 4: Analyze the influence of culture, media, technology and other factors on health

Demonstrate communication skills necessary to maintain a healthy relationship

www.ct.gov: Connecticut School Health Survey

Standard 5: Demonstrate the ability to use interpersonal communication skills to enhance health

Describe internal/external factors that influence mental and emotional health

www.connsacs.org: (Connecticut Sexual Assault Crisis Services)

Describe how power and control differences in relationships (i.e., peers, dating, family) can contribute to aggression or violence

www.glsen.org: (Gay, Lesbian and Straight Education Network)

Standard 8: Demonstrate the ability to advocate for personal, family and community health

Demonstrate support and respect to people with differences (cultural, gender, and sexual orientation)

www.advocatesforyouth.org

www.loveisnotabuse.com

Discussion

Role Play

Demonstrate techniques to ask for help with mental and emotional health problems from trusted adults or friends

Note: State and National standards are aligned



Westport Public Schools

Health Curriculum

Grades 9 – 12

*Presented to the
Board of Education
May 23, 2011*

HEALTH CURRICULUM

GRADES 9 - 12

Units of Study

In Grades 9-12, the Health Curriculum and its Programming is divided into units of study over the course of each school year. Those units are as follows:

	Grade 9	Grade 10	Grade 11	Grade 12
Unit 1:	Substance Abuse Prevention (p2)	Substance Abuse Prevention (p6)	Substance Abuse Prevention (p10)	Substance Abuse Prevention (p14)
Unit 2:	Social and Emotional Health (p3)	Social and Emotional Health (p7)	Social and Emotional Health (p11)	
Unit 3:	Sexual Health (p4)	Sexual Health (p8)	Sexual Health (p12)	
Unit 4:	Mental Health and Stress Management (p4)	Nutrition (p9)	Nutrition (p13)	
Unit 5:	Nutrition (p5)			

GRADE 9: Unit 1 - Substance Abuse Prevention

National/State Standard	Westport Objective	Resources & Activities	Assessment & Data Collection
Standard 1: Comprehend concepts related to health promotion and disease prevention	Describe the physical, emotional, and social effects of tobacco, alcohol, and other drugs	Traveling wall graffiti	Traveling wall graffiti
Standard 3: Demonstrate the ability to practice health-enhancing behaviors to reduce health risks	Explain the relationship between tobacco, alcohol, and other drugs and health consequences	TAG presentation – peer to peer Power Point presentation CDC resources	
Standard 5: Demonstrate the ability to use interpersonal communication skills to enhance health	Assess consequences of substance abuse and physical safety	Guest Speaker	Speaker Questionnaire
	Demonstrate effective refusal skills when pressured to use tobacco, alcohol, and other drugs	Role play situations	Article demonstrating consequence of substance abuse and share with the class. Teacher Observation
	Describe options available for help or treatment		Create an Anti-drug advertisement

GRADE 9: Unit 2 - Social and Emotional Health

National/State Standard	Westport Objective	Resources & Activities	Assessment & Data Collection
Standard 1: Comprehend concepts related to health promotion and disease prevention	Identify characteristics of a healthy relationship	Polleverywhere.com activity	Speaker questionnaire
Standard 3: Demonstrate the ability to practice health-enhancing behaviors to reduce health risks	Demonstrate effective communication skills to express feelings in relationships	Speaker from Domestic Violence Dvccct.org Communication Activity Advocatesforyouth.org AAHPERD	Written reflection
Standard 5: Demonstrate the ability to use interpersonal communication skills to enhance health	Apply the goal setting skill to improve upon one characteristic of a current relationship (i.e., communication, respect & trust)	Choose one person for whom you would like to set a goal in order to improve an aspect of the relationship.	Written reflection
Standard 6: Demonstrate the ability to use decision making skills to enhance health	Sun Safety (i.e., tanning beds)		
Standard 7: Demonstrate the ability to use goal-setting skills to enhance health			

GRADE 9: Unit 3 - Sexual Health

National/State Standard
Standard 1: Comprehend concepts related to health promotion and disease prevention

Westport Objective
 Differentiate fact from myth in discussion of human sexuality

Resources and Activities
 * Myth or Fact activity

Assessment & Data Collection
 Teacher observation

Standard 2: Demonstrate the ability to access valid health information and health-promoting products and services

Review abstinence as the best choice for protecting oneself from unintended pregnancy and sexually transmitted infections

Identify sexually transmitted infections, signs, symptoms, and methods of transmission

STI activity

Teacher observation

Describe the different methods of birth control

Demonstrate the ability to access accurate and reliable information about sexual health

cdc.gov/dash
 teachingsexualhealth.ca

GRADE 9: Unit 4 - Mental Health and Stress Management

National/State Standard
Standard 1: Comprehend concepts related to health promotion and disease prevention

Westport Objective
 Explain the body's physical and psychological responses to stress

Resources and Activities
 "Pop Quiz" stress simulator

Assessment & Data Collection
 Written reflection of targeted stressor and whether or not applied technique of managing stress was successful or not.

Standard 3: Demonstrate the ability to practice health-enhancing behaviors to reduce health risks

Illustrate the effects of stress if left unmanaged (i.e., depression/suicide)

Stress PowerPoint

Write on smart board stressors and different ways to alleviate stress.

GRADE 9: Unit 5 - Nutrition

National/State Standard	Westport Objective	Resources and Activities	Assessment & Data Collection
<p>Standard 1: Comprehend concepts related to health promotion and disease prevention</p>	<p>Review Food Pyramid components</p>	<p>Guest Speaker</p>	<p>Individual nutrition pre and post calculation and reflection</p>
<p>Standard 3: Demonstrate the ability to practice health-enhancing behaviors to reduce health risks</p>	<p>Describe how the body converts nutrients to energy</p>	<p>Print out nutrition info from school website and calculate nutrition information based on pervious days lunch.</p>	
<p>Standard 6: Demonstrate the ability to use decision making skills to enhance health</p>	<p>Interpret nutritional information to plan a healthy balanced meal from school cafeteria.</p>		

GRADE 10: Unit 1 - Substance Abuse Prevention

National/State Standard	Westport Objective	Resources and Activities	Assessment & Data Collection
Standard 1: Comprehend concepts related to health promotion and disease prevention	Distinguish fact from myth in regards to tobacco, alcohol, and other drugs	Drug handouts and class discussion	Alcohol and Drunk Driving written assessment
Standard 3: Demonstrate the ability to practice health-enhancing behaviors to reduce health risks	Review negative effects of substance use on all areas of health		
Standard 5: Demonstrate the ability to use interpersonal communication skills to enhance health	Define gateway drugs Describe potential consequences of substance use on relationships and the law Assess refusal skills used when pressured to use drugs or alcohol	Student demonstration	Class assessment of student demo
Describe the effects/impact of supplemental use on health		Student/teacher examples	Written refusal skill responses
		Current Event Activity	Student Verbal Assessment/Teacher Verbal and Written Assessment

