

To: School Nurse Supervisors
School Medical Advisors

From: Cheryl Carotenuti, Health Promotion Consultant
State Department of Education

Date: September 29, 2003

RE: Public Act 03-211 "An Act Concerning the Provision of Medical Care for
Students' Health Care Needs"

During the 2003 legislative session, P.A. 03-211, "An Act Concerning the Provision of Medical Care for Students' Health Care Needs" was passed and signed into law on July 9, 2003. This act contains many sections that have direct implications for school personnel and, in particular, school nurses. The intent of this memo is to provide additional information and guidance on this act. The full public act is attached for your reference.

Section 1 states:

(NEW) (*Effective July 1, 2003*) No local or regional board of education shall deny a student access to school transportation solely due to such student's need to carry a cartridge injector while traveling on a vehicle used for school transportation. For purposes of this section, "cartridge injector" means an automatic prefilled cartridge injector or similar automatic injectable equipment used to deliver epinephrine in a standard dose for emergency first aid response to allergic reactions.

Key Points:

- √ All otherwise eligible children should be allowed to access transportation regardless of their need to carry a cartridge injector (e.g., epi-pen).
- √ Students who are able to self administer their own medication should be allowed to carry their own cartridge injectors.
- √ For those students not able to self administer their own medication, provisions for access to their cartridge injector while on school transportation will need to be determined.

Section. 2 states:

Section 10-208a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2003*):

Each local and regional board of education shall honor written notice submitted by a licensed practitioner [of the healing arts, as defined in section 20-1,] which places physical restrictions upon any pupil enrolled in the public schools of such board of education. For purposes of this section, licensed practitioner means any person who is licensed to practice under chapter 370, 372, 373 or 375 or section 20-94a.

Key Point:

- √ Adds Advance Practice Registered Nurses (APRN) to the existing list of qualified practitioners who can submit written notice to schools restricting a student's physical activity. Prior to this change in the statute, APRNs were able to conduct physical or health assessments for students but were unable to submit a written notice restricting a student's activity in school.

Section 4 of P.A. 03-211 has four subsections, but subsections (a), and (d) present the significant changes.

Section 4 states:

Section 10-212a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2003*):

(a) A school nurse or, in the absence of such nurse, any other nurse licensed pursuant to the provisions of chapter 378, including a nurse employed by, or providing services under the direction of a local or regional board of education at, a school-based health clinic, who shall administer medical preparations only to students enrolled in such school-based health clinic in the absence of a school nurse, the principal, any teacher, licensed physical or occupational therapist employed by a school district, or coach of intramural and interscholastic athletics of a school may administer medicinal preparations, including such controlled drugs as the Commissioner of [Public Health] Consumer Protection may, by regulation, designate, to any student at such school pursuant to the written order of a physician licensed to practice medicine or a dentist licensed to practice dental medicine in this or another state, or an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a, or a physician assistant licensed to prescribe in accordance with section 20-12d, and the written authorization of a parent or guardian of such child. The administration of medicinal preparations by a nurse licensed pursuant to the provisions of chapter 378, a principal, teacher, licensed physical or occupational therapist employed by a school district, or coach shall be under the general supervision of a school nurse. No such school nurse or other nurse, principal, teacher, licensed physical

or occupational therapist employed by a school district, [or] coach or school paraprofessional administering medication pursuant to subsection (d) of this section shall be liable to such student or a parent or guardian of such student for civil damages for any personal injuries which result from acts or omissions of such school nurse or other nurse, principal, teacher, licensed physical or occupational therapist employed by a school district, [or] coach or school paraprofessional administering medication pursuant to subsection (d) of this section in administering such preparations which may constitute ordinary negligence. This immunity shall not apply to acts or omissions constituting gross, wilful or wanton negligence.

(d) (1) With the written authorization of a student's parents, and (2) pursuant to the written order of the student's (A) physician licensed to practice medicine, (B) an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a, or (C) a physician assistant licensed to prescribe in accordance with section 20-12d, a school nurse and a school medical advisor may jointly approve and provide general supervision to an identified school paraprofessional to administer medication, including, but not limited to, medication administered with a cartridge injector, to a specific student with a medically diagnosed allergic condition that may require prompt treatment in order to protect the student against serious harm or death. For purposes of this subsection, "cartridge injector" means an automatic prefilled cartridge injector or similar automatic injectable equipment used to deliver epinephrine in a standard dose for emergency first aid response to allergic reactions.

Key points:

- √ Adds Physical Therapist (PT) or Occupational Therapist (OT) employed by the local or regional school system to the list of professionals who may administer medications in the absence of the school nurse. PTs and OTs, if the policy of the local or regional district allows, would be able to give medications to students in the same way that teachers, coaches and principals are now able to give medications.
- √ Includes PTs, OTs, and paraprofessionals to the list of professionals immune from civil damages in the same way that nurses, teachers, coaches and principals are now protected in the event of acts or omissions that constitute ordinary negligence.
- √ Paraprofessionals may now administer medications only to students with medically diagnosed allergic conditions that warrant treatment.
- √ Examples of these medications are benadryl or cartridge injectors.
- √ Cartridge injectors are an automatic prefilled cartridge injectors or similar automatic injectable equipment used to deliver epinephrine in a standard dose for emergency first aid response.
- √ The school nurse supervisor and school medical advisor must approve the plan in order for a paraprofessional to administer the medication.

- √ The student must have parent authorization and an individual medication order for the medication to be administered from an authorized prescriber.
- √ The plan must designate a specific paraprofessional for a specific student. The paraprofessional should not be trained for all known students.
- √ The school nurse must determine the competency of the paraprofessional and provide the training and supervision in the same manner that they provide the training and supervision for teachers and principals.

