NEW MILFORD BOARD OF EDUCATION
New Milford Public Schools
50 East Street
New Milford, Connecticut 06776

POLICY SUB-COMMITTEE
MEETING NOTICE

DATE:	**October 20, 2015**
TIME:	**6:45 P.M.**
PLACE:	**Lillis Administration Building, Rm. 2**

AGENDA

New Milford Public Schools Mission Statement

The mission of the New Milford Public Schools, a collaborative partnership of students, educators, family, and community, is to prepare each and every student to compete and excel in an ever-changing world, embrace challenges with vigor, respect and appreciate the worth of every human being, and contribute to society by providing effective instruction and dynamic curriculum, offering a wide range of valuable experiences, and inspiring students to pursue their dreams and aspirations.

1. **Call to Order**
2. **Public Comment**
   An individual may address the Board concerning any item on the agenda for the meeting subject to the following provisions:
   A. A three-minute time limit may be allocated to each speaker with a maximum of twenty minutes being set aside per meeting. The Board may, by a majority vote, cancel or adjust these time limits.
   B. If a member of the public comments about the performance of an employee or a Board member, whether positive, negative, or neutral, and whether named or not, the Board shall not respond to such comments unless the topic is an explicit item on the agenda and the employee or the Board member has been provided with the requisite notice and due process required by law. Similarly, in accordance with federal law pertaining to student confidentiality, the Board shall not respond to or otherwise discuss any comments that might be made pertaining to students.
3. **Discussion and Possible Action**
   A. Policy Recommended for Revision and Approval at Initial Board Presentation in accordance with Board Bylaw 9311:
      1. 5141.21 Administration of Medication
   B. Policies Recommended for Revision:
      1. 3240 Tuition Fees
      2. 5157 Use of Physical Force
4. **Items of Information**
   A. Regulation Revisions:
      1. 5141.21 Administration of Medications
      2. 5157 Use of Physical Force
      3. 6142.2 Student Nutrition and Physical Activity (Student Wellness)
5. **Public Comment**
   An individual may address the Board concerning any item on the agenda for the meeting subject to the following provisions:
   A. A three-minute time limit may be allocated to each speaker with a maximum of twenty minutes being set aside per meeting. The Board may, by a majority vote, cancel or adjust these time limits.
   B. If a member of the public comments about the performance of an employee or a Board member, whether positive, negative, or neutral, and whether named or not, the Board shall not respond to

such comments unless the topic is an explicit item on the agenda and the employee or the Board member has been provided with the requisite notice and due process required by law. Similarly, in accordance with federal law pertaining to student confidentiality, the Board shall not respond to or otherwise discuss any comments that might be made pertaining to students.

6. **Adjourn**

Sub-Committee Members: **David A. Lawson, Chairperson**
Robert Coppola
Daniele Shook
John W. Spatola

Alternates: **Wendy Faulenbach**
Theresa Volinski

RECOMMENDED FOR REVISION AND APPROVAL AT INITIAL BOARD PRESENTATION

Bold Italicized language constitutes an addition

Commentary October 2015: Suggested revisions are due to revised SDE regulations and may be approved on first reading.

5141.21(a)

Students

Administration of Medication

A licensed nurse, or in the absence of such nurse, qualified personnel for schools may administer medication to students in the school system. Administration of medications by qualified personnel for schools shall be under the general supervision of the school nurse and in accordance with a student's individual medication plan.

Students will be permitted to self-administer medications only when they follow the procedures established by this policy and obtain prior approval from the school nurse. This requirement applies even to students who are age 18 or older.

Nothing in this policy prohibits parents or guardians from administering medication to their own children on school grounds.

Definitions

For the purpose of this policy, the following definitions shall apply:

"Medication" means any medicinal preparation including over-the-counter, prescription and controlled drugs.

"Administration of Medication" means any one of the following activities:

- Handling, storing, preparing or pouring of medication;
- Conveying it to the student according to the medication order;
- Observing the student inhale, apply, swallow, or self-inject the medication;
- Documenting that the medication was administered;
- Counting remaining doses to verify proper administration and use.

"Qualified personnel" (A) for schools means a qualified school employee who is (i) a full time employee, or is (ii) a coach, athletic trainer or school paraprofessional, or (B) for school readiness programs and before- and after-school programs, means the director or director's designee and any lead teachers and school administrators who have been trained in the administration of medication;

~~"Qualified Personnel for Schools" means principals, teachers, occupational therapists, and physical therapists employed full time by the Board, coaches, licensed athletic trainers, certain paraprofessionals, as well as directors (or designees), lead teachers and administrators of school readiness programs and before- or after-school programs who have received specialized training in the administration of medication.~~

Students

Administration of Medication

"Authorized Prescriber" means a physician, dentist, optometrist, advanced practice registered nurse or physician assistant and, for interscholastic and intramural athletic events only, a podiatrist.

"Self-Administration of Medication" means that the medication is controlled by the student at all times and self-managed by the student according to an individual medication plan.

Documentation Required
~~Prior~~ ***Except for the emergency administration of epinephrine to students who do not have a written prior authorization or order, prior*** to any administration of medication to students, the school nurse must be in possession of the following documentation:

1. The written order of an authorized prescriber;
2. The written authorization of a parent, guardian or student who is 18 years of age or older; and
3. The written permission for the exchange of information between the prescriber and the school nurse necessary to ensure safe administration of the medication.

Self-Administration of Medications by Students

Students who have a verified chronic medical condition and are deemed capable to self-administer prescribed emergency medication [or maintenance medication for diabetes] will be permitted to self-administer such medication provided that:

1. The required documentation for self-administering medication at school includes the following additional items:

    a. The written order must include the recommendation for self-administration by the authorized prescriber;
    b. The written authorization of the parent/guardian or student who is 18 years of age or older for the self-administration of medication;
    c. An assessment by the school nurse that the student is competent to self-administer in the school setting;
    d. An appropriate plan for the self-administration of medication including provisions for general supervision developed by the school nurse.

2. In addition, the Principal and appropriate staff must be informed that the student is self-administering prescribed medication.

Students

Administration of Medication

3. The medication is transported by the student and maintained under the student's control in accordance with school policy and the student's plan.

4. In the case of inhalers for asthma and cartridge injectors for medically diagnosed allergies, the school nurse's review of a student's competency to self-administer shall not be used to prevent a student from retaining and self-administering such medication. In such cases, students may retain possession of inhalers or cartridge injectors at all times while attending school and self-administer such medication with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian.

Administrative Regulations

The Superintendent of Schools, with the advice and approval of the school medical advisor and the school nurse supervisor shall develop administrative regulations to implement this policy. The regulations shall address the following topics:

1. Administration of medications by qualified personnel for schools
2. Limitations of LPNs, paraprofessionals, coaches and athletic trainers
3. School readiness and before- or after-school programs
4. Training and supervision of qualified school personnel
5. Self-administration of medications by students
6. Procedures in the event of a medication emergency
7. Handling, storage and disposal of medications
8. Documentation and record-keeping
9. Notification and documentation of errors in the administration of medication
10. ***Procedures for the administration of epinephrine by qualified school employees for the purpose of emergency first aid to students who experience allergic reactions and who do not have a prior written authorization for the administration of epinephrine***

Biennial Review of Policy and Regulations

This policy and administrative regulations shall be reviewed and revised biennially with the advice and approval of the school medical advisor, school nurse supervisor or other qualified licensed physician.

Students

Administration of Medication

Legal Reference: Connecticut General Statutes

10-212 School nurses and nurse practitioners. Administration of medications by parents or guardians on school grounds.

10-212a Administration of medications in schools, at athletic events and to children in school readiness programs

Regulations of Connecticut State Agencies

10-212a-1 to 10-212a-10, Administration of Medications by School Personnel and Administration of Medication During Before- and After-School Programs and School Readiness Programs

Policy adopted:	June 12, 2001
Policy revised:	June 11, 2002
Policy revised:	August 26, 2003
Policy revised:	June 24, 2004
Policy revised:	September 14, 2004
Policy revised:	June 12, 2007
Policy revised:	October 13, 2009
Policy revised:	June 14, 2011

NEW MILFORD PUBLIC SCHOOLS
New Milford, Connecticut

RECOMMENDED FOR REVISION

3240(a)

Business/Non-Instructional Operations

Tuition Fees

The Board of Education may permit students from other school districts to attend local schools when they can be accommodated in existing classes. The students or their sending district shall pay a tuition fee to be established annually by the Board of Education. The administration will provide students applying for admission in any given year with an estimated rate with the provision that tuition will be adjusted based on budgetary approval. Special education students or other school districts, as the case may be, will be charged at a rate equal to a pro-rata share of the costs of their program.

I. Individual, Non-Resident Students

Non-resident students may be accepted under the following conditions:

1. A non-resident student shall apply to be admitted in writing ***to*** ~~on a form supplied by~~ the Superintendent and shall state the reason for seeking admission, with a description of the applicant's proposed academic program.

2. The parent/guardian (or student age eighteen or older) will provide complete records for the student. Such records will include grades, discipline records, medical records, special education records, test results, and any information requested.

3. The student shall be interviewed for admission by the Assistant Superintendent, who will make a thorough review of the student's records, consult with the building Principal, and make a recommendation to the Superintendent. The Superintendent shall decide upon the admission of the student. The Superintendent may admit a student only if space is available.

4. Prior to his or her recommendation to the Superintendent, the Assistant Superintendent may require the student to undergo any testing deemed necessary.

5. The student shall be capable of performing at or above grade level or in an established program of the New Milford Public Schools. In determining whether the student can be accommodated in an existing program, the Assistant Superintendent, prior to his or her recommendation, may refer the matter to the district-wide special education supervisor who may, in turn, consult with a planning and placement team. the supervisor or PPT will forward a report to the Assistant Superintendent.

Business/Non-Instructional Operations

Tuition Fees

I. Individual, Non-Resident Students (continued)

6. Tuition must be paid in advance four times per year in September, December, March and May as a condition of continued enrollment, and such tuition shall be prorated for admission beginning after the start of the school year. In the event a student withdraws from the New Milford Public Schools, tuition for the semester in progress will not be refunded.

7. Courses of New Milford students will be scheduled before those of tuition students.

8. A student may continue as a tuition student from year to year unless notified in writing by the Superintendent of Schools that attendance will be terminated.

9. A certified staff member whose child has been admitted to the New Milford Public Schools shall pay 50% of the established tuition rate. ***Tuition shall be made in equal payments*** ~~in advance~~ ***four times per year in September, December, March and May as a condition of continued enrollment.***

Non-resident students or their parents or guardians shall provide all necessary transportation to and from school. An admitted student will be subject to all academic and disciplinary requirements applied to New Milford students.

In the event of a dispute concerning the student's education, the written decision of the Board of Education concerning such education shall be final. A non-resident student's continued enrollment in the New Milford Public Schools will be contingent upon compliance with all academic and disciplinary requirements, satisfactory academic progress, satisfactory behavior, and the availability of staff and resources.

Only the board of education, acting at its sole discretion, may waive tuition.

II. Tuition Students Sent By Other Boards Of Education

The Board of Education, at its discretion, may enter into an agreement with another local or regional Board of Education to accept such local or regional Board's seventh through twelfth grade students on a tuition basis. Prior to entering into an agreement to accept such students, the superintendent of schools shall file with the Board of Education a written recommendation on the enrollment of students based on the following factors:

Business/Non-Instructional Operations

Tuition Fees

II. **Tuition Students Sent By Other Boards Of Education** (continued)

1. The impact on Boards of Education currently having an arrangement with the New Milford Board of Education.
2. The proposed method of transporting tuition students.
3. The impact on resident students.
4. Impact on staffing and instructional materials.
5. Impact on facilities.
6. ~~The need and costs for related special services.~~
7. Information regarding student educational placement.
8. Any other factors deemed relevant.

After the Board has tentatively approved the acceptance of students under the jurisdiction of another Board of Education, the Superintendent shall submit to the Board for approval a proposed written agreement establishing the terms and conditions (including tuition charges) under which students from another jurisdiction will be enrolled in the New Milford Public Schools.

Legal Reference: Connecticut General Statutes

10-33 Tuition in towns in which no high school is maintained.

10-35 Notice of discontinuance of high school service to nonresidents.

10-55 Pupils to attend regional school.

10-220 Duties of Boards of Education.

10-253 School privileges for children in certain placements, nonresident children and children in temporary shelters.

10-266 Reimbursement for education of pupils residing in state property.

Policy adopted: June 11, 2002
Policy revised: June 10, 2008
Policy revised: March 8, 2011
Policy reviewed: February 25, 2014

NEW MILFORD PUBLIC SCHOOLS
New Milford, Connecticut

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

(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 12th 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.

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.

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.

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.

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.

RECOMMENDED FOR REVISION

Commentary October 2015: Suggested revision replaces policy 5157 Use of Physical Force and Seclusion which was suspended at the October 13, 2015 BOE Meeting.

5157(a)

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 de-escalation, 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:

NEW MILFORD PUBLIC SCHOOLS
New Milford, Connecticut

New Milford Public Schools
Physical Restraint Report Form

Note: This report is required to be submitted to the Principal/Director of Special Education as soon as practicable after an incident involving physical restraint, but in no event later than 24 hours after the incident.

