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TO: School Nurse Supervisors
School Medical Advisors

FROM: George A. Coleman, Associate Commissioner
Division of Teaching and Learning Programs and Services

DATE: October 28, 2004

SUBJECT: Public Act 04-181 and Public Act 04-221

Public Act 04-181 An Act Concerning Administration of Medications in Schools, Concerning School Nurses, And Repealing An Obsolete Section of the Statutes

This public act, effective July 1, 2004, has two sections that pertain to school nurses and medication administration policies for schools. It is important for school districts to be aware of these changes in order to ensure your current policies and procedures at the district level reflect the new requirements.

The first section of this act is as follows:

Section 1. Subsection (a) of section 10-212a of the general statutes, as amended by section 4 of public act 03-211, is repealed and the following is substituted in lieu thereof (*Effective July 1, 2004*):

(a) (1) 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, subject to the provisions of subdivision (2) of this subsection, medicinal preparations, including such controlled drugs as the Commissioner of Agriculture and 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, 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, 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.

(2) Each local and regional board of education that allows 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 to administer medicine or that allows a student to self-administer medicine shall adopt written policies and procedures, in accordance with this section and the regulations adopted pursuant to subsection (c) of this section, that shall be approved by the school medical advisor or other qualified licensed physician. Once so approved, such administration of medication shall be in accordance with such policies and procedures.

This means:

- The local board of education policy regarding medication administration is **no longer to be submitted** to the Department of Public Health for review and approval.
- The policy must be approved by the local board of education and **by the school medical advisor or other qualified licensed physician.**
- The policy must be in accordance with CGS Section 10-212a, as well as Regulations of the Connecticut State Agencies Sections 10-212a-1 to 10-212a-7, inclusive.
- School districts are still required to review and revise their medication policies every two years.
- It is recommended that the local Board of Education obtain a signed approval from the physician for their records.

The second section of P.A. 04-181 is as follows:

Sec. 2. Section 10-212 of the general statutes, as amended by section 3 of public act 03-211, is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) Each local or regional board of education shall appoint one or more school nurses or nurse practitioners. Such school nurses and nurse practitioners appointed by such boards shall be qualified pursuant to regulations adopted in accordance with the provisions of chapter 54 by the State Board of Education in consultation with the Department of Public Health. Such school nurses may also act as visiting nurses in the town, may visit the homes of pupils in the public schools and shall assist in executing the orders of the school medical advisor, if there is any in such town, and perform such other duties as are required by such board.

(b) Notwithstanding any provision of the general statutes or any regulation of Connecticut state agencies, nothing in this section shall be construed to prohibit the administering of medications by parents or guardians to their own children on school grounds.

(c) School nurses and nurse practitioners appointed by or under contract with any local or regional board of education and any nurse provided to a nonpublic school under the provisions of section 10-217a, as amended, shall submit to a criminal history records check in accordance with the provisions of section 29-17a.

These new provisions mean that all school nurses and nurse practitioners providing nursing services in school districts must now have criminal background checks. Formerly, only individuals hired by local and regional boards of education on and after July 1, 1994, were required to have these checks. However, the new law expands the requirement for school nurses and nurse practitioners as follows:

- The requirement is not limited to newly hired school nurses and nurse practitioners. It applies to all school nurses and nurse practitioners employed by boards of education, regardless of when they were hired.
- The requirement applies not only to school nurses and nurse practitioners employed by boards of education, it also applies to school nurses and nurse practitioners who are appointed by or under contract with a board of education and work in schools. This means that it applies to school nurses and nurse practitioners hired by entities such as local health departments and visiting nurse agencies to provide nursing services in public schools.

Public Act 04-221: An Act Concerning Revisions to the Public Health Statutes

Section 36 of this public act went into effect on July 1, 2004, and Section 36 pertains to the completion of health assessments pursuant to CGS Section 10-206 by health care providers.

The section is as follows:

Sec. 36. Subsection (d) of section 10-206 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2004*):

(d) The results of each assessment done pursuant to this section and the results of screenings done pursuant to section 10-214 shall be recorded on forms supplied by the State Board of Education. Such information shall be included in the cumulative health record of each pupil and shall be kept on file in the school such pupil attends. If a pupil permanently leaves the jurisdiction of the board of education, the pupil's original cumulative health record shall be sent to the chief administrative officer of the school district to which such student moves. The board of education transmitting such health record shall retain a true copy. Each physician, advanced practice registered nurse, registered nurse, or physician assistant performing health assessments and screenings pursuant to this section and section 10-214 shall completely fill out and sign each form and any recommendations concerning the pupil shall be in writing.

This means that each of the mandated sections of the health assessment required for school entry, grades 6 or 7, and grades 10 or 11, including all screenings and chronic disease assessments, must be completed by the health care provider.

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

GAC:CCd

cc: Superintendent of Schools