

BOARD OF EDUCATION  
FAIRFIELD PUBLIC SCHOOLS  
FAIRFIELD, CT

**Policy Committee Meeting**

**Monday, May1, 2017**  
**4:30 p.m.**  
501 Kings Highway East  
Superintendent's Conference Room

**Agenda**

- I. Call to Order
- II. Approval of March 27, 2017 Meeting Minutes
- III. Policy
  - 5141.213 Administering Medication – Opioid Overdose Prevention
  - 6142 Basic Instructional Program
  - 4112.5 Fingerprinting/ Criminal History Record Information (CHRI)
  - 5144.1 Use of Physical Force
  - 6173 Homebound / Hospital Instruction
- IV. Committee Meeting Schedule  
Confirm May 22<sup>nd</sup> Meeting
- V. Open Discussion/Public Comment
- VI. Adjournment
- VII. Future Items
  - 6142.101 Wellness
  - 4118.51/4218.51 Use of Social Networking Sites by Staff
  - 1311.1 / 1311.2 Political Activities in School / on School Property
  - 1230 Parent Organizations and Booster Clubs

Future Mtg. Dates and Times: *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**

**Monday, March 27, 2017**  
**4:30 p.m.**  
501 Kings Highway East  
Superintendent's Conference Room

**Minutes**

- I. Call to Order – Meeting called to order at 4:35. All members in attendance. No individuals from public were present.
- II. Approval of March 6, 2017 Meeting Minutes Approved 3-0
- III. Policy
  - 6142 Basic Instructional Program - approved 3-0 to send to full board for first reading after some formatting changes
  - 6162.3 Testing - approved as amended 3-0 to send to full board for first reading
  - 6163.31 Dissection of Animals in Classrooms – approved 3-0 to send to full board for first reading
  - 5141.213 Administering Medication – Opioid Overdose Prevention This policy will stay in committee for addition discussion and clarification. Supervisor of school nurses will be invited to next meeting to review with committee.
- IV. Committee Meeting Schedule  
Reschedule April 24. This meeting has been rescheduled to May 22<sup>nd</sup>. Time to be determined.
- V. Open Discussion/Public Comment -Committee members discussed the policies to be addressed at future meetings with the CABA audit policies nearly done. One concern is a policy on Political Activities in School.
- VI. Adjournment –Meeting adjourned at 6:10 PM
- VII. Future Items

**Policies mandated by recent statutes**

Policy on Political Activities in School

Continued discussion of the use of Directory Information

Future Mtg. Dates and Times: *All meetings will be on Mondays, starting at 4:30 unless otherwise noted. Next Meeting – May 1, 2017*

*An optional policy to consider.*

## **Students**

### **Administering Medication**

**P5141.213(a)**

#### **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 is 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.

**Opioids** means are 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.~~

## Students

### Administering Medication

P5141.213(b)

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

#### Delegation of Responsibility (continued)

~~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)~~

#### *Alternate Language:*

The 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, at which the school nurse is present. 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 to above:*

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.

## Students

### Administering Medication

P5141.213(c)

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

#### Acquisition, Storage and Disposal

~~The Board~~ This policy 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.~~

~~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

*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.

As required by law the District 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;
  - disease prevention; *cancer awareness, including instruction in performing self-examination for breast and testicular cancer;*
  - community and consumer health;
  - physical, mental and emotional health, including youth suicide prevention;
  - teen dating violence awareness and prevention, *including sexual harassment and assault;*
  - substance abuse prevention;
  - the safe use of social media, as defined in C.G.S. 9-601, that may include the dangers of gang membership;
  - 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
- one or more world languages (on at least secondary level)
- vocational education (on at least secondary level)

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

## Instruction

### Basic Instructional Program (continued)

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

In addition to these curriculum areas, the Board provides an instructional program in Business Education, Library Media, including Information and Technology Literacy Skills, and Technology Education.

The implementation of these programs shall be the responsibility of the school principals/headmasters with the support of building-based and Central Office administrators, coordinators and liaisons.

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, PA 15-138, and *PA 16-188*)

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:

# **FINGERPRINTING AND CRIMINAL JUSTICE INFORMATION SERVICES**

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*(Background Information for Policy Committee)*

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## **Background Information:**

Connecticut requires that any person (teacher, administrator, special service staff member, teacher's aide, custodian, cafeteria employee, etc.) who is hired by a local or regional board of education submit to a state and national criminal history record check within the first 30 days of the date of employment. The only exception is that teachers of adult education, who are not required to hold certification for their positions (non-mandated, general interest programs only), are not required to submit to the criminal history record check unless directed by the employing district.

In addition, in accordance with Public Act 09-01, Section 8, any candidate in a preparation program leading to certification as a teacher, special service, etc., who has not had a criminal history background check, must do so at least 30 days prior to being placed in a school for clinical experiences such as field experience, student teaching or internship.

The process includes the checking of fingerprints by the State Police Bureau of Identification and the F.B.I. The results of the criminal history record checks (both state and federal) are reported to the employing school district. If the district receives notice of a conviction of a crime by a person holding a certificate, authorization or permit issued by the State Board of Education, the district shall notify the Bureau Educator Standards and Certification.

A person may obtain fingerprint packets (including fingerprint cards) and have their fingerprints taken at a local board of education, a Regional Educational Service Center (RESC), or the State Police Bureau of Identification. If fingerprinted at a RESC an individual's fingerprints may be shared with other districts. The individual must provide a written request to the RESC indicating where the results should be sent. If fingerprinted by a local school district, police department or by the State Police Bureau of Identification, an individual's results cannot be shared with other districts.

School volunteers are not required, by statute, to have a criminal history record check (fingerprinting). However, school districts are entitled to establish additional policies concerning criminal history record checks.

## **Requirements of FBI Regarding Fingerprint Information Access, Retention, and Use:**

The Federal Bureau of Investigation (FBI), through its "Criminal Justice Information Services (CJIS)" provides the data pertaining to the national criminal history record check, via the fingerprinting process.

The FBI considers departments of education and local school districts as "noncriminal justice agencies," which maintain criminal history record information (CHRI), a subset of criminal justice information (CJI). CHRI is defined as any notations or other written or electronic evidence of an arrest, detention, complaint, indictment, information or other formal criminal charge relating to an identifiable person that includes identifying information regarding the individual as well as the deposition of any charges.



