

BOARD OF EDUCATION
FAIRFIELD PUBLIC SCHOOLS
FAIRFIELD, CT

Policy Committee Meeting

Monday, February 6, 2017

4:30 p.m.

501 Kings Highway East
Superintendent's Conference Room

Agenda

- I. Call to Order
- II. Approval of January 3, 2017 Meeting Minutes
- III. Policy
 - 5145.15 Directory Information
 - 6111 Student Calendars
 - 6142 Basic Instructional Program
 - 6162.3 Testing
 - 6163.31 Dissection of Animals in Classrooms
 - 5141.213 Administering Medication – Opioid Overdose Prevention
- IV. Open Discussion/Public Comment
- V. Adjournment
- VI. Future Items
 - Policies identified for revision in CABE audit
 - Continued discussion of the use of Directory Information

Future Mtg. Dates and Times: *March 6, 2017 All meetings will be on Mondays, starting at 4:30 unless otherwise noted. See approved calendar*

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

Tuesday, January 3, 2017

4:30 p.m.

501 Kings Highway East
Superintendent's Conference Room

Minutes

I. Call to Order

Meeting called to order at 4:41 PM. In attendance: J. Kennelly (Chair), A. Calabrese, D. Karnal (arrived 4:45), J. Coyne (administration)

II. Approval of December 5, 2016 Meeting Minutes Approved 3-0

III. Policy

5145.14 On-Campus Recruitment

Committee reviewed this policy, made several edits and has asked for clarification from CABA of the term "full access" as stated in paragraph 3. Approved for first reading by BOE after revisions are confirmed by CABA.

5145.15 Directory Information

Policy was reviewed and questions identified for clarification. Will be reviewed at next Policy Committee meeting.

6111 Student Calendar

Policy was reviewed and questions identified for clarification. Will be reviewed at next Policy Committee meeting.

IV. Committee Matters

Meeting Calendar for 2017 Approved 3-0

V. Open Discussion/Public Comment

No members of the public were present. The committee requested an update on the progress of the work on mandatory policies identified in the CABA audit.

VI. Adjournment

Meeting adjourned at 5:45 PM

VII. Future Items

Policy 5145.15 Directory Information
6111 Student Calendar
Policies identified for revision in CABE audit

Future Mtg. Dates and Times: *All meetings will be on Mondays, starting at 4:30 unless otherwise noted:* February 6, 2017

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

DRAFT

The recommended replacement for existing policy #6210 adopted 8/27/04 which is not compliant with recent legislative updates.

Instruction

Basic Instructional Program

The basic instructional program shall be prescribed by the Board and be in accordance with the law.

Although learning experiences offered students vary according to their individual needs and abilities, the instructional program will be designed to give all students a common body of skills, understandings, attitudes, and knowledge needed for living in a democratic society.

An atmosphere fostering healthy growth shall prevail, recognizing in which ability encouraging excellence and providing a model of productive life as a model to emulate.

As required by law the Board shall provide a program of instruction which shall include at least the following subject matter as taught by legally qualified teachers, the arts; career education; consumer education; health and safety; including, but not limited to, human growth and development; nutrition; first aid; including cardiopulmonary resuscitation (CPR) training (beginning with the school year commencing July 1, 2016); disease prevention; community and consumer health; physical, mental and emotional health; including youth suicide prevention; teen dating violence awareness and prevention; substance abuse prevention; safety; which shall include the safe use of social media, as defined in C.G.S. 9-601, and may include the dangers of gang membership, and safety and accident prevention; instruction on acquired immune deficiency syndrome (AIDS); language arts, including reading, writing, grammar, speaking and spelling; mathematics; physical education; science; social studies, including, but not limited to, citizenship, economics, geography, government and history; computer programming instruction, and in addition, on at least the secondary level, one or more world languages and vocational education.

World languages shall include American Sign Language provided such subject matter is taught by a qualified instructor under the supervision of a certified teacher.

The “arts” means any form of visual or performing arts which may include, but not be limited to, dance, music, art and theatre.

The implementation of these programs shall be the responsibility of the building principals.

Note: The addition, as part of the health and safety curriculum, of cardiopulmonary resuscitation (CPR) training, is to be based on the guidelines for emergency cardiovascular care issued by the American Heart Association and shall include, but not be limited to, hands on training in CPR.

In addition, boards of education are allowed to accept gifts, grants, and donations, including in-kind donations, to purchase equipment or materials needed to provide CPR instruction in the schools.