Section 7 states:

(NEW) (*Effective July 1, 2003*) (a) No local or regional board of education may prohibit blood glucose self-testing by children with diabetes who have a written order from a physician or an advanced practice registered nurse stating the need and the capability of such child to conduct self-testing.

(b) The Commissioner of Education, in consultation with the Commissioner of Public Health, shall develop guidelines for policies and practices with respect to blood glucose self-testing by children pursuant to subsection (a) of this section. Such guidelines shall not be construed as regulations within the scope of chapter 54 of the general statutes.

Key Points:

- √ Local and regional boards of education are required to allow blood glucose self-testing by children with diabetes who have a written order from a practitioner stating the student is capable to conduct such a test and parent permission.
- √ School health staff will need to determine a proper plan for the frequency and location of such test on an individual basis.
- √ The Department of Education, in consultation with the Department of Public Health, shall develop guidelines for policies and procedures with respect to blood glucose testing.
- √ These guidelines will address how districts should determine a proper plan for the frequency and location of such test on an individual basis.

Section 8 states:

Sec. 8. Section 10-212b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2003*):

(a) For purposes of this section, (1) "psychotropic drugs" means prescription medications for behavioral or social-emotional concerns, such as attentional deficits, impulsivity, anxiety, depression and thought disorders, and includes, but is not limited to, stimulant medication and antidepressants, and (2) "school

health or mental health personnel" means school nurses or nurse practitioners appointed pursuant to section 10-212, school medical advisors appointed pursuant to section 10-205, school psychologists, school social workers, school counselors and such other school personnel who have been identified as the person responsible for communication with a parent or guardian about a child's need for medical evaluation pursuant to a policy adopted by a local or regional board of education as required by subsection (b) of this section.

(b) Each local and regional board of education shall adopt and implement policies prohibiting any school personnel from recommending the use of psychotropic drugs for any child. Such policies shall set forth procedures (1) for communication between school health or mental health personnel and other school personnel about a child who may require a recommendation for a medical evaluation, (2) establishing the method in which school health or mental health personnel communicate a recommendation to a parent or guardian that such child be evaluated by an appropriate medical practitioner, and (3) for obtaining proper consent from a parent or guardian of a child for the school health or mental health personnel to communicate about such child with a medical practitioner outside the school who is not a school employee. The provisions of this section shall not prohibit (A) school [medical staff] health or mental health personnel from recommending that a child be evaluated by an appropriate medical practitioner, [or prohibit] (B) school personnel from consulting with such practitioner with the consent of the parents or guardian of such child, (C) the planning and placement team from recommending a medical evaluation as part of an initial evaluation or reevaluation, as needed to determine a child's (i) eligibility for special education and related services, or (ii) educational needs for an individualized education program.

This provision is an expansion and clarification of public act 01-124 (2001), as outlined in the circular letter (Series 2001-2002, C-12), which required schools to develop policies and procedures prohibiting school personnel from recommending the use of psychotropic medication for a student. Many of the recommendations listed in the circular letter for developing policies have now been formalized into law.

Key Points include:

- √ PPT teams may continue to recommend medical evaluations as part of their initial evaluation or reevaluation for special education and related services.
- √ Schools will need to develop procedures for communication between school personnel and school health and mental health personnel about a child who may need a medical evaluation.
- √ Schools will need to develop communication methods for school personnel to notify a parent or guardian that such a medical evaluation is recommended.

- √ Schools will need to determine procedures for obtaining the required parental authorizations for school personnel to communicate with the medical practitioner both before and after the evaluation.
- √ The Act expands the school personnel who can recommend medical evaluations.
- √ The Act provides a definition of psychotropic drugs to include prescription medications for behavioral or social emotional concerns, such as attentional deficits, impulsivity, anxiety, depression and thought disorders, and includes stimulant and anti-depression medications.
- √ Districts should now take this opportunity to review their policies to ensure compliance with the new language.

Section 9 states:

Section 10-209 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2003*):

(a) No record of any medical examination made or filed under the provisions of sections 10-205, 10-206, 10-207 and 10-214, or of any psychological examination made under the supervision or at the request of a board of education, shall be open to public inspection.

(b) Each health care provider, as defined in section 19a-7h, who has provided immunizations pursuant to section 10-204a and each health care provider as described in section 10-206 who has provided health assessments pursuant to section 10-206 to a child who is seeking to enroll in a public school in this state shall provide reports of such immunizations and health assessments to the designated representative of the local or regional school district governing the school in which the child seeks to enroll. Such health care providers shall also report the results of health assessments required pursuant to section 10-206 and report on immunizations provided pursuant to section 10-204a to such representative for each child enrolled in such public school. Each local and regional board of education shall annually designate a representative to receive such reports from health care providers.

Since the April 2003 implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, many health care providers were concerned about providing health information for required immunizations and health assessments without proper parental authorizations. This new state law addresses these barriers to obtaining necessary health information for school entry.

Key points:

- √ Requires any qualified licensed practitioner/health care provider to submit immunization reports and results of health assessments to the designated school personnel without authorization.

- √ School districts will need to designate a school representative who will receive these reports. It is recommended that the designated representatives be the school nurses and/or the school nurse supervisors in order to ensure the confidentiality of the health information.
- √ Parents remain responsible for providing the necessary health and immunization records. However, in the event that they do not provide the information the school nurse may contact the health care provider to assist students enrolling in and or remaining in school.

If you have any questions please contact Cheryl Carotenuti, Health Promotion Consultant at 860-807-2108 or Cheryl.carotenuti@po.state.ct.us

cc: Superintendents of Schools