Physical Restraint: Any mechanical or personal restriction that immobilizes or reduces the free movement of a person's arms, legs or head. The term DOES NOT INCLUDE: (A) briefly holding a person in order to calm or comfort the person; (B) restraint involving the minimum contact necessary to safely escort a person from one area to another; (C) medical devices, including, but not limited to, supports prescribed by a health care provider to achieve proper body position or balance; (D) helmets or other protective gear used to protect a person from injuries due to a fall; or (E) 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 state special education statutes.

STUDENT INFORMATION:

Name of Student: _____ Date of Restraint: _____

Date of Birth: _____ Age: _____ Gender: M/F _____ Grade Level: _____

Does student currently receive special education services or is the student being evaluated for eligibility for special education services? Yes: ___ No: ___ School: _____

Date of this report: _____ Site of physical restraint: _____

This report prepared by: _____ Position: _____

Staff administering restraint:

Name: _____ Title: _____
Name: _____ Title: _____
Name: _____ Title: _____

Staff monitoring restraint:

Name: _____ Title: _____
Name: _____ Title: _____

Administrator who was verbally informed following the restraint:

Name: _____ Title: _____
Reported by: _____ Title: _____

PRECIPITATING ACTIVITY:

Description of activity in which the restrained or other students were engaged immediately preceding emergency use of physical restraint: *(A student may not be placed in seclusion except as an emergency intervention to prevent immediate or imminent injury to the student or others. Restraint may not be used to discipline a student, because it is convenient or instead of a less restrictive environment.)*

Description of the risk of immediate or imminent injury to the student restrained or others that required use of physical restraint:

Description of other steps, including attempts at verbal deescalation, to prevent the emergency necessitating use of restraint:

DESCRIPTION OF PHYSICAL RESTRAINT:

Justification for initiating physical restraint *(check all that apply)*:

- ☐ Non-physical interventions were not effective
- ☐ To protect student from immediate or imminent injury
- ☐ To protect other student/staff from immediate or imminent injury

Type of protective hold used:

- ☐ Side by side parallel hold
- ☐ Lifted and carried (full security hold)
- ☐ Held in chair (reverse cradle transport)
- ☐ Floor control
- ☐ Other (*describe*)

Regular evaluation of the student being restrained for signs of physical distress:

Time: _____ Evaluation:_____
Time: _____ Evaluation:_____
Time: _____ Evaluation:_____
Time: _____ Evaluation:_____
Time: _____ Evaluation:_____

Time restraint began:_____ Time restraint ended:_____
Total time (in minutes): _____

CESSATION OF RESTRAINT:

How restraint ended *(check all that apply)*:

- ☐ Determination by staff member that student was no longer a risk to himself/herself or others
- ☐ Intervention by administrator(s) to facilitate deescalation
- ☐ Law enforcement personnel arrived
- ☐ Staff sought in-house assistance
- ☐ Community emergency personnel arrived
- ☐ Other *(describe)*:

Description of any injury to student and/or staff and any medical or first aid care provided:

Time medical staff checked injured person:_____

Medical staff actions:_____

Medical staff name: _____

Incident report was filed with the following school district official:

_____

Date:_____

FURTHER ACTION TO BE TAKEN: (Attach separate page if necessary)
The school will take the following actions (*check all that apply*)

☐Review incident with student to address behavior that precipitated the restraint
☐Debrief staff regarding incident
☐Consider whether follow-up is necessary for students who witnessed the incident
☐Further contact with parents *(describe):*

☐Convene Crisis Intervention Team Meeting
☐Convene PPT to review/revise behavior intervention plan and/or IEP
☐Convene PPT to discuss functional behavior assessment

PARENT/GUARDIAN NOTIFICATION *(required for all restraints)*:

Parent who was verbally informed of this restraint:

Name: _____ Telephone Number: _____

Date: _____ Time: _____

Called by: _____ Title: _____

Notice mailed to Parent: Yes_____ No_____

Mailed by:_____ Title: _____

Reviewed by:_____ Date: _____
(Principal/Program Administrator/ Team Leader)

Reviewed by:_____ Date: _____
(Director of Special Education)

FOR PRINCIPAL/DIRECTOR OR DESIGNEE USE ONLY

☐ Reviewed physical restraint report
☐ Reviewed behavior plan, if applicable
☐ In considering the effect of the restraint on the student's educational plan, I find the following:

_____
_____
_____
_____
_____
_____
_____
_____

New Milford Public Schools

Seclusion Report Form

Note: This report is required to be submitted to the Director of Special Education as soon as practicable after an incident involving the seclusion of a student, but in no event later than 24 hours after the incident.

Seclusion: The involuntary confinement of a student in a room, whether alone or with supervision by a Board of Education employee, in a manner that prevents the student from leaving. (*A student may not be placed in seclusion except as an emergency intervention to prevent immediate or imminent injury to the student or others. Seclusion may not be used to discipline a student, because it is convenient or instead of a less restrictive environment.*)

STUDENT INFORMATION:

Name of Student: _____ Date of seclusion: _____

Date of Birth: _____ Age: _____ Gender: M/F _____ Grade Level: _____

Does student currently receive special education services or is the student being evaluated for eligibility for special education services? Yes: ___ No: ___ School: _____

Date of this report: _____ Site of seclusion: _____

This report prepared by: _____ Position: _____

Staff placing student in seclusion:

Name: _____ Title: _____
Name: _____ Title: _____
Name: _____ Title: _____

Staff monitoring seclusion:

Name: _____ Title: _____
Name: _____ Title: _____

Administrator who was verbally informed following the seclusion:

Name: _____ Title: _____
Reported by: _____ Title: _____

PRECIPITATING ACTIVITY/DESCRIPTION OF SECLUSION:

Does the student have an IEP which includes the use of seclusion? Yes ____ No ____

If No: Description of the risk of immediate or imminent injury to the student secluded or others that required use of seclusion.

If Yes or No: Description of other steps, including attempts at verbal deescalation, to prevent the use of seclusion:

MONITORING OF SECLUSION

Regular evaluation of the student being secluded for signs of physical distress:

Time: _____ Evaluation:_____
Time: _____ Evaluation:_____
Time: _____ Evaluation:_____
Time: _____ Evaluation:_____
Time: _____ Evaluation:_____
Time: _____ Evaluation:_____
Time: _____ Evaluation:_____
Time: _____ Evaluation:_____
Time: _____ Evaluation:_____

Time seclusion began:_____ Time seclusion ended:_____
Total time (in minutes): _____

CESSATION OF SECLUSION:
How seclusion ended *(check all that apply)*:

- ☐ Determination by staff member that student was no longer a risk to himself/herself or others
- ☐ Intervention by administrator(s) to facilitate deescalation
- ☐ Law enforcement personnel arrived
- ☐ Staff sought in-house assistance
- ☐ Community emergency personnel arrived
- ☐ Termination per instruction in IEP/behavior plan
- ☐ Other *(describe)*:

Description of any injury to student and/or staff and any medical or first aid care provided:

Time medical staff checked injured person: _____

Medical staff actions: _____

Medical staff name: _____

Incident report was filed with the following school district official:

_____

Date:_____

FURTHER ACTION TO BE TAKEN: (Attach separate page if necessary)
The school will take the following actions (*check all that apply*)

☐Review incident with student to address behavior that precipitated the seclusion
☐Debrief staff regarding incident
☐Consider whether follow-up is necessary for students who witnessed the incident
☐Further contact with parents *(describe):*

☐Convene Crisis Team Meeting
☐Convene PPT to review/revise behavior intervention plan and/or IEP
☐Convene PPT to discuss functional behavior assessment

PARENT/GUARDIAN NOTIFICATION *(required for all seclusions)*:

Parent who was verbally informed of this seclusion:

Name: _____ Telephone Number: _____
Date: _____ Time: _____
Called by: _____ Title: _____
Notice mailed to Parent: Yes_____ No_____
Mailed by: _____ Title: _____
Reviewed by:_____ Date: _____
(Program Administrator/ Team Leader)
Reviewed by:_____ Date: _____
(Director of Special Education)

FOR DIRECTOR OR DESIGNEE USE ONLY

☐ Reviewed seclusion report
☐ Reviewed behavior plan, if applicable
☐ In considering the effect of the seclusion on the student's established behavioral support of educational plan, I find the following: _____

_____
_____
_____
_____
_____
_____
_____

5157
Form 3

(STATE INCIDENT REPORTING FORM)

Report of Seclusion or Restraint
Incident Report

School District: _____ School: _____
Address: _____ Address: _____
Phone: _____ Phone: _____
Name and Title of Person Preparing the report: _____
Incident: Seclusion _____ Restraint _____
Name of Student: _____ Student Disability: _____
Birth Date of Student: _____ Male/Female Race: _____

Describe the nature and use of seclusion: (Identify the emergency that necessitated the use of seclusion and how long the student was in seclusion.) _____
_____
_____
_____
_____

Describe the nature and use of restraint: (Identify the emergency that necessitated the use of restraint, time in restraint and type of restraint used.) _____
_____
_____
_____
_____

Was the parent contacted within twenty-four hours of the use seclusion or restraint as an emergency intervention to prevent immediate or imminent injury to the person or others?

Yes _____ No _____ If "No", did the parent receive a copy of the incident report no later than five days from the date of the incident? Yes _____ No_____

Was the student injured during the emergency use of restraint or seclusion?
Yes___ No ____ If "Yes", complete and attach a Report of Injury.

RESTRAINT AND SECLUSION LAWS IN CONNECTICUT

The following sets forth Connecticut law related to the physical restraint and seclusion of persons at risk, which can be found in Public Act 07-157, amending Connecticut General Statutes Sections 46a-150 through 46a-153, 10-76b, and 10-76d and Public Act 15-141. The New Milford Board of Education mandates compliance with these laws at all times.

I. The following definitions apply to these procedures:

- **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.
- **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 of 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.
- **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.
- **Provider:** A person who provides direct care, or supervision of a person at risk.
- **Assistant Provider or Assistant:** A person assigned to provide, or who may be called upon in an emergency to provide, assistance or security to a provider or supervision of a person at risk.
- **Person at Risk:** A person receiving care or supervision in an institution or facility operated by, licensed or authorized to operate by or operating pursuant to a contract with the Departments of Public Heath, Developmental Services, Children and Families or Mental Health Addiction Services.
- **Life Threatening Physical Restraint:** 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.

RESTRAINT AND SECLUSION LAWS IN CONNECTICUT

Definitions (continued)

- **Physical Restraint:** Any mechanical or personal restriction that immobilizes or reduces the free movement of a person's arms, legs or head. **The term does not include**: (A) Briefly holding a person in order to calm or comfort the person; (B) restraint involving the minimum contact necessary to safely escort a person from one area to another; (C) medical devices, including, but not limited to, supports prescribed by a health care provider to achieve proper body position or balance; (D) helmets or other protective gear used to protect a person from injuries due to a fall; or (E) helmets, mitts and similar devices used to prevent self-injury when the device is part of a documented treatment plan and is the least restrictive means available to prevent such self-injury.
- **Seclusion:** The confinement of a person in a room, whether alone or with supervision by a provider or assistant, in a manner that prevents the person from leaving that room.

II. Procedures for Physical Restraint of Persons at Risk

No school employee, provider or assistant shall under any circumstance use a life-threatening physical restraint on a person at risk.

No school employee, provider or assistant shall 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 to others.

Physical restraint of a student or person at risk shall never be used as a disciplinary measure or as a convenience.

School employees, providers and assistants must explore all less restrictive alternatives prior to using physical restraint for a person at risk.

School employees, providers and assistants must comply with all regulations promulgated by the Connecticut State Board of Education in their use of physical restraint with a person at risk.

Monitoring

A school employee, provider or an assistant must continually monitor any student or person at risk who is physically restrained. The monitoring must be conducted by direct observation of the person at risk.

A school employee, provider or an assistant must regularly evaluate the person being restrained for signs of physical distress. The school employee, provider or assistant must record each evaluation in the educational record of the person being restrained.

RESTRAINT AND SECLUSION LAWS IN CONNECTICUT

Documentation and Communication

A school employee or provider must notify the parent or guardian of a student or person at risk of each incident that the person at risk is physically restrained.

The School Administrator/Director of Special Education must be notified of the following:

a. each use of physical restraint;
b. the nature of the emergency that necessitated its use; AND
c. if the physical restraint resulted in physical injury;

After a physical restraint occurs, the following information must be documented in the educational file of the student who was physically restrained:

a. in the case of an 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 indications that such an emergency was likely to arise;
b. a detailed description of the nature of the restraint;
c. the duration of the restraint; AND
d. the effect of the restraint on the person's established behavioral support or educational plan.

III. Procedures for Seclusion of a Student

No school employee shall use involuntary seclusion on a student EXCEPT as an emergency intervention to prevent immediate or imminent injury to the student or to others.

Seclusion of a student shall never be used as a disciplinary measure or as a convenience.

School employees, providers and assistants must explore all less restrictive alternatives prior to using seclusion. An Individualized Education Program Team ("IEP Team") may not incorporate the use of seclusion into a child's IEP.

School employees, providers and assistants must comply with all regulations promulgated by the Connecticut State Board of Education in their use of seclusion.

Monitoring

A school employee, provider or an assistant must frequently monitor any student who is placed in seclusion. The monitoring must be conducted by direct observation of the student.

A school employee, provider or an assistant must regularly evaluate the person in seclusion for signs of physical distress. The school employee, provider or assistant must record each evaluation in the educational record of the person who is in seclusion.