GRADE 10: Unit 2 - Social and Emotional Health

National/State Standard	Westport Objective	Resources and Activities	Assessment & Data Collection
<p>Standard 1: Comprehend concepts related to health promotion and disease prevention</p>	<p>Compare and contrast characteristics of a healthy relationship</p>	<p>Students will list daily and long term decisions. The class will have a discussion on the positive and negative influences society plays in these decisions.</p>	<p>Oral Teacher Evaluation</p>
<p>Standard 4: Analyze the influence of culture, media, technology and other factors on health</p>	<p>Analyze the influence of family, teachers, peers, and media on personal health behaviors</p>	<p>In groups, students will collaboratively use decision making skills to come to a solution of a difficult life problem.</p>	<p>Students will make a choice on an important life decision when faced with several options. They will also present what they feel are their most important influences when making such an important decision.</p>
<p>Identify how decisions influence your personal situation in a relationship</p>	<p>Demonstrate respect for all people without bias (i.e., gender, religion, or sexual orientation)</p>	<p>Students will view a movie and discuss how characters did or did not display aspects of positive relationships.</p>	<p>Students will watch a movie and respond to a list of questions in order to display their ability to relate to positive aspects of relationships.</p>
<p>Sun Safety (i.e., skin care; correlation with long term consequences)</p>			

GRADE 10: Unit 3 - Sexual Health

National/State Standard
Standard 1: Comprehend concepts related to health promotion and disease prevention

Standard 3: Demonstrate the ability to practice health-enhancing behaviors to reduce health risks

Westport Objective
 Review abstinence and other methods of contraception
 Communicate the benefits of protecting oneself from unintended pregnancy and infection from HIV and other STDs
 Demonstrate how to set clear limits on sexual behaviors
 Analyze the power of personal responsibility and decision making in regard to human sexuality
 Discuss resources in the community for STD testing

Resources and Activities
 Class Discussion and STD Handouts
 Group Awareness Activity

Assessment & Data Collection
 Verbal assessment of the group's knowledge of the subject
 Class Discussion of Group Answers

GRADE 10: Unit 4 - Nutrition

National/State Standard	Westport Objective	Resources and Activities	Assessment & Data Collection
<p>Standard 1: Comprehend concepts related to health promotion and disease prevention</p>	<p>Describe the relationship between nutrition, physical activity, physical fitness, and sport</p>	<p>Chartwells packet and discussion</p>	<p>Pre-unit assignment – using listed websites to set nutritional goals based on current fitness level, activity level, and personal schedule</p>
<p>Standard 3: Demonstrate the ability to practice health-enhancing behaviors to reduce health risks</p>	<p>Develop criteria in meal planning dependent upon their current fitness level, activity level, and personal schedule.</p>	<p>Student presentation of pre-unit assignment</p>	<p>Post-unit assessment – Use the school lunch website to provide one breakfast, lunch, and dinner that is suitable to you based upon criteria of meal planning and activity level</p>
<p>Standard 6: Demonstrate the ability to use decision making skills to enhance health</p>	<p>Describe how good nutrition can improve academic performance.</p> <p>Examine the consequences of poor nutrition (lack of eating, eating junk food, etc.)</p>		

GRADE 11: Unit 1 - Substance Abuse Prevention

National/State Standard	Westport Objective	Resources and Activities	Assessment & Data Collection
Standard 1: Comprehend concepts related to health promotion and disease prevention	Apply goal-setting skills to describe withdrawal experience	Students choose one thing to abstain from for one week to simulate withdrawal.	Written reflection
Standard 2: Demonstrate the ability to access valid health information and health-promoting products and services	Articulate the legal consequences of tobacco, alcohol, and other drug use	Guest Speaker from the Westport Police Department Westport Police Department PowerPoint School handbook	Speaker Questionnaire
Standard 3: Demonstrate the ability to practice health-enhancing behaviors to reduce health risks	Explain how chemical dependency is a family disease	Video clip resources (i.e., "Intervention")	Video Response
Standard 6: Demonstrate the ability to use decision making skills to enhance health	Demonstrate the ability to access school and community resources for preventing and treating substance abuse	Research local substance abuse facilities/programs	Worksheet
Standard 7: Demonstrate the ability to use goal-setting skills to enhance health	Discuss how personal goals can be affected by alcohol and other drug use	Situation cards- small groups and class discussion	Teacher observation
	Identify alternative options to drug and alcohol use (i.e., movies & yoga)	Connecticut school health survey CDC	
	Express personal responsibility for not using alcohol and drugs	Youth Risk Behavior Survey	

GRADE 11: Unit 2 - Social and Emotional Health

National/State Standard	Westport Objective	Resources and Activities	Assessment & Data Collection
<p>Standard 1: Comprehend concepts related to health promotion and disease prevention</p>	<p>Differentiate the types of depression</p>	<p>Video Clip</p>	
<p>Standard 7: Demonstrate the ability to use goal-setting skills to enhance health</p>	<p>Define and discuss the physical and psychological effects as a result of depression. (i.e. disease, suicide)</p>		
	<p>Identify strategies to avoid or manage signs of depression within themselves or others</p>	<p>Advocates for youth Connecticut school health survey Town of Westport Youth Services</p>	<p>Writing Prompt</p>
	<p>Assess how mental and emotional health can effect health-related behaviors</p>		

GRADE 11: Unit 3 - Sexual Health

National/State Standard	Westport Objective	Resources and Activities	Assessment & Data Collection
Standard 1: Comprehend concepts related to health promotion and disease prevention	Investigate different methods of contraception and rationale for personal choice	Contraception Resource Sheet	Creating and presenting medically accurate contraception information to peers
Standard 2: Demonstrate the ability to access valid health information and health-promoting products and services	Demonstrate the decision making process between people in a responsible dating relationship	Role play	Teacher observation/check sheet
Standard 6: Demonstrate the ability to use decision-making skills to enhance health	Demonstrate ways to communicate the benefits of protecting oneself from pregnancy and infection from HIV or other STDs	Teachingsexualhealth.ca	Teacher observation
Standard 8: Demonstrate the ability to advocate for personal, family and community health	Advocates for Youth Planned Parenthood		

GRADE 11: Unit 4 - Nutrition

National/State Standard	Westport Objective	Resources and Activities	Assessment & Data Collection
Standard 1: Comprehend concepts related to health promotion and disease prevention	Analyze the relationship between nutritional choices and weight management	Cafeteria Food Choice Analysis/Alternative School dietitian	Healthy Alternative Proposal
Standard 3: Demonstrate the ability to practice health-enhancing behaviors to reduce health risks	Assess offerings in cafeteria and compare and contrast healthy alternatives	Mypyramid.gov http://fnic.nal.usda.gov/ www.eatright.org http://www.fitness.gov/faq.pdf http://www.extension.iastate.edu/publications/pml980.pdf http://www.smallstep.gov/portion_control.html	
Standard 8: Demonstrate the ability to advocate for personal, family and community health			

