

BOARD OF EDUCATION  
FAIRFIELD PUBLIC SCHOOLS  
FAIRFIELD, CT

**Policy Committee Meeting**

Monday, January 4, 2016  
Education Center  
501 Kings Highway East  
Superintendent's Conference Room  
4:30 p.m.

Agenda

- I. Call to Order
- II. Approval of November 30 and December 8, 2015 Meeting Minutes
- III. Policy
  - Policy #5514 Students – Administration of Medications in the Schools
  - Policy #5515 Students – Administration of Emergency Medications by Non-nursing Personnel
  - CAFE Policy Review
- IV. Open Discussion/Public Comment
- V. Adjournment
- VI. Future Items: BOE Handbook

Future Mtg. Dates and Times: *All meetings will be on Mondays, starting at 4:30 unless otherwise noted; **January 25**, February 8, February 22, March 7, March 28, April 18, May 2, May 9, May 23, June 13, August 29, September 12, September 26, October 10, November 7, December 5, 2016.*

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 Agenda  
**November 30, 2015**  
**4:15 p.m.**  
501 Kings Highway East, Suite 210  
Superintendent's Conference Room

**MINUTES**

- I. Call to Order - The meeting was called to order by Karen Parks at 4:18. Committee members in attendance were Jennifer Kennelly, Donna Karnal, and Anthony Calabrese. Phillip Dwyer, BOE Chairman, was also in attendance as was Karen Parks representing the Administration. Jennifer Kennelly moved to add the item "Election of Chair" to the Agenda. Donna Karnal seconded and approved 3:0:0.
- II. Election of Chair of Policy Committee – Anthony Calabrese nominated Jennifer Kennelly and Donna Karnal seconded. Jennifer accepted nomination and was elected 2:0:1
- III. Approval of Minutes - One suggested edit was made to the October 12 minutes; the date was changed from November 9 to November 30 in Section III, and approved with edit.
- IV. Discussion of Board of Education Handbook (*DRAFT, Revised May 7, 2015*) – Jennifer Kennelly asked Phil Dwyer, who chaired the committee to write the BOE Handbook, to share the history and purpose of the Handbook. Phil explained that the idea of the Handbook came from the CAFE Conference, when several board new board members attended 4 years ago. There was a strong feeling by the board that BOE members would find it easier to learn if everything was in one place. Pam Iacono, who was the BOE Chair at the time, asked Phil to chair the committee and the full board adopted the Handbook on June 26, 2012. Phil described the Handbook as a vehicle to state "what is," containing statements from state statute, BOE past practice, BOE By-laws, BOE Policy, and Town Charter. Changes in those documents would require changes to the BOE Handbook. Some of the text in the document in front of you is in red because it reflects changes in the By-laws since the Handbook was created. Paul Fattibene, a BOE member and past Policy Committee member, asked that the Policy Committee ensure that there is no confusion between the Handbook and the By-law language. Phil also explained that there are approximately 9 instances throughout the Handbook where "board practice" is parenthetical. He feels that the questions for the Policy Committee are:
  - Is the Handbook useful to the BOE and if not, then this committee should recommend to the BOE that the Handbook be eliminated;
  - Does the red text conform to the meaning/language of the By-laws?
  - Should BOE past practice be considered in the Handbook and if not, then bring to the full BOE for discussion.

The PC committee members discussed Mr.Dwyer's questions/recommendations and agreed that the Handbook is a useful document and that if there is confusing language, that they should work on that language to eliminate confusion rather than eliminate the

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Handbook. Members then went through the Handbook page by page and discussed, making the following recommendations for changes:

- p. 7 A. change “fourteen” to “sixteen” regular BOE meetings to reflect current practice;
- p. 8, A. #10 should there only be one meeting in an odd year when there are elections?
- p.8, A. #11, delete the words “with the primary purpose? And add “included in this meeting”;
- p.8, B. Change Mooney’s “7<sup>th</sup> edition” to “most recent edition”;
- p. 9, C Insert “By-laws, Article V, Sec 7” in place of Board Practice; put language on hold as John Llewellyn may be proposing new language;
- p. 9, Section F, put on hold as Jen Kennelly is researching;
- p. 10, H, Superintendent’s Report, the current language is more about board comment and should probably describe the Superintendent’s Report;

There was not time to continue the discussion at this meeting beyond page 10 Open Board Comment. Will continue discussion at the next available board meeting.