RESTRAINT AND SECLUSION LAWS IN CONNECTICUT

III. Procedures for Seclusion of a Student (continued)

Documentation and Communication

A school employee, provider must notify the parent or guardian of a student of each incident that the student is placed in seclusion.

The Principal/Director of Special Education must be notified of the following:

a. each use of seclusion on a student;
b. the nature of the emergency that necessitated its use;
c. if the seclusion resulted in physical injury to the student; and

After seclusion occurs, the following information must be documented in the educational file of the student who was placed in seclusion:

a. in the case of an 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 indications that such an emergency was likely to arise;
b. a detailed description of the nature of the seclusion;
c. the duration of the seclusion; AND
d. the effect of the seclusion on the person's established behavioral support or educational plan.

IV. Responsibilities of the Superintendent/Director of Special Education

The Superintendent/Director of Special Education, or his or her designee, must compile annually the instances of physical restraint and seclusion within the District and the nature of each instance of physical restraint and seclusion.

The Superintendent/Director of Special Education, or his or her designee, shall report to the Connecticut State Department of Education any instance of physical restraint or seclusion that resulted in physical injury to the person at risk.

The Director of Special Education, or his or her designee, must, at each initial IEP Team meeting for a child, inform the child's parent, guardian, or surrogate parent, or the student if such student is an emancipated minor or eighteen years of age or older, of the laws relating to physical restraint and seclusion as expressed through this regulation, and of the laws and regulations adopted by the Connecticut State Board of Education relating to physical restraint and seclusion.

RESTRAINT AND SECLUSION LAWS IN CONNECTICUT

V. Responsibilities of the Connecticut State Board of Education

The State Board of Education shall review the annual compilation of each local and regional board of education and shall produce an annual summary report identifying the frequency of use of physical restraint or seclusion on students and specifying whether the use of such seclusion was in accordance with an individualized education program (IEP) or whether the use of such physical restraint or such seclusion was an emergency. Such report shall be submitted on an annual basis as specified by the Department of Education.

The State Board of Education and the Commissioner receiving a report of serious injury or death resulting from a physical restraint or seclusion shall report the incident to the Director of the Office of Protection and Advocacy for Persons with Disabilities and, if appropriate, the Child Advocate of the Office of the Child Advocate.

The State Board of Education may regulate the use of physical restraint and seclusion of special education students in the public schools.

The State Board of Education shall adopt regulations concerning the use of physical restraint and seclusion in public schools.

ITEM OF INFORMATION
REGULATION REVISION

Commentary October 2015: Proposed revisions are due to recent changes in the SDE administrative regulations as well as a new law regarding anti-epileptic medications. Although this policy can be approved upon first reading, the draft must be reviewed and approved by the district's nurse supervisor and medical advisor.

5141.21(a)

Students

Administration of Medications

The Board of Education has authorized the Superintendent of Schools to develop the following procedures concerning the administration of medications to students within the school system by a licensed nurse or, in the absence of a nurse, by qualified personnel for schools. These administrative regulations have been developed with the advice and approval of the school medical advisor and the school nurse supervisor. Nothing in these regulations prohibits parents or guardians from administering medication to their own children on school grounds.

I. Administration of Medications by Qualified Personnel for Schools

A school nurse or any other nurse licensed in the state of Connecticut may administer medications to students in school. In the absence of a licensed nurse, only qualified personnel ~~for schools~~ who have been properly trained may administer medication to students as delegated by the school nurse. Administration of medications by qualified personnel ~~for schools~~ shall be under the general supervision of the school nurse.

A. General Principles

1. Prescribed medication will be administered during school hours, only if it is not possible to achieve the desired effect by home administration.
2. Medication will be administered during field trips and school sponsored activities by qualified school personnel, or the parent/guardian. Students will be permitted to self-carry medication provided New Milford Administrative Regulations, Section IV are followed.
3. Qualified personnel are not authorized to administer "standing order" medications while on field trips if nurse is not present.
4. A current list of qualified personnel authorized to give medication shall be maintained in each school.
5. The school medical advisor and the school nurse coordinator shall review and revise the procedures concerning the administration of medications as needed, but at least biannually.

Students

Administration of Medications

I. Administration of Medications by Qualified Personnel for Schools (cont'd.)

B. Qualified Personnel for Schools includes the following:

1. Principals, teachers, ~~speech and language pathologists,~~ ***licensed athletic trainers***, ***licensed physical or*** occupational therapists, ~~and physical therapists~~ employed full-time by the Board;
2. Coaches and licensed athletic trainers (subject to the conditions below);
3. Paraprofessionals (subject to the conditions below);
4. Directors (or directors' designees), lead teachers and administrators of school readiness programs and before- or after-school programs

C. Basic prerequisites

~~No~~ ***Except as permitted in Section E below, no*** medication may be administered to students by any school personnel without documentation of the following in the student's health record:

1. The written order of an authorized prescriber;
2. The written authorization of a parent, guardian or eligible student; and
3. The written permission for the exchange of information between the prescriber and the school nurse necessary to ensure safe administration of the medication;
4. Prescribed medication shall be only administered to, and taken by, the person for whom the prescription is written.

D. Medications that may be administered

1. Qualified personnel for schools may administer oral, topical, intranasal or inhalant medications;
2. Medications with a cartridge injector may be administered by qualified personnel for schools only to a student with a medically-diagnosed allergic condition which may require prompt treatment to protect the student against serious harm or death;
3. ***Glucagon.*** Qualified school employees may administer medications with injectable equipment used to administer glucagon to a student with diabetes who requires prompt treatment in order to protect the student against serious harm or death. This is limited to situations where the school nurse is unavailable and the qualified personnel have been specially trained and approved to use such equipment.
4. Qualified personnel for schools may not administer investigational drugs or research study medications.

Students

Administration of Medications

I. **Administration of Medications by Qualified Personnel for Schools** (cont'd.)

5. ***Antiepileptic Medication***. *Qualified school employees may administer antiepileptic medication, including by rectal syringe, to a specific student with a medically diagnosed epileptic condition that requires prompt treatment in accordance with the student's individual seizure action plan. Such authorization shall be limited to situations when the school nurse is absent or unavailable. No qualified school employee shall administer antiepileptic medication unless: (i) such qualified school employee annually completes the required training program for antiepileptic medication administration; (ii) the school nurse and school medical advisor have attested, in writing, that such qualified school employee has completed such training; (iii) such qualified school employee receives monthly reviews by the school nurse to confirm such qualified school employee's competency to administer antiepileptic medication under this subsection; and (iv) such qualified school employee voluntarily agrees to serve as a qualified school employee.*

E. Epinephrine as Emergency First Aid for Students Who Do Not Have Prior Written Authorization or Order

Epinephrine may be administered as emergency first aid to students who experience allergic reactions but do not have a prior written authorization of a parent or guardian or the written order of a qualified medical professional. Such administration may be done by a school nurse or, when the school nurse is absent or unavailable, by a qualified school employee who has completed the training required by law to administer emergency epinephrine.

A school nurse or in the absence of a school nurse, at least one qualified school employee who has been trained will be on the grounds of each school in the district during regular school hours.

Notice to Parents Regarding Opt-Out
The parent or guardian of a student may submit, in writing, to the school nurse a notice that epinephrine shall not be administered to such student. The school district shall annually notify parents or guardians of the need to provide such written notice.

Procedures for the Administration of Epinephrine as Emergency First Aid
The school nurse supervisor for the district shall:

Students

Administration of Medications

I. Administration of Medications by Qualified Personnel for Schools (cont'd.)

1. *Determine the level of nursing services and number of qualified school employees needed to ensure coverage at each school during regular school hours. This includes consulting with district administrators to establish awareness of the regular school hours for each school.*

2. *Consult with the school medical advisor or other licensed physician to determine the supply of epinephrine in cartridge injectors that shall be available in each school in the district.*

3. *Coordinate with each school principal and school nurse to select qualified school employees from employees who volunteer to complete the training required to administer epinephrine as emergency first aid.*

4. *Develop a mechanism within each school to ensure communication to one or more qualified school employees and other staff that the school nurse is absent or unavailable and that a qualified school employee shall be responsible for the emergency administration of epinephrine.*

5. *Develop a mechanism to ensure that persons who will administer epinephrine as emergency first aid to students who experience allergic reactions but who do not have a prior written authorization of a parent or guardian or prior written order of a qualified medical professional for the administration of epinephrine, are notified of the students whose parents have refused the emergency administration of epinephrine.*

Emergency Epinephrine Training for Qualified School Employees
Qualified school employees who administer epinephrine as emergency first aid shall, annually, complete the training program developed by the Departments of Education and Public Health, in consultation with the School Nurse Advisory Council, pursuant to state law and training in cardiopulmonary resuscitation (CPR) and first aid.

Reporting of the Emergency Administration of Epinephrine
A qualified school employee shall immediately report the emergency administration of epinephrine to a student who does not have a prior written authorization or order to the school nurse. The school nurse or the qualified school employee shall immediately notify the student's parent or guardian.

Students

Administration of Medications

I. Administration of Medications by Qualified Personnel for Schools (cont'd.)

A medication administration record shall be submitted to the school nurse by the qualified school employee at the earliest possible time, but not later than the next school day, and documentation of the medication administration shall be made in the student's cumulative health record.

II. Limitations of School Personnel

A. Licensed practical nurses

Licensed practical nurses may administer medications to students only after the medication plan has been established by the school nurse and if they can demonstrate evidence of one of the following:

1. Training in administration of medications as part of their basic nursing program;
2. Successful completion of a pharmacology course and subsequent supervised experience;
3. Supervised experience in the administration of medication while employed in a health care facility.

In addition, licensed practical nurses may not train or delegate administration of medications to another individual.

B. Paraprofessionals

Paraprofessionals may only administer medications to a specific student in order to protect that student from harm or death due to a medically-diagnosed allergic condition and in accordance with the following:

1. Only with approval by the school medical advisor and school nurse, in conjunction with the school nurse supervisor, and under the supervision of the school nurse;
2. With a proper medication authorization from the authorized prescriber;
3. With parental permission for the paraprofessional to administer the medication in school;
4. Only medications necessary for prompt treatment of an allergic reaction, including, but not limited to cartridge injector; and
5. The paraprofessional shall receive proper training in the administration of medication and supervision from the school nurse.

Students

Administration of Medications

II. Limitations of School Personnel (continued)

C. Coaches and Licensed Athletic Trainers: For students who can self-carry

Students who have written authorization on file in the nurses office from an authorized prescriber, parent/guardian or eligible student to self-administer medication, may retain possession of medication at all times, including for after-school sports.

The following conditions shall be met:

1. The nurse provides the coach with a copy of the authorized prescriber's order and parental permission form, in addition to a copy of an Emergency Care Plan.
2. Should a student be unable to appropriately perform the administration of emergency cartridge injector for severe allergic reaction, coach will intervene and administer medication as prescribed.
3. Cartridge injector administration procedure reviewed with coach.

D. Coaches and Licensed Athletic Trainers: For students who self-administer medication is not a viable option

During intramural and interscholastic athletic events, a coach or licensed athletic trainer may administer medication for select students for whom self-administration plans are not viable options as determined by the school nurse for (A) inhalant medications prescribed to treat respiratory conditions and (B) 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.

The following conditions must be met:

1. The coach must be trained in the general principles of the administration of medication applicable to receiving, storing and assisting with inhalant medications or cartridge injector medications and documentation as well as the specific needs of the student needing assistance according to the individualized medication plan.
2. The school nurse shall provide a copy of the authorized prescriber's order and the parental permission form to the coaches;
3. The parent or guardian shall provide the medication to the coach or licensed athletic trainer according to the district's procedures regarding the safe handling of medications [see Section VIII (A)-(C) below]. The medication provided by the parent or guardian shall be separate from the medication stored in the school health office for use during the school day.

Students

Administration of Medications

II. Limitations of School Personnel (cont'd)

4. The coach or licensed athletic trainer shall agree to the administration of emergency medication and shall implement the emergency care plan.
5. Medications to be used in athletic events shall be stored in containers for the exclusive use of holding medications, in locations that preserve the integrity of the medication, under the general supervision of the coach or licensed athletic trainer trained in the administration of medication and locked in a secure cabinet when not in use at athletic events.
6. Errors in the administration of medication shall be addressed in the same manner as errors during the school day, except that if the nurse is not available, a report may be submitted by the coach or licensed athletic trainer to the school nurse on the next school day.
7. The coach or licensed athletic trainer shall document administration of medication on forms for individual administration of medication and the school nurse shall be notified of:

    a. A separate medication administration record for each student shall be maintained in the athletic area;
    b. Administration of a cartridge injector medication shall be reported to the school nurse at the earliest possible time but not later that the next school day;
    c. All other instances of the administration of medication shall be reported to the school nurse at least monthly or as frequently as required by the individual student plan;
    d. The administration of medication record shall be submitted to the school nurse at the end of each sport season and filed in the student's cumulative health record.

III. Training and Supervision of Qualified Personnel for Schools

The school nurse or school medical advisor shall train designated qualified personnel ~~for schools~~ in the safe administration of medications at least annually. Only qualified personnel for schools who have successfully completed such annual training may administer medications to students. Licensed practical nurses shall not train other individuals in the administration of medication.

