New Hartford Public Schools

Policy Subcommittee Meeting

October 1, 2025 at 5:15 pm

Virtual - Google Meet joining info

Video call link: https://meet.google.com/xjd-nqzu-via

Or dial: (US) +1 401-315-8856 PIN: 824 352 433#

Agenda

1. **Review of BOE policies**
   - NEW - Policy 0523 - Mission Goals Objectives - Equity and Diversity
   - NEW - Policy 4118.4 4218.4 Rights, Responsibilities and Duties Electronic Mail
   - NEW - Policy 4118.232 - Personnel - Drug and Alcohol-Free Workplace
   - NEW - Policy 5131.601 - Students - Medical (Palliative) Use of Marijuanna
   - NEW - Policy 5141.213 - Students - Opioid Overdose Prevention (Emergency Administration of Naloxone)
   - NEW - Policy P5141.231 / 4118.234 - Students - Psychotropic Drug Use

2. **Action steps for next regular BOE meeting**

3. **Adjournment**

EQUITY AND DIVERSITY IN SCHOOLS

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(Background Information for the Policy Review Committee)

The nation's public schools represent the pluralism of American society. Unfortunately, many children experience their public school environment as unwelcoming or even violent. Prejudicial attitudes contribute to problematic intergroup relations in public school settings. Furthermore, teachers are often unprepared to work with the diversity of class, linguistic groups, sexual orientation, and other sociocultural backgrounds that make up the diverse student body in their classrooms.

However, as stated in an article published in the American School Board Journal, American education is at a crossroads with significant challenges. The need exists to educate students with the knowledge and skills required of a 21st Century workforce to the ongoing challenges of budgets and sufficiency of fiscal resources. In addition, another challenge is a demographic reality. "Significantly larger segments of our emerging workforce will come in future years from low-income and racial and ethnic groups that often have been the least well-served by our schools."

It is agreed that education plays the critical role in ensuring the development of citizens who can meet our nation's challenges. Therefore, it is necessary to use our resources wisely to benefit all students. A resource that must be included is the diversity of the student population which needs to be capitalized on to enhance learning, achievement and success. A focus must be placed on leveraging and enhancing the diversity among students as an integral part of the educational enterprise.

After the landmark Supreme Court ruling in the 1954 *Brown v. Board of Education* case, the efforts of school districts focused on curing the problems of the past. Districts acted to end legally imposed segregation of students on the basis of race. This resulted, in the late 60's and early 70's in a significant decrease in the percentage of black students in severely segregated schools. However, school districts are not required to exercise policies to remediate segregation in perpetuity. In the aforementioned Journal article, the authors state that "the concept of legally mandated racial integration supported by a historical, remedial rationale has significantly less relevance to districts now than in decades past. Much of district energy today focuses on the educational, civic, and economic benefits that often result from well-developed policies and strategies that are mission-focused and forward-looking."

A major shift has occurred in the manner in which education leaders think and act regarding issues pertaining to diversity. The shift is a move away from court or federal agency imposed obligations to institutional choices. As a result, districts should ensure that its policies pertaining to equity and diversity are seen as tools that promote core educational benefits.

Diversity acknowledges and embraces the richness of human differences. It includes, when considering the student body, such multiple factors, in addition to race, ethnicity and sex, references to socioeconomic status, neighborhood, language status, special education needs, academic performance and potential, record of achievement, community or civic engagement or interest and more.

Therefore, a district's equity and diversity policy must not be a one-size-fits-all approach. Diversity policies should be framed considering the educational objectives the board wants to achieve. Further, community involvement is essential. The community needs to understand the purpose, rationale, and substance of the equity and diversity policy. Such a policy, when adopted, should serve to advance the educational goals of attaining higher student achievement, preparing students for a competitive global economy, and inculcating civic and democratic values.

The district's equity and diversity policy should not be viewed as a remedial program intended to correct past wrongs. It is not about racial balancing, affirmative action, or special benefits to a particular group. It "is about reaping the academic and educational benefits for all students that can flow from a diverse student body."

> Source: "Promoting Diversity in Your Schools," by Arthur L. Coleman, Francisco M. Negron, Jr., and Katherine E. Lipper, ***American School Board Journal***, 2015.

Policy Implications

Over the next decade, schools in Connecticut will become more diverse. Therefore, a better understanding of diversity is critical. Educational leaders understand that to be more effective in managing diversity and to capitalize on the diversity of the population, they need to be culturally competent in creating a school climate where all students, educators, staff, and parents are respected and welcomed.

Every student deserves a respectful learning environment in which their cultural, racial and ethnic diversity is valued and contributes to successful academic outcomes. Districts need to be committed to identifying and correcting practices and policies that perpetuate the achievement gap and racism in all forms in order to provide all students with the opportunity to succeed. Learning and work environments are enriched and improved by the contributions, perspectives, and presence of diverse participants.

This is considered a "good practice" recommended policy for inclusion in a district's policy manual.

A recommended policy to consider.

Mission – Goals – Objectives

Equity and Diversity

Purpose

Every student deserves a respectful learning environment in which their cultural, racial, and ethnic diversity is valued and contributes to successful academic outcomes. The _____ Public Schools is committed to identifying and correcting practices and policies that perpetuate the achievement gap and racism in all forms in order to provide all of its students with the opportunity to succeed. Learning and work environments are enriched and improved by the contributions, perspectives, and presence of diverse participants. The _____ School District is committed to the success of every student in each of our schools and to our mission and vision statements.

The Board of Education (Board) believes that the responsibility for student success is broadly shared by District staff, families, our community and our student's own efforts. Achievement gaps between white students and students of color are unacceptable if we are to meet our mission and vision statements and our moral obligations to our students, their families, and our community as a whole. These gaps are contrary to our belief that all children can learn and succeed. Adult behaviors must be concentrated on the elimination of gaps, particularly those that are predicated on a student's race, ethnicity, home language, personal characteristics, or culture, and on assurance of educational equity between students. The Board, Superintendent, and staff commit to conducting an equity and diversity impact assessment on all future policies that have a significant impact on student learning and resource allocation. This commitment also includes conducting assessments on policies that are periodically reviewed and updated through the policy development process that have a significant impact on student learning and resource allocation.

The diversity of our student body, our community, and our staff is a strength of this District that should be fostered. Educational equity benefits all students and our entire community.

The purpose of this policy is to establish a framework for the elimination of bias, particularly racism and cultural bias, as factors affecting student achievement and learning experiences and to promote learning and work environments that welcome respect, and value diversity. Further, the purpose is to establish particular actions that the District shall take to address disparities in educational opportunity and achievement.

Definitions

For the purposes of this policy, the following terms shall have these meanings:

A. **"Diversity"** includes characteristics of persons including, but not limited to race, culture, color, creed or religion, national origin, gender, mental and physical ability, age, marital status, family structure, citizenship status, sexual orientation, sexual expression or identity, economic status, veteran's status, and any other protected class in conformance with federal, state and local laws.

Mission – Goals – Objectives

Equity and Diversity

Definitions (continued)

B. **"District staff"** includes all employees, consultants, and contractors of the _____ Public Schools.

C. **"Educational equity"** means raising the achievement of all students while (1) narrowing the gaps between the lowest and highest performing students, and (2) eliminating the racial or cultural predictability and disproportionality of which student groups occupy the highest and lowest achievement categories including rates of graduation.

General Statement of Policy

A. The District welcomes, respects, and values the diversity of its students, parents, staff, and the broader community.

B. The following are established as District values:

1. All students deserve optimal treatment, opportunities, and education.
2. All students and their families have dignity and worth.
3. All students are equally, while differently, gifted.
4. Academic and participation outcomes shall be the measure of whether we are successful.
5. Inclusion of all students and families supports District goals to increase student engagement and academic performance.
6. Embracing our diversity through inclusion creates an environment that leverages that diversity and creates schools where students, families, community members, and employees feel welcomed, valued, and supported, and where students and staff can perform to their personal best.

C. The District is committed to advancing optimum participation in, contribution to, benefit from, and enjoyment of learning and work experiences by diverse students, parents, staff, and community.

Mission – Goals – Objectives

Equity and Diversity

General Statement of Policy (continued)

D. The District is committed to promoting and providing equitable distribution of resources, opportunities, facilities, and supports, even when this means differentiating resource allocations on the basis of student needs. Resource allocation shall support the definition of educational equity adopted in this policy while complying with state and federal funding mandates.

