

BOARD OF EDUCATION  
FAIRFIELD PUBLIC SCHOOLS  
FAIRFIELD, CT

**Policy Committee Meeting**

Monday, September 2, 2014  
Education Center  
501 Kings Highway East  
Superintendent's Conference Room  
4:15 p.m.

Agenda

- I. Call to Order
- II. Approval of August 25, 2014, Minutes
- III. Policy
  - Policy #5510 Students – Health Assessments
  - Policy #5516 Students – Management of Food Allergies in Schools; review of Shipman Goodwin sample policy
- IV. Open Discussion/Public Comment
- V. Adjournment
- VI. Future Items:
  - Policy #5225 Students – Requirements for Graduation
  - Policy #4240 Personnel – Electronic Mail
  - New policy request for Monthly Financial Reporting to BOE

Future Mtg. Dates and Times: **Monday, September 15**; *Monday, October 13*; *Monday, November 17*; *Monday, December 1, 2014*.

All meetings will be held at 501 Kings Highway East, Superintendent's Conference Room unless otherwise noted.

BOARD OF EDUCATION  
FAIRFIELD PUBLIC SCHOOLS  
FAIRFIELD, CT

**Policy Committee Meeting**

Monday, August 25, 2014  
Education Center  
501 Kings Highway East  
Superintendent's Conference Room  
4:15 p.m.

Minutes

- I. Call to Order - The meeting was called to order at 4:29 by Jennifer Maxon-Kennelly. Committee members present were John Convertito, Donna Karnal. Karen Parks and Andrea Leonardi were in attendance representing the administration. Attorney Michelle Laubin was present as legal counsel for compliance with state statute. Several parents were also in attendance.
- II. Approval of June 24, 2014, Minutes – approved 3:0:0
- III. Policy
  - Policy #5519 Students – Students Discipline – Moved to the September 9, 2014, meeting for first reading. 3:0:0
  - Policy #5516 Students – Management of Food Allergies in Schools – Several revisions were made and the committee decided to review it one more time at the September 2, 2014 meeting before sending to the Board for a first reading.
- IV. Open Discussion/Public Comment – The question was raised as to how can we keep allergens out of the classroom to protect children with life-threatening allergies. We have over 600 students in our schools who have epi-pens, who obviously have life threatening allergies. Tricia Donovan shared that her school sent out a letter about a student's allergies and asked parents/students to comply. She shared that she also sent a letter to other parents as a parent about her child's life threatening allergy. She also shared that non-compliance is generally not intentional and most often an innocent mistake caused by a parent who forgot. Parents need reminders in a friendly way. The administration also has to support the rules and talk with parents and students who are non-compliant and explain the issue for the children with LT allergies. Offenders who innocently break the rules should not be treated in a punitive way. Awareness and reminders seem to work. She indicated that we need to handle this in a non-threatening way to engage other parents and to enlist their cooperation, but that intentional offenders are different and must have consequences. John shared that he is concerned that we are getting into the "how" rather than the rules. Andrea asked for guidance from the BOE as to how far they are willing to go. Are they willing to ban all food or some foods or require all parents to purchase allergen free snacks from our food service provider? How far will the BOE go in directing the parents? Michelle Laubin indicated that it might be better for the committee creating the regulations which has representation from staff and parents at all levels. This