GRADE 12: Unit 1 - Human Growth and Development

Assessment & Data Collection
Writing Prompt

National/State Standard	Westport Objective	Resources
Standard 1: Comprehend concepts related to health promotion and disease prevention	Demonstrate strategies to establish and maintain an alcohol and drug free lifestyle.	Local and/or national speakers in an assembly type format.
Standard 3: Demonstrate the ability to practice health-enhancing behaviors to reduce health risks	Illustrate examples of persuasion, encouragement, and support for friends and family who choose not to use.	Work collaboratively with Teen Awareness Group to coordinate a dynamic drug and alcohol education experience.
Standard 5: Demonstrate the ability to use interpersonal communication skills to enhance health		

Note: State and National standards are aligned

WESTPORT PUBLIC SCHOOLS

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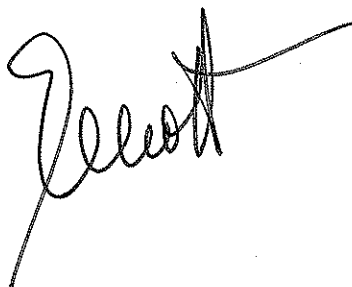
To: Members of the Board of Education
From: Elliott Landon
Subject: Policy P5141.21: Administration of Medications
Date: May 23, 2011

In accordance with Connecticut General Statutes and Regulations of Connecticut State Agencies, the Board of Education is required to adopt a policy related to the above-referenced subject. Nadine Schwab, the Supervisor of Health Services for the Westport Public Schools, has prepared the attached policy for Board of Education review and adoption. It is applicable to students and staff during the school day and in before-and after-school programs.

This item appeared on the agenda of our meeting of May 9. Ms. Schwab presented the proposed policy and answered questions resulting from her discussions with the Board. It is on the agenda of our meeting of May 23 for Board of Education approval.

ADMINISTRATIVE RECOMMENDATION

Be it Resolved, That upon the recommendation of the Superintendent of Schools, the Board of Education adopts policy P5141.21: Administration of Medications, a copy of which will be appended to the Minutes of the meeting held on May 23, 2011.



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.

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

Connecticut General Statutes

Section 10-206

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

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- 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.
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- 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>

ADOPTED: _____
REVISED: _____

ADMINISTRATION OF MEDICATIONS – PROCEDURES

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ADMINISTRATION OF MEDICATIONS – PROCEDURES

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 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. 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. 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. See also Section IV.
3. Nothing in this policy shall be construed to prohibit a parent/guardian from administering a medication in school 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.
4. No medication 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

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- 380 or, for interscholastic and intramural 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. 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 or eligible student for the exchange of information between the prescriber and the school nurse, as in 4.c. above, shall be:
 - a. valid for no more than one full year between July 1 of a given year and June 30th of the following 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).
 6. 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. Prescribed medication shall be administered to and taken by only the person for whom the prescription has been written.
 8. Prescriptions written by a legal prescriber who is also the parent/guardian of the student for whom the prescription is intended will not be accepted.
 9. Self administration or carrying of any medication including over-the-counter medications, except as permitted in the Section II, *Self Administration of Medication*, is not permitted in Westport Public Schools or in any school district program or activity. In a rare a 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 for life-saving reasons.
 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 EpiPen 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.
 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

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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 OF MEDICATION

1. Westport Public Schools promotes the self-administration 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 for self-administration by the prescriber, the parent/guardian and the school nurse, 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 medication in school, using the form, *Self-Medication Assessment* (see Appendix B);
 - d. notification of the principal and appropriate staff that the student is self-administering prescribed medication; and
 - e. development and implementation of an individualized self-administration medication plan.
2. 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 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. 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. 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 autoinjector 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. Self-administration 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, 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. 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, provided the following requirements have been met:
 - a. The coach or licensed athletic trainer has been trained according to the requirements in # 12 below as pertinent to receiving, storing and assisting with inhalant medications or cartridge injector 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 or cartridge injector, 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. Medications to be used in athletic events are stored:
 - in containers for the exclusive use of holding medications;
 - in locations that preserve the integrity of the medication;
 - under the general supervision of the coach or licensed athletic trainer trained in the administration of medication; and
 - in a locked secure cabinet when not in use at athletic events.
 - g. 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.
 - h. 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:

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- a separate medication administration record for each student shall be maintained in the athletic area (see Appendix C);
 - 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.
3. With the approval of the school nurse supervisor and school medical advisor, the school nurse may, in rare instances and if judged appropriate and necessary for a safe emergency medication plan, delegate to an identified paraprofessional employee, including a contracted employee of the district, the administration of a specific medication for a specific student who has a medically diagnosed allergic condition that requires prompt treatment in order to protect the student against serious harm or death. Such medication may include, but is not limited to, medication administered with a cartridge injector. 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.
4. 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. 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. 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 D and E), 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.
5. 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:

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- 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;
 - (2) administer medication within the time designated by the prescribing practitioner;
 - (3) administer the specific medication prescribed for a student;
 - (4) administer the correct dosage of medication;
 - (5) administer medication by the proper route; and
 - (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 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.
 - f. Follow directions of Poison Control - note who you spoke to, time call was made, what directions were given, and what actions you took
 - g. Call prescribing practitioner – follow prescriber’s directions, if applicable
 - h. Notify health services supervisor
 - i. Notify student’s parent/guardian
 - j. Notify principal/administrator
 - k. 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.
 - l. Complete Medication Error Report form (see Appendix F)
 - m. 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:

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- 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. 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. 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. Send the completed form to the health services supervisor.
 - f. 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 program, instead provide a copy of the *Medication Error Report* form to the program Director for filing in the child care program 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 F), 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.
 5. The health services supervisor will send a copy of the completed Medication Error Report and Event Form II to the Assistant Superintendent for Business.

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 program shall proceed as in Section IV, Medication Errors, 3..a. through 3.f., as indicated by the circumstances.

VI. HANDLING, STORAGE AND DISPOSAL OF MEDICATIONS

1. All medications, prescription and nonprescription, except those approved for transport by students for self-administration, shall be delivered by the parent/guardian or other responsible adult, and shall be received by the responsible school nurse or substitute nurse.
2. The school nurse or in the absence of the school nurse, a substitute nurse shall receive and review every medication order and supply of medication 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). 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 (between July 1 and June 30 of a school year).
 - 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 will determine whether it is safe and appropriate for the medication to be administered in school as ordered by the prescriber.
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.