E. The District shall employ recruitment and retention strategies to promote and support staff diversity. It is important that children of all races, cultures, and backgrounds are provided with familiar role models in schools. The recruitment of diverse teachers and staff provides all students with a better chance of seeing themselves as part of the education system. Diversity in education provides all children with the opportunity to learn from others with dissimilar backgrounds and recognizes the value of diversity in all learning environments. The District is committed to fostering a learning environment where diversity is encouraged and to recruiting and retaining a workforce that reflects the diversity of our students and community. The Board is committed to hiring the best employees of all racial and ethnic backgrounds who will bring their unique talents and skills into the school system.

F. The District shall offer opportunities for all staff to improve its cultural competencies in serving a diverse student body and community. The District staff shall work together to increase their individual and collective capacity to effectively teach a culturally, racially, and ethnically diverse student population and serve culturally, racially, and ethnically diverse families and communities. The District shall offer opportunities for all staff to improve culturally responsive instructional practices, curriculum, and assessment competencies in serving our diverse student body and community to increase individual and collective capacity to effectively teach our diverse student population and serve diverse families. Practices, procedures, and programs that result in over or under-representation of any group of students compared to peers shall be subject to close review to ensure that such results are due to meeting students' legitimate educational, social, or emotional needs. Practices that do not meet this close review shall be eliminated. Teachers, administrators, and district staff shall collaborate to establish and implement culturally responsive instructional practices, curriculum, and assessments.

G. The District shall promote the diversification of its vendor and supplier corps in accordance with law and district policy.

H. The district shall provide professional development to teaching staff specifically designed to strengthen employees' knowledge and skills to eliminate opportunity and achievement gaps between groups of students.

Mission – Goals – Objectives

Equity and Diversity

General Statement of Policy (continued)

I. The District shall seek partnerships with outside agencies, organizations and persons who have demonstrated culturally specific expertise to assist the District in meeting its equitable education and business goals, including, but not limited to: (1) government agencies, (2) non-profit organizations, (3) businesses, and (4) other community groups that support educational equity and cultural competencies.

Responsibility

A. The Board shall consider the values stated in this policy in conducting its business and in exercising its responsibilities to the people of this community.

B. The Superintendent shall establish in accordance with this policy such plans and procedures as may be necessary and appropriate to accomplish its purpose and intent. Plans and procedures established shall include clear accountability for actions and oversight.

C. The Superintendent may promulgate regulations for the implementation of this policy as deemed necessary.

D. The Board and Superintendent may establish specific goals to implement this policy as permitted by law and deemed necessary.

E. The Superintendent shall annually report to the Board and the community regarding District performance goals on academic achievement and progress toward meeting these goals and closing the achievement gap.

F. District staff shall, within the parameters of their various duties and responsibilities, comply with and execute such plans as are designed to address the values and directions included in this policy. District staff is further responsible for making such suggestions to the appropriate authority to improve the ability of the District to reduce the achievement and opportunity gaps that exist.

G. Families are partners with the District in its effort to address achievement and opportunity gaps.

H. Students are partners in their academic achievement. School attendance and engagement are essential to reduce existing achievement and opportunity gaps.

I. The Board, Superintendent, and employees will work with students and families to identify barriers to achievement and opportunities for academic success.

Mission – Goals – Objectives

Equity and Diversity (continued)

(cf. 0521 – Nondiscrimination)
(cf. 0524 – Hate Crimes and Bias Incidents in Schools)
(cf. 0525.1 – Anti-Racism/Confronting Racism in Schools)
(cf. 1110.1 – Parental Involvement)
(cf. 1110.3 – School Governance Council)
(cf. 1210 – Community Associations)
(cf. 1212 – Volunteers)
(cf. 1330 or 3515 – Use of School Facilities)
(cf. 1205 – Participation by the Public)
(cf. 4111 – Recruitment and Selection)
(cf. 4111.1/4211.1 – Affirmative Action)
(cf. 4118.11 – Nondiscrimination)
(cf. 4118.113/4218.113 – Harassment)
(cf. 4118.3 – District Minority Recruitment Plan)
(cf. 4131 – Staff Development)
(cf. 5118.1 – Homeless Students)
(cf. 5131.911 – Bullying/Safe School Climate Plans)
(cf. 5145.4 – Nondiscrimination)
(cf. 5145.5 – Sexual Harassment)
(cf. 5145.51 – Peer Sexual Harassment)
(cf. 5145.52 – Harassment)
(cf. 5145.53 – Transgender and Non-Conforming Youth)
(cf. 5145.6 – Student Grievance Procedure)
(cf. 6115 – Ceremonies and Observances)
(cf. 6121 – Nondiscrimination)
(cf. 6121.1 - Equal Educational Opportunity)
(cf. 6141.21 – Religions in the Public Schools)
(cf. 6141.22 – Religious Accommodations)
(cf. 6141.311 – Programs for limited English Proficient Students)
(cf. 6171 – Special Education)
(cf. 9133 – Board of Education Advisory Committees)

Legal Reference: Connecticut General Statutes

46a60 Discriminatory employment practices prohibited.

10-15c Discrimination in public schools prohibited. School attendance by five-year olds. (Amended by P.A. 97-247 to include "sexual orientation" and P.A. 11-55 to include "gender identity or expression")

10-153 Discrimination on account of marital status.

17a-101 Protection of children from abuse.

Connecticut State Board of Education "Position Statement on Culturally Responsive Education," adopted May 4, 2011

Mission – Goals – Objectives

Equity and Diversity

Legal Reference: Connecticut General Statutes (continued)

Title VII, Civil Rights Act, 42 U.S.C. 2000e, et seq.

29 CFR 1604.11, EEOC Guidelines on Sex Discrimination.

Title IX of the Educational Amendments of 1972, 20 U.S.C. 1681 et seq.

34 CFR Section 106.8(b), OCR Guidelines for Title IX.

Definitions, OCR Guidelines on Sexual Harassment, Fed. Reg. Vol 62, #49, 29 CFR Sec. 1606.8 (a0 62 Fed Reg. 12033 (March 13, 1997) and 66 Fed. Reg. 5512 (January 19, 2001)

Section 8525, ESEA as amended by the Every Student Succeeds Act

Meritor Savings Bank. FSB v. Vinson, 477 U.S. 57 (1986)

Faragher v. City of Boca Raton, No. 97-282 (U.S. Supreme Court, June 26,1998)

Gebbser v. Lago Vista Indiana School District, No. 99-1866, (U.S. Supreme Court, June 26,1998)

Davis v. Monro County Board of Education, No. 97-843, (U.S. Supreme Court, May 24, 1999.)

The Vietnam Era Veterans' Readjustment Act of 1974, as amended, 38 U.S.C. §4212

Title II of the Genetic Information Nondiscrimination Act of 2008

The Americans with Disabilities Act as amended by the ADA Amendments Act of 2008

Public Law 111-256

Meacham v. Knolls Atomic Power Laboratory 128 S.Ct. 2395, 76 U.S.L.W. 4488 (2008)

Federal Express Corporation v. Holowecki 128 S.Ct. 1147, 76 U.S.L.W. 4110 (2008)

Kentucky Retirement Systems v. EEOC 128 S.Ct. 2361, 76 U.S.L.W. 4503 (2008)

Sprint/United Management Co. v. Mendelsohn 128 S.Ct. 1140, 76 U.S.L.W. 4107 (2008)

Policy adopted:
rev 1/21
rev 2/25

CABE acknowledges the contribution of the Minneapolis Public Schools Policy 1304 *Equity and Diversity* (10/8/13), Portland Public Schools Policy 2.10.010-P Racial *Educational Equity* (6/13/2011) and the Seattle Public Schools Policy 0030, *Ensuring Educational and Racial Equity* (8/15/2012) to the development of this policy.

This version can serve as both a policy and the required posting notice.

NUTMEG BOARD OF EDUCATION
Nutmeg, Connecticut

NOTICE

Pursuant to the authority of Public Act 98-142, the Board of Education hereby gives notice to all its employees of the potential use of electronic monitoring in its workplace. While the Board may not actually engage in the use of electronic monitoring, it reserves the right to do so when determined by the Board or the Superintendent of Schools in their discretion.

"Electronic monitoring," as defined by Public Act 98-142, means the collection of information on school district premises concerning employees' activities or communications, by any means other than direct observation of the employees. Electronic monitoring includes the use of a computer, telephone, wire, radio, camera, electromagnetic, photoelectronic or photo-optical systems. The law does not cover the collection of information (A) for security purposes in any common areas of the Board of Education premises which are open to the public, or (B) which is prohibited under other state or federal law.