committee may create different rules at each level. The regulations will have to be developed with the community involvement and the committee may be a better place for it to occur. There was lengthy discussion on determining the tolerance of the BOE and Community regarding how to handle food in the classroom and whether it would differ by level. Jessica Curran pointed out that new research has shown that in older children, 12 to 20, there seems to be a biological factor that exacerbates anaphylactic reactions. She also indicated that this research shows that most children who die from anaphylactic shock are between the ages of 12 and 20 and that perhaps we should not consider the protocols be relaxed in the middle and high schools. Jen asked if we should bring in an expert at our next meeting. Andrea Leonardi stated that she knows a medical expert on allergies but that our next meeting is in one week and we may not have time to get someone here. John Convertito disagreed with the expert at a Policy Committee meeting but rather have that expert sit on the committee developing the regulations. The community should be having the conversations in the committee with the expert at those meetings rather than the policy committee. Andrea added that she would like the BOE or Policy Committee to give criteria or parameters to the committee or to this group so that we know how far to go. Andrea asked if when the policy is presented to the BOE, could she ask the BOE members to share their feelings on the parameters such as banning food in school or should staff be the gatekeepers? Should staff take food from children and read food labels? What about home prepared foods? What about teachers eating in the classroom? Should the BOE provide funding for school snacks? Kelly Crisp asked that in Communication VI part D. we include standard letters not just about alerts but also about non-compliance. Tricia Donovan asked if we should include in the IHCP when there are incidents. PTAs and PTOs are not mentioned in the communication pieces, maybe in the education section. Can we share these with them? Also who is making the training materials and how will they be delivered? Should the policy be more specific about who is on a multi-disciplinary team? Jessica Curran stated that research is now showing that 1 in 10 students have potential life-threatening food allergies and those numbers are growing so we need to address – most classrooms will probably have students with food allergies. Consistency is important. We need to build a culture that supports these kids; it must be a community effort that does not put a spotlight on the students with LT allergies. She agrees that we need some guidelines from the BOE and that there are experts who might be able to help us. She mentioned Allergyhome.org which focuses on how to make safe environments for students with LT food allergies. No matter what you plan to implement, it must be multi-tiered. Just taking food out of the classroom will probably cause other problems. Whitsons provides a good opportunity to help us begin to manage this problem. Jessica will compile a list of what is working in other places and send it to us.

V. Adjournment - Meeting adjourned at 6:13

VI. Future Items:

- Policy #5510 Students – Health Assessments
- Policy #5225 Students – Requirements for Graduation
- Policy #4240 Personnel – Electronic Mail
- New policy request for Monthly Financial Reporting to BOE

Future Mtg. Dates and Times: **TUESDAY, September 2 (Monday is Labor Day);**  
*Monday, September 15; Monday, October 13; Monday, November 17; Monday,*  
*December 1, 2014.*

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BOARD OF EDUCATION  
FAIRFIELD PUBLIC SCHOOLS  
FAIRFIELD, CT

**Policy Committee Meeting**

Monday, June 24, 2014

Minutes

- I. Call to Order – The meeting was called to order at 5:19 by Jennifer Maxon-Kennelly. Committee members present were John Convertito, Donna Karnal. Karen Parks and Andrea Leonardi were in attendance representing the administration. Attorney Michelle Laubin was present at the request of the committee members to ensure compliance with ESEA and 504 Eligibility. Several parents were also in attendance.
- II. Approval of June 2, 2014, Minutes – 3:0:0
- III. Policy
  - Policy #5516 Students – Management of Food Allergies in Schools; review of Shipman Goodwin sample policy

There were many new changes suggested to the Shipman Goodwin Policy as shared by CABA as well as changes and deletions to the past additions made to this policy. Those changes can be seen on the newly revised policy attached. In addition, there was a recommendation that the name of the policy be changed to include “life threatening allergies” to encompass those other than food and to include glycogen storage disease.

Several questions were posed by committee members, such as can we prevent students from eating in the classroom? Do we have evidence of problems with students who are bringing in snack that are noncompliant with a nut free environment? As a result of non-compliance have we encountered students going into anaphylactic shock? Andrea Leonardi indicated that we do not have evidence of anaphylactic shock in school as a result of noncompliance. Some parents indicated that some students have arrived home with evidence of allergic reactions that result in students not being able to attend school.

- IV. Open Discussion/Public Comment - various parents spoke and shared the following information:
  - Education of children is primary; children want to comply; confidentiality a problem;
  - Some parents have been told that their child’s classroom is nut free and find later that it is not; worrisome for their child if allergic to nuts;
  - Mandating 504 plans for students with life threatening food allergies seems to be strong language; building a plan should be a co-venture between family and school; seems to be a disconnect between the schools and the town nursing staff;



- Need better enforcement of protected environments; 4 years ago a student went into anaphylactic shock in a special education classroom; need better follow through on Individual Health Care Plans; principals need to enforce the allergen free zones so that parents do not have to “rat out” teachers;
- Too much food already occurs in the classrooms and we do not even follow our own Wellness Policy; CSDE has good guidelines for safe classrooms which we should follow as a minimum;
- My experience is that this community has very low tolerance for children with life threatening food allergies; children with diabetes are different because they must put things into their bodies to remain healthy; my children must avoid allergens to remain alive; administrators who violate this policy must be addressed; bullying students with food allergies must be addressed; a student who holds a granola bar out to one of my children is like holding a loaded gun to my child; up to 50% of students with food allergies have been bullied in school; confidentiality needs to be considered – we walk a fine line as to whether we want to “out” ourselves; food allergy problems may not cause anaphylactic shock but may send children to the hospital

V. Adjournment – Meeting adjourned at 7:44 pm.

VI. Future Mtg. Dates and Times: **Monday, August 25**; *TUESDAY, September 2 (Monday is Labor Day)*; *Monday, September 15*; *Monday, October 13*; *Monday, November 17*; *Monday, December 1, 2014*.