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7. The Parent/Guardian Authorization section 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 G or pages 30 – 35 in the SNAP Manual).

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- 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. Store all emergency medications in an unlocked, clearly labeled and readily accessible cabinet in the health office. 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. All other non-controlled medications shall be stored in a designated locked container, cabinet or closet used exclusively for the storage of medications.
 - c. 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. 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. 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, as follows:
 - a. 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

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- controlled medication is returned, the exact number of pills or amount of liquid medication returned shall also be noted.
- b. 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).
 - c. 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).
 - d. 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 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 to the Commissioner of Consumer Protection or his/her authorized agents.
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.

VII. DOCUMENTATION OF MEDICATION ADMINISTRATION

1. The school nurse 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 G (same as the SNAP Manual directions, pages 30-35).
2. The electronic medication administration record shall include:
 - a. name of the student;
 - b. name of the medication;
 - c. dosage ordered by the prescriber;
 - d. route of administration;
 - e. frequency of administration;
 - f. name of the authorized prescriber;
 - g. 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. quantity received, which shall be verified by the adult delivering the medication;
 - i. any student allergies to food or medicine;
 - j. date and time of administration or omission including the reason for the omission;
 - k. 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. the legal electronic signature of the nurse indicated by the SNAP pin number; and
 - m. 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.
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 H) 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 (July 1 through June 30) 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 a form provided by the school nurse. For field trips, the form which shall include the SNAP generated 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 form will be a controlled drug 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 C). 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 medication administration documentation form.

5. 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.
6. 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 program, in the child's program record. During the school year, the school nurse may maintain 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.
7. 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 stored in the container with the student's medication.
8. 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

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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 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 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;
 - 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) then 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 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.

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- 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.
- h. Self medication, when determined appropriate by the health services supervisor or designee, shall follow the procedures in Section 10-212a-4 of the Regulations of Connecticut State Agencies and #7 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 in 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 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 C);
 - (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.

XI. DEFINITION OF TERMS

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. **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. **Department** means the Connecticut State Department of Education or any duly authorized representative thereof.
14. **Director** means the person responsible for the operation and administration of any school readiness program or before- and after-school program.
15. **Eligible student** means a student who has reached the age of eighteen or is an emancipated minor.

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16. **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.
17. **Extracurricular activities** means activities sponsored by local or regional boards of education that occur outside of the school day, are not part of the educational program, and do not meet the definition of before- and after-school programs and school readiness programs.
18. **Guardian** means one who has the authority and obligations of guardianship of the person of a minor, and includes:
- a. the obligation of care and control; and
 - b. 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. **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. **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. **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. **Licensed athletic trainer** means a licensed athletic trainer employed by the school district pursuant to Chapter 375a of the Connecticut General Statutes.
23. **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. **Medication emergency** means a life-threatening reaction of a student to a medication.
25. **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. **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. **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.

Health Services Procedures

28. **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. **Optometrist** means an optometrist licensed to provide optometry pursuant to Chapter 380 of the Connecticut General Statutes.
30. **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. **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. **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. **Physician assistant** means an individual licensed to prescribe medications pursuant to Section 20-12d of the Connecticut General Statutes.
34. **Podiatrist** means an individual licensed to practice podiatry in Connecticut pursuant to Chapter 375 of the Connecticut General Statutes.
35. **Principal** means the administrator in the school.
36. **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. **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. **Research or study medications** means FDA-approved medications being administered according to an approved study protocol. A copy of the study protocol shall be provided to the school nurse along with the name of the medication to be administered and the acceptable range of dose of such medication to be administered.
39. **School** means any educational program which is under the jurisdiction of a board of education as defined by this section excluding extracurricular activities.
40. **School medical advisor** means a physician appointed pursuant to Section 10-205 of the Connecticut General Statutes.
41. **School nurse** means a nurse appointed pursuant to Section 10-212 of the Connecticut General Statutes.
42. **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. **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.

Health Services Procedures

44. **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. **SNAP** means the electronic student health record system known as SNAP Health Center.
46. **Supervision** means the overseeing of the process of the administration of medication in a school.
47. **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.

REFERENCES

Legal

Connecticut General Statutes

Section 10-206
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

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WESTPORT PUBLIC SCHOOLS

July 1, 2011 -- June 30, 2012

School: Choose School Grade: _____

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINE BY SCHOOL PERSONNEL

Connecticut State Law 10-212a and Regulations 10-212a-1 through 10-212a9 require a written medication order from an authorized prescriber, (physician, dentist, advanced practice registered nurse, physician's assistant, optometrist and, for athletic events only, a podiatrist) and parent/guardian written authorization, for school nurses, or in the absence of a nurse, other designated personnel to administer medication, including over-the-counter drugs. Medications must be in the original, properly labeled container and dispensed by a physician/pharmacist. Over-the-counter medications must be delivered in an unopened, properly labeled container. ALL medications must be delivered to school by a responsible adult.

Prescriber's Authorization

Name of Student: _____ Date of Birth: _____

Address: _____

Indication(s) for medication _____

Drug Name: _____ Generic Name: _____ Dose: _____

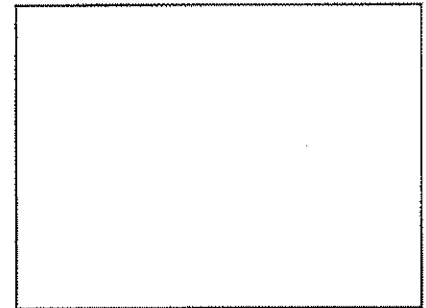
Route: _____ Time of Administration: _____ If PRN, frequency: _____

Relevant side effects: None expected Specify: _____ALLERGIES: NO YES (specify): _____Medication shall be administered from: _____ to _____
(up to 12 months from July 1 to June 30) Month / Day / Year Month / Day / YearPrescriber's Name/Title: _____
(type or print)

Telephone: _____ Fax: _____

Address: _____

Prescriber's Signature: _____ Date: _____



Use for Prescriber's Stamp

PARENT/GUARDIAN AUTHORIZATION

I hereby request that the above ordered medication be administered by school personnel and consent to communications between the school nurse and the prescriber that are necessary to ensure safe administration of this medication. I understand that I must provide the school with no more than a 3 month supply of medication. I understand that this medication will be destroyed if not picked up within one week following termination of the order or the last day of school, whichever comes first, unless the student will be attending an extended school year (ESY) program.

Parent/Guardian Signature: _____ Date: _____

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

SELF-ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

For capable students with a chronic medical condition, self-administration of emergency and some other non-controlled medications may be authorized by the prescriber and parent/guardian. School nurse approval may be required according to CT State Regulations, Section 10-212a-4, and Board policy.