Students

Administration of Medications

III. Training and Supervision of Qualified Personnel ~~for Schools~~ (cont'd)

A. Content of training

Training shall include at least the following:

1. The general principles of safe administration of medication;
2. The procedural aspects of administration of medication, including the safe handling and storage of medications, documentation;
3. Specific information related to each student's medication and each student's medication plan, including the name and generic name of the medication, indications for medication, dosage, routes, time and frequency of administration, therapeutic effects of the medication, potential side effects, overdose or missed dose of the medication and when to implement emergency interventions.
4. Administration of medication with injectable equipment used to administer glucagon for students with diabetes. Such training will only be provided to school personnel who volunteer to provide this form of medication administration.

B. Documentation of training sessions

The Supervisor of Schools Nurses shall maintain documentation of the administration of medication training as follows:

1. Dates of general and student-specific trainings;
2. Content of the training;
3. Names of individuals who have successfully completed general and student-specific training for the current school year shall be submitted to the Superintendent by the nursing coordinator on October 31 of each year;
4. A current list of those authorized to give medication shall be maintained in the school;
5. Names and credentials of the nurse or school medical advisor trainers.
6. For training in the administration of medication with injectable equipment used to administer glucagon, both the school nurse and the school medical advisor shall attest in writing of the successful completion of such training.

C. Supervision of Administration of Medications

The school nurse is responsible for general supervision of administration of medications in the schools to which that nurse is assigned, and shall:

Students

Administration of Medications

III. Training and Supervision of Qualified Personnel ~~for Schools~~ (cont'd)

1. Review orders and changes in orders, and communicate these to personnel designated to give medication;
2. Set up a medication plan and schedule to ensure medications are administered properly;
3. Provide training to qualified personnel and other licensed nursing personnel in the administration of medications and assess that the qualified personnel for schools are competent to administer medication;
4. Support and assist other licensed nursing personnel to prepare for and implement their responsibilities related to the administration of specific medications during school hours;
5. Provide appropriate follow-up to ensure the administration of medication plan results in the desired outcomes;
6. Provide consultation by telephone or other means of telecommunication. In the absence of the school nurse, an authorized prescriber or other nurse may provide this consultation;
7. Implement policies and procedures regarding all phases of administration of medications;
8. Review periodically all documentation pertaining to the administration of medications for students;
9. Observe competency to administer medication by qualified personnel for schools who have been newly trained;
10. Periodically review, as needed, with licensed personnel and all qualified personnel for schools regarding the needs of any student receiving medication.

IV. Self-Administration of Medications by Students

Students who have a verified chronic medical condition and are capable of self-administering prescribed emergency medications, including rescue inhalers, cartridge injectors will be permitted to self-administer such medication provided:

A. The required documentation for self-administering medication at school includes the items:

1. The written order must include the recommendation for self-administration by the authorized prescriber renewed annually;
2. The written authorization of the parent/guardian or eligible student for the self-administration of medication;
3. An appropriate plan for the self administration of medication is developed by the

Students

Administration of Medications

IV. Self-Administration of Medications by Students (cont'd)

school nurse including provisions for general supervision and the plan is placed in the student's health record;

4. Notation in the student's health record of the means by which the Principal and appropriate staff have been notified that the student is self-administering prescribed medication.

B. An assessment by school nurse of the student's capacity to self-administer in the school setting by considering that student:

1. Is capable of identifying and selecting the appropriate medication by size, color, amount, or other label identification;
2. Knows the frequency and time of day for which the medication is ordered;
3. Can identify the presenting symptoms that require medication;
4. Administers the medication appropriately;
5. Maintains safe control of the medication at all times;
6. Seeks adult supervision whenever warranted; and
7. Cooperates with the established medication plan; and
8. Notify authorized prescriber and parent or guardian if the student is unable to demonstrate safe and appropriate self-administration and handling of medication. Document contact with authorized prescriber and parent or guardian and the outcome.

C. In the case of inhalers for asthma and cartridge injectors for medically diagnosed allergies, the school nurse's review of a student's competency to self-administer shall not be used to prevent a student from retaining and self-administering such medication. In such cases, students may retain possession of inhalers or cartridge injectors at all times while attending school and self-administer such medication with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian.

D. The medication is transported by the student and maintained under the student's control in accordance with school policy and the student's medication plan.

E. Self-administration of controlled medication may be considered for extraordinary situations, such as international field trips, and shall be approved by the school nurse supervisor and the school medical advisor in advance and an appropriate plan must be developed.

Students

Administration of Medications

IV. Self-Administration of Medications by Students (cont'd)

F. Self-administration of medications other than inhalers or epipens will be considered on an individual basis. Written authorization must be on file in the nurse's office from an authorized prescriber, parent/guardian or eligible student to self-administe and shall be approved by the school nurse supervisor. The school nurse supervisor may consult the medical advisor regarding any such request for self-administration. An appropriate plan must be developed.

G. Self-administration or carrying of over the counter medications is not permitted in New Milford Public Schools.

H. The responsibility of self-administration shall be revoked if the Board of Education Medication Policy for self-administration is violated or if student exhibits behavior that is not safe for student or other students.

I. Principal and/or appropriate staff will be informed that the student self-administers prescribed medications.

J. Students with diabetes may conduct blood glucose self-testing with a written order from a physician stating the need and capability of such student to self-test. No school may restrict the time and location of blood glucose testing by a student who has such order and written authorization of the student's parent or guardian.

V. Medication Errors: Procedure for Notification and Documentation

A. Medication error means failure to do any of the following as ordered:
   1. Administer a medication to a student;
   2. Administer a medication within the time designated by the authorized prescriber;
   3. Administer the specific medication prescribed for a student;
   4. Administer the correct dosage;
   5. Administer medication by the proper route; and/or
   6. Administer medication according to generally accepted standards of practice or;
   7. Administration of a medication to a student which is not ordered or authorized by the parent or guardian;

Students

Administration of Medications

V. **Medication Errors: Procedure for Notification and Documentation** (cont'd)

8. Inadvertent destruction, theft or loss by other means of medication stored in school.

B. If an error in medication administration occurs or is suspected, the school nurse or substitute nurse shall immediately assess the student and:

1. Determine error and potential for emergency;
2. Call 911 if applicable;
3. Implement Standing Orders if applicable;
4. Call Poison Control if applicable (1-800-222-1222);
5. Follow directions of Poison Control-note who you spoke to, time call was made, what directions were given, and what actions you took;
6. Call prescribing practitioner-follow prescriber's directions, if applicable;
7. Notify School Nurse Coordinator;
8. Notify student's parent/guardian;
9. Notify principal/administrator;
10. Monitor student and provide interventions as directed by Poison Control, student's physician, standing orders or nursing protocols, as applicable, until EMS or parent/guardian arrives;
11. Complete Medication Error Report form;
12. Document the incident in the student's electronic health record (SNAP). Describe the error and sequence of events thereafter, including nursing assessment and interventions, medical treatment, and exchanges of information; print and attach SNAP Incident Report to the Medication Error Report form. Send the completed Report and Incident Report form to the School Nurse Coordinator.

C. If qualified personnel other than the school or substitute nurse, make or recognize a medication error, the individual shall immediately notify the school nurse. If the school nurse is not available, the qualified individual shall:

1. In a true emergency call EMS, then Poison Control if applicable.
2. If not an immediate emergency, follow the sequence of steps in B.1., and B. 4-9 above and consult, as applicable, with the school nurse if available by phone.

Students

Administration of Medications

V. **Medication Errors: Procedure for Notification and Documentation** (cont'd.)

3. Monitor the student and provide first aid care as directed by Poison Control, the student's physician or the school nurse or school nurse coordinator, as applicable, until EMS or parent/guardian arrives.
4. Document the incident, including all details, on the Medication Error Report form; use and attach an additional page to complete the documentation as needed.
5. Send the completed form to the School Nurse Coordinator.
6. Provide a copy of the completed Medication Error Report form to the school nurse who shall file it in the student's CHR.

D. A medication error or incident report will be completed by nurse or qualified personnel. A copy will be sent to the nursing coordinator who will review with Pupil Personnel. Pupil Personnel will document any corrective action taken.

E. Any error in the administration of a medication shall be documented in the student's cumulative health record.

VI. **Medication Emergencies**

Medication Emergency means a life-threatening reaction of a student to a medication.

A. Each health office shall post in a prominent location on or near the medication cabinet the following information:

1. The Poison Control information center telephone number 1-800-222-1222;
2. This section of medication regulations and Section V, Medication Errors;
3. The name of building administrator responsible for decision making in the absence of a school or substitute nurse.

B. If qualified personnel other than the school or substitute nurse recognize a potential medication emergency, the qualified individual shall immediately notify the school nurse.

C. In a medication emergency, the school nurse shall proceed as in Section V, Medication Errors, B 1 – B 10; as indicated by the circumstances.

Students

Administration of Medications

VI. Medication Emergencies (continued)

D. After managing and documenting in SNAP the medication emergency, the school nurse shall generate an incident report.

E. In the absence of a school or substitute nurse, the building administrator responsible for decision making, the qualified individual off site, such as a teacher on a field trip shall proceed as in Section V, Medication Errors C 1 – C 6 as indicated by circumstances.

VII. Handling and Storage of Medications

A. All medications, except those approved for self-medication ***or epinephrine intended for emergency administration to students who do not have a written prior authorization or order***, shall be delivered by the parent or other responsible adult to the school nurse or, in the absence of such nurse, other qualified personnel for schools trained in administration of medication and assigned to the school. ***For FDA-approved medications being administered according to an approved study protocol, a copy of the study protocol shall be provided to the school nurse along with the name of the medication to be administered and the acceptable range of dose of such medication to be administered.***

B. The parent/guardian, responsible adult or eligible student shall deliver medication in the original, properly labeled container directly to the school nurse, principal or other qualified school personnel trained in medication administration.

C. The school nurse, principal, or other qualified school personnel trained in medication administration will record the medication and quantity received. The individual student medication form will be co-signed with the parent/guardian, responsible adult or eligible student.

D. The nurse shall examine on-site any new medication, medication order and parent authorization form and develop an administration of medication plan for the student before any medication is administered by any school personnel.

E. The school nurse shall review all medication refills with the medication order and parent authorization prior to any administration of medication.

Students

Administration of Medications

VII. Handling and Storage of Medications (cont'd.)

F. All medications shall be properly stored as follows:

1. Except as otherwise determined by a student's emergency care plan, emergency medications shall be stored in an unlocked, clearly labeled and readily accessible cabinet or container in the health room during school hours under the general supervision of the school nurse, or in the absence of the school nurse, the principal or the principal's designee who has been trained in the administration of medication;
2. Emergency medications will be locked beyond the regular school day or program hours, except as otherwise determined by a student's emergency care plan;
3. All other non-controlled medications except those approved for self-medication, shall be kept in a designated locked container, cabinet or closet used exclusively for the storage of medication; and
4. Controlled substances shall be stored separately from other medications in a separate, secure, substantially constructed, locked metal or wood cabinet pursuant to state law.

G. Access to all stored medications shall be limited to persons authorized to administer medications. Each school or before- and after- school program and school readiness program shall maintain a current list of those persons authorized to administer medications.

H. All medications, prescription and non-prescription, shall be delivered and stored in their original containers. At least two sets of keys for the medication containers or cabinets shall be maintained for each school building or before- and after-school program and school readiness program. One set of keys shall be maintained under the direct control of the school nurse or nurses and an additional set shall be under the direct control of the principal and, if necessary, the program director or lead teacher who has been trained in the general principles of the administration of medication shall also have a set of keys.

I. Medication requiring refrigeration shall be stored as follow:

1. In a refrigerator at no less than 36°F and no more than 46°F;
2. The refrigerator shall be located in a health office that is maintained for health services purposes with limited access;

Students

Administration of Medications

VII. Handling and Storage of Medications (cont'd.)

3. Non-controlled medications may be stored directly on the shelf of the refrigerator with no further protection needed;
4. Controlled medications shall be stored in a locked box which is affixed to the refrigerator shelf.

J. No more than a three month supply of a medication for a student shall be stored at the school.

K. No medication for a student shall be stored at a school without a current written order from an authorized prescriber.

L. Each school shall maintain a current list of those persons authorized to administer medications.

VIII. Destruction/Disposal of Medication:

At the end of the school year or whenever a student's medication is discontinued by the prescribing physician, the parent or guardian is to be contacted and requested to repossess the unused medication within a seven (7) school day period.

A. All unused, discontinued or obsolete medications shall be removed from storage areas and either returned to the parent or guardian or, if the medication cannot be returned to the parent or guardian, the medication shall be destroyed in collaboration with the school nurse.