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**Students**

**WELFARE** 5500

**HEALTH ASSESSMENTS** 5510

- I. In accordance with Connecticut General statutes, each student enrolled in the Fairfield schools shall be required to have a health assessment by a legally qualified practitioner of medicine (physician or osteopath licensed to practice in the United States), or by an advanced practice registered nurse, registered nurse, or Physician Assistant licensed to practice in Connecticut.
- prior to initial entrance into preschool programs,
  - prior to initial entrance into kindergarten,
  - for transfer students, prior to initial entrance into the Fairfield schools
  - in grades 6 and 10 9,
  - for ungraded students, prior to initial entrance and whenever a health assessment is required for students of the same age cohort as the ungraded student.

~~Health assessments shall be required for entrance into grade nine in non-public high schools in lieu of health assessments required in grade 10.~~

All health assessments required above and done on or after August 15, 2005 shall include documentation of an assessment of the student's risk of exposure to tuberculosis. Any student determined to be at high risk shall receive a Mantoux tuberculin skin test performed in the United States as part of the required health assessment.

Health assessments required prior to initial entrance into a Fairfield school shall include evidence of a Mantoux tuberculin skin test performed after most recent entry into the United States for students entering school in Fairfield from a country with a high prevalence of tuberculosis.

Countries with a high prevalence of tuberculosis include those identified as such by the Connecticut Department of Public Health. Refer to corresponding Administrative Regulations.

Any student found to have a positive Mantoux tuberculin skin test or tuberculosis disease shall be permitted to attend school only in accordance with the tuberculosis control protocols established by the Fairfield Director of Health and School Medical Advisor.

**Student**

**WELFARE**

**HEALTH ASSESSMENTS (continued)**

**5510**

Any student not in accordance with this policy shall not be permitted to register for or continue attendance in school.

All students are encouraged to have their health assessments done by their private health care provider to promote continuity of care. However, if this is not done, health assessments will be available in the schools or in the Fairfield Well Child Clinic for eligible students with parent authorization.

Students who are experiencing health problems or are suspected of having a health problem may be referred to their private health care provider for a health assessment at other than required times.

- II. Students in high schools participating in interscholastic sports (tryouts, practice and play) will be required to have a health assessment by their private health care provider within one calendar year prior to start of participation in the sport for the current school year. Students who do not have evidence of the health assessment within the calendar year cannot participate in the sport. Students participating in high school interscholastic sports (tryouts, practice, or play) shall be required to have a health assessment no more than thirteen months prior to participation in the sport for the current school year. The health assessment is valid for a period of thirteen months from the date it was done. Once the health assessment becomes more than thirteen-months old, the student cannot continue to participate in the sport until a new health assessment is done and submitted to the school. The health assessment must be done by a legally qualified practitioner of medicine (physician or osteopath licensed to practice in the United States), or by an advanced practice registered nurse, registered nurse, or Physician Assistant licensed to practice in Connecticut.
- III. Timing of health assessments shall be in accordance with the corresponding Administrative Regulations.
- IV. Connecticut state statutes permit exemption from physical or medical examination required for entry into school or entry into grades 6 or 10 ~~9~~ if the parent/legal guardian of a student provides a written statement that the parent/legal guardian of the student, or the student, objects on religious grounds, to physical or medical examination. These exemptions do not apply to health assessments required for participation in sports.