The following specific types of electronic monitoring may be used by this school district in its facilities:

- Monitoring of e-mail and other components of the school district's computer system for compliance with policies.
- Video surveillance of employee parking areas for security purposes.
- Telephone monitoring (office, professional calls only) for quality control and performance assessment.
- Monitoring of electromagnetic card access system for security purposes.

(Note: The above is a sample list only. The inclusion of reasons for the monitoring and the areas of the facility or job categories affected by the monitoring are not required by the law, but are recommended for employee relations reasons.)

The law also provides that, where electronic monitoring may produce evidence of misconduct, the school district may use electronic monitoring without any prior notice when the Board and/or the Superintendent have reasonable grounds to believe employees of the school system are engaged in conduct that (1) violates the law, (2) violates the legal rights of the Board of Education or other employees, (3) creates a hostile work environment, or (4) violates Board policy or regulation.

Questions about electronic monitoring in the workplace should be directed to the Superintendent of Schools or members of the administrative staff of the district.

Policy adopted:

Personnel - Certified/Non-Certified

Rights, Responsibilities and Duties

Electronic Mail

Electronic mail is an electronic message transmitted between two or more computers or electronic terminals, whether or not the message is converted to hard copy after receipt and whether or not the message is viewed upon transmission or stored for later retrieval. Electronic mail includes all electronic messages that are transmitted through a local, regional, or global computer network.

All district electronic mail systems are owned by the district and intended for conducting official district business only. District electronic mail systems are not intended for personal use by district employees and should have no expectation of privacy when using the electronic mail systems.

Users of district E-mail systems are responsible for their appropriate use. All illegal and improper uses of the electronic mail system, including but not limited to pornography, obscenity, harassment, solicitation, gambling, and violating copyright or intellectual property rights, are prohibited. Using the electronic mail system for which the district will incur an expense without the expressed permission of an administrator is prohibited.

Electronic messages are not for private or confidential matters. Because there is no guarantee of privacy or confidentiality, other avenues of communication should be used for such matters. Except for directory information, student records will not be transmitted by electronic mail. Care should be taken when forwarding an electronic mail message. If the sender of an electronic mail message does not intend for the mail to be forwarded, the sender should clearly mark the message "Do Not Forward".

In order to keep district electronic mail systems secure, users may not leave the terminal "signed on" when unattended and may not leave their password available in an obvious place near the terminal or share their password with anyone except the electronic mail system administrator. The district reserves the right to bypass individual passwords at any time and monitor employee use of such systems.

The district retains the right to review, store and disclose all information sent over the district electronic mail systems for any legally permissible reason, including but not limited to determining whether the information is a public record, whether it contains information discoverable in litigation and to access district information in the employee's absence.

Personnel - Certified/Non-Certified

Rights, Responsibilities and Duties

Electronic Mail (continued)

Except as provided herein, district employees are prohibited from accessing another employee's electronic mail without the expressed consent of the employee. All district employees should be aware that electronic mail messages can be retrieved even if they have been deleted and that statements made in electronic mail communications can form the basis of various legal claims against the individual author or the district.

Electronic mail sent or received by the Board, the district or the district's employees may be considered a public record subject to public disclosure or inspection. All Board and district electronic mail communications may be monitored.

District employees will be subject to disciplinary action for violation of this policy.

The Superintendent will ensure that all district employees have notice of this policy.

Note: It is recommended that each employee acknowledge receiving and reading the policy. (completed at hire and yearly training) Notice is essential to defending a claim of invasion of privacy. The notice should be documented in the employee's personnel file.

(cf. 5125 - Student records)

Legal Reference: Connecticut General Statutes

The Freedom of Information Act.

31-48d – Employers engaged in electronic monitoring required to give prior notice to employees Policy adopted:

cps 4/99
rev 4/04

P.A. 21-1 (June Special Session): An Act Concerning Responsible and Equitable Regulation of Adult-Use Cannabis

(Background Information for Policy Review Committee)

Overview of the Act:

This legislation makes numerous changes related to criminal justice, licensing, employment, tax, traffic enforcement, and other laws to establish legal adult recreational use of cannabis (marijuana).

The effective date of the legislation regarding workplace regulation of cannabis is July 1, 2022. This means that prior to that date, employers can follow pre-legalization rules. However, employers still retain the ability to regulate recreational use of cannabis. Rules regulating smoking in the workplace become effective October 1, 2021. The law creates two sets of rules depending on whether the employer or a particular employee position is considered "exempt" from regulation. Schools are considered in the group of "exempt employers and exempt employees."

Regarding adult recreational use, the legislation allows individuals age 21 or older (consumers) to possess, use, or otherwise consume cannabis and cannabis products. It generally limits possession to (1) 1.5 ounces of cannabis plant material and five ounces of such material in a locked container in the person's residence or locked vehicle glove box or trunk or (2) equivalent cannabis product amounts or combined amounts. It erases certain cannabis-related criminal convictions, in some cases automatically and in others upon the person's petition.

Starting July 1, 2023, the legislation allows any individual age 21 or older to cultivate up to three mature and three immature cannabis plants in his or her primary residence, if the plants are kept secure from anyone else. The legislation limits each household to growing 12 cannabis plants at a given time. Starting October 1, 2021, the legislation similarly allows home cultivation by medical marijuana patients age 18 or older.

The legislation establishes a Social Equity Council (Council) to promote and encourage full participation in the cannabis industry by people from communities disproportionately harmed by cannabis prohibition. It requires the Council to establish criteria and review social equity applications.

The legislation establishes various DCP licensing and registration requirements for individuals and entities to work in the cannabis industry. Application requirements include, among other things, that cannabis establishment licensees be at least age 21, their employees be at least age 18, and certain individuals submit to criminal history checks. The legislation sets cannabis establishment licensure requirements for each license type.

For example, it (1) generally limits purchases to one ounce for consumers and five ounces for qualifying patients or caregivers per day, (2) prohibits certain advertising practices by cannabis establishments (e.g., targeting those under age 21 or claiming therapeutic effects), (3) limits how cannabis may be delivered to consumers, and (4) sets requirements for how undelivered products must be securely stored.

The legislation establishes guidelines, rules, and protections for employers and employees regarding recreational cannabis use. It generally bans certain employer actions, such as penalizing an employee for the employee's use of cannabis prior to employment. The legislation specifically authorizes other actions, such as allowing employers to establish a workplace policy prohibiting cannabis possession or use by an employee, except for possession of medical

marijuana.

The legislation (1) exempts some employers and types of positions from its requirements and (2) specifies that it does not limit an employer's ability to require employees to submit to drug testing. It also creates a civil action for employees aggrieved by a violation of the legislation's employer limitations. Employers are provided with significant authority to prohibit marijuana use in the workplace. Additional restrictions on smoking and vaping of tobacco and cannabis are also imposed.

The Act creates two sets of rules for employers based upon whether the employer or a particular job or position in question is considered 'exempt" from regulation. Employers (such as school districts) providing educational services, including K-12 schools are considered "Exempt Employees," and excluded from coverage.

It directs the revenue to a new General Fund account, the General Fund, and two new appropriated funds for designated purposes (the Social Equity and Innovation Fund and Prevention and Recovery Services Fund) according to a specified schedule. It imposes a 3% municipal sales tax on the sale of cannabis that applies in addition to the state cannabis tax and the state's 6.35% sales tax. (Cannabis for palliative use is exempt from all three taxes under the legislation.)

Regarding traffic enforcement, the legislation modifies the state's driving under the influence (DUI) and boating under the influence laws and the related administrative sanction processes to enhance enforcement against those who are drug impaired but do not have an elevated blood alcohol content. It includes increasing the number of police officers trained in impaired driving assessment techniques. It also makes it illegal to use cannabis while driving or as a passenger in a motor vehicle. The legislation establishes penalties for various actions, such as (1) consumers possessing cannabis in excess of the possession limit, (2) underage individuals possessing cannabis or attempting to buy it, (3) retailers selling cannabis to customers under age 21, and (4) property owners allowing persons under age 21 to possess cannabis at the property.

The legislation generally lowers existing penalties for illegally selling cannabis and related actions. The legislation makes certain other changes to the state's medical marijuana laws, such as allowing DCP to add to the list of qualifying medical conditions without adopting regulations.

The legislation also has several student-related provisions including prohibiting, with some exceptions, a positive drug test that solely indicates a specified metabolite of THC from being the sole basis for a school to penalize a student. It also generally bans higher education institutions from (1) revoking financial aid or student loans or (2) expelling a student, solely for using or possessing small amounts of cannabis.