Prescriber's authorization for self administration: Yes No _____
Signature DateParent/Guardian authorization for self administration: Yes No _____
Signature DateSchool nurse approval for self administration: NR* Yes No _____
Signature Date

*NR means not required

Received by _____ Date of Receipt _____

PROCEDURE FOR REQUESTING MEDICATION ADMINISTRATION

If your child requires a prescription or over-the-counter medication during the school day or during intramural or interscholastic athletic events, you must follow the procedures required by Westport Public Schools, Connecticut General Statutes, Sec. 10-212a, and Connecticut Administrative Regulations, Sec. 10-212a-1 through 10-212a-9. These procedures promote safe practices for students and staff. Please read them carefully.

1. For each medication that must be administered daily or on an as-needed basis, the parent must obtain the written order of an authorized prescriber (physician, dentist, advanced practice registered nurse, physician assistant or optometrist) using Westport Public Schools' form, *Authorization for the Administration of Medicine by School Personnel* (see over). A new order is required each year and, if so prescribed, **may be effective from July 1st through June 30th** of the given year. A medical order dated July 1 of a year will cover summer programs *and* the upcoming school year.
2. The authorized prescriber must fill in the information requested on the form:
 - a. Name of medication, the generic name of the medication (NEW), and strength of the medication;
 - b. Indication(s) for the administration of this medication in school (condition, diagnosis);
 - c. Amount (dosage) of the medication to be administered and route of administration
 - d. Potential side effects of the medication;
 - e. Time of day that the medication is to be administered; and frequency for PRN (as-needed) medications
 - f. Duration of the order for administration of the medication (up to 12 months from July 1 through June 30th of the same school year).
 - g. If applicable, authorization for self-administration in school.
3. A parent or guardian must sign the "Parent/Guardian Authorization" portion of the form and, if applicable, provide authorization for self-administration in school.
4. The medication must be packaged in the **ORIGINAL PHARMACY CONTAINER**, clearly labeled with the student's name, the authorized prescriber's name, and the prescription.
5. The medication and completed authorization form **must be delivered to the school nurse by a responsible adult**, except that, once the nurse has reviewed the medical order and developed a plan for self-administration, the student is responsible to carry the medication to/from school each day and maintain its safe control at all times.
6. Self administration plans approved for the school day also extend to extra curricular activities and athletics.
7. Self administration of controlled medication is not permitted.
8. No more than a three (3) month supply may be stored at school. Except for students attending an ESY program, **unused medication must be destroyed** if not picked up by a responsible adult by the end of the last day of school.

It may be helpful to take this authorization form (side one) with you to your healthcare provider in case medication is prescribed for your child.

Thank you for your cooperation. Please contact the school nurse if you have any questions.

Record of medication received

DATE	COUNT	PARENT/ADULT SIGNATURE	SCHOOL NURSE SIGNATURE

**WESTPORT PUBLIC SCHOOLS
SELF-MEDICATION ASSESSMENT**

Student: _____ School: _____

DOB: _____ Age: _____ Grade: _____ Teacher: _____

Physical/behavioral limitations: _____

Name of medication: _____

Parent authorization on file: Yes No Prescriber authorization on file: Yes No

Self-Medication Criteria

A. Student is capable of identifying individual medication. Yes No

Comments: _____

B. Student is knowledgeable of purpose for specific medication. Yes No

Comments: _____

C. Student is able to identify specific symptoms with need for medication. Yes No

Comments: _____

D. Student is knowledgeable of medication dosage. Yes No

Comments: _____

E. Student is knowledgeable about method and frequency of medication administration.

Yes No

Comments: _____

F. Student is able to state side effects/adverse reactions to medication. Yes No

Comments: _____

G. Student is capable of self-administering the medication. Yes No

Comments: _____

H. Student knows how to access assistance for self in an emergency. Yes No

Comments: _____

I. The student or parent/guardian has provided back up medication for school (required for all rescue/emergency medications, such as albuterol inhalers and EpiPens).

Yes No

J. An individualized health care plan has been developed to provide for monitoring and communications regarding the student's treatment regime and changes in health status.

Yes No

Student agrees to:

- keep the medication on or with his/her person at all times;
- never leave the medication in a locker or back pack or other container that is not immediately available to the student;
- never permit another student to use or handle his/her medication;
- follow the individualized health/emergency care plan(s); and
- take responsibility for having own medication on his/her person for field trips and extra curricular activities.

Yes No

Student's Signature: _____ Date: _____

Nursing assessment:

- The student is not a candidate for a self-medication program at this time.
- The student is a candidate for a self-medication program with supervision.
- The student has successfully completed self-medication training and demonstrated appropriate knowledge and skills for a self-medication plan in school.

Comments: _____

Principal and teacher(s) notified: Date: _____

School Nurse Signature: _____ Date: _____

Westport Public School Health Services

Appendix C

Student's Name _____ Grade/Homeroom _____

Physician /Dentist Ordering Medication _____ Phone # _____

Diagnosis- _____

Parent's Name _____ Phone # _____

Drug Name	Form	Dosage/Time
Strength	Route	Administer From-To- (Dates):

Pharmacy _____ Date to Reorder _____

Student's Allergies to Food or Drugs _____

Received/Checked By _____ Quantity _____

Side Effects of Medication To Be Observed _____

Date	Time Given AM	Time Given PM	Dose Given	LEGAL SIGNATURE OF NURSE/PRINCIPAL/TEACHER ADMINISTERING MEDICATION	Comments	Amount of Drug Remaining

**Student Specific Principles of Medication Administration
Record of Staff Training**

Date	Staff Member		Student		Medication Information	Indication(s) for Admin	Dosage, Route and Time	Therapeutic Effects	Potential Side Effects	Emergency Intervention Plan	Staff Signature	Nurse Signature	Notes
	Last Name	First Name	Last Name	First Name									

SCHOOL: Choose School

MEDICATION ERROR REPORT

Date of report _____ Report prepared by _____
Name of student _____ Grade _____
Home Address: _____ Phone _____
Date error occurred _____ Time of error _____ Time error noted _____
Person responsible for administering medication _____
Prescribing practitioner _____ Address/telephone _____
Reason medication was prescribed _____ Date of order _____
Instructions for administration _____

Medication	Dose	Route	Scheduled Time	Dispensing Pharmacy	Prescription No.

Describe the error and how it occurred (attach another piece of paper if necessary); attach relevant documentation from SNAP including assessment of student by school nurse, plus interventions and disposition (Event Form II).

Actions Taken (see over for procedures)

Notifications School nurse (if applicable) Yes No Date _____ Time _____
Prescribing practitioner Yes No Date _____ Time _____ Parent/guard Yes No Date _____ Time _____
Health Services Supv Yes No Date _____ Time _____ Principal Yes No Date _____ Time _____

Other actions (beyond those documented in SNAP record):

Outcome

Name: _____
Print or type Signature Title Date

Followup To be completed by Health Services Supervisor and submitted within 72 hours to Director of Pupil Services.