B. Non-controlled drugs shall be destroyed in the presence of at least one (1) witness. Medication will be destroyed in a non-recoverable fashion as recommended by CTDEP, Office of Pollution Prevention:

1. Keep the medication in its original container;
2. To protect privacy and discourage misuse of the prescription, cross out the patient's name with a permanent marker or duct tape or remove the label (Chemotherapy drugs may require special handling. Work with your healthcare provider on proper disposal options for this type of medication);
3. Modify the medications to discourage consumption;

Students

Administration of Medications

VIII. Destruction/Disposal of Medication (cont'd.)

- For solid medication: such as pills or capsules: add a small amount of water to at least partially dissolve them.
- For liquid medication: add enough table salt, flour, charcoal, or nontoxic powdered spice, to make a pungent , unsightly mixture that discourages anyone from eating it.
- For blister packs: wrap the blister packages containing pills in multiple layers or duct or other opaque tape

4. Seal and conceal;
   - Tape the medication container lid shut with packing or duct tape.
   - Place it inside a non-transparent bag or container such as an empty yogurt or margarine tub to ensure that the contents cannot be seen.
   - Do not conceal medicines in food products because animals could inadvertently consume them.
5. Discard the container in your trash can; and
6. The following information is to be charted on the student's health folder and signed by the school nurse and a witness.
   - Date of destruction
   - Time of destruction
   - Name, strength, form and quantity of medication destroyed
   - Manner of destruction of medication

C. Controlled drugs shall be destroyed in accordance with law, specifically, § 21a-262-3 of the Regulations of the Connecticut State Agencies. School nurse/ nurse coordinator will contact the Drug Control Division of the CT Department of Consumer Protection at 860-713-6065 for assistance. Nurse will follow directions of Drug Control Division, documenting name of the person giving the directions.

D. Accidental destruction or loss of controlled drugs must be verified in the presence of a second person, including confirmation of the presence or absence of residue and jointly documented on the student medication administration record and on a medication error form. If no residue is present, notification must be made to the Department of Consumer Protection pursuant to 21a-262-3 of the Regulations of the Connecticut State Agencies.

IX. Documentation and Recordkeeping

Each school or before- and after-school program and school readiness program shall maintain an individual medication administration record for each student who receives

Students

Administration of Medications

IX. Documentation and Recordkeeping (cont'd.)

medication during school or program hours. Transactions shall either be recorded in ink and shall not be altered or recorded electronically in a record that can not be altered.

A. The individual medication administration record will include:
   1. The name of the student;
   2. The name of the medication, dosage, route and frequency of administration;
   3. The name of the authorized prescriber;
   4. The dates for initiating and terminating the medication including extended school year program;
   5. The quantity received which shall be verified by the adult delivering the medication;
   6. Any student allergies to food or medicine;
   7. The date, time and dose or amount of drug administered.
   8. If the drug was not administered, the omission must be documented; including the reason for omission;
   9. The full written or electronic legal signature of the nurse or qualified personnel for schools administering the medication;
   10. For controlled medications, a medication count which should be conducted and documented at least once a week and co-signed by the assigned nurse and a witness;
   11. The medication administration record shall be made available to the State Department of Education for review until destroyed pursuant to law. The completed medication administration record for non-controlled medications may be destroyed in accordance with Section M8 of the Connecticut Municipality Record Retention Schedule as long as it is superseded by a summary on the student health record.

B. The following shall be filed in the student's cumulative health record or, for before- and after-school programs and school readiness programs, in the child's program record:

   1. The written order of the authorized prescriber;
   2. The written authorization of the parent/guardian to administer the medication;
   3. The written parental permission for the exchange of information by the prescriber and school nurse to ensure the safe administration of such medication.

Students

Administration of Medications

IX. Documentation and Recordkeeping (cont'd.)

C. As to any and all controlled drugs administered at school, the completed medication administration record shall be maintained in the same manner as the non-controlled medications, in addition, a record shall be maintained separate from the student's cumulative file for at least three years that includes:

1. Copies of all physician's orders for controlled drugs;
2. The original medication administration records;
3. Each school wherein any controlled drug is administered under the provisions of this section shall keep such records thereof as are required of hospitals under the provisions of subsections (f) and (h) of Connecticut General Statutes §21a-254 and shall store such drug in such manner as the Commissioner of Consumer Protection shall, by regulation, require.

D. An authorized prescriber's verbal order, including a telephone order, for a change in any medication can be received only by a school nurse. Any such verbal order must be followed by a written order from the authorized prescriber which may be faxed and must be received not later than three (3) school days.

E. The completed medication administration record for non-controlled medications may be destroyed in accordance with Section M8 of the Connecticut Municipal Records Retention Schedule, provided it is superseded by a summary on the student's cumulative health record.

X. School Readiness and Before-or After-School Programs[1]

Administration of medications shall be provided in school readiness and before- or after-school programs administered and operated by the Board of Education only when it is medically necessary for participants to access the program and maintain their health status while attending the program. All the provisions of these regulations regarding training, supervision, self-administration, documentation, handling, storage, disposal, errors and medication emergencies apply to school readiness and before- and after-school programs. Such programs are subject to the following additional conditions:

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[1] These regulations do not apply to before-and after-school programs that are administered and operated by the Town of New Milford on school grounds.

Students

Administration of Medications

X. **School Readiness and Before-or After-School Programs** (cont'd.)

A. At the beginning of each school year, the school nurse supervisor, in consultation with the school medical advisor or other licensed physician, will review the policies and procedures for the administration of medication in these programs and determine the following:

1. The level of nursing services needed in order to ensure safe administration of medication within the programs based on the needs of the program and the program's participants;
2. Who may administer medication and whether a licensed nurse is required on-site;
3. The circumstances under which self-administration of medication by students is permitted;
4. The procedures to be followed in the event of a medication emergency or error and the individuals or facilities to be contacted in such an event;
5. The manner in which the local poison control center information will be made readily available at these programs;
6. The person responsible for decision making in the absence of the nurse.

B. Where possible, a separate supply of medication shall be stored at the site of the before- or after-school or school readiness program. In the event that it is not possible for the parent or guardian to provide a separate supply of medication, then a plan shall be in place to ensure the timely transfer of the medication from the school to the program and back on a daily basis.

C. Documentation of the administration of medications in school readiness and before-and after-school programs shall be as follows:

1. A separate administration of medication record for each student shall be maintained in the program;
2. Administration of medication with a cartridge injector shall be reported to the school nurse at the earliest possible time but not later than the next school day;
3. All other instances of the administration of medication shall be reported to the school nurse according to the student's individual plan or at least on a monthly basis;
4. The administration of medication record shall be submitted to the school nurse at the end of each school year and filed in or summarized on the student's cumulative health record.

Students

Administration of Medications

XI. Definition of Terms

The following definitions are derived from Sections 10-212a-1 through 10-212a-10 of the Regulations of Connecticut State Agencies, plus two acronyms used in the procedures, and apply to terms used by New Milford Public Schools for the Administration of Medication.

1. **Administration of medication** means any one of the following activities: handling, storing, preparing or pouring of medication; conveying it to the student according to the medication order; observing the student inhale, apply, swallow, or self-inject the medication, when applicable; documenting that the medication was administered; and counting remaining doses to verify proper administration and use of the medication.
2. **Advanced practice registered nurse** means an individual licensed pursuant to Section 20-94a of the Connecticut General Statutes.
3. **Authorized prescriber** means a physician, dentist, optometrist, advanced practice registered nurse or physician assistant and, for interscholastic and intramural athletic events only, a podiatrist.
4. **Before- and after-school program** means any child care program operated and administered by a local or regional board of education or municipality exempt from licensure by the Department of Public Health pursuant to subdivision (1) of subsection (b) of Section 19a-77 of the Connecticut General Statutes. Such programs shall not include public or private entities licensed by the Department of Public Health or board of education enhancement programs and extra-curricular activities.
5. **Board of education** means the New Milford Board of Education.
6. **Cartridge injector** means an automatic pre-filled cartridge injector or similar automatic injectable equipment used to deliver epinephrine in a standard dose for emergency first aid response to allergic reactions.
7. **CHR or CHR-1** refers to the cumulative health record (see below).
8. **Coach** means an athletic coach as defined in Section 10-222e of the Connecticut General Statutes.
9. **Commissioner** means the Commissioner of Education or any duly authorized representative thereof.
10. **Controlled drugs** means controlled drugs as defined in Section 21a-240 of the Connecticut General Statutes.
11. **Cumulative health record** means the cumulative health record of a pupil mandated by Section 10-206 of the Connecticut General Statutes.

Students

Administration of Medication

XI. **Definition of Terms** (cont'd.)

12. **Dentist** means a doctor of dentistry licensed to practice dentistry in Connecticut pursuant to Chapter 379 of the Connecticut General Statutes, or licensed to practice dentistry in another state.
13. **Department** means the Connecticut State Department of Education or any duly authorized representative thereof.
14. **Director** means the person responsible for the operation and administration of any school readiness program or before-and after-school program.
15. **Eligible student** means a student who has reached the age of eighteen or is an Emancipated minor.
16. **Error** means:
    a. failure to do any of the following as ordered:
        - administer a medication to a student;
        - administer medication within the time designated by the prescribing practitioner;
        - administer the specific medication prescribed for a student;
        - administer the correct dosage of medication;
        - administer medication by the proper route; and/or
        - administer the medication according to generally accepted standards of practice; or

    b. administration of a medication to a student which is not ordered, or which is not authorized in writing by the parent or guardian of such student ***except for the administration of epinephrine for the purpose of emergency first aid pursuant to Section 10-212a of the Connecticut General Statutes and subsection (e) of Section 10-212a-2 of the Regulations of Connecticut State Agencies;.***
17. **Extracurricular activities** means activities sponsored by local or regional boards of education that occur outside of the school day, are not part of the educational program, and do not meet the definition of before- and after-school programs and school readiness programs.
18. **Guardian** means one who has the authority and obligations of guardianship of the person of a minor, and includes:
    a. the obligation of care and control, and
    b. the authority to make major decisions affecting the minor's welfare, including, but not limited to, consent determinations regarding marriage, enlistment in the armed forces and major medical, psychiatric or surgical treatment.
19. **Injector Equipment** Used to Inject Glucagon means an injector or injectable equipment used to deliver glucagon in an appropriate dose for emergency first aid response to diabetes.

Students

Administration of Medication

XI. **Definition of Terms** (cont'd.)

20. **Intramural athletic events** means tryouts, competition, practice, drills, and transportation to and from events that are within the bounds of a school district for the purpose of providing an opportunity for students to participate in physical activities and athletic contests that extend beyond the scope of the physical education program.
21. **Interscholastic athletic events** means events between or among schools for the purpose of providing an opportunity for students to participate in competitive contests which are highly organized and extend beyond the scope of intramural programs and includes tryouts, competition, practice, drills, and transportation to and from such events.
22. **Investigational drug** means any medication with an approved investigational new drug (IND) application on file with the Food and Drug Administration (FDA) which is being scientifically tested and clinically evaluated to determine its efficacy, safety and side effects and which has not yet received FDA approval.
23. **Licensed athletic trainer** means a licensed athletic trainer employed by the school district pursuant to Chapter 375a of the Connecticut General Statutes.
24. **Medication** means any medicinal preparation including over-the-counter, prescription and controlled drugs, as defined in Section 21a-240 of the Connecticut General Statutes.
25. **Medication emergency** means a life-threatening reaction of a student to a medication.
26. **Medication plan** means a documented plan established by the school nurse in conjunction with the parent and student regarding the administration of medication in school. Such plan may be a stand-alone plan, part of an individualized health care plan, an emergency care plan or a medication administration form.
27. **Medication order** means the written direction by an authorized prescriber for the administration of medication to a student which shall include the name of the student, the name and generic name of the medication, the dosage of the medication, the route of administration, the time of administration, the frequency of administration, the indications for medication, any potential side effects including overdose or missed dose of the medication, the start and termination dates not to exceed a 12-month period, and the written signature of the prescriber.
28. **Nurse** means an advanced practice registered nurse, a registered nurse or a practical nurse.
29. **Occupational therapist** means an occupational therapist employed full-time by the local or regional board of education and licensed in Connecticut pursuant to Chapter 376a of the Connecticut General Statutes.
30. **Optometrist** means an optometrist licensed to provide optometry pursuant to Chapter 380 of the Connecticut General Statutes.