Among numerous other cannabis-related provisions, the legislation also: 1. prohibits minors from being adjudicated delinquent for certain cannabis possession offenses; 2. limits when cannabis odor or possession can justify a search or motor vehicle stop; 3. limits when cannabis possession or use can be grounds to revoke parole, special parole, or probation; 4. (a) allows municipalities to regulate certain aspects of cannabis businesses through zoning ordinances and (b) requires municipalities, upon petition of 10% of their voters, to hold a referendum on whether to allow recreational cannabis sales; 5. extends existing law's prohibition on smoking and e-cigarette use in certain establishments and public areas to include cannabis, hemp, and electronic cannabis delivery systems, and expands the locations where the prohibition applies; 6. restricts when landlords and property managers can take certain cannabis-related actions regarding tenants; and 7. authorizes the governor, without further legislative approval, to enter into agreements with the Mashantucket Pequot and Mohegan tribes concerning cannabis

regulation.

Contents of the Act Impacting the Public School Setting:

1. Expansion of the definition of smoking to include using a lighted cigarette cigar, pipe or other similar device that contains in whole or in part, cannabis or hemp, in addition to tobacco. Smoking means burning these devices, instead of lighting or carrying them. (§§86-87)
2. Smoking and the use of e-cigarettes in existing law was banned from various locations, including restaurants, health care institutions and state and municipal buildings. The Act adds to this prohibition the smoking of cannabis and hemp. (§§86-87)
3. Expansion of the law of prohibited locations to include **any** area of a school building, instead of only inside the building. It provides an exemption to situations in which a classroom is used during a smoking or e-cigarette demonstration that is part of a medical or scientific experiment or lesson. (§§86-87)
4. Employers are required to ban smoking and e-cigarette use in any area of the workplace and outside within 25 feet of a doorway, operable window or air intake vent. The workplace smoking ban applies to smoking tobacco, cannabis, hemp, and e-cigarette use, including cannabis. (§88)
5. An individual must be 21 years of age or older to possess, use, or otherwise consume cannabis or cannabis products. As of July 1, 2023, an individual must be 21 years of age or older to cultivate the plants in one's residence.
6. Employers are permitted to establish and implement a policy prohibiting cannabis possession, use, or other consumption by an employee except for possession of medical marijuana by a qualifying patient. Such policy must be in writing in either physical or electronic form and made available to each employee before the policy's enactment. Such policy must also be made available to each prospective employee when making an offer or conditional offer of employment. (§98) The legislation permits the employer to maintain a drug-free workplace. (§§97-101)
7. Further, the employer's ability to require employees to submit to drug testing is not limited. Therefore, the legislation allows an employer to prohibit cannabis use by an employee outside of the workplace. (§98)
8. Employers can take disciplinary action against employees for possession, use, and consumption of recreational marijuana outside the workplace, provided the employer has a written policy which is made available to employees.
9. Minors are prohibited from being adjudicated delinquent for certain cannabis possession offenses. (1st and 2nd offenses) (§5)
10. On or after January 1, 2022, policies pertaining to alcohol and drugs must indicate that no such policies shall result in a student facing greater discipline, punishment or sanctions for the use, sale or possession of cannabis that a student would have faced for the use, sale, or possession of alcohol. (§19)

11. Employers are not required to make accommodations for an employee to perform his/her duties while under the influence of cannabis or for the employee to possess, use or otherwise possess, use or otherwise consume cannabis while performing work duties on the employer's premises, except for the possession of medical marijuana by a qualifying patient. (§98)

Policy Implications:

This legislation permitting the recreational use of marijuana does not provide students the right to use or be under the influence of marijuana on school property at any time. Specifically, persons under the age of 21 cannot receive, possess, use, acquire, cultivate, process manufacture, deliver, sell or transfer marijuana or marijuana accessories. In short, the possession or consumption of marijuana or marijuana accessories on school property is prohibited.

Concern is voiced regarding the recreational use of marijuana by adult staff members in the school setting or appearing under the influence while performing one's duties.

Rather than developing a new policy pertaining to recreational use of marijuana, this topic can be appropriately covered in a district's mandated policy pertaining to the maintenance of a drug-free workplace. Therefore, previous sample versions of this policy will be discarded, replaced by a new policy, #4118.232/4218.232, "Drug and Alcohol Free Workplace." That policy follows for your consideration.

In addition, policy #4118.231/4218.231, "Alcohol., Drugs and tobacco," also pertains to the same topic. This is redundant. Therefore, henceforth, only policy #4118.232/4218.232, will address this issue.

A new sample policy to consider, which meets the requirement of the Drug-Free Workplace/Schools and Community Act.

Personnel – Certified/Non-Certified
Alcohol, Drugs and Tobacco

Drug and Alcohol-Free Workplace

The Board of Education (Board) is concerned with maintaining a safe and healthy working and learning environment for all staff and students. The Board recognizes the importance of maintaining an environment for its staff and students that is drug and alcohol free. Reasonable steps will be taken to create a safe workplace free from the effects of alcohol, second-hand smoke and drug abuse.

Employees must abide by the terms of this policy as a condition of employment. This policy is adopted in accordance with state law and the Drug Free Workplace Act.

Definitions

"Cannabis" means marijuana which includes all parts of a plant or species of the genus cannabis, whether growing or not, and including its seeds and resin; its compounds, manufactures, salts, derivatives, mixtures, and preparations; and cannabinon, cannabinol, cannabidiol (CBD), and similar compounds unless derived from hemp as defined in federal law. The definition of marijuana also include any product made using hemp, as defined in state law, with more than 0.3% total THC concentration on a dry-weight basis, manufactured cannabinoids, and certain synthetic cannabinoids.

"Cannabis product" is cannabis in the form of a cannabis concentrate or a product that contains cannabis, which may be combined with other ingredients, and is intended for use or consumption.

"Cannabis concentrate" is any form of concentration extracted from cannabis, such as extracts, oils, tinctures, shatter, and waxes.

"Medical marijuana product" is cannabis that (1) dispensary facilities and hybrid retailers exclusively sell to qualifying patients and caregivers and (2) the Department of Consumer Protection (DCP) designates on its website as reserved for sale to those individuals.

"Manufactured cannabinoid" means cannabinoids naturally occurring from a source other than marijuana that are similar in chemical structure or physiological effect to cannabinoids derived from marijuana, but that are derived by a chemical or biological process.

"Workplace" means the site for the performance of work done, which includes work done in connection with a federal grant. The workplace includes any District building or property; any District-owned vehicle or any other District-approved vehicle used to transport students to and from school or school activities; and off-District property during any school-sponsored or school approved activity, event or function, such as a field trip or athletic event, where students are under the jurisdiction/supervision of the District, which could also include work on a federal

grant.

Personnel – Certified/Non-Certified

Alcohol, Drugs and Tobacco

Drug and Alcohol-Free Workplace

Definitions (continued)

"School-sponsored activity" means any activity sponsored, recognized, or authorized by the Board and includes activities conducted on or off school property.

"Drug" is defined as:

1. **"Controlled substances"** which includes all forms of narcotics, depressants, stimulants, hallucinogens, steroids, and cannabis (including products made with or infused with these substances) whose sale, purchase, transfer, use, or possession is prohibited or restricted by state or federal law;
2. **"Synthetic cannabinoids"** which include drugs which are known or advertised as possibly affecting judgment, coordination, or any of the senses, including those which may cause drowsiness or dizziness; and
3. Illegal substances.

"Prescription drugs" means drugs which are used in the course of medical treatment and have been prescribed and authorized for use by a licensed medical practitioner/physician or dentist, other than marijuana (cannabis) and marijuana-related substances.

"Smoking" means the burning of a cigarette, cigar, pipe or other similar device that contains in whole or in part, cannabis or hemp, in addition to tobacco.

"Electronic nicotine delivery system" for purposes of this policy means an electronic device used in the delivery of nicotine or other substances to a person inhaling from the device, and includes, but is not limited to, an electronic cigarette, electronic cigar, electronic cigarillo, electronic pipe or electronic hookah and any related device and any cartridge or other component of such device, including, but not limited to, electronic cigarette liquid.

"Vapor product" means any product that employs a heating element, power source, electronic circuit or other electronic, chemical, or mechanical means to produce a vapor that may or may not include nicotine and is inhaled by the product's user.

"Under the influence" means any noticeable use, any detectable level pf drugs or alcohol in the employee's blood or urine or any noticeable or perceptible impairment of the employee's mental or physical faculties.

"Criminal drug statute" means any criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance.