Investigation complete? Yes No
Comments:

Action(s) taken:

Date: _____ Signature: _____

ERROR IN MEDICATION ADMINISTRATION

10-212a-1 Definition of Medication Error. Medication error means:

1. Failure to do any of the following as ordered is considered an error in medication administration:
 - (1) administer a medication to a student;
 - (2) administer medication within the time designated by the prescribing practitioner;
 - (3) administer the specific medication prescribed for a student;
 - (4) administer the correct dosage of medication;
 - (5) administer medication by the proper route; and
 - (6) administer the medication according to generally accepted standards of practice;
2. Administration of a medication to a student which is not ordered, or which is not authorized in writing by the parent or guardian of such student; and
3. Inadvertent destruction, theft or loss by other means of medication stored in school or in a child care program (refer to Section VI, #16-18 of the Medication Administration Procedures for handling the loss, by any means, of controlled drugs in school).

Procedures to follow in the event of a medication error as defined in 1. and 2. above:

1. If an error in medication administration 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
 - 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
 - l. Document the incident in the student's electronic health record (SNAP) per medication administration procedures, section IV.
2. If qualified personnel other than a 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. 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. 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. Provide original and copy to the Health Services Supervisor and school nurse or Program director according to WPS Medication Procedures, Section IV, Medication Errors.

PROCEDURES FOR DOCUMENTING MEDICATIONS AND TREATMENTS IN SNAP

Documenting Medical Orders for Medications and Treatments

1. All medical orders for scheduled medications shall be entered as a **Medication**. Under "Type" check one box for "Scheduled." Complete all other required information as in SNAP Manual. For entering an order for scheduled insulin by sliding scale, see attached SNAP article #B107.
2. All medical orders for PRN medications shall be entered in the Medication Log as a **Medication**. Under "Type", check one box for "PRN." Complete all other required information as in SNAP Manual. For entering an order for PRN insulin by sliding scale, see attached.
3. All medical orders for scheduled treatments or procedures shall be entered in the Medication Log as a **Treatment**. Under "Type", check **two** boxes: "Scheduled" and "Treatment." Under "Class" choose "Treatment/procedures." Complete all other required information as in SNAP Manual. For setting up an order for scheduled blood glucose monitoring tests, see attached.
4. All medical orders for PRN treatments shall be entered in the Medication Log as a **Treatment**. Under "Type", check **two** boxes: "PRN" **and** "Treatment." Under "Class", choose "Treatment/procedures." Complete all other required information as in SNAP Manual. For setting up an order for PRN blood glucose monitoring tests, see attached.

Documenting Scheduled and PRN Medication and Treatment Administrations

1. Document **scheduled¹ medication** administrations in the SNAP Medication/ Treatment Log only. Do not make any entry on the student Visit Log. Document pertinent notes in the Medication/Treatment Log "Comment" box, including
 - Amount of time the student was in the health office if more than a couple of minutes (e.g., when phone call to parent required or intervention needed);
 - Call to the parent if such a call is a routine part of the student's plan of care.
2. Document **scheduled treatment** administrations in the SNAP Medication/ Treatment Log only.
 - a. Document pertinent notes in the Medication/Treatment Log "Comment" box, including
 - Amount of time the student was in the health office if more than a couple of minutes (e.g., when phone call to parent required or intervention needed);
 - Call to the parent if such a call is a routine part of the student's plan of care.
 - b. Do not make any entry on the student Visit Log. For scheduled blood glucose monitoring, see attached SNAP article #B107.
 - c. If the treatment is blood glucose testing, document a SNAP office visit when the student's BG result is outside desired parameters and the student is kept in the health office for interventions, supervision and reevaluation.
3. Documenting **PRN² medication and treatment** administrations

¹ *Scheduled* refers to **specific times** each day that a medication or treatment is administered according to the medical orders, e.g., "QD at 11 am" or "daily before lunch" or "QD at 10 am and 2 pm."

a. **Non-diabetic concerns**

- Medication administrations: Document the student's visit to the health office (complaint, assessment, interventions and outcome) on the student Visit log and enter "medication administration" as a nursing intervention. In the "Comment" column next to "Medication Administration" write "See Medication Log." Then, with the student's current Visit note open, click on the "PRN Med" button and document administration of the PRN medication in the SNAP Medication/Treatment Log. Write "See Visit Log" in the "Comment" box as appropriate.
- Treatment administration: Document the student's visit to the health office (complaint, assessment, interventions and outcome) on the student Visit Log with "treatment administration" or preferably a more specific action (e.g., "peak flow monitoring") listed as a nursing intervention. With the student's Visit Log open, click on the "PRN Med" button and document administration of the PRN treatment in the SNAP Medication/Treatment Log.
- If an information exchange occurs as part of the student's visit to the health office, document it as part of the visit.

b. **Diabetic concern – General:** use the "Diabetes concern" template and keep all appropriate interventions, including "blood glucose testing."

c. **Diabetic concern – hyperglycemia:** If the student is hyperglycemic, use the "Diabetes Concern" template and document (keep in) "Diabetes Management – medication administration insulin," an option in the Interventions section. Delete "Diabetes Management – carb/food administration and Diabetes Management – hypoglycemic." Then go to the medication log and document the administration of insulin according to SNAP instructions in the attached SNAP article #B107. If an information exchange occurs as part of the student's visit to the health office, it should be documented as part of the visit.

d. **Diabetic concern – hypoglycemia:** If the student is hypoglycemic, use the "Diabetes Concern" template and document (keep in) "Diabetes Management – carb/food administration," an option in the Interventions section. Delete "Diabetes Management – medication administration insulin" and "Diabetes Management – hyperglycemia." Then go to the medication/treatment log and document the carbs administered with the blood glucose result. If an information exchange occurs as part of the student's visit to the health office, it should be documented as part of the visit.

e. **Diabetic carb adjustment immediately after snack/lunch:**

- Use the template "Diabetes Carb Adjustment"
- If student immediately reports that his/her intake was greater than planned, keep "Diabetes Management – medication administration insulin" OR "...self administration by insulin pump" and delete one of the other, plus delete "Diabetes Management – carb/food administration." Keep in "Diabetes Management – See details" and document the details on the medication log.
- If student immediately reports that his/her intake was lower than planned, delete "Diabetes Management – medication administration insulin" AND "...self administration by insulin pump." Keep in "Diabetes Management – carb/food administration." AND "Diabetes Management – See details," and document the details on the medication/treatment log.