# **FINGERPRINTING AND CRIMINAL JUSTICE INFORMATION SERVICES**

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This information (CHRI) is maintained in a number of ways such as by hard copy in case files or file cabinets, kept on email servers, individual desktops, and records management systems.

As a result, the FBI, in order to protect the privacy of the data made possible by the fingerprinting process in acquiring CJI, has established requirements for local school districts with which to comply. These requirements are detailed in the "FBI CJIS Security Policy, Version 5.5."

The FBI CJIS Security Policy requires all noncriminal justice agencies, such as school districts, to designate a Terminal Agency Coordinator (TAC) and a Local Agency Security Officer (LASO).

In addition, there are requirements, including but not limited to, pertaining to the location in which the information is maintained, request and use of the criminal justice information (CJI), maintenance and safeguarding of CJI, disclosure of CJI by permitted individuals, security incident response, record retention, disposal and destruction of CJI and training requirements.

## **Policy Implications**

This has proven to be an extremely difficult topic to determine the necessary actions school districts need to take. There are two approaches to consider.

The first approach is to consider the adoption of policy 4112.52/4212.52, "Criminal History Record Information (CHRI)." This is a new policy based upon one originally developed by the Federal Bureau of Investigation (FBI) pertaining to this topic.

Another approach is to revise existing policy #4112.5/4212.5, "Security Check/ Fingerprinting," and its accompanying administrative regulation. Existing policy #4112.5/4212.5, has been modified to include the following language, "Criminal Justice Information (CJI) is to be maintained in accordance with the administrative regulation pertaining to the use and disclosure of criminal justice information."

The administrative regulation, which accompanies this policy, therefore, has been updated to include a new section pertaining to the requirements of the FBI pertaining to criminal justice information.

This material follows for your consideration and use. It is strongly recommended in dealing with this topic, that the district's legal counsel be consulted.

**April 2017**

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## **Personnel -- Certified/Non-Certified**

### **Security Check/Fingerprinting**

In order to create a safe and orderly environment for students, all offers of employment will be conditional upon the successful outcome of a criminal record check. In addition, any person applying for employment with the Board shall submit to a record check of the Department of Children and Families Child Abuse and Neglect Registry before the person may be hired.

Applicants, as required, shall make disclosures containing (1) current and past employers' contact information; (2) authorization allowing contact with such employers; and (3) statements about any past misconduct, discipline, or licensure penalties as a result of sexual misconduct or abuse allegations. (New Language)

Prior to hiring any applicant, the District will (1) ensure that the above stated three requirements are completed; (2) review applicants' employment history after making a documented, good faith effort to contact previous employers for information; and (3) request any available information about applicants from SDE. (New Language)

District employees shall within 30 days after they are hired submit to state and national criminal checks. District students employed by the school system are exempted from this requirement.

Workers placed in a school under a public assistance employment program shall also submit to the criminal check if such individuals will have direct contact with students.

School nurses and nurse practitioners appointed by the Fairfield Board of Health shall also submit to a criminal history check pursuant to C.G.S. 29-17a. The District is responsible for initiating the background check.

Student teachers and interns placed in District schools as part of completing preparation requirements for the issuance of an educator certificate, shall also be required to undergo the same criminal background checks already required for school employees.

### **Criminal Justice Information**

Criminal Justice Information (CJI) is to be maintained in accordance with the administrative regulation pertaining to the use and disclosure of criminal justice information. (New Language)

## **Personnel -- Certified/Non-Certified**

### **Security Check/Fingerprinting**

(cf. 4112.51/4212.51 - Employment/Reference Checks)

Legal Reference: Connecticut General Statutes

10-221d Criminal history records checks of school personnel. Fingerprinting. Termination or dismissed. (as amended by PA 01-173, PA 04-181 and June 19 Special Session, PA 09-1, PA 11-93 and PA 16-67)

29-17a Criminal history checks. Procedure. Fees.

PA 16-67 An Act Concerning the Disclosure of Certain Education Personnel Records

Criminal Justice Information Services (CJIS) Security Policy, Version 5.4, U.S. Department of Justice, Federal Bureau of Investigation, Criminal Justice Information Services Division, October 6, 2015.

## **P.A. 15-141 An Act Concerning Seclusion and Restraint in Schools**

Page 1

### ***(Background Information for Policy Review Committee)***

This Act explicitly extends laws on restraint and seclusion to most public school students in grades K through 12. Currently, these laws apply predominantly to students receiving special education services.

The Act prohibits teachers, administrators, and other public school employees from using life-threatening physical restraints on any student, limits how long students can be kept in allowable physical restraints or seclusion, and specifies the types of locations in which a student may be secluded.

It bars school employees from using physical restraints on students or placing students in seclusion, unless the employees have been properly trained, and requires school boards to develop policies and procedures to (1) provide this training and (2) establish monitoring and internal reporting of the use of physical restraints and seclusion. It requires training for school professionals, paraprofessionals, and administrators to be phased in over three years, beginning with the July 1, 2015 school year. (Coaches, substitute teachers and superintendents are excluded from this training.)

It requires school boards to notify parents and guardians no later than 24 hours after a child has been placed in physical restraint or in seclusion, and to make a reasonable effort to notify them immediately after beginning the physical restraint or seclusion.

It requires school boards to take certain steps for students placed in physical restraint or seclusion four or more times in 20 school days. And, as under existing law, it limits when school employees may administer certain medication to students.

In addition, the Act also requires school boards to identify, by July 1, 2015 crisis intervention teams to respond to incidents of physical restraint or seclusion; adds reporting requirements; and requires the State Board of Education (SBE) to adopt or revise regulations on the use of physical restraint and seclusion.

The legislation does not limit the justified use of physical force by local, state, or federal law enforcement officials performing their duties.

**School Employee:** The legislation defines a “school employee.” The definition is listed in the new sample policy which follows.

**Students:** The Act applies to children:

1. in public schools enrolled in kindergarten through 12<sup>th</sup> grade;
2. receiving special education and related services in an institution or facility operating under contract with a school board;
3. enrolled in a program or school administered by a regional education service center; or
4. receiving special education and related services from an approved private special education program.