Legal Reference: Connecticut General Statutes 10-206

Approved 8/27/2004

Revised and Approved 6/27/2006

Revised and Approved 6/26/2007

## Students

### Students with Special Health Care Needs

5516

### **Life Threatening Food Allergies and Glycogen Storage Disease Management Plan Policy and Guidelines**

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

#### **I. Identifying Students with Life-Threatening Food Allergies**

- A. Early identification of students with life-threatening ~~food~~-allergies is **vital to the effective implementation of this policy**. The district therefore **requests** parents/guardians of children with life-threatening ~~food~~-allergy(ies) to **promptly** notify the school **in writing** of the allergy(ies), ~~providing as much information about the extent and nature of the food allergy(ies) as is known~~.
- B. ~~When a parent/guardian reports~~ **Upon receipt of parent written notification** that their child has diagnosed with food allergy(ies) or other life threatening allergy(ies), the school shall request the parent/guardian to provide the following:
  1. Written authorization to obtain detailed medical information on the child's condition from the physician;
  2. Written consent to administer or self-administer medications during the school day, as applicable in accordance with in the **District's** Administration of Medication Policy;
  3. An Emergency **Care** Plan and Treatment Authorization ("**Emergency Care Plan**") completed and signed by their child's licensed health care provider and signed by the parent;
  4. Any medications necessary to prevent or treat allergic reactions along with relevant prescription and dosage information. Replace medications after use or expiration;
  5. A description of the student's past allergic reactions, including triggers and warning signs;
  6. Current emergency contact information and prompt notice of any updates;
  7. A description of the student's emotional response to the condition and the need for intervention; and
  8. Recommendations on age-appropriate ways to include the student in planning or care.



**Life Threatening Food Allergies and Glycogen Storage Disease Management Plan Policy and Guidelines****I. Identifying Students with Life-Threatening Food Allergies (continued)**

- C. **Suspected Allergies:** In the event the School Nurse ~~or other principal-designated personnel~~ suspects that a student has a food allergy or other life threatening allergy(ies) the school shall provide the parent/guardian written notification and request for the student to be evaluated.
- D. **Non-Cooperation:** If the parent/guardian of a student with known or suspected food allergy(ies) or other life threatening allergy(ies) fails or refuses to cooperate with the school for an evaluation or implementation of an appropriate Individualized Health Care Plan (IHCP) and Emergency Care Plan (ECP), the school shall implement an Emergency Care Plan stating to call 911 immediately upon recognition of symptoms along with sending written notification to the parent/guardian of the students ECP.

**II. Individualized Health Care Plans and Emergency Care Plans**

- A. If the District ~~is notified pursuant to Section I of this policy~~ that child has life-threatening ~~food~~ allergy(ies), the district shall develop an individualized health care plan (IHCP) for the child. Each IHCP shall contain information relevant to the child's participation in school activities, and should attempt to strike a balance between individual, school and community needs, while fostering normal development of the child.
- B. The IHCP shall be developed by ~~the parents/guardians and appropriate school personnel~~. Such personnel may include, but are not limited to, the school nurse, school or food service administrator(s); classroom teacher(s); and the student, if appropriate. The school may also consult with the school's medical advisor, as needed.

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

- ~~1. The child's name and other identifying information, such as date of birth, grade and photo;~~
- ~~2. The child's specific allergy(ies);~~
- ~~3. The child's signs and symptoms of an allergic reaction;~~
- ~~4. The medication, if any, or other treatment to be administered in the event of exposure;~~
- ~~5. The location and storage of the medication;~~
- ~~6. Who will administer the medication (including self-administration options, as appropriate);~~

**Life Threatening Food Allergies and Glycogen Storage Disease Management Plan Policy and Guidelines****II. Individualized Health Care Plans and Emergency Care Plans (continued)**

- ~~7. Other emergency procedures, such as calling 911, contacting the school nurse, and/or calling the parents or physician;~~
- ~~8. Recommendations for what to do if the child continues to experience symptoms after the administration of medication; and~~
- ~~9. Emergency contact information for the parents/family and medical provider.~~

- C. IHCPs are developed for students with special health needs or whose health needs require daily interventions. The IHCP describes how to meet the child's health and safety needs within the school environment and should address the student's needs across school settings. Information to be contained in an IHCP should include a description of the functional health issues (diagnoses); student objectives for promoting self care and age appropriate independence; and the responsibilities of parents, school nurse and other school personnel. The IHCP may also include strategies to minimize the student's risk for exposure, such as considerations regarding:

- 1. classroom environment, including allergy free considerations;
- 2. cafeteria safety;
- 3. participation in school nutrition programs;
- 4. snacks, birthdays and other celebrations;
- 5. alternatives to food rewards or incentives;
- 6. hand-washing;
- 7. location of emergency medication;
- 8. risk management during lunch and recess times;
- 9. special events;
- 10. field trips;
- 11. extracurricular activities;
- 12. school transportation;
- 13. staff notification; and
- 14. transitions to new classrooms, grades and/or buildings.