Personnel – Certified/Non-Certified

Alcohol, Drugs and Tobacco

Drug and Alcohol-Free Workplace

1. Prohibited Behavior

To help maintain a drug-free school, community, and workplace, the following conduct is strictly prohibited of all District employees and volunteers. An employee who violates this policy may be required to successfully complete an appropriate rehabilitation program, may not be renewed or his/her employment may be suspended or terminated, at the discretion of the Board.

a. Reporting to work or the workplace under the influence of alcohol, illegal and/or controlled substances including marijuana (cannabis) and anabolic steroids;

b. Manufacturing, selling, delivering, soliciting, consuming, using, possessing, or transmitting alcohol in any amount or in any manner on District property or a District workplace at any time while students are under the supervision of the District, or when involved as an employee in a District activity on or off school district property;

c. Unlawfully manufacturing, distributing, dispensing, possessing, or using a controlled substance in a District workplace;

d. Using the workplace, District property or the staff member's position within the District to make or traffic alcohol, illegal and/or controlled substances, including marijuana (cannabis) and anabolic steroids;

e. Using, possessing or transmitting illegal and/or controlled substances, including marijuana (cannabis) and anabolic steroids in a manner that is illegal or which impairs job performance or poses a hazard to the safety and welfare of the employee, the public, the students, or other employees; and

f. Smoking or other use of tobacco products on school property during regular school hours, on transportation provided by the Board of Education, or during the course of any trip sponsored by the Board or under the supervision of the Board or its authorized agent.

2. Use of Prescription Drugs

A. Employees are permitted to use prescription drugs on school property, or during the conduct of Board business, that have been prescribed by a licensed medical practitioner. Such drugs shall be used only as prescribed. In addition, employees shall not possess prescription drugs for the purpose of sale or distribution.

B. However, the Board, in compliance with C.G.S. 21a-408a through 408q, prohibits the palliative use of marijuana on school property, at a school-sponsored event, or during the conduct of Board business. Employees are prohibited from being under the influence of intoxicating substances, including marijuana used for palliative purposes, during the work day.

Personnel – Certified/Non-Certified

Alcohol, Drugs and Tobacco

Drug and Alcohol-Free Workplace (continued)

3. Smoking

A. The Board prohibits smoking, including smoking using an electronic nicotine delivery system (e.g., e-cigarettes), and the use of tobacco products on school property or at any school-sponsored activity. This ban applies to any area of the workplace and outside within 25 feet of a doorway, operable window or air intake vent.

B. The workplace smoking ban also applies to cannabis, hemp, and e-cigarette use, involving cannabis.

C. Smoking, including cannabis, will be permitted in a situation in which a classroom is used during a smoking or e-cigarette demonstration that is part of a medical or scientific experiment or lesson.

D. The District will not make accommodations for an employee or be required to allow an employee to perform his/her duties while under the influence of cannabis or allow the employee to possess, use or otherwise consume cannabis while performing his/her employment duties.

4. Notification Requirements

A. Any staff member who is taking prescribed or over-the-counter medications will be responsible for consulting the prescribing physician and/or pharmacist to ascertain whether the medication may interfere with the safe performance of his/her job. If the use of a medication could compromise the safety of the staff member, other staff members, students or the public, it is the staff member's responsibility to use appropriate personnel procedures (e.g., use leave, request change of duty, or notify his/her supervisor of potential side effects) to avoid unsafe workplace practices. If a staff member notifies his/her supervisor that the use of medication could compromise the safe performance of his/her job, the supervisor, in conjunction with his/her superior, will determine whether the staff member can remain at work and whether any work restrictions will be necessary.

B. As a condition of employment, each employee will notify his or her supervisor of a conviction under any criminal drug statute. Such notification will be provided no later than five (5) days after such conviction. The District will inform the federal granting agency within ten (10) days of such conviction, regardless of the source of the information.

C. District employees are directed to report any suspected violation of this policy to an administrator or directly to the Superintendent of Schools or his/her designee. The Superintendent or designee will investigate the allegation and meet with the alleged violator.

Personnel – Certified/Non-Certified

Alcohol, Drugs and Tobacco

Drug and Alcohol-Free Workplace

Notification Requirements (continued)

D. All employees will be notified of this policy on a yearly basis and instructed to recognize that compliance is mandated.
E. This policy shall be made known to prospective employees prior to employment.

5. Disciplinary Action Upon Violation of Policy

A. An employee who violates this policy may be subject to disciplinary action, consistent with applicable state and federal laws, up to and including termination. Enrollment and successful completion of an appropriate drug-or alcohol-abuse, employee-assistance rehabilitation program may be required at the discretion of the administration, at the employee's expense. Nothing in this policy will be construed to guarantee reinstatement of any employee who violates this policy, nor does the District incur any financial obligation for treatment or rehabilitation required as a condition of eligibility for reinstatement.
B. Disciplinary action will include, at a minimum, a letter of reprimand and may include, but is not limited to suspension or termination from employment.
C. The Board shall take disciplinary action with respect to an employee convicted of a drug offense in the workplace within thirty (30) days after receiving notice of the conviction.
D. Should District employees be engaged in the performance of work under a federal contract or grant, or under a State contract or grant of $5,000 or more, the Superintendent shall notify the appropriate State or Federal agency from which the District receives contract or grant monies of the employee's conviction within ten (10) days after receiving notice of the conviction.
E. The District may notify law enforcement agencies regarding a staff member's violation of this policy at the District's discretion or take other actions as the District deems appropriate.

6. Employee Assistance

In order to make employees aware of dangers of drug and alcohol abuse, and to provide an employee with the opportunity for rehabilitation in overcoming addiction to, dependence upon or other problem with alcohol or drugs, the District will:

A. provide each employee with a copy of this District Drug- and Alcohol-Free Workplace policy;

Personnel – Certified/Non-Certified

Alcohol, Drugs and Tobacco

Employee Assistance (continued)

B. post notice of the Drug- and Alcohol-Free Workplace policy in a place where other information for employees is posted;

C. make available materials from local, state, and national anti-drug and alcohol-abuse organizations;

D. enlist the aid of community and state agencies with drug and alcohol informational and rehabilitation programs to provide information to District employees;

E. provide information about benefits available under the Board's group medical plan for treatment;

F. establish a drug-free awareness program to inform employees about:

- the dangers of drug abuse in the workplace,
- available drug and alcohol counseling, rehabilitation, re-entry, and any employee assistance programs, and
- the penalties that the District may impose upon employees for violations of this policy.

CBD Products

Employees are prohibited from possessing or using any product with cannabidiol (CBD) on school property or at any school-sponsored activity, whether derived from hemp or cannabis, regardless of the amount of THC in the product or to the extent to which it is legal or illegal under state law.

Legal Reference: Connecticut General Statutes
P.A. 21-1 (June Spec. Session) An Act Concerning Responsible and Equitable Regulation of Adult-Use Cannabis
Controlled Substances Act, 21 U.S.C. §812; 21 C.F.R. 1308.11-1308.15
Drug-Free Workplace Act of 1988, 41 U.S.C. §701 et. seq.
Drug-Free Schools and Community Act, P.L. 99570, as amended by P.L. 101226
Safe and Drug-Free School and Communities Act of 1994, 20 U.S.C. §7101-71187 (as amended by Title IV – 21st Century Schools)
Drug-Free Workplace Act, 30 ILCS 580/1 et. seq.
Drug-Free Workplace Requirements for Federal Grant and Recipients 41 U.S.C. 8103

Policy adopted:
cps 7/21

A separate policy addressing medical marijuana use, applicable to students and staff, to consider.

Students/Personnel (Certified/Non-Certified)

Medical (Palliative) Use of Marijuana

This policy sets forth the prohibited use of medical marijuana (palliative use) in the District's schools and on its property.

Definitions

"Palliative use" means the acquisition, distribution, transfer, possession, or transportation of marijuana or paraphernalia relating to marijuana, including the transfer of marijuana and paraphernalia relating to marijuana from the patient's primary caregiver to the qualifying patient, to alleviate a qualifying patient's symptoms of a debilitating medical condition or the effects of such symptoms, but does not include any such use of marijuana by any person other than the qualifying patient.

"**Qualifying patient**" means a person who is a resident of Connecticut, has been diagnosed by a physician as having a debilitating medical condition, is eighteen years of age or older, is an emancipated minor, or has written consent from a custodial parent/guardian or other person having legal custody of such person that indicates that such person has permission from such parent, guardian or other person for the palliative use of marijuana for a debilitating medical condition and that such parent, guardian or other person will serve as a primary caregiver for the qualifying patient and control the acquisition and possession of marijuana and any related paraphernalia for palliative use on behalf of such person.