Students

Administration of Medication

XI. **Definition of Terms** (cont'd.)

31. **Paraprofessional** means a health care aide or assistant or an instructional aide or assistant employed by the local or regional board of education who meets the requirements of such board for employment as a health care aide or assistant or instructional aide or assistant.
32. **Physical therapist** means a physical therapist employed full-time by the local or regional board of education and licensed in Connecticut pursuant to Chapter 376 of the Connecticut General Statutes.
33. **Physician** means a doctor of medicine or osteopathy licensed to practice medicine in Connecticut pursuant to Chapters 370 and 371 of the Connecticut General Statutes, or licensed to practice medicine in another state.
34. **Physician assistant** means an individual licensed to prescribe medications pursuant to Section 20-12d of the Connecticut General Statutes.
35. **Podiatrist** means an individual licensed to practice podiatry in Connecticut pursuant to Chapter 375 of the Connecticut General Statutes.
36. **Principal** means the administrator in the school.
37. ***Qualified medical professional means (i) a licensed physician, (ii) a licensed optometrist (iii) an advanced practice registered nurse licensed to or (iv) a physician assistant licensed to prescribe;***
38. ***Qualified school employee means a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, coach or school paraprofessional***
39. **Qualified personnel ~~for schools means~~** ***(A) for schools means a qualified school employee who is (i) a full time employee, or is (ii) a coach, athletic trainer or school paraprofessional, or (B) for school readiness programs and before- and after-school programs, means the director or director's designee and any lead teachers and school administrators who have been trained in the administration of medication;*** ~~(a) a full-time employee who meets the local or regional board of education requirements as a principal, teacher, occupational therapist or physical therapist and has been trained in the administration of medication in accordance with Section 10-212a-3 of these regulations; (b) a coach and licensed athletic trainer who has been trained in the administration of medication pursuant to Section 10-212a-8 of these regulations; or(c) a paraprofessional who has been trained in the administration of medication pursuant to Section 10-212a- 9 of these regulations.~~
40. ~~**Qualified personnel for school readiness programs and before- and after-school programs,** means directors or director's designee, lead teachers and school administrators who have been trained in the administration of medication may administer medications pursuant to Section 10-212a-10 of these regulations.~~

Students

Administration of Medication

XI. Definition of Terms (cont'd.)

41. **Research or study medications** means FDA-approved medications being administered according to an approved study protocol. A copy of the study protocol shall be provided to the school nurse along with the name of the medication to be administered and the acceptable range of dose of such medication to be administered.
42. **School** means any educational program which is under the jurisdiction of a board of education as defined by this section excluding extracurricular activities.
43. **School medical advisor** means a physician appointed pursuant to Section 10-205 of the Connecticut General Statutes.
44. **School nurse** means a nurse appointed pursuant to Section 10-212 of the Connecticut General Statutes.
45. **School nurse supervisor** means the nurse designated by the local or regional board of education as the supervisor or, if no designation has been made by the board, the lead or coordinating nurse assigned by the board.
46. **School readiness program** means a program that receives funds from the State Department of Education for a school readiness program pursuant to subsection (b) of Section 10-16p of the Connecticut General Statutes and exempt from licensure by the Department of Public Health pursuant to subdivision (1) of subsection (b) of Section 19a-77 of the Connecticut General Statutes.
47. **Self-administration of medication** means the control of the medication by the student at all times and is self-managed by the student according to the individual medication plan.
48. **SNAP** means the electronic student health record system known as SNAP Health Center.
49. **Supervision** means the overseeing of the process of the administration of medication in a school.
50. **Teacher** means a person employed full time by a board of education who has met the minimum standards as established by that board of education for performance as a teacher and has been approved by the school medical advisor and school nurse to be designated to administer medications pursuant to Sections 10-212a-1 through 10-212a-7 of the Regulations of Connecticut State Agencies.

Legal References:

Connecticut General Statutes:

10-16p	Definitions. Lead agency for school readiness
10-212	School nurses and nurse practitioners. Administration of medications by parents or guardians on school grounds
10-212a	Administration of medications in schools, at athletic events and to children in school readiness programs

Students

Administration of Medication

Legal References: (continued)

10-220j	Blood glucose self-testing by children. Guidelines
21a-240	Definitions
21a-254	Designation of restricted drugs or substances by regulations

Regulations of Connecticut State Agencies:
10-212a-1 to 10-212a-10, Administration of Medications by School Personnel and Administration of Medication During Before- and After-School Programs and School Readiness Programs
21a-262-3, Disposition of drugs

Regulation approved:	June 12, 2001	NEW MILFORD PUBLIC SCHOOLS
Regulation amended:	June 11, 2002	New Milford, Connecticut
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Regulation amended:	June 14, 2011	
Regulation amended:	October 9, 2012	

Students

Use of Physical Force

Physical Restraint/Seclusion

The Board of Education (Board) seeks to foster a safe and positive learning environment for all students. In compliance with law, Board of Education employees will avoid the use of physical restraint or seclusion of students. However, physical restraint or seclusion of a student by trained school employees may be necessary in an emergency situation to maintain the safety of the student, where harm to the student or others is immediate or imminent.

The following sets forth the procedures for compliance with the relevant Connecticut General Statutes and Regulations concerning the physical restraint and seclusion of students in the New Milford Public Schools. The Board mandates compliance with this regulation and the law at all times. Violations of this regulation by a school employee or other individual working at the direction of, or under the supervision of the Board may result in disciplinary action, up to and including possible termination of employment status and/or termination of contract for services.

Nothing within these regulations shall be construed to interfere with the Board's responsibility to maintain a safe school setting, in accordance with Connecticut General Statutes §10-220, or to supersede the justifiable use of reasonable physical force permitted under Connecticut General Statutes §53a-18(6).

I. Definitions

A. **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.

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

C. **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.

Students

Use of Physical Force

Physical Restraint/Seclusion

I. Definitions (continued)

D. **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.

E. **Seclusion** means the involuntary confinement of a student in a room, with or without staff supervision, in a manner that prevents the person from leaving. Seclusion does not include any confinement of a student in which the person is physically able to leave the area of confinement including, but not limited to, in-school suspension and time-out.

F. **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 does not include any child receiving educational services from Unified School District #2 or the Department of Mental Health and Addiction Services. A special education student, ages 18 to 21 inclusive, in a transition program is also covered by these regulations.

G. **Behavior Intervention:** Supports and other strategies developed by the Planning and Placement Team ("PPT") to address the behavior of a person at risk that impedes the learning of the person at risk or the learning of others.

II. Procedures for Physical Restraint of Students

A. No school employee shall under any circumstance use a life-threatening physical restraint on a student.

B. No school employee shall use involuntary physical restraint on a student except as an emergency intervention to prevent immediate or imminent injury to the student or to others.

C. Physical restraint of a student shall never be used as a disciplinary measure, as a convenience, or instead of a less restrictive alternative.

Students

Use of Physical Force

Physical Restraint/Seclusion

II. Procedures for Physical Restraint of Students (continued)

D. School employees must explore all less restrictive alternatives prior to using physical restraint on a student.

E. School employees are barred from placing a student in physical restraint until he or she has received training in its proper use.

F. School employees must comply with all regulations promulgated by the Connecticut State Board of Education in their use of physical restraint.

G. **Monitoring**

a. A trained school employee must continually monitor any student who is physically restrained. The monitoring must be conducted by direct observation of the student, or by video provided the video monitoring occurs close enough for the monitor to provide assistance, if needed.

b. A trained school employee must regularly evaluate the person being restrained for signs of physical distress. The school employee must record each evaluation in the educational record of the student being restrained.

III. Procedures for Seclusion of Students

A. No school employee shall use involuntary seclusion on a student except as follows:

1. as an emergency intervention to prevent immediate or imminent injury to the student or to others; or
2. as specifically provided for in a student's behavioral plan, if other less restrictive, positive behavior interventions appropriate to the behavior exhibited by the student have been implemented but were ineffective.

B. **Use of Seclusion**

1. A school employee may not use seclusion to discipline a student, because it is convenient or instead of a less restrictive alternative.
2. 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

Use of Physical Force

Physical Restraint/Seclusion

III. Procedures for Seclusion of Students

B. **Use of Seclusion** (continued)

3. Any room used for seclusion must:
   a. be of a size that is appropriate to the chronological and developmental age, size and behavior of the student;
   b. have a ceiling height that is comparable to the ceiling height of the other rooms in the building in which the seclusion room is located;
   c. be equipped with heating, cooling, ventilation and lighting systems that are comparable to the systems that are used in the other rooms of the building in which the seclusion room is located;
   d. be free of any object that poses a danger to the student who is being placed in the seclusion room;
   e. have a door with a lock if that lock is equipped with a device that automatically disengages the lock in case of an 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 student from leaving the room, shall be able to be removed in the case of any emergency. An "emergency," for purposes of this subsection, includes but is not limited to the following:
      i. the need to provide direct and immediate medical attention to the student;
      ii. fire;
      iii. the need to remove the student to a safe location during a building lockdown; or
      iv. other critical situations that may require immediate removal of the student from seclusion to a safe location; and
   f. Have an unbreakable observation window located in a wall or door to permit frequent visual monitoring of the person at risk and any provider or assistant in such room. The requirement for an unbreakable observation window does not apply if it is necessary to clear and use a classroom or other room in the school building as a seclusion room.
   g. The monitoring of students in seclusion is to be done by direct observation from another room or by video, provided the video monitoring occurs close enough for the monitor to provide aid if needed.

Students

Use of Physical Force

Physical Restraint/Seclusion

III. Procedures for Seclusion of Students (continued)

B. **Use of Seclusion** (continued)

h. Prior to including seclusion in the behavioral plan of a special education student, the PPT must review the results of a functional behavioral assessment and other information determined to be relevant by the PPT. If, based on this information, the PPT determines that the use of seclusion is an appropriate behavior intervention for such student in an emergency situation, the PPT shall include the assessment data and other relevant information in the behavioral plan of the student as the basis upon which a decision was made to include the use of seclusion as a behavior intervention.

i. When seclusion is included in the behavioral plan of a special education student and is used as a behavior intervention strategy more than two times in any school quarter, the PPT must convene to review the use of seclusion as a behavior intervention. At this PPT meeting, the team may consider whether additional evaluations or assessments are necessary to address the behavior of such student and may revise the behavioral plan as appropriate.

j. Any period of seclusion (1) shall be limited to that time necessary to allow the student to compose him or herself and return to the educational environment and (2) shall not exceed 15 minutes, except that this may be extended for additional periods of up to 30 minutes each, if the Principal or his/her designee, school health or mental health professional, or board certified behavioral analyst trained in the use of restraint and seclusion determines that continued restraint or seclusion is necessary to prevent immediate or imminent injury to the student or to others. Such authorization is to be placed in writing. Where transportation of the student is necessary, the written authorization to continue the use of seclusion is not required if immediate or imminent injury to the person at risk or to others is a concern.

k. School employees, must explore all less restrictive alternatives prior to using seclusion for a student as an emergency intervention unless seclusion is being used pursuant to the behavioral plan of the student.

l. School employees must comply with all regulations promulgated by the Connecticut State Board of Education in their use of seclusion for students.

m. School employees are barred from placing a student in seclusion until he/she has received training in its proper use.

Students

Use of Physical Force

Physical Restraint/Seclusion (continued)

IV. Training of School Employees

The Board will provide training to school professionals, paraprofessional staff members and administrators regarding physical restraint and seclusion of students. The training will be phased in over a period of three years beginning with the school year commencing July 1, 2015.

The training will include, but not be limited to:

1. An overview of the relevant laws and regulations regarding the use of physical restraint and seclusion on students.

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.

   The 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.

Students

Use of Physical Force

Physical Restraint/Seclusion (continued)

V. Crisis Intervention Teams

By July 1, 2015, and annually thereafter, each school shall 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.

The Crisis Intervention Team will 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 annually.

This policy and procedures is 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.

VI. Documentation and Communication

A. After each incident of physical restraint or seclusion, and no later than the school day following the incident, a school employee must complete the standardized incident report form developed by the Connecticut State Department of Education for reporting incidents of physical restraint and seclusion. The incident form must be included in the educational file of the person at risk who was physically restrained or secluded. The information documents on the form must include the following:

1. in the case of an emergency use, 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;
2. a detailed description of the nature of the restraint or seclusion;
3. the duration of the restraint or seclusion;
4. the effect of the restraint or seclusion on the student's established behavioral support or educational plan; and
5. whether the seclusion of a special education student was conducted pursuant to a behavioral support or educational plan.

Students

Use of Physical Force

Physical Restraint/Seclusion

VI. Documentation and Communication (continued)

B. A school employee must notify the parent or guardian of a student of each incident that the student is physically restrained or placed in seclusion.

1. A reasonable attempt shall be made to notify the parent or guardian of the student on the day of, but no later than twenty-four (24) hours after, physical restraint or seclusion is used as an emergency intervention to prevent immediate or imminent injury to the student or others.
2. Notification may be made by telephone, e-mail, or other method which may include, but is not limited to, sending a note home with the student.
3. The parent or guardian of a student who has been physically restrained or placed in seclusion shall be sent a copy of the completed standardized incident report of such action no later than two (2) business days after the emergency use of physical restraint or seclusion, regardless of whether the parent received the notification described in subsections 1 and 2 above.

C The Director of Special Education [or other responsible administrator], or his or her designee, must, at each initial PPT meeting for a student, inform the child's parent, guardian, or surrogate parent, or the student if such student is an emancipated minor or eighteen years of age or older, of the laws relating to physical restraint and seclusion as expressed through this regulation, and of the laws and regulations adopted by the Connecticut State Board of Education relating to physical restraint and seclusion.

D. The Director of Special Education [or other responsible administrator], or his or her designee, shall provide to the child's parent, guardian, or surrogate parent, or the student if such student is an emancipated minor or eighteen years of age or older, at the first PPT meeting following the child's referral to special education the plain language notice of rights regarding physical restraint and seclusion developed by the Connecticut State Department of Education.

E. The plain language notice developed by the Connecticut State Department of Education shall also be provided to the child's parent, guardian, or surrogate parent, or the student if such student is an emancipated minor or eighteen years of age or older at the first PPT meeting at which the use of seclusion as a behavior intervention is included in the child's behavioral support or education plan.

Students

Use of Physical Force

Physical Restraint/Seclusion

VI. Documentation and Communication (continued)

F. The Director of Special Education [or other responsible administrator], or his or her designee, must be notified of the following:

1. each use of physical restraint or seclusion on a special education student;
2. the nature of the emergency that necessitated its use;
3. whether the seclusion of a special education student was conducted pursuant to a behavioral support plan; and
4. if the physical restraint or seclusion resulted in physical injury to the student.

Responsibilities of the Director of Special Education [or other responsible administrator]

A. The Director of Special Education [or other responsible administrator], or his or her designee, must compile annually the instances of physical restraint and seclusion within the District, the nature of each instance of physical restraint and seclusion and whether instances of seclusion were conduct pursuant to IEPs.