D. As part of the IHCP, the district shall also develop an Emergency Care Plan (ECP) for each child identified as having a life threatening food allergy. The ECP is part of the IHCP and describes the specific directions about what to do in a medical emergency. The ECP should include the following information, as appropriate:

- 1. The child's name and other identifying information, such as date of birth, grade and photo;
- 2. The child's specific allergy(ies);
- 3. The child's signs and symptoms of an allergic reaction;
- 4. The medication, if any, or other treatment to be administered in the event of exposure;
- 5. The location and storage of the medication;



6. Who will administer the medication (including self-administration options, as appropriate);
7. Other emergency procedures, such as calling 911, contacting the school nurse, and/or calling the parents or physician;
8. Recommendations for what to do if the child continues to experience symptoms after the administration of medication; and
9. Emergency contact information for the parents/family and medical provider.

14.

~~D.~~ E. The IHCP shall be updated annually, or upon newly diagnosed allergens or new medical response instructions for known allergens.

## **Students**

### **Students with Special Health Care Needs** **5516**

#### **~~Life-Threatening Food Allergies and Glycogen Storage Disease Management Plan Policy and Guidelines~~**

## **II. Individualized Health Care Plans and Emergency Care Plans (continued)**

~~E.F.~~ An individualized health care plan and glycogen storage disease action plan shall also be developed for any student with glycogen storage disease. Such plan shall include, but is not limited to, the provision of food or dietary supplements by the school nurse or by an employee approved by the school nurse to a student with glycogen storage disease. Such plan may not prohibit a parent/guardian or a person they so designate, ~~for~~from providing food or dietary supplements to the affected student on school grounds during the school day.

~~E.G.~~ The IHCP and ECP shall be disseminated to all school staff who supervise the student during the school day and at school sponsored activities or are responsible for the provision of food to the student. Plan distribution includes, but not limited to, the students teachers, classroom assistants, food service staff, coaches, transportation staff, school health professionals, school case managers, custodial staff, student aides and the parents/guardians of the student.

## **III. Referral to Section 504 and IDEA**

In addition to having and IHCP, a student with a life-threatening allergy or glycogen storage disease (GSD) may also be eligible under Section 504 of the Rehabilitation Act if the student has a disability that substantially limits a major life activity or under the Individuals with Disabilities Education ACT (IDEA) if the student has a qualifying disability that adversely impacts the student's education and causes the student to need specialized instruction. The team responsible for the IHCP shall refer the student under Section 504 or the IDEA as appropriate. Eligibility under either Section 504 or IDEA must be considered on a case-by-case basis given each student's unique situation.

## Students

### Students with Special Health Care Needs

5516

### Life Threatening Food Allergies and Glycogen Storage Disease Management Plan Policy and Guidelines

#### IV. Training/Education

1. All school personnel will be educated on how to recognize symptoms of allergic reactions, preventative strategies to minimize a child's risk of exposure to life-threatening allergies, and what to do in the event of an emergency. Staff ~~training and~~ education will be coordinated by the principal and school nurse. Any such training regarding the administration of medication shall be done in accordance with District Policy and State Law.

## ~~Students~~

### ~~Students with Special Health Care Needs~~

~~5516~~

### ~~Life Threatening Food Allergies and Glycogen Storage Disease Management Plan Policy and Guidelines~~

2. The District shall ~~provide appropriate education and offer training for all school personnel regarding the management of students with life threatening food allergies and glycogen storage disease. Such training shall include, as appropriate for each~~ school (and depending on the specific needs of the individual students at the school) consistent with District Policy # 5515 Protocol for Administration of Emergency Medications by Non-nursing Personnel.
3. The District shall provide each school with consistent and age-appropriate information ~~to~~ for students about food allergies, how to recognize symptoms of an allergic reaction and the importance of adhering to the school's policies regarding food and snacks, as well as the development of empathy, understanding, and tolerance for individuals with life threatening allergies and glycogen storage disease.



## Students

### Students with Special Health Care Needs

5516

### Life Threatening Food Allergies and Glycogen Storage Disease Management Plan Policy and Guidelines

#### **V. Prevention**

~~Each school will develop appropriate practices to minimize the risk of exposure to life-threatening allergens. Practices which may be considered may include, but are not limited to:~~

- ~~1. Encouraging hand-washing;~~
- ~~2. Discouraging students from swapping food at lunch or other snack/meal times;~~
- ~~3. Encouraging the use of non-food items as incentives, rewards or in connection with celebrations.~~

~~A. The District shall develop a plan for the management of life-threatening allergies, including food allergies, aligned to the CSDE Guidelines for Managing Life-threatening Food Allergies in Connecticut Schools.~~

A. The District will create a district-wide, multidisciplinary team to develop and annually review the District's allergy and ~~glucose~~ glycogen storage disease management plan and guidelines.