- V. Open Discussion/Public Comment – Jennifer Kennelly proposed meeting on December 8 at 7:00 pm immediately before the regular board meeting to select 2016 meeting time and dates for the Policy Committee. All members agreed.

No members of the public were present.

- VI. Adjournment – The meeting adjourned at 6:12 p.m.

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

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BOARD OF EDUCATION  
FAIRFIELD PUBLIC SCHOOLS  
FAIRFIELD, CT

Policy Committee Agenda  
**December 8, 2015**  
**7:00 p.m.**  
501 Kings Highway East, Suite 210  
Superintendent's Conference Room

**MINUTES**

- I. Call to Order – The meeting was called to order at 7:03 by the Chair, Jennifer Kennelly. Also in attendance was Anthony Calabrese and Karen Parks, representing the district administration. Philip Dwyer, BOE Chair, was also in attendance.
  
- II. Discussion and Selection of Policy Committee Meeting Time and Dates for 2016 – The dates were discussed and approved as presented, 2:0:0. The official meeting time for the 2016 year was determined to be 4:30 pm to 6:00 pm.
  
- III. Adjournment – The meeting adjourned at 7:13 p.m.

**Next Meeting: January 4, 2016.**

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

## **BOARD OF EDUCATION POLICY ON ADMINISTRATION OF MEDICATION IN THE SCHOOLS**

*Policy#5514 DRAFT*

In compliance with the Connecticut General Statutes\*, administration of medications by school personnel will be permitted to meet the health needs of individual students with chronic or short term health problems.

Medications will be administered pursuant to the written order of an authorized prescriber and the written consent of the parent or guardian.

Medications in the schools will be administered by a licensed nurse (RN or LPN) or in the absence of a nurse, the following school personnel who have been properly trained by a school nurse or school medical advisor, may administer medications:

- Principals and teachers;
- Licensed physical therapists (PT) or occupational therapists (OT) employed by the school district;
- Paraprofessionals in the case of a specific student with a medically diagnosed allergic condition that may require prompt treatment to protect the student against serious harm or death;
- Coaches and licensed athletic trainers, during intramural or interscholastic athletic events, employed by the school district for inhalant medications prescribed to treat respiratory conditions or medication administered with a cartridge injector for students with a medically diagnosed allergic condition which may require prompt treatment to protect the student against serious harm or death;
- In school readiness programs and before and after-school programs, directors or directors' designees, lead teachers or school administrators;
  - A qualified school employee, who has been trained according to the medication regulations, may administer epinephrine in cartridge injectors for the purpose of emergency first aid to students who experience allergic reactions and do not have a prior written authorization of a parent or guardian or a prior written order of a qualified medical professional for the administration of epinephrine.
  - A qualified school employee, who had been trained according to the medication regulations, may administer antiepileptic medication, including by rectal syringe.
  - A qualified school employee may, under certain conditions, give a glucagon injection to a student with diabetes who may require prompt treatment to protect him/her from serious harm or death.

The school nurse or school principal shall select a qualified school employee to, under certain conditions, give a glucagon injection to a student with diabetes who may require prompt treatment to protect him/her from serious harm or death. The nurse or principal must have the written authority from the student's parent/guardian and a written order from the student's Connecticut-licensed physician. The authorization shall be limited to situations when the school nurse is absent or unavailable. No qualified school

employee shall administer this medication unless (A) he/she annually completes training required by the school nurse and school medical advisor, in the administration of medication with injectable equipment used to administer glucagon, (B) the school nurse and school medical advisor, attest, in writing, that the qualified school employee has completed such training, and (C) the qualified school employee voluntarily agrees to serve as a qualified school employee. The injections are to be given through an injector or injectable equipment used to deliver an appropriate dose of glucagon as emergency first aid response to diabetes..

The nurse must examine on-site any new medication, medication order and parental permission form and develop a medication administration plan for the student before any medication is given. If a school nurse determines any medication administration plan should be re-evaluated, the parent/guardian and licensed prescriber shall be notified immediately by the school nurse. In addition, the nurse will consult with the nursing supervisor and the school medical advisor . In accordance with standard nursing practice, the school nurse may refuse to administer or allow school personnel to administer any prescription medication which, based on her/his individual assessment and professional judgment, has the potential to be harmful, dangerous, or inappropriate. In such cases a parent has the right to come to the school and administer the medication himself/herself.