**Prohibition of Life Threatening Physical Restraints:** School employees may not use a life threatening physical restraint on a student. This is a restraint or hold that either restricts air flow to a student’s lungs, whether by compressing the student’s chest or otherwise, or immobilizes or reduces a prone student’s ability to freely move his or her arms, legs, or head.

## **P.A. 15-141 An Act Concerning Seclusion and Restraint in Schools**

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**Limited Use of Allowed Physical Restraint:** A school employee may use physical restraint only in emergencies to prevent immediate or imminent injury to a student or others. Physical restraint may not be used to discipline a student, because it is convenient or instead of a less restrictive alternative.

A student placed in physical restraint must be continually monitored by a school employee to regularly evaluate the student for signs of physical distress. The employee conducting the evaluation must enter the evaluation in the student's educational record. Monitoring can be done either through direct observation or by video, provided the video monitoring occurs close enough for the monitor to provide aid if needed.

"Physical restraint" is defined as any mechanical or personal restriction that immobilizes or reduces the free movement of a person's arms, legs, or head. It does not include:

1. briefly holding a student to calm or comfort him or her;
2. restraint involving the minimum contact needed to safely escort a student from one place to another;
3. medical devices, including supports prescribed by a health care provider to achieve proper body position or balance;
4. helmets or other protective gear that protects a student from being injured in a fall; or
5. helmets, mitts, and similar devices used to prevent self-injury which are the least restrictive means available to prevent the self-injury and are (a) part of a documented treatment plan or individualized education program (IEP) or (b) prescribed or recommended by a medical professional.

**Seclusion and Its Use:** Seclusion is a student's involuntary confinement in a room, whether alone or supervised, in a way that prevents the student from leaving. School employees may not place a student in seclusion except to prevent immediate or imminent injury to the student or others. An employee may not use seclusion to discipline a student, because it is convenient, or instead of a less restrictive alternative. The inclusion of seclusion in a student's individualized education program is prohibited.

A student in seclusion must be frequently monitored by a school employee. The area in which the student is secluded must have a window or other fixture allowing the student to clearly see beyond the seclusion area. Students in seclusion can be monitored either through direct observation (presumably from another room) or by video, provided the video monitoring occurs close enough for the monitor to provide aid if needed.

A school employee must regularly evaluate the secluded student for signs of physical distress, and the employee conducting the evaluation must enter the evaluation in the student's educational record.

**Time Limit on Use of Physical Restraints and Seclusion:** A student may not be placed in physical restraint or in seclusion for longer than 15 minutes, except this may be extended for additional periods of up to 30 minutes each, if a (1) school administrator or his or her designee, (2) school health or mental health professional, or (3) board certified behavioral analyst trained in the use of physical restraint and seclusion, determines that continued restraint or seclusion is necessary to prevent immediate or imminent injury to the student or others.

## **P.A. 15-141 An Act Concerning Seclusion and Restraint in Schools**

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The administrator, health or mental health professional or behavioral analyst must make a new determination for every 30 minutes a child is physically restrained or secluded.

**Frequent Use of Restraint or Seclusion:** The Act specifies procedures that schools must follow in cases where a student is placed in physical restraint or seclusion four or more times in 20 school days.

In cases where such a student is requiring special education services or is being evaluated for such services and awaiting a determination, the student's planning and placement team must meet to (1) conduct or revise the student's behavioral assessment and (2) create or revise any applicable behavioral intervention plan, including the student's IEP.

For all other students, a school administrator, at least one of the student's teachers, the student's parent or guardian, and, if any, a mental health professional, must meet to (1) conduct or revise the student's behavioral assessment, (2) create or revise any applicable behavioral intervention plan, and (3) determine if the student may require special education services.

**Parental Notification:** The school district must make a reasonable effort to notify a student's parent or guardian immediately after the student is first physically restrained or placed in seclusion, and it must do so no later than 24 hours after the student was placed in restraint or seclusion.

**Administering Medication:** School employees may not administer any medication that affects the central nervous system and influences thinking, emotion, or behavior to any student without that child's consent. However, the employee may do this without such consent (1) in an emergency to prevent immediate or imminent injury to the child or someone else or (2) as an integral part of the child's established medical or behavioral support or educational plan. If there is no such plan, the employee may administer the medication without the student's consent under the initial orders of a licensed practitioner. The use of medication, alone or in combination, may be used only in therapeutically appropriate doses and not as a substitute for other appropriate treatment.

**Training on the Use of Physical Restraint and Seclusion:** A school employee may not place a student in physical restraint or seclusion unless he/she has received training in their proper use. School professionals, paraprofessionals, and administrators must receive training in both the prevention of incidents requiring physical restraint or seclusion and the proper way to physically restrain or seclude someone. The training must be phased in over three years, beginning with the July 1, 2015 school year.

**Prevention Training Plan:** Boards of education must create a plan to provide school professionals, paraprofessionals, and administrators with training and professional development on preventing incidents requiring physical restraint or seclusion. This plan must be implemented by July 1, 2017 and provide for the training of these individuals by July 1, 2019.

**Proper Use of Physical Restraint or Seclusion:** Boards of education must create a plan to provide school professionals, paraprofessionals, and administrators, with training and professional development on the proper way to physically restrain or seclude a student.

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This plan must include:

1. various types of physical restraint and seclusion;
2. the differences between (a) life threatening physical restraint and other forms of physical restraint and (b) permissible physical restraint and pain compliance techniques; and
3. monitoring methods to prevent harm to a physically restrained or secluded student.

This training plan must be implemented by July 1, 2017 and provide for the training of all school professionals, paraprofessionals, and administrators by July 1, 2019, and periodically thereafter, as the Commissioner of Education prescribes.

**Crisis Intervention Teams:** By July 1, 2015 and annually thereafter, boards of education must require each school to identify a crisis intervention team of school professionals, paraprofessionals, and administrators trained in the use of physical restraint and seclusion under existing law. These teams must respond to any incident requiring physical restraint or seclusion. Each team member must be annually recertified in the proper use of physical restraint and seclusion.

**Monitoring, Reporting, and Regulations:** Boards of education are required to develop policies and procedures to provide this training and establish monitoring and internal reporting of the use of physical restraints and seclusion. These policies and procedures are to be on district websites and in procedural manuals.

The SBE must adopt or revise regulations on the use of physical restraint and seclusion. No later than 60 days after the adoption or revising the regulations, each school board must update its policies on restraint and seclusion and make these updated policies and procedures available on its website and procedures manual.