² PRN refers to times when a medication or treatment is administered as needed, based on the assessment of the nurse and parameters of the medical order, e.g., "PRN blood sugar >350".

f. **Blood Glucose Testing:**

- Document the PRN administration of a blood glucose (BG) monitoring test according to the instructions on the attached SNAP article #B107.
- Document a BG test that is administered as a follow up to a scheduled visit because the initial result was out of desired parameters on the Medication/ Treatment Log as a new treatment. In the comment box, enter the BG result and write "See also Visit Log."

4. **PRN information exchanges:** If there is another reason to have an information exchange with a parent or other person, and the exchange is not directly related to an unscheduled visit made to the health office (as in # 3), then that exchange of information should be documented as a separate visit. In diabetes care, this might be when the nurse periodically touches base with a parent who does not request an information exchange for routine blood glucose testing.

See also SNAP Manual, pages 11-13 and 25-26 for Medication/Treatment documentation.

Title: Documenting Blood Glucose Monitoring and Insulin Sliding Scale in the Medication Log in version 4.1.4 and higher

Article #: B107

Last reviewed on: 01-24-08

Product: SNAP Health Center

Key words: Medication Log, Blood Glucose, Testing, Insulin, sliding scale

Relevant to Version: 4.1.4 and higher

Referenced articles:

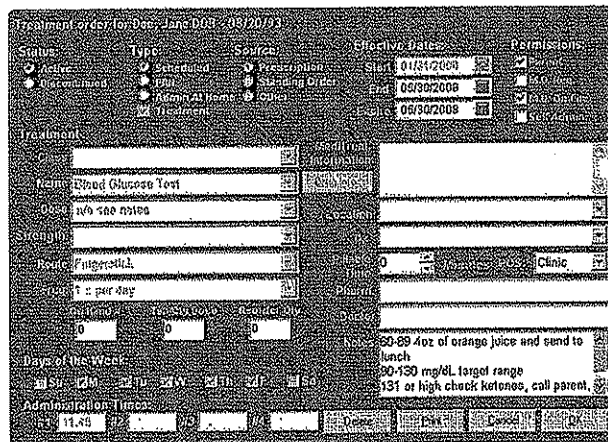
In SNAP Manual, pages 32 – 34

Background:

This article explains how to create and administer a medication/treatment order for scheduled and PRN blood glucose testing and Insulin in version 4.1.4 of SNAP Health Center.

Instructions:

1. To create a scheduled Blood Glucose Test treatment order, go to the student's health record, click on **Tab 9 Medications**
2. Click **New** and a blank Medication Order window will appear



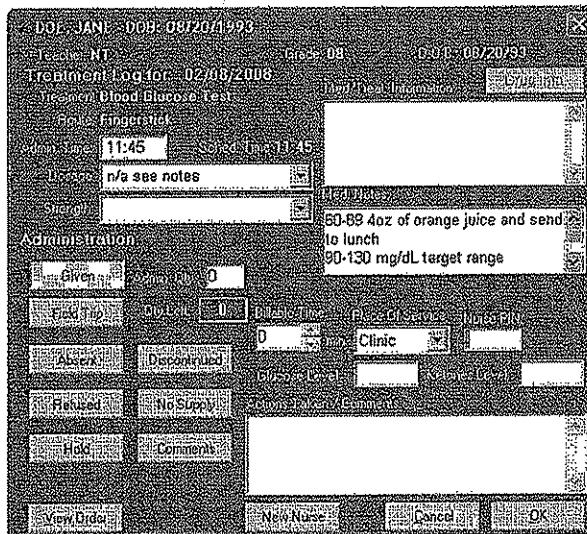
3. Fill out the medication order form paying special attention to the following fields:

- **Type:** place a check mark next to Treatment and Scheduled
 - **Name:** You must use the Treatment named Blood Glucose Test that came with your SNAP Health Center Program.
 - **Dose:** enter n/a see notes
 - **Notes:** Enter your blood glucose parameters and corresponding treatment in the Notes field
- Complete remaining order details and click **OK**

4. To create a PRN Blood Glucose Test order, single click on the scheduled Blood Glucose Test order you just created and click **Copy** (at the bottom of the screen). A copy of your scheduled treatment order will appear. Modify it to create a PRN Blood Glucose Test treatment order by doing the following:
 - Remove the scheduled times from the order.
 - **Type:** Put a bullet next to PRN (instead of Scheduled)
 - **Frequency:** select "as needed"
 - **Effective Dates:** double check the effective dates to make sure they are accurate.
 - Click **OK** to save and close the order.

5. If the student has an insulin order, repeat steps 1-3 above to create a scheduled (if appropriate) and PRN insulin medication order paying special attention to the following fields:
 - **Dose:** Enter "See sliding scale"
 - **Notes:** Enter your sliding scale here

6. When documenting a **blood glucose tests** in the Medication Log or the Visit log, the Medication Administration window will appear (see below). Notice the blood glucose parameters and corresponding treatment you entered in the Medication Order Notes field show in the Med Notes window.



Fill out the medication administration window paying special attention to the following fields:

- **Glucose Level** – enter your blood glucose reading here
- **Ketones Level** – enter your ketone reading here (or leave blank)
- **Comments:** Enter your treatment here. Use the Insulin medication order to document any insulin correction doses

7. When documenting an **insulin administration** in the Medication Log or the Visit log, the Medication Administration window will appear (see below).

The screenshot shows a software window titled "Medication Log for 02/08/2008". At the top, it displays patient information: "DOB: JUNE 09/20/1993", "GIC: 08", and "DOB: 08/20/93". Below this, it says "Medication Log for 02/08/2008" and "Med/Trt/Prn/Match" with a "Drug Info" button. The medication is identified as "Insulin" with a route of "Intramuscular". The administration time is "11:45" and the dose is "2 units". The "Administration" section contains several buttons: "Given", "Not Given", "Absent", "Refused", "Held", "Dispensed", "No Supply", and "Comments". The "Comments" field contains the text "glucose reading 180". The "Med/Trt/Prn/Match" field contains the text "blood glucose 150-200 mg/dL administer 2 units with 2 unit increments for each 50 mb/dL". At the bottom, there are buttons for "View Order", "New Nurse", "Cancel", and "OK".

Notice the sliding scale you entered in the Medication Order Notes field show in the Med Notes window. **Be sure you enter the actual dose given in the dose field.**

8. In **Tab 9 Medications** of the student's Health Record if you click on the **Current Year** button you will have a concise summary of each test, including the notes you made in the comments field of the medication administration window. This information is also available from the Medication Log by clicking once on the student's name and then clicking the History icon. Clicking on the Medication Name column header will sort the history by medications, so all Blood Glucose readings and Insulin administrations will be grouped together.
9. In **Tab 4. Charts** of the student's Health Record, if you click on the Blood Glucose tab you can view your tests and data in a graphical format. To print this information, click Details and click the Printer icon in the lower left. You can choose to print the current range or the entire history.