The time or place where a student with diabetes may test his/her blood-glucose level on school grounds shall not be restricted provided the student has written parental/guardian permission and a written order from a physician stating that such child is capable of conducting self-testing on school grounds.

**\*CGS Section 10-212a Administration of Medications in Schools, including liability.**

Reviewed and Approved 8/10/98  
by Town of Fairfield Board of Health  
Reviewed and Approved 9/15/98  
by Town of Fairfield Board of Education  
Reviewed and approved 6/12/00  
by Town of Fairfield Board of Health  
Reviewed and Approved 8/22/00  
by Town of Fairfield Board of Education  
Reviewed and Approved 8/19/02  
by Town of Fairfield Board of Health  
Reviewed and Approved 10/22/02  
by Town of Fairfield Board of Education  
Reviewed and Approved 8/4/03  
by Town of Fairfield Board of Health  
Reviewed and Approved 1/29/04  
by Town of Fairfield Board of Education  
Reviewed and Approved 8-6-07  
by Town of Fairfield Board of Health  
Reviewed and Approved 12/10/07  
by Town of Fairfield Board of Health  
Reviewed and Approved 1/22/08  
by Town of Fairfield Board of Education  
Reviewed and Approved 1-10-11  
by Town of Fairfield Board of Health  
Reviewed and Approved 5-10-11  
by Town of Fairfield Board of Education  
Reviewed and Approved 11-19-12  
by Town of Fairfield Board of Health  
Reviewed and Approved 4/9/13  
by Town of Fairfield Board of Education

## Students

### Welfare

#### **PROTOCOL FOR ADMINISTRATION OF EMERGENCY MEDICATIONS BY NON-NURSING SCHOOL PERSONNEL**

**5515**

#### **Anaphylactic Reaction**

Anaphylactic Reaction may occur following:

- the administration of medication;
- ingestion of, inhalation of, or contact with food or other substance;
- insect bite, or sting; or
- exercise.

When an anaphylactic reaction is considered likely, epinephrine should be administered immediately.

Epinephrine will be maintained in each school to be administered for treatment of anaphylaxis by the following school personnel: a qualified principal, teacher, occupational therapist or physical therapist. The nurse will review the use of epinephrine at least semiannually in the fall and spring with qualified principals, teachers, occupational therapists and physical therapists. Medicinal preparations administered by injection shall be consistent with provisions of the Needlestick Safety Act and pertinent OSHA regulations.

Common Symptoms of Anaphylaxis: Administer epinephrine immediately if symptoms pertaining to any system marked with an asterisk (\*) occur or if skin symptoms are combined with neurological symptoms.

<u>System</u>	<u>Symptom</u>
* Mouth	Itching and swelling of the lips, tongue, and/or mouth
*Throat	Itching, swelling, or sense of tightness in the throat; hoarseness, repetitive throat clearing, difficulty swallowing
Skin	Itchy rash, hives, and/or swelling about face and extremities
* Gastrointestinal	Nausea, vomiting, abdominal cramps, and/or diarrhea
* Respiratory	Shortness of breath; repetitive cough; wheeze; chest tightness; cyanosis; repetitive sneezing
* Cardiovascular	Increased heart rate, “thready” pulse, low blood pressure, dizziness or faintness
Neurological	Feeling of impending doom; apprehension; weakness

## Students

## Welfare

### **PROTOCOL FOR ADMINISTRATION OF EMERGENCY MEDICATIONS BY NON-NURSING SCHOOL PERSONNEL** (continued)

**5515**

#### Epinephrine Dosage

Dosage: Children in third grade and older and adults: 0.3 mg. (supplied as epinephrine auto-injector).

Children in second grade and younger: 0.15 mg. (supplied as epinephrine auto-injector).

Epinephrine dosage may be repeated in **10** minutes if no improvement or if further deterioration has occurred.

Route of Administration: Intramuscular or Subcutaneous (IM or SC)

Preferred Site: Anterolateral thigh. If anterolateral thigh cannot be used, use deltoid. Avoid use of buttocks.