"Primary caregiver" means a person, other than the qualifying patient and the qualifying patient's physician, who is eighteen years of age or older and has agreed to undertake the responsibility for managing the well-being of the qualifying patient with respect to the palliative use of marijuana, provided in the case of a qualifying patient under eighteen years of age and not an emancipated minor or otherwise lacking legal capacity, such person shall be a parent, guardian or person having legal custody of such qualifying patient and in the case of a qualifying patient eighteen years of age or older or an emancipated minor, the need for such person shall be evaluated by the qualifying patient's physician and such need shall be documented in the written certification, issued by a physician (does not include a physician assistant).

"Debilitating medical condition" means cancer, glaucoma, positive status for human immunodeficiency virus or acquired immune deficiency syndrome, Parkinson's Disease, multiple sclerosis, damage to the nervous tissue of the spinal cord with an objective neurological indication of intractable spasticity, epilepsy, or uncontrolled intractable seizure disorder, cachexia, wasting syndrome, Crohn's disease, post-traumatic stress disorder, irreversible spinal cord injury with an objective neurological indication of intractable spasticity, cerebral palsy, cystic fibrosis or terminal illness requiring end-of-life care, except, if the qualifying patient is under eighteen years of age. "debilitating medical condition" means terminal illness requiring end-of-life care, irreversible spinal cord injury with objective neurological indication of

intractable spasticity, cerebral palsy, cystic fibrosis, severe epilepsy or incontrollable seizure disorder.

Students/Personnel (Certified/Non-Certified)

Medical (Palliative) Use of Marijuana

Definitions (continued)

"Research program" means a study approved by the Department of Consumer Protection (DCP) and undertaken to increase information or knowledge regarding the growth, processing, medical attributes, dosage forms, administration, or use of marijuana to treat or alleviate symptoms of any medical conditions or the effects of such symptoms.

Consistent with federal law, including the Controlled Substances Act and the Drug-Free Schools and Communities Act, the use and/or possession of marijuana is prohibited while a student or employee is on campus, riding a school bus, or at school-sponsored activities.

To qualify for medical marijuana use, a minor must have written consent from a custodial parent/guardian or other person with legal custody, indicating that the person has given permission for the minor to use marijuana for a debilitating condition, as defined. The written consent must state that the person will serve as the minor's primary caregiver and control the acquisition and possession of marijuana and any related paraphernalia on the minor's behalf.

The minor via the person with legal custody, must provide DCP with a letter from the minor's primary care provider in addition to another letter from a physician certified in an area involved in the treatment of the minor's debilitating condition. Such written certification shall not be for marijuana in a dosage form that requires that the marijuana be smoked, inhaled, or vaporized.

It is the Board's intent, via this policy, to maintain compliance with state and federal laws with regard to the prohibited use of marijuana in schools, on school property, and at school-related activities. This policy is also intended to maintain compliance with the aforementioned federal legislation. The Board directs the Superintendent and staff to continue to enforce its current policies regarding controlled substances. Any student or employee who violates District policies prohibiting the manufacture, distribution, dispensation, possession, or use of illegal drugs in District schools, on District property, or as part of any District activities will be subject to disciplinary and criminal action up to and including suspension, expulsion or termination of employment.

No District school may refuse to enroll any person or discriminate against any student solely on the basis of such person's or student's status as a qualifying patient or primary caregiver, per sections 1 to 15, inclusive, of P.A. 12-55, as amended by P.A. 16-23.

Students/Personnel (Certified/Non-Certified)

Medical (Palliative) Use of Marijuana (continued)

The District shall not refuse to hire a person nor discharge, penalize, or threaten an employee solely on the basis of such person's or employee's status as a qualifying patient or primary caregiver, as described in P.A. 12-55, as amended. However, the Board retains its ability to prohibit the use of intoxicating substances during work hours and its ability to discipline an employee or student for being under the influence of intoxicating substances during work hours, while on school property or at a school-sponsored activity.

Notes:

1. *The use of marijuana, including for palliative (medical) uses in schools, on school grounds, and at school activities, violates drug abuse laws, is educationally disruptive, and violates the spirit of the drug, alcohol, and tobacco-free campus.*
2. *The District needs to notify applicants/staff of the medical marijuana policy and what constitutes disciplinary action. If the staff member is involved in a safety-related position, the policy must be very strict.*
3. *The District should place its focus on impairment and performance issues, due to the fact that the statute specifically prohibits the use of medical marijuana in the schools and school buses.*
4. *The District has the right and responsibility to maintain a drug-free workplace, protecting the safety of all employees and students.*
5. *The law provides no protection for the use of medical marijuana on the job or in the school setting.*

(cf. 4118.231/4218.231 – Alcohol, Drugs and Tobacco)
(cf. 4118.232/4218.232 – Drug-Free Workplace)
(cf. 4118.235/4218.235 – Medical Marijuana Standards)
(cf. 5114 – Suspension/Expulsion)
(cf. 5131 – Conduct)
(cf. 5131.61 – Inhalant Abuse)
(cf. 5131.62 – Steroid Use)
(cf. 5131.612 – Surrender of Physical Evidence Obtained from Students)
(cf. 5131.8 – Out of School Grounds Misconduct)
(cf. 5131.92 – Corporal Punishment)
(cf. 5144 – Discipline/Punishment)
(cf. 5145.12 – Search and Seizure)
(cf. 5145.121 – Vehicle Searches on School Grounds)
(cf. 5145.122 – Use of Dogs to Search School Property)
(cf. 5145.124 – Breathalyzer Testing)
(cf. 5145.125 – Drug Testing-Extracurricular Activities)
(cf. 6164.11 – Drugs, Alcohol, Tobacco)

Students/Personnel (Certified/Non-Certified)

Medical (Palliative) Use of Marijuana (continued)

Legal Reference: Connecticut General Statutes
1-21b Smoking prohibited in certain places.
10-19 Teaching about alcohol, nicotine or tobacco, drugs and acquired immune deficiency syndrome. Training of personnel.
10-154a Professional communications between teacher or nurse and student. Surrender or physical evidence obtained from students.
10-220b Policy statement on drugs.
10-221(d) Boards of education to prescribe rules, policies and procedures re sale or possession of alcohol or controlled drugs.
2la-240 Definitions dependency producing drugs.
21a -240(8) Definitions "Controlled Drugs," dependency producing drugs.
21a-240(9) Definitions "controlled substance."
21a-243 Regulation re schedules of controlled substances.
21a-408 Palliative Use of Marijuana (as amended by P.A. 16-23)
53-198 Smoking in motor buses, railroad cars and school buses.
P.A. 11-73 An Act Regulating the Sale and Possession of Synthetic Marijuana and Salvia Divinorum.
P.A. 12-55 An Act Concerning the Palliative Use of Marijuana.
P.A. 16-23 An Act Concerning the Palliative Use of Marijuana.
Federal Regulation 34 CFR Part 85 Drug-free Schools & Communities Act.
20 U.S.C. Section 7181 et. seq., No Child Left Behind Act.
Synthetic Drug Abuse Prevention Act of 2012. (part of s.3187, the Food and Drug Administration Safety and Innovation Act).
New Jersey v. T.L.O., 469 U.S. 325 (1985).
Veronia School District 47J v. Acton, 515 U.S. 646. (1995).
Board of Education of Independent School District No 92 of Pottawatomie County v. Earls 01-332 U.S. (2002).
SB 1201 passed in 2021 paving the way for minors to gain access to HB 5329, passed in 2022 prohibiting cannabis gifting and giving CT municipalities the right to regulate cannabis businesses within their jurisdiction
P.A. 21-1 An Act Concerning Responsibility and Equitable Regulation of Adult-Use Cannabis.

Policy adopted:
rev 6/16
rev 2/25

Naloxone Use in the School Setting

~Page 1~

(Background information for Policy Sub-Committee)

Opioid overdoses (OPR) have become epidemic. OPR overdose kills thousands of Americans every year. Many of these deaths are preventable through the timely provision of an inexpensive, safe, and effective drug and the summoning of emergency responders. In Connecticut, on average, one person dies every day from an opioid overdose. Opioids include street drugs, like heroin, and prescription drugs like OxyContin. People do overdose and die from prescription drugs by using too much or mixing them with other pills, street drugs, or alcohol.