B. The District shall develop a plan for the management of life-threatening allergies, including food allergies, aligned to the CSDE Guidelines for Managing Life-threatening Food Allergies in Connecticut Schools.

**Life Threatening Food Allergies and Glycogen Storage Disease Management Plan Policy and Guidelines**

**VI. Communication**

- A. ~~As described above,~~ The school nurse shall be responsible for coordinating the communication ~~between~~ among parents, a student's individual health care provider and the school regarding a student's life threatening allergic condition. School staff responsible for implementing a student's IHCP will be notified of their responsibilities and provided with appropriate information as to how to minimize risk of exposure and how to respond in the event of an emergency.
- B. ~~The school administrative staff and school nurse shall communicate annually to all school personnel the availability of training regarding the management of students with life threatening food allergies and glycogen storage disease~~ Policy #5515, Protocol for the Administration of Emergency Medications by Non-nursing Personnel.
- C. Each school will ensure that there are appropriate communication systems available within each school (i.e. telephones, cell phones, walkie-talkies) and for off-site activities (i.e. field trips) to ensure that school personnel are able to effectively respond in case of emergency.
- D. The District shall develop standard letters to be sent home to parents, whenever appropriate, to alert them to food restrictions within their child's classroom or school.
- E. Beginning with the school year 2015-2016, ~~The District shall annually not later than October 1,~~ provide notice to parents of the Plan for the Management of Severe and Life-Threatening Allergies, Including Food Allergies, and
  - make the plan available on the District's Website and/or the websites of each school under the District's jurisdiction;
  - provide notice of such plan in conjunction with the annual written statement provided to parents and guardians as required ~~by~~ subsection (b) of section 10-231c of the Connecticut General Statutes.

**VI. Monitoring the District's Plan and Procedures**

The District ~~should~~ shall conduct periodic assessments of its Food Allergy Management Plan and Procedures. Such assessments ~~should~~ shall occur at least annually and after each emergency event involving the administration of medication to determine the effectiveness of the process, why the incident occurred, what worked and what did not work.

## Students

### Students with Special Health Care Needs

5516

### Life Threatening Food Allergies and Glycogen Storage Disease Management Plan Policy and Guidelines

Legal Reference: Connecticut General Statutes

- 10-15b Access of parent or guardian to student's records.
- 10-154a Professional communications between teacher or nurse and student.
- 10-207 Duties of medical advisors.
- 10-212a Administrations of medications in schools
- 10-212c Life threatening food allergies; Guidelines; district plans
- 10-212a(d) Administration of medications in schools by a paraprofessional.
- 10-212c Life threatening food allergies; Guidelines; district plans, as amended by P.A. 12-198)
- 10-220i Transportation of students carrying cartridge injectors
- 10-231c Pesticide application at schools
- 19a-900 Use of cartridge injectors by staff members of before or after school programs, day camp or day care facility.
- 52-557b Good Samaritan Law. Immunity from liability for emergency medical assistance, first aid or medication by injection
- The Regulations of Connecticut State Agencies section 10-212a through 10-212a-7, Administration of Medication by School Personnel.
- Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools, Connecticut State Department of Education (2006)
- Federal Legislation
- Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794 § 504; 34 C.F.R. § 104 et seq.)
- Americans with Disabilities Act (ADA) of 1990 (42 U.S.C. §12101 et seq.; 29C.F.R. §1630 et seq.
- The Family Education Rights and Privacy Act of 1974 (FERPA)
- Land v. Baptist Medical Center*, 164F3d423 (8<sup>th</sup> Cir. 1999)
- The Individuals with Disabilities Education Act of 1976 (IDEA) (20 U.S.C. § 1400 et seq.); 34 C.F.R. § 300 et seq.
- FCS Instruction783-2, Revision 2, Meal substitution for medical or other special dietary reasons.
- P.A. 09-155 An Act Concerning the Use of Asthmatic Inhalers and Epinephrine Auto-Injectors While at School.

Policy adopted: cps 8/09, rev 5/12