The addition of instruction on the safe use of social media (blogs, video blogs, podcasts, instant messaging, and other user-generated content) and computer programming instruction is also effective beginning in the 2016-2017 school year.

Instruction

Basic Instructional Program (continued)

Optional (District choice):

1. Holocaust and genocide education and awareness;
2. The historical events surrounding the Great Famine in Ireland;
3. African-American history;
4. Puerto Rican history;
5. Native American history;
6. Personal Financial Management, including, but not limited to, financial literacy;* and
7. Training in cardiopulmonary resuscitation and the use of automatic external defibrillators.

**Instruction on personal financial management, including but not limited to financial literacy, must include any plan for such instruction developed by the State Department of Education, the Board of Regents for Higher Education and the UCONN Board of Trustees in consultation with the Banking Department.*

Legal Reference: Connecticut General Statutes

10-16b Prescribed courses of study. (as modified by PA 97-45, PA 97-61, PA 08-153, PA 11-136, PA 14-234, PA 15-17, PA 15-94 and PA 15-138)

10-18 Courses in United States History, government and duties and responsibilities of citizenship.

10-19 Teaching about alcohol, nicotine or tobacco, drugs, and acquired immune deficiency syndrome. Training of personnel.

Policy adopted:

rev 7/08
rev 7/11
rev 6/14
rev 11/15

Existing policy, #6423 adopted 8/27/04, recodified and revised to comply with PA 15-238.

Instruction

Instructional Resources

Instructional Resources for Teachers

Testing

Appropriate standardized tests, as well as criterion-referenced tests, where applicable, shall be administered to designated grade levels to provide data for educational planning and to assess student learning. Further, the Fairfield Public Schools shall be in compliance with all federal and Connecticut laws regarding administration of ~~Connecticut Mastery Tests and the Connecticut Academic Performance Test~~ statewide mastery examinations.

Statewide Proficiency/Mastery Examinations

Annually, each student enrolled in grades three through eight inclusive shall take a mastery examination or examinations that measures essential and grade appropriate skills in reading, writing or mathematics during any month of the school year. (Currently administered during the last 12 weeks of the school year). Students enrolled in grade eleven shall annually take a nationally recognized college readiness assessment approved by the State Board of Education that measures essential and grade appropriate skills in reading, writing and mathematics. Each student enrolled in grade five, eight, and ten shall, annually, in March or April, take a state-wide mastery examination that measures essential and grade appropriate skills in science. The State Board of Education shall approve the provision and administration of all mastery examinations. All examinations shall take place during the regular school day.

Student scores on each component of the statewide eleventh grade state assessment may/shall be included on the permanent record and transcripts for eleventh grade students. For each eleventh grade student who meets or exceeds the statewide mastery goal level on any component of the mastery examination, shall have a certification of such mastery made on the permanent record and transcript and be provided a certificate of mastery for each such component.

Special education students shall participate in mastery testing except in the rare case when their Planning and Placement Team determines that participation would be inappropriate and recommends the use of an alternative assessment as specified by the State Board of Education.

Limited English proficient (LEP) students, including those also identified as requiring special education, who are in their first year of enrollment in a U.S. school and have been in attendance for one school year or less may be permitted to be exempt from one administration of the reading/language arts portion of the mastery examination. These students must take the Language Assessment Scales (LAS-Links). No such exemption is permitted, based on federal guidelines, from the mathematics and science assessments of the CMT and CAPT. Accommodations, as provided in classroom instruction may be used.

Instruction

Statewide Proficiency/Mastery Examinations (continued)

Limited English proficient students eligible for special education due to significant cognitive impairment must be tested on the CMT/CAPT Skills Checklist, regardless of the one school year exemption option.

Any alternate assessment, including the CMT/CAPT Skills Checklist and the Connecticut Alternate Assessment, of students enrolled in special education, shall be available only to those students with significant cognitive disabilities. Students with significant cognitive disabilities in grades three through eight and eleven shall be assessed with the Connecticut Alternative Assessment in English/language arts and mathematics. In science, eligible students with significant cognitive disabilities shall be assessed with the CMT/CAPT Skills Checklist in grades five, eight and ten.

In compliance with federal law, out-of-level testing is not an option for students enrolled in special education.

(cf. 5121 - Examination/Grading/Rating)

(cf. 5125 - Student Records; Confidentiality)

(cf. 6146 - Graduation Requirements)

(cf. 6162.31 - Test Exclusion)

Legal Reference: Connecticut General Statutes

10-14n Statewide mastery examination. Conditions for reexamination. Limitation on use of test results. (as amended by PA 03-174, PA 03-168, and PA 13-207, Section 115 of PA 14-217 and PA 15-238)

10-14o Compensatory education grant. Financial statement of expenditures.