**Physical Injury:** If restraint or seclusion causes the student physical injury, the school board, institution, or facility providing special education services under contract with a school board, or approved private special education program, must report the incident to SBE.

**Recording and Reporting Requirements:** As previously noted, the Act requires school boards and institutions and facilities to record each instance of the use of physical restraint or seclusion on a student and specify whether the use of seclusion was according to the student's IEP, if applicable, or physical restraint was an emergency, including the nature of the emergency. Beginning July 1, 2016, they must include this information in an annual compilation of their use of restraint and seclusion on students.

The legislation requires SBE, in preparing its annual report to specify if any student placed in physical restraint or seclusion is a special education student and, if so, whether the restraint or seclusion was used according to an IEP or was in an emergency. The Act requires SBE to submit the report annually, starting by January 15, 2017, to both the Education and Children's Committees. School boards, institutions, and facilities, and approved private special education programs must also send such annual reports to SDE for the purposes of its pilot program examining incidents of physical restraint and seclusion in schools.

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**Pilot Program:** The Act requires SDE, for the school year beginning July 1, 2015, to establish a pilot program in various districts. Under the pilot program, SDE must examine incidents of physical restraint and seclusion in schools and compile and analyze data on these incidents to help SDE better understand and respond to them.

**Student's Educational Record:** Any use of physical restraint or seclusion must be documented in the student's educational record. The documentation must include, in the case of emergency use, the nature of the emergency and what other steps, including attempts at verbal de-escalation, were taken to prevent the emergency from arising if there were signs that such an emergency might occur. It also must include a detailed description of the nature of the restraint or seclusion, how long it lasted, and its effect on the student's established educational plan.

**Use of Physical Force as a Defense:** By law, the use of physical force on another person that would otherwise constitute an offense is justifiable in certain circumstances. For example, a teacher may use reasonable physical force on a minor to the extent he or she reasonably believes it is necessary to (1) protect himself or others from immediate physical injury; (2) obtain possession of a dangerous instrument or controlled substance on or in the control of the minor; (3) protect property from physical damage; or (4) restrain the minor or remove him or her to another area, to maintain order (CGS §53a-18(6)).

Under CGS §53a-19, an individual is generally justified in using reasonable physical force on someone else to defend himself or herself or a third person from what the individual reasonably believes to be the use or imminent use of physical force. With some exceptions, a person may use deadly physical force if he or she reasonably believes another person is (1) using or about to use deadly physical force or (2) inflicting or about to inflict great bodily harm.

This legislation became effective July 1, 2015.

**Policy Implications**

Policy #5144.1, "Physical Restraints/ Seclusion," and its accompanying administrative regulation pertain to this topic. Existing samples have been replaced to reflect the detailed new legislation and follow for your consideration.

This new legislation requires boards of education to develop policies and procedures (administrative regulations) that establish monitoring and internal reporting of the use of physical restraint and seclusion. Such policies and procedures, by law, are to be posted on the District's website and in the procedures manual of the board.

In addition, the appendix to policy #4131, "Staff Development," has also been updated. This appendix lists the required topics for in-service training of staff.

*The requirement of this legislation that the SBE shall adopt or revise regulations pertaining to the use of physical restraint and seclusion could impact these samples.*

*August 2015*



Fairfield Public Schools  
Board of Education  
Policy Guide

**Students**

**SECLUSION AND RESTRAINT OF PERSONS WITH  
DISABILITIES WHO ARE "PERSONS AT RISK" AS  
DEFINED BY STATE LAW IN THE FAIRFIELD PUBLIC  
SCHOOLS**

**5144.1(a)**

It is the intent of the Fairfield Public Schools to comply fully with all relevant laws and regulations pertaining to the use of seclusion and restraint of persons with disabilities who are "persons at risk" as defined by state law (as set forth in the Administrative Regulations). The following sets forth the policy of the Fairfield Public Schools with respect to the use of seclusion and restraint of persons at risk. Personnel charged with implementation of this policy must complete training in Physical Management Techniques (PMT) approved by the Fairfield Public Schools and must comply with this policy at all times. Failure to comply with this policy may result in disciplinary action up to and including termination of employment or contracts with the Fairfield Public Schools.

**I. Seclusion**

No provider or assistant provider may involuntarily place a person at risk in seclusion except (1) as an emergency intervention to prevent immediate or imminent injury to the person or others, provided the seclusion is not used for discipline or convenience and is not used as a substitute for a less restrictive alternative, or (2) as specifically provided for in the student's IEP and if other less restrictive, positive behavior interventions appropriate to the behavior exhibited by the person at risk have been implemented but were ineffective (10-76b-8(a)).

Examples of behaviors that may lead to seclusion may include, but are not limited to the following: (1) physical aggression, (2) damaging property, (3) possession of dangerous items or substances, (4) serious verbal or physical threats, (5) unauthorized departure from the classroom or building. Less restrictive alternatives must be considered prior to use of the seclusion procedure.

If the Planning and Placement Team (PPT) of a person at risk determines based on a functional assessment of behavior (FBA) and other relevant information that use of seclusion is an appropriate behavioral intervention strategy, the PPT shall include this information in the IEP of the person at risk and specify the location of seclusion, the maximum length of any period of seclusion, the number of times during a single day that the person at risk may be placed in seclusion, the frequency of monitoring required and any other relevant matter agreed to by the PPT taking into consideration age, disability and behaviors that might subject the person at risk to the use of seclusion. (10-76-b-8(b)) If the parent disagrees with the use of seclusion in the IEP, the parent's remedy is to file for due process. The continued use of seclusion in the child's IEP as a behavioral intervention strategy must be reviewed on at least an annual basis. When the use of seclusion as a behavior intervention is repeated more than two times in any school quarter, the PPT shall convene to review use of seclusion as a behavior intervention and may consider additional evaluations or assessment to address the person at risk's behaviors and may revise the IEP as appropriate. (10-76b-8(e))

**Students**

**SECLUSION AND RESTRAINT OF PERSONS WITH  
DISABILITIES WHO ARE “PERSONS AT RISK” AS  
DEFINED BY STATE LAW IN THE FAIRFIELD PUBLIC  
SCHOOLS (Continued)**

**5144.1(b)**

A child may not be placed in seclusion if the child has any known medical condition that a licensed health care provider has indicated will be directly and adversely impacted by the use of seclusion. The health care provider must submit to the district a written statement which shall be included in the child's educational record.