B. The Director of Special Education [or other responsible administrator], or his or her designee, must report to the Connecticut State Department of Education any instance of physical restraint or seclusion that resulted in physical injury to the student.

Legal References: Connecticut General Statutes

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

10-76b-5 through 10-76b-11 Use of Seclusion & Restraint in Public Schools.

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

10-220 Duties of boards of education.

46a-150-154 Physical Restraint, medication, and seclusion of persons receiving care, education, or supervision in an institution or facility.

Students

Use of Physical Force

Physical Restraint/Seclusion

Legal References: Connecticut General Statutes (continued)

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 P.A. 12-88)

53a-18 Use of reasonable physical force.

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

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

Other Reference: Restraint and Seclusion: Resource Document, United States Department of Education, available at http://www2.ed.gov/policy/seclusion/restraints-and-seclusion-resources.pdf.

Regulation approved:

NEW MILFORD PUBLIC SCHOOLS
New Milford, Connecticut

6142.2(a)

Instruction

Student Nutrition and Physical Activity (Student Wellness)

The New Milford School District will use the following strategies to strive toward optimum wellness of the school community as a part of a coordinated school health model.

1. **Establish and maintain a district wide *Wellness Advisory Council* with the purpose of**
   - Explaining the policy to the school community;
   - Monitoring the implementation of the policy;
   - Evaluating the policy progress;
   - Making recommendations for policy revision; and
   - Serving as a collaborative hub for information, resources and strategies for the schools and community.

   Members of this council shall consist of but not be limited to the following members:
   - District Food Service Director
   - Registered dietitian
   - Local health practitioner
   - School nurse
   - Physical education and health education teachers
   - Family and consumer science teacher
   - Student representative
   - School board member
   - District administrator
   - Parent

2. **Nutrition education**
   - Nutrition education shall be a part of a comprehensive, sequential K-12 health education curriculum.
   - The goal of nutrition education is to provide students with age-appropriate, fundamental and comprehensive knowledge of nutrition and how it relates to their overall health and to learn skills and foster decision making that promote healthy eating behaviors.
   - Revise health education curriculum K-8 to reflect current district, state and national guidelines and standards for nutrition education.
   - Collaborate with physical educators in their curriculum revisions for a coordinated school health and wellness approach to K-12 health and physical education that includes nutrition education.
   - Collaborate with nutrition and food services to reinforce messages on healthy eating and allow students to practice healthy eating behaviors.

Instruction

Student Nutrition and Physical Activity (Student Wellness)

- Nutrition education will be taught by qualified health educators, family and consumer science educators or, in the elementary schools, by certified teachers who have received curriculum-specific preparation and professional development.
- Nutrition education is encouraged in other content areas to reinforce and support health messages.
- Utilize a standard health education assessment tool (i.e. Health Education Assessment Project) district wide to assess nutrition education.
- Utilize recommendations from *Wellness Advisory Council* for program improvements.
- Utilize the *Wellness Advisory Council* to plan and promote age-appropriate nutrition education to parents at all grade levels.

3. Physical Education and Physical Activity

The New Milford Public School district shall provide physical activity and physical education opportunities that provide students with the knowledge and skills necessary to lead a physically active lifestyle.

- **<u>Physical Education Instruction</u>**
  - As recommended by the National Association for Sport and Physical Education, Physical Education (NASPE) classes shall be standards-based and sequential, building from year to year. Content will include movement, personal fitness, and personal and social responsibility. NASPE recommends physical education 150 minutes/week for elementary school-aged students and 225 minutes/week for middle and high school students.
  - NASPE standards state that students shall spend at least 50% of P.E. class time participating in moderate to vigorous physical activity.
  - Students should be able to demonstrate competency through the application of knowledge, skill, and practice.
  - Children should be exposed to a wide variety of physical activities.
  - Self-monitoring is encouraged so students can see how active they are and can set their own goals.
  - Intensity of activities should be individualized.
  - Feedback should be focused on the process of doing your best rather than on product.
  - Teachers should be active role models for health and fitness.
  - Developmentally appropriate components of health-related fitness assessments (e.g. President's Council) should be introduced to the students at an early age to prepare them for future assessments.
  - Each child will receive his/her own baseline.

Instruction

Student Nutrition and Physical Activity (Student Wellness)

- Technological advances should be utilized to support the curriculum (e.g. heart monitors, pedometers, computerized fitness programs).
- Revise 9-12 physical education curriculum to reflect a coordinated health and physical education program that is based on wellness and fitness.
- Develop a wellness elective for the high school level that incorporates a final assessment that requires a fitness and nutrition plan for lifetime fitness and wellness.
- Study scheduling barriers and investigate strategies to increase the amount of weekly physical activity at all grade levels.
- Utilize recommendations from the *Wellness Advisory Council* for program improvements.

- **Daily Recess**
  - On typical school days, recess shall be offered daily for a minimum of 30 minutes for all K-6 students.
  - During inclement weather, efforts should be made to provide an indoor back-up plan for physical activity opportunities.
  - Physical activity opportunities (e.g. intramurals and clubs at all levels and interscholastic sports at the middle and high school level) shall be offered daily before school and/or after school.
  - Extended periods (periods of two hours or more) of inactivity are discouraged for elementary school-aged children.
  - Physical activity or energizing breaks should be incorporated into the academic classroom. Physical education and health instructors can be a resource for this information.

- **Physical Activity and Discipline**
  - Physical activity is not to be used as punishment. School employees may not require students at any grade level to perform a physical activity as a form of discipline.
  - Opportunities for physical activity during the regular school day for elementary students may not be withheld as a disciplinary consequence for misbehavior, incomplete assignments or other misconduct.

- **Use of School Facilities Outside of School Hours**
  - School facilities should be made available to facilitate physical activity events.

Instruction

Student Nutrition and Physical Activity (Student Wellness)

- Agencies using the facility are responsible for leaving the facilities in the same condition as they were found.
- Plan and sponsor community events that focus on fitness and wellness.

- **Health Fitness Assessment**
  - In elementary school, teacher observation will be used to assess student's performance based on the benchmarks of the curriculum.
  - Fitness or activity logging will begin in the upper elementary school.
  - Beginning in the middle school, and through high school, a health-related fitness assessment will be administered. Students will receive results and use them as a baseline in understanding their own levels of fitness, create fitness goals and plans, and log activities identified to achieve these goals.

4. School Nutrition Program

- Establish a *School Nutrition Subcommittee* of the *Wellness Advisory Council.* This subcommittee will consist of but not be limited to the Food Services Director, a registered dietitian, teachers who teach nutrition education, a parent and a student. The subcommittee will assist the school district in implementing and monitoring the regulations regarding the school nutrition component of the policy.
- The Food Services Director must be certified by the "National School Nutrition Association" at level three or a registered dietitian. The district will provide staff development for all nutrition professionals according to their levels of responsibility.
- The District shall continue to provide meals that follow the USDA requirements for Federal School Meal Programs under 7 CFR Part 210 and 220.

The New Milford Public School district strongly encourages the sale and distribution of nutrient-dense foods for all school meals, functions and activities. This includes all before- and after-school activities, including clubs, sports, and PTA functions. Nutrient-dense foods are those foods that provide students with calories rich in the nutrient content needed to be healthy and include whole grains, fresh fruits, vegetables, and low fat dairy products. In an effort to support the consumption of nutrient-dense foods in the school setting, the district has adopted nutrition standards governing the sale of food, beverages and snacks on school grounds. They are delineated below and are to be used as minimal guidelines.

- All food items made available for sale to students aside from the reimbursable National School Breakfast Program, and National School Lunch Program in the New Milford Public School District shall meet the standards set forth in the Connecticut State Department of Education Healthy Snack List. ~~It is recognized that there may be rare~~

Instruction

Student Nutrition and Physical Activity (Student Wellness)

- ~~special occasions when the school principal may allow a school group to deviate from these standards, but those special occasions must be recorded and included in the Council's annual report.~~

- ~~A breakfast in the classroom concept shall be piloted in the elementary schools, and the breakfast program shall be made available in the Middle School. Education regarding the breakfast program shall be provided for staff and parents.~~

- ***BEVERAGES***
  C.G.S. Section 10-221q applies to all beverages sold to students as part of school meals and separately from school meals in all public schools. This statute allows five categories of beverages to be sold to students in public schools at all times and from all sources, including, but not limited to, cafeterias, vending machines, school stores and fundraisers. Portion sizes of allowable beverages cannot exceed 8 fluid ounces for elementary schools and 12 fluid ounces for middle and high schools, except for water, which is unlimited

a) Acceptable beverages include:

~~Milk - No more than 32 grams total sugar per 8 ounce serving (4 grams per ounce) for skim or1% flavored milks (includes both naturally occurring lactose or milk sugar and added sugar). Serve low-fat dairy products (skim and 1% milk). Milk may not contain artificial sweeteners.~~

- ***MILK, LOWFAT (1%) UNFLAVORED AND NONFAT FLAVORED OR UNFLAVORED with no more than 4 grams of sugar per fluid ounce and no artificial sweeteners***

- ~~Dairy Alternatives such as soy milk and rice milk - No more than 32 grams total sugar per 8 ounce serving (4 grams per ounce). No more than 35 percent of total calories from fat and no more than 10 percent of calories from saturated fat per serving. Dairy alternatives may not contain artificial sweeteners.~~

  NONDAIRY MILK SUBSTITUTES SUCH AS SOY OR RICE MILK (FLAVORED OR UNFLAVORED)that comply with the USDA nutrition standards for nutritionally equivalent milk alternatives and contain no artificial sweeteners, no more than 4 grams of sugar per fluid ounce, no more than 35 percent of calories from fat and no more than 10 percent of calories from saturated fat

- ~~Fruit or Vegetable Juice (100%) - 100 percent juice is exempt from the sugar standard.~~

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- ***100 PERCENT JUICE (FRUIT, VEGETABLE OR COMBINATION) containing no added sweeteners.***

- ~~Water - Includes flavored waters without added sugar, artificial sweeteners or caffeine, and water with added juice but no added sugars, sweeteners or artificial sweeteners.~~

- ***WATER (PLAIN OR CARBONATED) which may be flavored but contains no added sweeteners or caffeine***

  ~~Beverages Portion Sizes - Limit portion sizes of all beverages to no more than 12 ounces (except water).~~

  BEVERAGES THAT CONTAIN ONLY WATER AND FRUIT OR VEGETABLE JUICE with no added sweeteners

~~Snack Categories: The healthy snack standards group snack items into three categories, including: (a) Beverages; (b) Snacks and Desserts; and (c) Fruits and Vegetables.~~

Food Categories: ***The Connecticut Nutrition Standards includes six categories of competitive foods 1) Snacks 2) Entrees 3) Non Entrée Combination Foods 4) Fruits and Vegetables 5) Cooked Grains 6) Soups***
To be allowed for sale to students, a competitive food item must meet at least one general standard and all nutrient standards for the specific food category to which it belongs.

Two categories of foods and beverages are not allowed regardless of whether their nutrient content meets the Connecticut Nutrition Standards or the state statute for beverages. These include significantly fortified products with the exception of naturally nutrient-rich foods fortified with nutrients at levels based on scientifically documented health needs (e.g., mild fortified with vitamins A and D), and products containing nutrition supplements, e.g., amino acids, extracts, herbs or other botanicals.

GENERAL STANDARDS

1. ***Whole Grain-rich (WGR) Foods: The food item is a grain product that***
   a) Contains at least 50 percent whole grains by weight or has a whole grain as the first ingredient
   b) Any remaining grain ingredients are enriched; and c) any noncreditable grains such as bran, germ and modified food starch, are less than two percent of the product formula. If water is the first ingredient, the second ingredient must be a whole grain.

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2.Food Groups: The food item has one of the following food groups as the first ingredient: fruits, vegetables, dairy or protein foods, e.g., meat, beans, poultry, seafood, eggs, nuts, seeds If water is the first ingredient, the second ingredient must be a fruit, vegetable, whole grain, dairy or protein food.
3. Combination Foods: The food item is a combination food that contains at least ¼ cup of fruit and/or vegetable.

1) **Snacks and Desserts:**

This category addresses chips, crackers, popcorn, cereal, trail mix, nuts, seeds, peanut butter and other nut butters, jerky, cookies, animal/graham crackers and cereal bars, granola bars, bakery items (e.g., pastries, toaster pastries, muffins, soft pretzels), frozen desserts, ice cream, cheese, yogurt and smoothies (made with low-fat yogurt or other low-fat dairy alternatives and/or fruit/juice).

- ***Calories: No more than 200 calories as served including any added accompaniments.***

- ~~Fat - No more than 35 percent of total calories from fat and 7 grams maximum per serving (with the exception of nuts, seeds, peanut and other nut butters and cheeses).~~

- ***Total Fat: No more than 35 percent of calories as served including any added accompaniments. No chemically altered fat substitutes.***

- ~~Saturated Fat and Trans Fat - No more than 10 percent of calories from saturated fat and/or trans fat and 2 grams maximum per serving.~~

- ***Saturated Fat: Less than 10 percent of calories as served including any added accompaniments***

- ***Trans Fat: All products must be 100 percent trans fat free including any added accompaniments. Labels must indicate zero trans fat as served and the***

- ***Ingredients statement cannot contain any partially hydrogenated oils.***

~~Added Sugar - No more than 35 percent by weight and 15 grams maximum per serving (excludes sugars naturally occurring in fruits, vegetables and dairy). For smoothies (made with low fat yogurt or other low-fat dairy alternatives and/or fruit/juice), yogurt and pudding, no more than 5 grams total sugar (added and naturally occurring) per ounce. Snacks may not contain artificial sweeteners.~~

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- *Sugars: No more than 35 percent of total sugars by weight and 15 grams of total sugars as served including any added accompaniments. No artificial sweeteners, nonnutritive sweeteners or sugar alcohols.*

- *Sodium: No more than 230 milligrams as served including any added accompaniments. Effective July 1, 2016, no more than 200 milligrams as served including any added accompaniments.*

- *Caffeine: No caffeine, with the exception of trace amounts of naturally occurring caffeine related substances.*

2) ENTREES The entree standards apply ONLY to entree items that are sold only a la carte, i.e., entrees that are not part of a reimbursable meal.