10-14p Reports by local and regional boards re instructional improvement and student progress.

10-14q Exceptions (as amended by PA 01-205)

PA 15-238 An Act Concerning Students Assessments

PL 107-110 – Title I, 34 CFR Part 200

34 CFR, Part 200 Regulations appearing in Federal Register, 9/13/06.

Policy adopted: August 27, 2004
Policy revised:

FAIRFIELD PUBLIC SCHOOLS
Fairfield, Connecticut

Existing policy #6223 adopted 8/27/04, recodified and with required revisions to comply with recent legislation and with addition of legal references.

Instruction

Curriculum

Basic Instructional Program

Dissection of Animals in the Classroom

Dissection of animals is one of many valid instructional methods used to enable students to achieve specific learning outcomes in life science courses at the middle school and high school levels. Laboratory and dissection activities will be conducted with sensitivity and appreciation for the organisms and the students.

A student may choose teacher-determined alternative(s) to dissection, if a written request has been made by the student's parent/guardian that such student has been excused from participating in or observing dissection of an animal as part of classroom instruction, which enable the student to achieve the specific learning outcomes of the course. If a student chooses the teacher-determined alternative to dissection,³ teacher guidance and assistance will be available. The selection of an alternative will not in and of itself affect the student's grade.

Legal Reference: Connecticut General Statutes

P.A. 13-272 An Act Concerning Dissection Choice

Policy adopted: August 27, 2004
Policy revised:

FAIRFIELD PUBLIC SCHOOLS
Fairfield, Connecticut

Naloxone Use in the School Setting

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(Background information for Policy Sub-Committee)

Opioid overdoses (OPR) have become epidemic. OPR overdose kills thousands of Americans every year. Many of these deaths are preventable through the timely provision of an inexpensive, safe, and effective drug and the summoning of emergency responders. In Connecticut, on average, one person dies every day from an opioid overdose. Opioids include street drugs, like heroin, and prescription drugs like OxyContin. People do overdose and die from prescription drugs by using too much or mixing them with other pills, street drugs, or alcohol.

Deaths from prescription painkillers (opioid or narcotic pain relievers) have reached epidemic levels in the past decade according to the Centers for Disease Control and Prevention (CDC). A crucial mitigating factor involves the nonmedical use of prescription painkillers, using drugs without a prescription or using drugs to obtain the “high” they produce. In 2010, the CDC stated about 12 million Americans (age 12 or older) reported nonmedical use of prescription painkillers in the past year. The 2013 Partnership Attitude Tracking Study (PATS) stated almost one in four teens (23 percent) reported abusing or misusing a prescription drug at least once in his or her lifetime, and one in six (16 percent) reported doing so within the past year. In Connecticut, on average 1 to 2 people die every day from an opioid overdose. Such overdoses have become the leading cause of adult injury deaths; more than those due to motor vehicle accidents, fires and firearms combined.

According to the Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Survey on Drug Use and Health in 2013, there were 2.2 million adolescents, ages 12 to 17, who were current illicit drug users. Given the magnitude of the problem, in 2014 the CDC added OPR overdose prevention to its list of top five public health challenges.

Although drug overdoses in the school setting are rare, some school nurses are increasingly thinking of the drug Naloxone as an essential part of their first-aid kits. Administered via syringe or a nasal spray, it works almost immediately to get an overdose patient breathing again, and it does not create a “high” or have major side effects.

Naloxone, also known by the brand name Narcan, is the antidote that reverses an opioid overdose. It has been used in ambulances and hospitals for decades to reverse overdose. It’s legal and has been approved by the Food and Drug Administration (FDA). It works by neutralizing the opioids in a person’s system and helping the individual to breathe again. It only works if a person has opioids in their system. It doesn’t work on other drugs. Naloxone (Narcan) was first approved by the Food and Drug Administration in 1971. Advocates of its use say it could save a child, parent or school employee who overdoses on heroin or prescription pain killers.

Some states, including neighboring Rhode Island, have passed legislation permitting the use of naloxone in schools. In Rhode Island, the drug must be available in all middle, junior high and high schools. A survey conducted in Rhode Island last year indicated that 81 school nurses who had participated in a naloxone training program found that 43 percent of high school nurses responded that students in their schools were abusing opioids.