A person at risk in seclusion shall be monitored as described in the child's IEP by a provider or assistant specifically trained in physical management, physical restraint and seclusion procedures including but not limited to , training to recognize health and safety issues for children placed in seclusion to ensure safe use of seclusion as a behavior intervention (10-76b-8(g))

Any room used for seclusion must be sized for the chronological and developmental age, size and behavior of the child, with a ceiling height comparable to the ceiling height of other rooms in the building in which it is located and shall be equipped with heating, cooling, ventilation and lighting systems that are comparable to the systems in use in the other rooms of the building in which it is located. The room shall be free of any object that poses a danger to the child. Any lock used on the door must be equipped with a device that automatically disengages the lock in case of emergency. Any latching or securing of the door, whether by mechanical means or by a provider or assistant holding the door in place to prevent the child from leaving the room, must be able to be removed or disengaged automatically in the case of any emergency. An emergency for these purposes includes but is not limited to the need to provide direct and immediate medical attention to the child, fire, the need to remove the child to a safe location during a building lockdown and other critical situations that may require immediate removal of the child to a safe location. An unbreakable observation window shall be located in a wall or door to permit frequent visual monitoring of the child in the room.

Seclusion may be accomplished with either an “open door” or “closed door”, but in either case, the student is physically prevented from leaving the assigned area until behavioral control is restored. If a student's behavior warrants seclusion, the student is either directed or escorted to the seclusion area. If the student refuses to comply with the direction to proceed to the seclusion area, the provider or assistant provider will provide a verbal warning of the consequences (physical escort) of non-compliance. If the student continues to be non-compliant, the student may be physically escorted by a provider or assistant provider.

**Students**

**SECLUSION AND RESTRAINT OF PERSONS WITH  
DISABILITIES WHO ARE "PERSONS AT RISK" AS  
DEFINED BY STATE LAW IN THE FAIRFIELD PUBLIC  
SCHOOLS (continued)**

**5144.1(c)**

**II. Physical Restraint**

No provider of care, education or supervision of a person at risk and no assistant provider may use a life-threatening physical restraint on a person at risk. No provider or assistant provider may use involuntary physical restraint on a person at risk except as an emergency intervention to prevent immediate or imminent injury to the person at risk or others, provided the restraint is not used for discipline or convenience and is not used as a substitute for a less restrictive alternative. All less restrictive alternatives will be considered and/or explored as appropriate prior to the application of physical restraint. Only providers or assistant providers who have been trained in PMT techniques and physical management, physical restraint and seclusion procedures (10-76b-10) at a course of training approved by the Fairfield Public Schools are permitted to use physical restraint.

**III. Use of Psychopharmacologic Agents**

No provider or assistant provider may use a psychopharmacologic agent on a person at risk without the person's consent except (1) as an emergency intervention to prevent immediate or imminent injury to the person or to others, or (2) as an integral part of the person's established medical or behavioral support or educational plan or as part of a licensed practitioner's orders. The use of psychopharmacologic agents, alone or in combination, may be used only in doses that are therapeutically appropriate and not as a substitute for other appropriate treatment.

Only a school nurse is permitted to administer psychopharmacologic medication to students, and only in compliance with the prescription orders of a licensed physician. Records of all medication administration shall be maintained by the school nurse in accordance with the usual requirements for same.

**IV. Parent Notification**

Each instance of use of physical restraint or seclusion to prevent immediate or imminent injury to the person or others must be reported to the parent or legal guardian of the student within twenty-four (24) hours following the incident. A provider should place a telephone call to the parent or guardian at the numbers provided on the emergency contact form for the student. Such notification shall be by phone, email or other method which may include sending a note home with child. The parent of such child, regardless of whether he or she received such notification, shall be sent a copy of the incident report no later than two business days after the emergency use of physical restraint or seclusion. (10-76b-9)

**Students**

**Use of Physical Force**

**SECLUSION AND RESTRAINT OF PERSONS WITH  
DISABILITIES WHO ARE “PERSONS AT RISK” AS  
DEFINED BY STATE LAW IN THE FAIRFIELD PUBLIC  
SCHOOLS (continued)**

**5144.1(d)**

Where seclusion is included in the child’s IEP, the PPT and the parents must determine a mutually agreeable timeframe and manner of notification of each incident of seclusion.

At the initial planning and placement team (PPT) meeting for a student who is a “person at risk”, the school shall inform the parent, guardian, surrogate parent or student (if over the age of 18 years and guardianship has not been transferred) of the laws relating to physical restraint and seclusion and the rights of such parent, guardian, surrogate parent or student under the laws and regulations adopted by the State Board of Education relating to physical restraint and seclusion (once available).

**V. Retention of Records and Notification to the State Department of Education**

As indicated above, detailed records shall be maintained of each instance of physical restraint or seclusion of a student who is a “person at risk” and such records shall be maintained in the student’s educational record for future reference. At such time as the State Department of Education provides a form for the use of school districts in collecting this information, such form shall be used for this purpose. Such reports shall be completed no later than the school day following the incident. Parents and legal guardians and eligible students are entitled to examine and/or obtain copies of such records upon request, in accordance with Board policies concerning retention and destruction of educational records.

Records of instances of physical restraint and seclusion for all students in the district shall be compiled in a format designated by the State Department of Education for future review and examination on an annual basis, should the State Department of Education choose to review such records.

In the event that any instance of seclusion or physical restraint results in physical injury to a student who is a “person at risk”, such instance shall be reported to the State Department of Education. Staff should be aware that the State Department of Education will report any instance of serious physical injury or death resulting from physical restraint or seclusion to the Office of Protection and Advocacy for Persons with Disabilities and to the Office of the Child Advocate.