- *Calories: No more than 350 calories as served including any added accompaniments.*

- *Total Fat: No more than 35 percent of calories as served including any added accompaniments. No chemically altered fat substitutes.*

- *Saturated Fat: Less than 10 percent of calories as served including any added accompaniments.*

- *Trans Fat: All products must be 100 percent trans fat free including any added accompaniments. Labels must indicate zero trans fat as served and the ingredients statement cannot contain any partially hydrogenated oils.*

- *Sugars: No more than 35 percent of total sugars by weight and no more than 15 grams of total sugars as served including any added accompaniments. No artificial sweeteners, nonnutritive sweeteners or sugar alcohols.*

- *Sodium: No more than 480 milligrams as served including any added accompaniments.*

- *Caffeine: No caffeine, with the exception of trace amounts of naturally occurring caffeine related substances*

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3) NON ENTRÉE COMBINATION FOODS: This category includes nutrient-rich combination foods that are not entrees, such as WGR vegetable egg rolls, carrot sticks with peanut butter and vegetables with hummus dip.

- ***Calories: No more than 200 calories as served including any added accompaniments.***
- ***Total Fat: No more than 35 percent of calories as served including any added accompaniments. No chemically altered fat substitutes.***
- ***Saturated Fat: Less than 10 percent of calories as served including any added accompaniments.***
- ***Trans Fat: All products must be 100 percent trans fat free including any added accompaniments. Labels must indicate zero trans fat as served and the ingredients statement cannot contain any partially hydrogenated oils.***
- ***Sugars: No more than 35 percent of total sugars by weight and no more than 15 grams of total sugars as served including any added accompaniments. No artificial sweeteners, nonnutritive sweeteners or sugar alcohols.***
- ***Sodium: No more than 230 milligrams as served including any added accompaniments. Effective July 1, 2016, no more than 200 milligrams as served including any added accompaniments.***
- ***Caffeine: No caffeine, with the exception of trace amounts of naturally occurring caffeine related substances***

~~• Whole Grain Foods - Encourage the availability of whole grains and foods containing fiber. Provide choices of whole grains and naturally occurring grains (those with minimal/trace amounts of added fat and no added sugar). Limit grain-based snack items made from enriched flour.~~

~~e) Fruits and Vegetables:~~

4) FRUITS and VEGETABLES this category includes fresh, frozen, canned and dried fruits Including fruit snacks that are 100 percent fruit) and vegetables. Make quality fruits and vegetables available at any place snack items are sold. ~~For example, dried fruit in vending machines, fresh fruit like pineapple slices or melon cubes or fresh vegetables like baby carrots in á la carte lines and school stores.~~ ("Quality" means fruits and vegetables prepared and packaged without added fat, sugar, or sodium.)

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- ***Calories: No more than 200 calories as served including any added accompaniments.***

- ***Total Fat: No more than 35 percent of calories as served including any added accompaniments. No chemically altered fat substitutes.***

- ***Saturated Fat: Less than 10 percent of calories as served including any added accompaniments.***

- ***Trans Fat: All products must be 100 percent trans fat free including any added accompaniments. Labels must indicate zero trans fat as served and the ingredients statement cannot contain any partially hydrogenated oils.***

- ***Sugars: No more than 35 percent of total sugars by weight and no more than 15 grams of total sugars as served including any added accompaniments. No artificial sweeteners, nonnutritive sweeteners or sugar alcohols.***

- ***Sodium: No more than 230 milligrams as served including any added accompaniments. Effective July 1, 2016, no more than 200 milligrams as served including any added accompaniments.***

- ***Caffeine: No caffeine, with the exception of trace amounts of naturally occurring caffeine related substances***

~~• Fat - No more than 35 percent of total calories from fat and 7 grams maximum per serving.~~
~~• Saturated Fat and Trans Fat - No more than 10 percent of calories from saturated fat and/or trans fat and 2 grams maximum per serving.~~
~~• Added Sugar - No more than 35 percent by weight and 15 grams maximum per serving.~~
~~• Portion Sizes - If products meet the preceding standards for fruits and vegetables, they may be served in the following portion sizes:~~
~~1/2 cup minimum for quality fruits and vegetables~~
~~1/2 cup or 1 ounce for vegetables or fruits with added fat~~
~~1.5 ounces for dried fruit~~

5) COOKED GRAINS: This category includes all cooked grains such as rice, pasta and quinoa except for cooked breakfast cereals like oatmeal, which are in the "Snacks" category.

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Whole Grain-rich: Cooked grains must be WGR, i.e., the product 1) contains at least 50 percent whole grains by weight or has a whole grain as the first ingredient*; 2) any remaining grain ingredients are enriched; and 3) the combined total of any noncreditable grains are less than two percent of the product formula, i.e., cannot exceed 6.99 grams.

- ***Calories: No more than 200 calories as served including any added accompaniments.***
- ***Total Fat: No more than 35 percent of calories as served including any added accompaniments. No chemically altered fat substitutes.***
- ***Saturated Fat: Less than 10 percent of calories as served including any added accompaniments.***
- ***Trans Fat: All products must be 100 percent trans fat free including any added accompaniments. Labels must indicate zero trans fat as served and the ingredients statement cannot contain any partially hydrogenated oils.***
- ***Sugars: No more than 35 percent of total sugars by weight and no more than 15 grams of total sugars as served including any added accompaniments. No artificial sweeteners, nonnutritive sweeteners or sugar alcohols.***
- ***Sodium: No more than 230 milligrams as served including any added accompaniments. Effective July 1, 2016, no more than 200 milligrams as served including any added accompaniments.***
- ***Caffeine: No caffeine, with the exception of trace amounts of naturally occurring caffeine related substances***

6) SOUPS: This category includes all soups including ready-to-serve, canned, frozen and rehydrated.

- ***Calories: No more than 200 calories as served including any added accompaniments.***
- ***Total Fat: No more than 35 percent of calories as served including any added accompaniments. No chemically altered fat substitutes.***

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- ***Saturated Fat: Less than 10 percent of calories as served including any added accompaniments.***
- ***Trans Fat: All products must be 100 percent trans fat free including any added accompaniments. Labels must indicate zero trans fat as served and the ingredients statement cannot contain any partially hydrogenated oils.***
- ***Sugars: No more than 35 percent of total sugars by weight and no more than 15 grams of total sugars as served including any added accompaniments.***
- ***Sodium: No more than 230 milligrams as served including any added accompaniments. Effective July 1, 2016, no more than 200 milligrams as served including any added accompaniments.***
- ***Caffeine: No caffeine, with the exception of trace amounts of naturally occurring caffeine related substances***

- In order to accommodate students and staff with dietary restrictions, whenever several sources of protein are provided at the same time, care will be given to offering as diverse a selection of protein sources as possible (i.e., red meat (from mammals), poultry, fish, dairy, and/or plants.)
- Snacks, including beverages, brought from home by students should be nutritious. Classroom snacks should reinforce the importance of healthy choices. Teachers should encourage students to adhere to the list of snacks recommended by the District's Nutrition Standards.
- Foods defined as giving minimal nutritional value shall not be sold anywhere on school premises.

Meal Readiness:
Schools shall schedule lunch periods to follow recess periods in all elementary schools. Middle schools shall schedule recess before lunch whenever possible.

Environment:
The cafeteria environment shall be maintained as a place where students have a relaxed, enjoyable climate, and adequate space to eat with clean and pleasant surroundings. The display of corporate logos and trademarks are prohibited. There should be adequate time to eat meals. (The School Nutrition Association recommends at least 20 minutes sit down time for lunch and

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10 minutes sit down time for breakfast.) Convenient access should be made available to hand washing or hand sanitizing facilities before meals.

~~At the Middle School and the High School~~ Nutrition information for products offered under the National School Lunch ***and Breakfast*** Program, and á la carte will be ~~clearly visible and displayed near the item's availability site.~~ ***readily available.*** Vending machines, school stores, and fundraising events shall have nutrition information readily available.

Student Incentives:
Schools shall not use foods or beverages, especially those that do not meet the nutrition standards for foods and beverages as rewards for academic performance or good behavior, and shall not withhold food or beverages (including food served through school meals) as a punishment.

Classroom celebrations:
Schools should limit celebrations that involve food during the school day. Schools should encourage celebrations that promote physical activity Parents, guardians and families shall receive guidance from the Nutrition Advisory Council on foods that are appropriate for celebrations, which include healthy choices and serving sizes.

Fundraising:
To support children's health and school nutrition-education efforts, school fundraising activities shall not involve ready to eat food, and shall use only foods that meet the above nutrition and portion size standards for foods and beverages. Schools will encourage fundraising activities that promote physical activity. The Nutrition Advisory Council will make available a list of ideas for acceptable fundraising activities.

5. Other School Wellness Activities

A. Parent/Guardian/Staff Information: Nutritional information should be provided to parents and staff members through newsletters, publications, health fairs, and other activities focusing on, but not limited to…

1. Healthy snack ideas
2. Healthy lunch ideas
3. Healthy breakfast ideas
4. Nonfood birthday celebration ideas
5. Calcium needs of children
6. Healthy portion sizes
7. Food label reading guidelines
8. Fun activities to encourage increased physical activity inside and outside of school

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B. Require staff to consider health/wellness/nutritional implications in scheduling and promoting school activities (i.e. lunch, recess, assembly programs, extra-curricular activities, etc.)
   1. Staff should promote appropriate student dress for recess during all seasons
   2. Recess is ordinarily outdoors every day unless extreme weather, safety or other conditions make outdoor recess imprudent or impractical. The principal, in consultation with the nurse, should have the discretion to determine if recess needs to be held inside.
   3. When recess must be indoors, staff should make every effort to provide opportunities for physical activities on a regular basis
   4. Provide assembly programs that promote healthy lifestyle choices
   5. Provide extra-curricular physical activities

C. The district highly values the health and well-being of every staff member and shall plan and implement activities and policies that support personal efforts by staff members to maintain a healthy lifestyle and that encourages staff members to serve as role models.

6. **Marketing and Promotion**

The New Milford BOE has established a coordinated school health program in order to provide a well-rounded approach to wellness. An integral component of this model is the involvement of students, parents and the community as a whole. Student, parent and community based marketing of the wellness plan will be consistent with district-wide nutrition and physical education and health promotion concepts. Indeed, the classroom, the cafeteria and school activities should provide and promote a clear and consistent message that explains and reinforces healthy eating and physical activity habits. As such, schools will limit food and beverage marketing to the promotion of foods and beverages that meet nutrition standards for meals or for food and beverages sold individually.

Students will have a strong voice in order to promote ownership in creating a positive nutrition and physically active environment. The promotion of healthy foods, including fruits, vegetables, whole grains and low-fat dairy is encouraged.

The district will support parent's efforts to provide a healthy diet. The district will offer an annual event designed to support healthy food and activity choices while giving parents an opportunity to share their practices with others in the school community. Healthy nutrition tips will be posted on the district's web site along with nutrient analysis of school menus.

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Engaging staff in the creation of a positive, healthy environment is crucial to the success of this policy. Nutrition and physical activity education opportunities to promote staff health and role modeling behavior is encouraged.

Community support of this initiative is integral to the wellness policy's success. A community environment that supports healthy lifestyles and choices is key to creating a well-rounded picture for children and their families. The school district needs to carry its wellness message beyond the district's gate. Participation on key healthy community-based initiatives will help to achieve school-parent-community coordination. Some additional opportunities worth exploring include:

Setting up cross generational activities with health related themes
Consider setting up a local speaker's bureau
Explore role of Channel 17 and student broadcasts to carry message
Explore role of local papers to carry message
Planned promotions such as health fairs and contests
School based health committee to build support for wellness strategies

Measurement and Evaluation:
Physical education teachers: provide annual written summary of student's reaction to phys Ed activities. Goal: Extend the age when students decide they no longer want to be active.
List activities that demonstrate incorporation of marketing strategies into the fabric of school life.
List wellness related activities that demonstrate outreach to students, parents, community

7. **Measurement and Evaluation**
   - Each school will complete a self-assessment of school wellness in the first quarter of the 2006/07 school year to provide a baseline for improvements needed.
   - Measurement and evaluation:
     - Establish a baseline of school wellness in each school by conducting a self-assessment using a standard instrument.
     - Determine school-based leadership and responsibility in each site to monitor compliance to achieve policy goals.
     - Determine district-wide Administrator to ensure district-wide implementation of the policy.

Regulation approved: June 13, 2006
Regulation revised: October 8, 2013

NEW MILFORD PUBLIC SCHOOLS
New Milford, Connecticut