WESTPORT PUBLIC SCHOOLS

ELLIOTT LANDON
Superintendent of Schools

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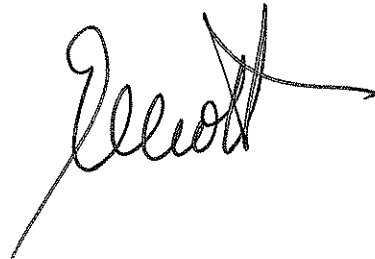
To: Members of the Board of Education
From: Elliott Landon
Subject: Acceptance of Gifts
Date: May 23, 2011

I am pleased to inform you that the Board of Education has been offered a gift in the amount of \$2,000 from Chartwells, our food service provider, to be awarded to a student through the Staples Tuition Grants (STG) Program. This gift will be issued to a member of the Staples High School Class of 2011 in the form of a college tuition scholarship that will be paid by STG directly to the college the student will be attending in the fall, 2011.

It is my recommendation that this gift of a college tuition scholarship be accepted with gratitude and appreciation for its thoughtfulness and generosity.

ADMINISTRATIVE RECOMMENDATION

Be It Resolved, That upon the recommendation of the Superintendent of Schools, the Board of Education accepts with gratitude and appreciation a gift of \$2,000 from Chartwells to be awarded as a college tuition scholarship to a member of the Staples High School Class of 2011 through the Staples Tuition Grants Program.

A handwritten signature in black ink, appearing to read "Elliott", with a long horizontal stroke extending to the right.

WESTPORT PUBLIC SCHOOLS

ELLIOTT LANDON
Superintendent of Schools

110 MYRTLE AVENUE
WESTPORT, CONNECTICUT 06880
TELEPHONE: (203) 341-1010
FAX: (203) 341-1029

To: Members of the Board of Education
From: Elliott Landon
Subject: Adoption of 2011-12 Board of Education Budget
Date: May 23, 2011

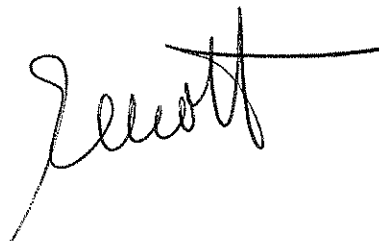
It will be necessary for the Board of Education to formally adopt its budget for the 2011-12 school year. A resolution pertinent to this subject may be found below.

In preparation for your vote for adoption, I have included with this memorandum my memorandum to you dated May 9, 2011 that is relevant to this subject. The May 9 memorandum reflects the budget reductions to the Board of Education's proposed 2011-12 budget that were agreed to by the Board by unanimous consent at that meeting.

ADMINISTRATIVE RECOMMENDATION

Be It Resolved, That upon the recommendation of the Superintendent of Schools, the Board of Education authorizes reductions to its proposed 2011-12 budget in the amount of \$250,000 as shown on the document entitled, "Superintendent's Recommendations for Reductions to Board of Education's Proposed Budget for the 2011-2012 School Year," that is appended to the Minutes of the Meeting of May 23, 2011, and

Be It Further Resolved, That upon the recommendation of the Superintendent of Schools, the Board of Education adopts its final budget for the 2011-12 school year in the amount of \$98,095,118.



WESTPORT PUBLIC SCHOOLS

ELLIOTT LANDON
Superintendent of Schools

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TELEPHONE: (203) 341-1010
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To: Members of the Board of Education

From: Elliott Landon

Subject: Superintendent's Recommendations for Reductions to Board of Education's Proposed Budget for the 2011-12 School Year

Date: May 9, 2011

On Tuesday evening, May 3 the RTM approved a final fiscal allocation for the Westport Public Schools for the 2011-12 school year. As a result of that action by the RTM, it now behooves the Board of Education to make reductions to its proposed budget in the amount of \$250,000. Listed below may be found my recommendations for reductions based upon discussions I have had with the members of my central administrative staff and the building principals.

<u>Object</u>	<u>Item</u>	<u>Description</u>	<u>Amount</u>
103	Spec. Area Tchr	Phys. Ed. (0.1)	\$ 5,800
104	Acad. Support Tchr	ESOL (0.6)	34,800
108	Guidance Counselors	Summer Work	5,000
110	Psych Services	Summer Work	5,000
115	NEASC Study Leader	Postponement	12,000
116	Extracurricular	Freshman Orientation	15,000
120	Non-Cert. Supvr	Nursing Supervisor	7,000
210	Health Insurance	Positive Experience	100,000
535	Postage	Fewer Mailings	5,000
550	Printing	Reduced Printing	5,000
641	Textbooks	SHS	10,000
641	Textbooks	CMS	3,000
642	Textbooks	All Elem Schools	5,000
642	Library Books	SHS	2,000
642	Library Books	BMS	5,000
690	Non-Instrl Supplies		4,500
731	New Instrl Equip	Special Education	10,000
734	Replcmt Non-Instrl Equip	CMS – Kilns	5,100
735	Furniture	KHS – Desks/Chairs	3,300
736	Instrl Technlgy Equip	Replcmt – Carts	7,500
		<u>TOTAL</u>	<u>\$250,000</u>

The reductions in accounts 103 and 104 are related to anticipated enrollments, somewhat reduced in relation to our original expectations.

Accounts 108 and 110 reflect reductions resulting from our decisions made earlier this year with regard to guidance and psychological services as they relate to conflict resolution in scheduling and a redesign of the plan for transitioning students from 8th to 9th grade.

The accreditation visit by the New England Association of Schools and Colleges, funded through account 115, has been postponed for two years.

Rather than having staff lead students on our Freshman Tours at Staples High School just prior to the start of school each year, we anticipate that students will be leading these tours this year. Through the development of this alternate arrangement, we will be able to reduce account 116 by \$15,000.

Account 120 reflects a salary modification as we replace the current Supervisor of Health Services who is retiring at the conclusion of the current school year.

The most significant reduction, in the amount of \$100,000 and to be taken from the health insurance reserve, is attributable to the significantly more positive experiences we have had since our decision to move our health and medical insurance obligations from Anthem to Cigna.

The other reductions shown are self explanatory, with the exception of those associated with accounts 731, 734 and 735. With regard to 731, we were able to secure grant monies to offset the purchase of new instructional equipment for the Pupil Services Department. For 734, we were able to move two kilns from Staples to CMS, rather than purchase new ones. We were able to reduce 735 by moving several desks and chairs from Staples to King's Highway, making these purchases unnecessary.

ADMINISTRATIVE RECOMMENDATION

Be It Resolved, That upon the recommendation of the Superintendent of Schools, the Board of Education authorizes reductions to its proposed 2011-12 budget in the amount of \$250,000 as listed above.