Naloxone Use in the School Setting

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Districts nationwide, are now struggling with whether to add the antidote to their medical supplies. Laws in Kentucky and New York explicitly allow school employees to obtain and administer Naloxone and excuse them from liability for using it in an emergency. Illinois does not require schools to carry the drug but allows nurses to administer it. The cost is estimated to be at \$25 to \$40 per dose.

It is the position of the National Association of School Nurses (NASN) that the safe and effective management of opioid pain reliever (OPR)-related overdose in schools be incorporated into the school emergency preparedness and response plan. The Association believes that the registered professional school nurse provides leadership in all phases of emergency preparedness and response. When emergencies happen, including drug related emergencies, managing incidents at school is vital to positive outcomes. The school nurse is an essential part of the school team responsible for developing emergency response procedures. The Association believes school nurses in this role should facilitate access to Naloxone for the management of OPR-related overdose in the school setting.

Schools must anticipate and prepare to respond to a variety of emergencies. The school nurse is often the first health professional who responds to an emergency in the school setting. The school nurse possesses the education and knowledge to identify emergent situations, manage the emergency until relieved by emergency medical services (EMS) personnel, communicate the assessment and interventions to EMS personnel, and follow up with the healthcare provider.

Current Connecticut Laws Related to Naloxone (Narcan)*:

- In 2011, a “Good Samaritan Law” (P.A. 11-210 codified as C.G.S. 21a-279) was passed in an attempt to address people’s unwillingness to call 911 for an overdose situation. This law protects people who call 911 seeking emergency medical services for an overdose from arrest for possession of drugs/paraphernalia. The law limits protection to this situation. It doesn’t protect someone from other charges or stop the police from serving a search or arrest warrant if that was already in process.
- The 2012 Narcan law (P.A. 12-159 codified as C.G.S. 17a-714) allows prescribers (physicians, surgeons, physicians’ assistants, APRNs, dentists, and podiatrists) to prescribe, dispense or administer Narcan to any person to prevent or treat a drug overdose and the prescriber is protected from civil liability and criminal prosecution.
- In 2014, (P.A. 14-61 codified as C.G.S. 17a-714) protection from civil liability and criminal prosecution was extended to the person administering Narcan in response to an overdose.
- The 2015 legislation (P.A. 15-198) allows pharmacists who have been trained/certified to prescribe and dispense Narcan directly to customers requesting it. The pharmacist is required to educate the person on how to use Narcan. The law also requires one hour of continuing education for physicians, PAs (Physicians’ Assistants), APRNs (Advanced Practice Registered Nurses) and Dentists in a risk management topic that includes prescribing controlled substances and pain management. Prescribers are required to check the electronic Connecticut Prescription Monitoring and Reporting System (CPMRS) before prescribing greater than a 72-hour supply of a controlled substance and, for those persons prescribed opiates long-term, at least every 90 days.

Naloxone Use in the School Setting

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- In 2016, P.A. 16-43, “An Act Concerning Opioids and Access to Overdose Reversal Drugs” was passed. This legislation includes the following:
 - A 7-day limit on opioid prescriptions which applies only to the first outpatient prescription for adults, but always applies to minors. In the case of minors, the prescriber is required to discuss the risks of opioids with them and their parent/caregiver, if they are present. Exceptions to this 7-day limit can be made if the prescriber believes its warranted and documents the reason in the medical record, including why an alternative was not appropriate (effective July 1, 2016).
 - Licensed health care professionals (LHCPs) are allowed to administer Naloxone without fear of civil liability, criminal prosecution, or violating standards of their profession (effective from passage).
 - Each municipality must ensure that their designated first responder(s) are trained on and equipped with Naloxone and that their emergency medical services plan is revised to reflect this by October 1, 2016.
 - Starting July 1, 2016, pharmacies will be required to enter information into the Connecticut Prescription Monitoring and Reporting System (CPMRS) by the next business day for all controlled substances dispensed. Veterinarians will be required to submit information at least weekly on prescriptions dispensed for controlled substances.
 - The two conditions which already require prescribers to check the CPMRS (see 2015 legislation) continue with the following modifications (effective July 1, 2016):
 - The prescriber’s authorized agent is no longer required to be a licensed health care professional (LHCP). The prescriber is responsible for ensuring that his/her authorized agent accesses the protected health information appropriately and safeguards patient confidentiality. When the prescriber is working for a hospital and wishes to designate an authorized agent(s), an approved written protocol must be in place. Whenever an authorized agent is used, the designated prescriber providing the oversight will be held responsible for the authorized agent’s actions with respect to the CPMRS.
 - If the patient is prescribed a Schedule V nonnarcotic long-term, the CPMRS only needs to be checked at least annually, not at least every 90 days.
 - Individual and group health insurers that provide coverage for prescriptions and have naloxone on their formulary cannot require prior authorization for the Naloxone (effective January 1, 2017).