**Legal References:**

Conn. Gen. Stat. § 46a-150, § 46a-151, § 46a-152, § 46a-153, § 46a-154

Conn. Gen. Stat. § 10-76b, § 10-76d

Public Act 07-147

Proposed Regulations of Connecticut State Agencies § 10-76b-5 to § 10-76b-11

Adopted 08/04/2009

*A new policy to consider. P.A. 15-141 requires boards of education to have a policy and procedure pertaining to this topic. This is the recommended replacement for existing policy #5144.1 adopted 8/4/09 which is not compliant with PA 15-141.*

## **Students**

### **Use of Physical Force**

The Board of Education (Board) believes that maintaining an orderly, safe environment is conducive to learning and is an appropriate expectation of all staff members within the district. To the extent that staff actions comply with all applicable statutes and Board policy governing the use of physical force, including physical restraint of students and seclusion of students, staff members will have the full support of the Board of Education in their efforts to maintain a safe environment.

The Board recognizes that there are times when it becomes necessary for staff to use reasonable restraint or place a student in seclusion as an emergency intervention to protect a student from harming himself/herself or to protect others from harm. *(Alternative language: "to use reasonable restraint or place a student in seclusion to provide a safe environment for students.")*

### **Definitions**

**Life-threatening physical restraint** means any physical restraint or hold of a person that restricts the flow of air into a person's lungs, whether by chest compression or any other means, or immobilizes or reduces the free movement of a person's arms, legs or head while the person is in the prone position.

**Psychopharmacologic agent** means any medication that affects the central nervous system, influencing thinking, emotion or behavior.

**Physical restraint** means any mechanical or personal restriction that immobilizes or reduces the free movement of a person's arms, legs or head. Excluded from this definition is briefly holding a person in order to calm or comfort the person; restraint involving the minimum contact necessary to safely escort a person from one area to another; medical devices including but not limited to, supports prescribed by a health care provider to achieve proper body position or balance; helmets or other protective gear used to protect a person from injuries due to a fall; or helmets, mitts and similar devices used to prevent self-injury when the device is part of a documented treatment plan or individualized education program pursuant to Connecticut's special education laws or prescribed or recommended by a medical professional and is the least restrictive means to prevent such self-injury.

**School employee** means a teacher, substitute teacher, school administrator, Superintendent, guidance counselor, psychologist, social worker, nurse, physician, school paraprofessional, or coach employed by the Board of Education or working in a public elementary, middle or high school; or any other individual who, in the performance of his/her duties has regular contact with students and who provides services to or on behalf of students enrolled in the district's schools, pursuant to a contract with the board of education.

## **Students**

### **Use of Physical Force**

### **Physical Restraint/Seclusion**

#### **Definitions (continued)**

**Seclusion** means the involuntary confinement of a student in a room, with or without staff supervision, in a manner that prevents the student from leaving.

**Student** means a child (A) enrolled in grades kindergarten to twelve, inclusive, in a public school under the jurisdiction of a local or regional Board of Education, (B) receiving special education and related services in an institution or facility operating under contract with a local or regional Board of Education, (C) enrolled in a program or school administered by a regional education service center, or (D) receiving special education and related services from an approved private special education program, but shall not include any child receiving educational services from Unified School District #2 or the Department of Mental Health and Addiction Services.

#### **Conditions Pertaining to the Use of Physical Restraint and/or Seclusion**

- A. School employees shall not use a life-threatening physical restraint on a student.
- B. If any instance of physical restraint or seclusion of a student exceeds fifteen minutes an administrator or his/her designee, or a school health or mental health personnel, or a board certified behavioral analyst, who has received training in the use of physical restraint and seclusion shall determine whether continued physical restraint or seclusion is necessary to prevent immediate or imminent injury to the student or to others. Upon a determination that such continued physical restraint or seclusion is necessary, such individual shall make a new determination every thirty minutes thereafter regarding whether such physical restraint or seclusion is necessary to prevent immediate or imminent injury to the student or to others.
- C. No student shall be placed in seclusion unless:
  - a. The use of seclusion is as an emergency intervention to prevent immediate or imminent injury to the student or to others, provided the seclusion is not used for discipline or convenience and is not used as a substitute for a less restrictive alternative.
  - b. Such student is continually monitored by a school employee during the period of such student's seclusion. Any student voluntarily or involuntarily placed in seclusion or restrained shall be regularly evaluated by a school employee for indications of physical distress. The school employee conducting the evaluation shall enter each evaluation in the student's educational record. Monitor shall mean by direct observation or by observation using video monitoring within physical proximity sufficient to provide aid as may be required.



## **Students**

### **Use of Physical Force**

#### **Physical Restraint/Seclusion**

##### **Conditions Pertaining to the Use of Physical Restraint and/or Seclusion (continued)**

- c. The area in which such student is secluded is equipped with a window or other fixture allowing the student a clear line of sight beyond the area of seclusion.
- D. School employees may not use a psychopharmacologic agent on a student without that student's consent except (1) as an emergency intervention to prevent immediate or imminent injury to the student or to others, or (2) as an integral part of the student's established medical or behavioral support or educational plan, as developed consistent with Section 17a-543 of the Connecticut General Statutes or, if no such plan has been developed, as part of a licensed practitioner's initial orders. The use of psychopharmacologic agents, alone or in combination, may be used only in doses that are therapeutically appropriate and not as a substitute for other appropriate treatment.
- E. In the event that physical restraint or seclusion is used on a student four or more times within twenty school days:
  - a. An administrator, one or more of such student's teachers, the parent/guardian of such student and, if any, a mental health professional shall convene for the purpose of:
    - i. Conducting or revising a behavioral assessment of the student;
    - ii. Creating or revising any applicable behavioral intervention plan; and
    - iii. Determining whether such student may require special education.
  - b. If such student is a child requiring special education or is a child being evaluated for eligibility for special education and awaiting a determination, such student's planning and placement team shall convene for the purpose of (1) conducting or revising a behavioral assessment of the student, and (2) creating or revising any applicable behavioral intervention plan, including, but not limited to, such student's individualized education plan.
- F. The parent/guardian of a student who is placed in physical restraint or seclusion shall be notified not later than twenty-four hours after the student is placed in physical restraint or seclusion. A reasonable effort shall be made to provide such notification immediately after such physical restraint or seclusion is initiated.
- G. School employees shall not use a physical restraint on a student or place a student in seclusion unless he/she has received training on the proper means for performing such physical restraint or seclusion.