Contraindications to use of epinephrine: There are no absolute contraindications to the use of epinephrine in a life-threatening situation. Hyperthyroid individuals, individuals with cardiovascular disease, hypertension, or diabetes, elderly individuals, pregnant women, and children under 30 kg (66 lbs.) may be theoretically at greater risk of developing adverse reactions after epinephrine administration. Despite these concerns, epinephrine is essential for the treatment of anaphylaxis.

After administration of epinephrine, call an ambulance and notify the parent or guardian. Anaphylactic reactions can subside then reoccur up to several hours later after epinephrine is given. Victim must receive medical attention even if initial symptoms subside. When calling the ambulance, state that anaphylaxis is suspected and request ALS personnel.

The nurse or person qualified to administer epinephrine should accompany the victim in the ambulance unless ambulance personnel are qualified to administer epinephrine.

If the victim has an apparent allergic reaction which does not indicate the need for epinephrine, (i.e., a reaction involving only the skin, or involving only a feeling of apprehension, impending doom, or weakness) observe, contact the parent or guardian, and refer to private physician for follow-up care.

For a student with a known allergy to food or insect bites/stings, refer to medical orders from student's private physician and student's Individualized Health Care Plan. If orders from private physician are not available, proceed as follows:



**Students**

**Welfare**

**PROTOCOL FOR ADMINISTRATION OF EMERGENCY  
MEDICATIONS BY NON-NURSING SCHOOL PERSONNEL** (continued)

**5515**

- I. If a child with an allergy to a food thinks he ate the food or knowingly ate the food,
  - observe child for at least two (2) hours for any signs of a reaction;
  - notify the parent or guardian and urge the parent or guardian to contact the child's physician; and
  - if any symptoms occur indicating need for epinephrine:
    - a) administer epinephrine;
    - b) transport to hospital via ambulance for further management;
    - c) contact the parent or guardian;
    - d) observe vital signs;
    - e) position to prevent shock; and
    - f) CPR will be performed as indicated.
  
- II. If a child with a known insect sting allergy is stung,
  - treat the site of the sting (see *Bites-Insect Stings* in the Fairfield School Health Manual);
  - notify the parent or guardian and urge the parent or guardian to contact the child's physician;
  - observe patient for one (1) hour for signs of anaphylaxis; and
  - if any symptoms occur indicating need for epinephrine:
    - a) administer epinephrine;
    - b) transport to hospital via ambulance for further treatment;
    - c) contact the parent or guardian;
    - d) observe vital signs;
    - e) position to prevent shock; and
    - f) CPR will be performed as indicated.

## Students

### Welfare

#### **PROTOCOL FOR ADMINISTRATION OF EMERGENCY MEDICATIONS BY NON-NURSING SCHOOL PERSONNEL** (continued)

**5515**

### Instant Glucose

#### **Diabetic Hypoglycemic Reaction or Insulin Shock**

1. Assess the victim for signs of hypoglycemic reaction or insulin shock. Symptoms may include dizziness, nervousness or trembling, incoherent speech, confusion, weakness, moist, pale skin, drowsiness, headache, intense hunger, blurred vision, poor coordination, abdominal pain, or nausea. If no specific order for blood testing, and it is uncertain whether student is having a hypoglycemic reaction, TREAT.

If the reaction is severe (unconsciousness or convulsions), call an ambulance. If able to react and swallow, give sugar, instant glucose, or other fast-acting carbohydrate per Individualized Health Care Plan (e.g., juice or regular soda pop) for the student as long as the student is conscious. The student may need coaxing to eat. If non-responsive, do not administer anything by mouth and administer first aid for victim in an unconscious state.

If fast-acting carbohydrate is needed and the victim does not have his or her own supply, administer Insta-Glucose Glucose Gel. Dosage for Insta-Glucose Glucose Gel: Entire contents of tube by mouth (delivers 24 grams of carbohydrate). Repeat every 10 minutes if needed.

Give complex carbohydrate food (e.g., 4 peanut butter crackers or ½ meat sandwich) per Individualized Health Care Plan when blood sugar stabilized / symptoms dissipated or when blood sugar/symptoms continue deviant after 45 minutes of treatment with fast-acting carbohydrate.

2. Call an ambulance unless prompt recovery.
3. Notify the parent or guardian.

Approved 8/27/2004

Revised and Approved 1/22/2008  
by Town of Fairfield Board of Education

Revised and Approved 9/9/2013  
by Town of Fairfield Board of Health

Revised and Approved 5/20/2014  
By Town of Fairfield Board of Education