*Source: State of Connecticut Department of Mental Health and Addiction Services, Publication - “Opioid Overdose Prevention/Naloxone (Narcan) Initiative,” accessible at: <http://www.ct.gov/dmhas/cwp/view.asp?q=509650>. This document also contains a link to “Naloxone Prescribing Pharmacists” in Connecticut.

Naloxone Use in the School Setting

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A key component of P.A. 16-43 is Section 1 which allows any licensed health care professional to administer an opioid antagonist to treat or prevent a drug overdose without being (1) civilly or criminally liable for such action or (2) deemed as violating his/her professional standard of care. The law also allows anyone, if acting with reasonable care, to administer an opioid antagonist to a person he/she believes, in good faith, is experiencing an opioid-related drug overdose. It generally gives civil and criminal immunity to such a person regarding the administration of the opioid antagonist. (C.G.S. 17a-714a).

Policy Implications

The question has been raised in some Connecticut school districts pertaining to whether a school nurse is allowed to obtain and administer Naloxone (Narcan) in the school setting in an emergency situation and also be excused from any liability in its use.

The CABA Policy Service contacted Stephanie Knutson, Education Consultant, Connecticut State Department of Education, Office of Student Supports and Organizational Effectiveness Bureau of Health/Nutrition, Family Services and Adult Education, regarding the above question. She indicated that schools currently have the ability to include Naloxone in their formulary (the official list giving details of medicines that may be administered) for the purpose of emergency administration, as they do with medications such as epinephrine, etc. It was further indicated that medical advisors may write standing orders for emergency medications such as Naloxone, epinephrine, etc. to be administered by school nurses. In short, it is entirely up to the school district to decide which medications they want in their formulary and the corresponding orders so that school nurses may administer them.

The liability of school nurses in administering Naloxone would not be any different from the liability they would assume in administering any emergency drug in the school environment.

The Department of Consumer Protection, Drug Control Division previously provided guidance to school districts regarding the ordering of the emergency medication, epinephrine. The memo is applicable to drugs such as Naloxone and is accessible at:

http://www.sde.ct.gov/sde/lib/sde/pdf/digest/epinephrine_in_public_schools.pdf.

Therefore, based upon the above guidance, school medical advisors may order Naloxone from any properly credentialed wholesaler of drugs and the wholesaler may deliver the Naloxone directly to the respective school health system(s) for the purpose of emergency first aid to students and/or staff.

CABA's Policy Service encourages local school districts to engage in conversations with the district's school medical advisor, school attorney, representatives of local emergency medical services, school nurses and members of the community to determine whether adopting a policy on administering Naloxone in a drug overdose situation is appropriate for the district. It is important for the school and community to become educated on the issue of opioid overdose and prevention.

Current research about Naloxone and its use appears to indicate that stocking it and using it in accordance with proper procedures, oversight, and training should present a very low risk of harm or liability.

A new sample policy, #5141.213 and an accompanying administrative regulation have been developed on this topic for consideration and possible use, if determined appropriate for the local district. This is considered an optional policy for inclusion in the district's policy manual.

An optional policy to consider.

Students

Administering Medication

Opioid Overdose Prevention (Emergency Administration of Naloxone)

The Board of Education (Board) recognizes that many factors, including the use and misuse of prescription painkillers, can lead to the dependence on and addiction to opioids, and that such dependence and addiction can lead to overdose and death among the general public, including District students and staff. The Board wants to minimize these deaths by the use of opioid overdose prevention measures.

Alternate Language:

The Board of Education (Board) is committed to enhancing the health and safety of individuals within the school environment. The District will identify specific locations for the storage of Naloxone and protocols for its administration in emergency situations to assist individuals suspected to be experiencing an opioid overdose.

Definitions

Drug overdose means an acute medical condition, including, but not limited to, severe physical illness, coma, mania, hysteria or death, which is the result of consumption or use of one or more controlled substances causing an adverse reaction. The signs of opioid overdose include unresponsiveness; nonconsciousness; shallow breathing with rate less than 10 breaths per minute or not breathing at all; blue or gray face, especially fingernails and lips; and loud, uneven snoring or gurgling noises.