## **Students**

### **Use of Physical Force**

#### **Physical Restraint/Seclusion**

##### **Conditions Pertaining to the Use of Physical Restraint and/or Seclusion (continued)**

- H. Beginning July 1, 2016, the Board of Education, and each institution or facility operating under contract with the Board to provide special education for children, including any approved private special education program, shall:
  - a. Record each instance of the use of physical restraint or seclusion on a student;
  - b. Specify whether the use of seclusion was in accordance with an individualized education program;
  - c. Specify the nature of the emergency that necessitated the use of such physical restraint or seclusion; and
  - d. Include such information in an annual compilation on its use of such restraint and seclusion on students.
- I. The Board and institutions or facilities operating under contract with the Board to provide special education for children, including any approved private special education program shall provide such annual compilation to the Department of Education in order to examine incidents of physical restraint and seclusion in schools.
- J. Any use of physical restraint or seclusion on a student shall be documented in the student's educational record. The documentation shall include:
  - a. The nature of the emergency and what other steps, including attempts at verbal deescalation, were taken to prevent the emergency from arising if there were indications that such an emergency was likely to arise; and
  - b. A detailed description of the nature of the restraint or seclusion, the duration of such restraint or seclusion and the effect of such restraint or seclusion on the student's established educational plan.
- K. Any incident of the use of restraint or seclusion that results in physical injury to a student shall be reported to the State Board of Education.

#### **Required Training and Prevention Training Plan**

Training shall be provided by the Board to school professionals, paraprofessional staff members and administrators regarding physical restraint and seclusion of students. Such training shall be phased in over a period of three years beginning with the school year commencing July 1, 2015, and shall include, but not be limited to:



## Students

### Use of Physical Force

### Physical Restraint/Seclusion

#### Required Training and Prevention Training Plan (continued)

1. An overview of the relevant laws and regulations regarding the use of physical restraint and seclusion on students. *(Such overview is to be provided by the Department of Education on or after July 1, 2015, and annually thereafter, in a manner and form as prescribed by the Commissioner of Education.)*
2. The creation of a plan by which the Board will provide school professionals, paraprofessional staff members and administrators with training and professional development regarding the prevention of incidents requiring physical restraint or seclusion of students.

Such plan is to be implemented not later than July 1, 2017, and must include a provision to require the training of all school professionals, paraprofessional staff members and administrators in the prevention of such incidents not later than July 1, 2019 and periodically thereafter as prescribed by the Commissioner of Education.

3. The Board will create a plan, to be implemented not later than July 1, 2017, requiring the training of all school professionals, paraprofessional staff members and administrators by regarding the proper means of physically restraining or secluding a student, including, but not limited to:
  - a. Various types of physical restraint and seclusion;
  - b. The differences between life-threatening physical restraint and other varying levels of physical restraint;
  - c. The differences between permissible physical restraint and pain compliance techniques; and
  - d. Monitoring methods to prevent harm to a student who is physically restrained or in seclusion, including training in the proper means of physically restraining or secluding a student.

### Crisis Intervention Teams

By July 1, 2015, and each school year thereafter, the Board requires each school in the District to identify a crisis intervention team. Such team shall consist of school professionals, paraprofessional staff members and administrators trained in the use of physical restraint and seclusion.

## **Students**

### **Use of Physical Force**

#### **Physical Restraint/Seclusion**

#### **Crisis Intervention Teams (continued)**

Such teams shall respond to any incident in which the use of physical restraint or seclusion may be necessary as an emergency intervention to prevent immediate or imminent injury to a student or to others.

Each member of the crisis intervention team shall be recertified in the use of physical restraint and seclusion on an annual basis.

#### **Dissemination of Policy**

This policy and its procedures shall be made available on the District's website and in the Board's procedural manual. The policy shall be updated not later than sixty (60) days after the adoption or revision of regulations promulgated by the State Board of Education.

(cf. 4148/4248 - Employee Protection)

(cf. 5141.23 - Students with Special Health Care Needs)

Legal Reference: Connecticut General Statutes

10-76b State supervision of special education programs and services.

10-76d Duties and powers of boards of education to provide special education programs and services.

46a-150 Definitions. (as amended by PA 07-147 and PA 15-141)

46a-152 Physical restraint, seclusion and use of psychopharmacologic agents restricted. Monitoring and documentation required.

46a-153 Recording of use of restraint and seclusion required. Review of records by state agencies. Reviewing state agency to report serious injury or death to Office of Protection and Advocacy for Persons with Disabilities and to Office of Child Advocate. (as amended by PA 12-88)

53a-18 Use of reasonable physical force or deadly physical force generally.

## **Students**

### **Use of Physical Force**

**Legal Reference:** Connecticut General Statutes (continued)

53a-19 Use of physical force in defense of person.

53a-20 Use of physical force in defense of premises.

53a-21 Use of physical force in defense of property.

PA 07-147 An Act Concerning Restraints and Seclusion in Public Schools.

PA 15-141 An Act Concerning Seclusion and Restraint in Schools.

State Board of Education Regulations Sections 10-76b-5 through 10-76b-11.

**Policy adopted:**

cps 7/15

# HOMEBOUND INSTRUCTION REGULATIONS AMENDED

PAGE 1

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The Connecticut State Department of Education adopted new regulations, which went into effect on July 1, 2013. The new regulations made significant changes to the homebound regulations. These new amended regulations are codified as Section 10-76d-15 of the Regulations of Connecticut State Agencies. All school nurses, school medical advisors and school personnel should be aware of the new language and requirements of the regulations.

The regulations state that homebound and hospitalized instruction must be provided to “a child [...] under the jurisdiction of [the BOE] when such child is unable to attend school due to a verified medical reason which may include mental health issues.”

The new language includes the requirement that the child’s treating physician provide a statement in writing, on a board of education provided form stating that the child will be absent from school due to a verified medical reason for at least ten consecutive school days or the child’s condition is such that the child may be absent for short, repeated periods of time, and the expected date the child will be able to return to school. Supporting documentation regarding the child’s diagnosis should be provided by the physician. The physician’s response needs to be faxed, mailed, or otherwise transmitted directly from the physician to the district, not couriered by the parent.

The physician’s statement must state that he/she has consulted with the school health supervisory personnel and has determined that attendance at school with reasonable accommodations is not feasible. This requires that the school and the treating physician have consent from parents to speak to each other before the recommendation for homebound is made.