Deaths from prescription painkillers (opioid or narcotic pain relievers) have reached epidemic levels in the past decade according to the Centers for Disease Control and Prevention (CDC). A crucial mitigating factor involves the nonmedical use of prescription painkillers, using drugs without a prescription or using drugs to obtain the "high" they produce. In 2010, the CDC stated about 12 million Americans (age 12 or older) reported nonmedical use of prescription painkillers in the past year. The 2013 Partnership Attitude Tracking Study (PATS) stated almost one in four teens (23 percent) reported abusing or misusing a prescription drug at least once in his or her lifetime, and one in six (16 percent) reported doing so within the past year. In Connecticut, on average 1 to 2 people die every day from an opioid overdose. Such overdoses have become the leading cause of adult injury deaths; more than those due to motor vehicle accidents, fires and firearms combined.

According to the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Survey on Drug Use and Health in 2013, there were 2.2 million adolescents, ages 12 to 17, who were current illicit drug users. Given the magnitude of the problem, in 2014 the CDC added OPR overdose prevention to its list of top five public health challenges.

Although drug overdoses in the school setting are rare, some school nurses are increasingly thinking of the drug Naloxone as an essential part of their first-aid kits. Administered via syringe or a nasal spray, it works almost immediately to get an overdose patient breathing again, and it does not create a "high" or have major side effects.

Naloxone, also known by the brand name Narcan, is the antidote that reverses an opioid overdose. It has been used in ambulances and hospitals for decades to reverse overdose. It's legal and has been approved by the Food and Drug Administration (FDA). It works by neutralizing the opioids in a person's system and helping the individual to breathe again. It only works if a person has opioids in their system. It doesn't work on other drugs. Naloxone (Narcan) was first approved by the Food and Drug Administration in 1971. Advocates of its use say it could save a child, parent or school employee who overdoses on heroin or prescription pain killers.

Some states, including neighboring Rhode Island, have passed legislation permitting the use of naloxone in schools. In Rhode Island, the drug must be available in all middle, junior high and high schools. A survey conducted in Rhode Island last year indicated that 81 school nurses who had participated in a naloxone training program found that 43 percent of high school nurses responded that students in their schools were abusing opioids.

Districts nationwide, are now struggling with whether to add the antidote to their medical supplies. Laws in Kentucky and New York explicitly allow school employees to obtain and administer Naloxone and excuse them from liability for using it in an emergency. Illinois does not require schools to carry the drug but allows nurses to administer it. The cost is estimated to be at $25 to $40 per dose.

It is the position of the National Association of School Nurses (NASN) that the safe and effective management of opioid pain reliever (OPR)-related overdose in schools be incorporated into the school emergency preparedness and response plan. The Association believes that the registered professional school nurse provides leadership in all phases of emergency preparedness and response. When emergencies happen, including drug related emergencies, managing incidents at school is vital to positive outcomes. The school nurse is an essential part of the school team responsible for developing emergency response procedures. The Association believes school nurses in this role should facilitate access to Naloxone for the management of OPR-related overdose in the school setting.

Schools must anticipate and prepare to respond to a variety of emergencies. The school nurse is often the first health professional who responds to an emergency in the school setting. The school nurse possesses the education and knowledge to identify emergent situations, manage the emergency until relieved by emergency medical services (EMS) personnel, communicate the assessment and interventions to EMS personnel, and follow up with the healthcare provider.

Current Connecticut Laws Related to Naloxone (Narcan)*:

- In 2011, a "Good Samaritan Law" (P.A. 11-210 codified as C.G.S. 21a-279) was passed in an attempt to address people's unwillingness to call 911 for an overdose situation. This law protects people who call 911 seeking emergency medical services for an overdose from arrest for possession of drugs/paraphernalia. The law limits protection to this situation. It doesn't protect someone from other charges or stop the police from serving a search or arrest warrant if that was already in process.
- The 2012 Narcan law (P.A. 12-159 codified as C.G.S. 17a-714) allows prescribers (physicians, surgeons, physicians' assistants, APRNs, dentists, and podiatrists) to prescribe, dispense or administer Narcan to any person to prevent or treat a drug overdose and the prescriber is protected from civil liability and criminal prosecution.
- In 2014, (P.A. 14-61 codified as C.G.S. 17a-714) protection from civil liability and criminal prosecution was extended to the person administering Narcan in response to an overdose.
- The 2015 legislation (P.A. 15-198) allows pharmacists who have been trained/certified to prescribe and dispense Narcan directly to customers requesting it. The pharmacist is required to educate the person on how to use Narcan. The law also requires one hour of continuing education for physicians, PAs (Physicians' Assistants), APRNs (Advanced Practice Registered Nurses) and Dentists in a risk management topic that includes prescribing controlled substances and pain management. Prescribers are required to check the electronic Connecticut Prescription Monitoring and Reporting System (CPMRS)

before prescribing greater than a 72-hour supply of a controlled substance and, for those persons prescribed opiates long-term, at least every 90 days.

Naloxone Use in the School Setting

~Page 3~

- In 2016, P.A. 16-43, "An Act Concerning Opioids and Access to Overdose Reversal Drugs" was passed. This legislation includes the following:

    - A 7-day limit on opioid prescriptions which applies only to the first outpatient prescription for adults, but always applies to minors. In the case of minors, the prescriber is required to discuss the risks of opioids with them and their parent/caregiver, if they are present. Exceptions to this 7-day limit can be made if the prescriber believes its warranted and documents the reason in the medical record, including why an alternative was not appropriate (effective July 1, 2016).

    - Licensed health care professionals (LHCPs) are allowed to administer Naloxone without fear of civil liability, criminal prosecution, or violating standards of their profession (effective from passage).

    - Each municipality must ensure that their designated first responder(s) are trained on and equipped with Naloxone and that their emergency medical services plan is revised to reflect this by October 1, 2016.

    - Starting July 1, 2016, pharmacies will be required to enter information into the Connecticut Prescription Monitoring and Reporting System (CPMRS) by the next business day for all controlled substances dispensed. Veterinarians will be required to submit information at least weekly on prescriptions dispensed for controlled substances.

    - The two conditions which already require prescribers to check the CPMRS (see 2015 legislation) continue with the following modifications (effective July 1, 2016):

        - The prescriber's authorized agent is no longer required to be a licensed health care professional (LHCP). The prescriber is responsible for ensuring that his/her authorized agent accesses the protected health information appropriately and safeguards patient confidentiality. When the prescriber is working for a hospital and wishes to designate an authorized agent(s), an approved written protocol must be in place. Whenever an authorized agent is used, the designated prescriber providing the oversight will be held responsible for the authorized agent's actions with respect to the CPMRS.

            - If the patient is prescribed a Schedule V nonnarcotic long-term, the CPMRS only needs to be checked at least annually, not at least every 90 days.

- Individual and group health insurers that provide coverage for prescriptions and have naloxone on their formulary cannot require prior authorization for the Naloxone (effective January 1, 2017).

*Source: State of Connecticut Department of Mental Health and Addiction Services, Publication - "Opioid Overdose Prevention/Naloxone (Narcan) Initiative," accessible at: http://www.ct.gov/dmhas/cwp/view.asp?q=509650. This document also contains a link to "Naloxone Prescribing Pharmacists" in Connecticut.

Naloxone Use in the School Setting

A key component of P.A. 16-43 is Section 1 which allows any licensed health care professional to administer an opioid antagonist to treat or prevent a drug overdose without being (1) civilly or criminally liable for such action or (2) deemed as violating his/her professional standard of care. The law also allows anyone, if acting with reasonable care, to administer an opioid antagonist to a person he/she believes, in good faith, is experiencing an opioid-related drug overdose. It generally gives civil and criminal immunity to such a person regarding the administration of the opioid antagonist. (C.G.S. 17a-714a).

Policy Implications

The question has been raised in some Connecticut school districts pertaining to whether a school nurse is allowed to obtain and administer Naloxone (Narcan) in the school setting in an emergency situation and also be excused from any liability in its use.

The CABE Policy Service contacted Stephanie Knutson, Education Consultant, Connecticut State Department of Education, Office of Student Supports and Organizational Effectiveness Bureau of Health/Nutrition, Family Services and Adult Education, regarding the above question. She indicated that schools currently have the ability to include Naloxone in their formulary (the official list giving details of medicines that may be administered) for the purpose of emergency administration, as they do with medications such as epinephrine, etc. It was further indicated that medical advisors may write standing orders for emergency medications such as Naloxone, epinephrine, etc. to be administered by school nurses. In short, it is entirely up to the school district to decide which medications they want in their formulary and the corresponding orders so that school nurses may administer them.