Naloxone (Narcan) means a medication that can reverse an overdose caused by an opioid drug. As a narcotic antagonist, Naloxone displaces opiates from receptor sites in the brain and reverses respiratory depression that usually is the cause of overdose deaths.

Opioid means illegal drugs such as heroin, as well as prescription medications used to treat pain such as morphine, codeine, methadone, oxycodone (OxyContin, Percodan, Percocet), hydrocodone (Vicodin), fentanyl, hydromorphone (Dilaudid), and buprenorphine.

Delegation of Responsibility

The Superintendent or his/her designee, in consultation with the school nurse(s) and the school physician/School Medical Advisor shall establish appropriate internal procedures for the acquisition, stocking and administration of Naloxone (Narcan) and related emergency response procedures pursuant to this policy.

The school physician/School Medical Advisor shall be the prescribing and supervising medical professional for the District's stocking and use of Naloxone (Narcan). The Superintendent or his/her designee shall obtain a standing order from the school physician/School Medical Advisor for the administration of Naloxone (Narcan).

Students

Administering Medication

Opioid Overdose Prevention (Emergency Administration of Naloxone)

Delegation of Responsibility (continued)

Alternate Language:

The school physician/School Medical Advisor shall provide and annually renew a standing order for the administration of Naloxone to students, staff members or other individuals believed or suspected to be experiencing an opioid overdose on school grounds or at a school-sponsored activity. The standing order shall include at least the following information:

1. Type of Naloxone (intranasal and auto-injector)
2. Date of issuance
3. Dosage
4. Signature of the school physician/School Medical Advisor

The standing order shall be maintained in the Superintendent's office and copies of the standing order shall be kept in each location where Naloxone is stored.

The school nurse shall be responsible for building-level administration and management of Naloxone and management of Naloxone stocks. Each school nurse and any other individual(s) authorized by the Superintendent shall be trained in the administration of Naloxone.

Naloxone shall be safely stored in the school nurse's office or other location designated by the school nurse in accordance with the drug manufacturer's instructions.

Alternate Language:

The Board directs the school physician/School Medical Advisor to issue a non-patient specific order to District school nurses to administer (***select as per the medical order: intranasal or intramuscular***) Naloxone (also known as Narcan, among other names) for the purpose of emergency first aid to students or staff who do not have a prior written order from a qualified medical professional for the administration of Naloxone. The non-patient specific order shall include a written protocol containing the elements required by the regulations of the Department of Consumer Protection.

The Board permits school nurses to administer Naloxone to any person at school or a school event displaying symptoms of an opioid overdose. The District will store the Naloxone kits in a secure but accessible location consistent with the district's emergency response plan, such as the nurse's office. Naloxone shall be accessible during school hours and during on-site school-sponsored activities.

Students

Administering Medication

Opioid Overdose Prevention (Emergency Administration of Naloxone) (continued)

Acquisition, Storage and Disposal

Naloxone shall be safely stored in the school nurse's office or other location designated by the school nurse in accordance with the drug manufacturer's instructions.

The school nurse shall obtain sufficient supplies of Naloxone pursuant to the standing order in the same manner as other medical supplies acquired for the school health program. The school nurse or designee shall regularly inventory and refresh Naloxone stocks, and maintain records thereof. In accordance with internal procedures, manufacturer's recommendations and any applicable Department of Public Health guidelines.

(cf. 5141 – Administering Medications)

Legal Reference: Connecticut General Statutes

10-212 School nurses and nurse practitioners. Administration of medications by parents or guardians on school grounds. Criminal history; records check.

10-212a Administration of medications in schools. (as amended by PA 99-2, and June Special Session and PA 03-211, PA 04-181, PA 07-241, PA 07-252, PA 09-155, PA 12-198, PA 14-176 and PA 15-215)

17a-714 Immunity for prescribing, dispensing or administering an opioid antagonist to treat or prevent a drug overdose.

21a-279(g)Penalty for illegal possession. Alternate sentences. Immunity.

52-557b Immunity from liability for emergency medical assistance first aid or medication by injection. School personnel not required to administer or render. (as amended by PA 05-144, An Act Concerning the Emergency Use of Cartridge Injectors)

Connecticut Regulations of State Agencies 10-212a-1 through 10-212a-10, inclusive, as amended.

PA 15-198: An Act Concerning Substance Abuse and Opioid Overdose Prevention

PA 16-43: An Act Concerning Opioids and Access to Overdose Reversal Drugs

Policy adopted:

cps 11/16