Homebound services must begin no later than the 11<sup>th</sup> day of absence from school (if BOE has received physician’s written statement in compliance with regulations). The district may begin services earlier if provided with adequate notice prior to the child’s absence from school. If the physician determines the child cannot receive instruction, the physician is required to notify the district in writing when instruction can begin.

The PPT is responsible for considering the educational needs of a “medically complex” child with a disability and the need for instruction under the IDEA. “Medically complex” is defined in the regulations as a child who has a serious, ongoing illness or chronic condition for at least a year, and requires prolonged or intermittent hospitalization, and ongoing medical treatments or medical devices to compensate for the loss of bodily functions. The PPT will consider and make accommodation for the medically complex child’s program to be moved from the school setting to a home or health care facility and back to school when the child is able to return. Instruction for a child who is medically complex must be provided no later than the third day of absence, provided the child is medically able to receive instruction.

Detailed information is provided in the regulations for the resolution of disputes between the BOE and the physician regarding the need for instruction in these situations.

# HOMEBOUND INSTRUCTION REGULATIONS AMENDED

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If there is a dispute, the child receives instruction pending review of the written statement provided by the treating physician, by the school medical advisor or other health professional employed by the board of education who is qualified to review the information submitted so long as the parent has provided consent for the school medical advisor or designee to consult with the treating physician to assess the need for instruction. If there is no consent for communication, the homebound instruction stops.

Think about who should participate in this conversation with the treating physician to allow an informed discussion of the available accommodations in the school setting – does someone else, other than the school medical advisor, or school nursing supervisor need to participate in the discussion? Physicians are often unaware of the possible accommodations and modifications that could be provided in school and default to homebound as a familiar option. If there continues to be a dispute, the board may offer, at board expense, a review of the child's case by a qualified independent medical practitioner. If this is offered and the parent refuses to make the child available for the review, the homebound instruction stops. If the child continues to be absent from school, the board must pursue school attendance (truancy, Family with Service Needs) interventions.

The regulations specify the minimum times for instruction to be provided, as follows:

1. age 3-5: per PPT determination
2. grade K-6: no less than 1 hr./day or 5 hrs./wk.
3. grade 7-12: no less than 2 hrs./day or 10 hrs./wk.
4. May be modified (+/-) upon parent/BOE agreement or PPT.

The content of the provided instruction must be such to maintain the continuity of the child's general education program. Instruction must be provided in core academic subjects as required for promotion or graduation. Further, it must be provided to enable the child to continue to participate in the general education curriculum and to make progress toward IEP goals and objectives.

Homebound instruction does not need to be provided to a private school student, unless the child is withdrawn from the private school and enrolled in public schools. If the child is enrolled in an interdistrict magnet school or charter school, such school is required to cooperate with the local district in planning homebound instruction, and is required to provide instructional materials to enable the local district to provide appropriate instruction to the child.

## **Effect of the New Regulations**

1. Parents who previously refused to allow communication between school and physician are being informed that in order to provide homebound, this communication must occur.
2. Physicians are becoming aware of the other options available to students with medical conditions aside from homebound instruction.
3. In cases where there are multiple physicians, this system is encouraging the doctors to speak to one another to share information in the best interest of the child.

# HOMEBOUND INSTRUCTION REGULATIONS AMENDED

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4. In cases where homebound is required for mental health conditions, this is prompting independent psychiatric review and consultation between treating psychiatrist and school district.
5. In cases where students have been on homebound for years, this is prompting intensive and frequent review of necessity and causing prescribing physician to question whether this is the best and least restrictive option.

## **Policy Implications**

Policy #6173, "Homebound/Hospital Instruction," and its accompanying administrative regulation and forms have been revised and follow for consideration.

*January 2015*

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Fairfield Public Schools  
Board of Education  
Policy Guide

## **Instruction**

### **HOMEBOUND INSTRUCTION**

**6173**

Students who are unable to attend school because of illness or other recognized disabilities shall be provided home instruction. In order to qualify for homebound instruction, the period of consecutive absences from school must equal or exceed ten (10) school days.

In accordance with Connecticut General Statutes and upon recommendation of the school medical advisor, or other licensed physician, the Board of Education shall provide tutoring for homebound students.

No teacher during the school year shall accept remuneration for tutoring students in his class unless the student is designated as a homebound student and the tutor is employed by the Board of Education.

Legal Reference:      Connecticut General Statutes  
                                 10-76d Duties and powers of boards of education to provide special  
                                 education programs and services  
                                 10-233a et seq. Exclusion

Adopted 8/27/2004

*Sample policy to consider.*

## **Instruction**

### **Homebound/Hospital Instruction**

Home and hospital instruction shall be a teaching service available, as mandated by Section 10-76d-15 of the Connecticut State Board of Education Regulations, to students who are unable to attend school for medical and/or mental health reasons for a period of two weeks or longer due to a verified medical reason as diagnosed by physician, psychiatrist or Planning and Placement Team, or that the student's condition is such that the student may be required to be absent from school for short, repeated periods of time during the school year. The purpose of home or hospital instruction shall be to help students to keep up with their work even though unable to attend school because of their disability. Instruction provided pursuant to this policy shall maintain the continuity of the child's general education program and, in the case of a child with a disability, shall be provided so as to enable the child to continue to participate in the general education curriculum and to progress towards meeting the goals and objectives in the child's IEP.

The PPT shall consider the educational needs of a student with a disability who is medically complex and the need for instruction is to be provided in accordance with an IEP when said student is not able to attend school. A student with a "medically complex" disability is one who has a serious, ongoing illness or chronic condition for at least a year which requires prolonged or intermittent hospitalization and ongoing invasive medical treatments or medical devices to compensate for the loss of bodily functions.

Home instruction may also be provided for those students who have been excluded from regular school attendance for disciplinary reasons.

***(Optional Language):*** No teacher during the school year shall accept remuneration for tutoring students in his/her class unless the student is designated as a homebound student and the tutor is employed by the Board of Education.

The Board directs the Superintendent to develop administrative regulations to guide the implementation of this policy.

Legal Reference:      Connecticut General Statutes  
                                 Section 10-76d-15 of the Regulations of Connecticut State Agencies as amended.  
                                 10-76d Duties and powers of Boards of Education to provide special education programs and services.  
                                 10-233a et sec. Exclusion.

Policy adopted:  
rev 8/98  
rev 6/10  
rev 1/15