The liability of school nurses in administering Naloxone would not be any different from the liability they would assume in administering any emergency drug in the school environment.

The Department of Consumer Protection, Drug Control Division previously provided guidance to school districts regarding the ordering of the emergency medication, epinephrine. The memo is applicable to drugs such as Naloxone and is accessible at:

http://www.sde.ct.gov/sde/lib/sde/pdf/digest/epinephrine_in_public_schools.pdf.

Therefore, based upon the above guidance, school medical advisors may order Naloxone from any properly credentialed wholesaler of drugs and the wholesaler may deliver the Naloxone directly to the respective school health system(s) for the purpose of emergency first aid to students and/or staff.

CABE's Policy Service encourages local school districts to engage in conversations with the district's school medical advisor, school attorney, representatives of local emergency medical services, school nurses and members of the community to determine whether adopting a policy on administering Naloxone in a drug overdose situation is appropriate for the district. It is important for the school and community to become educated on the issue of opioid overdose and prevention.

Current research about Naloxone and its use appears to indicate that stocking it and using it in accordance with proper procedures, oversight, and training should present a very low risk of harm or liability.

A new sample policy, #5141.213 and an accompanying administrative regulation have been developed on this topic for consideration and possible use, if determined appropriate for the local district. This is considered an optional policy for inclusion in the district's policy manual.

An optional policy to consider.

Students

Administering Medication

Opioid Overdose Prevention (Emergency Administration of Naloxone)

The Board of Education (Board) is committed to enhancing the health and safety of individuals within the school environment. The District will identify specific locations for the storage of Naloxone and protocols for its administration in emergency situations to assist individuals suspected to be experiencing an opioid overdose.

Definitions

Drug overdose means an acute medical condition, including, but not limited to, severe physical illness, coma, mania, hysteria or death, which is the result of consumption or use of one or more controlled substances causing an adverse reaction. The signs of opioid overdose include unresponsiveness; nonconsciousness; shallow breathing with rate less than 10 breaths per minute or not breathing at all; blue or gray face, especially fingernails and lips; and loud, uneven snoring or gurgling noises.

Naloxone (Narcan) means a medication that can reverse an overdose caused by an opioid drug. As a narcotic antagonist, Naloxone displaces opiates from receptor sites in the brain and reverses respiratory depression that usually is the cause of overdose deaths.

Opioid means illegal drugs such as heroin, as well as prescription medications used to treat pain such as morphine, codeine, methadone, oxycodone (OxyContin, Percodan, Percocet), hydrocodone (Vicodin), fentanyl, hydromorphone (Dilaudid), and buprenorphine.

Delegation of Responsibility

The Board directs the school physician/School Medical Advisor to issue a ~~non-patient specific~~ standing order to District school nurses to administer Naloxone (also known as Narcan, among other names) for the purpose of emergency first aid to students or staff who do not have a prior written order from a qualified medical professional for the administration of Naloxone. The ~~non-patient specific~~ standing order shall include a written protocol containing the elements required by the regulations of the Department of Consumer Protection.

The Board permits school nurses to administer Naloxone to any person at school or a school event displaying symptoms of an opioid overdose. The District will store the Naloxone kits in a secure but accessible location consistent with the district's emergency response plan, such as the nurse's office. Naloxone shall be accessible during school hours and during on-site school-sponsored activities.

Students

Administering Medication

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

Acquisition, Storage and Disposal

Naloxone shall be safely stored in the school nurse's office or other location designated by the school nurse in accordance with the drug manufacturer's instructions.

The school nurse shall obtain sufficient supplies of Naloxone pursuant to the standing order in the same manner as other medical supplies acquired for the school health program. The school nurse or designee shall regularly inventory and refresh Naloxone stocks, and maintain records thereof. In accordance with internal procedures, manufacturer's recommendations and any applicable Department of Public Health guidelines.

(cf. 5141.21 – Administering Medications)

Legal Reference: Connecticut General Statutes

10-212 School nurses and nurse practitioners. Administration of medications by parents or guardians on school grounds. Criminal history; records check.

10-212a Administration of medications in schools

17a-714 Immunity for prescribing, dispensing or administering an opioid antagonist to treat or prevent a drug overdose.

21a-279(g)Penalty for illegal possession. Alternate sentences. Immunity.

52-557b Immunity from liability for emergency medical assistance first aid or medication by injection. School personnel not required to administer or render.

Connecticut Regulations of State Agencies 10-212a-1 through 10-212a-10, inclusive, as amended.

PA 22-80 An Act Concerning Childhood Mental and Physical Health Services in School

Policy adopted:
cps 11/16
rev 7/22

Students

Administering Medication

Opioid Overdose Prevention (Emergency Administration of Naloxone)

The District's opioid overdose prevention program shall establish and follow appropriate procedures for the use of Naloxone (Narcan), regarding placement, storage, inventory, reordering, documenting and reporting incidents of usage and training.

Communication

Each school stocking Naloxone (Narcan) will have the school nurse, along with the District administration, plan for annually informing all parents/guardians and staff about the policy pertaining to its use and specifically:

- The availability of Naloxone to treat opioid overdoses and what it does;
- The symptoms of opioid drug overdoses;
- The manner in which individuals should report suspected overdoses;
- The protection from criminal prosecution provided by law for persons who report a suspected overdose using their name and remaining with the overdosing person until emergency medical services (EMS) or law enforcement arrive;
- The protection from civil liability provided by law for persons who report overdoses or administer Naloxone (Narcan) in overdose emergencies.

Standing Order from the School Physician/School Medical Advisor

The school physician/School Medical Advisor shall provide and annually renew a standing order for administration of Naloxone (Narcan) to students or staff suspected of experiencing an opioid overdose. The standing order shall be maintained in the Superintendent's office and copies of the standing order shall be kept in each location where Naloxone (Narcan) is stored.

The standing order shall include at least the following information:

1. Type of Naloxone (intranasal and auto-injector)
2. Date of issuance
3. Dosage
4. Signature of the school physician/School Medical Advisor

Training

School nurses having custody of Naloxone shall be trained in its use by the New Hartford EMT Department, school physician/School Medical Advisor, or Department of Public Health (DPH) approved training or from the appropriate division of the Connecticut State Department of Education. Such training program shall include overdose risk factors, recognizing opioid-related overdoses, calling 911, rescue breathing administering Naloxone (Narcan), recovery position and

promptly seeking medical attention for drug overdoses. In addition, Lead New Hartford Public School nurse to host an annual training for all nurses.

The following signs may indicate an overdose situation:

- The person is unresponsive or limp.
- The person is awake but unable to talk.
- The person's breathing is slow or erratic or the individual is not breathing.
- The person's pulse is slow or erratic or there is no pulse.
- The person's skin is pale gray or blue, especially around the fingernails and lips.
- The person is making deep, slow snoring, choking or gurgling sounds.
- The person is vomiting.

A list of District individuals who successfully completed such training shall be maintained, updated and kept in the school nurse's office and the District's Central Office.

Acquisition, Storage, and Disposal

The school physician/School Medical Advisor shall order for each school site Naloxone (Narcan) from a properly credentialed wholesaler of drugs, cosmetics and medical devices.

Naloxone (Narcan) will be clearly marked and stored in the nurse's office. It will be stored in accordance with the manufacturer's instructions to avoid extreme cold, heat and direct sunlight. It is to be stored in moderate temperatures, out of direct sunlight, and not in a refrigerator.

Inspection of the Naloxone is to be conducted regularly by the school nurse. The expiration date is to be checked. Expiration is generally 12 to 24 months.

~~There should always be one backup naloxone kit for each kit that is ready to be used.~~ ~~When a Naloxone kit is used, another backup kit is to be ordered.~~ Each school should have two naloxone kits and when one is used, another should be ordered in its place. Naloxone that is nearing its expiration date should be replaced. The school nurse is to maintain a log of Naloxone supplies containing the following information: lot number, date of receipt, expiration date, and location. The school nurse shall perform an inventory check on a monthly basis.

Administration of Naloxone (Narcan)

When responding to a suspected drug overdose, the school nurse shall:

1. Call for medical help immediately (Dial 911).
2. Check for signs of opioid overdose.
3. Perform initial rescue breathing (or CPR if needed), as instructed in training.
4. Prepare and administer Naloxone (Narcan), as instructed in training.
5. Continue the rescue breathing (or CPR if needed), as instructed in training.

Students

Administering Medication

Opioid Overdose Prevention (Emergency Administration of Naloxone)

Administration of Naloxone (Narcan) (continued)

6. Administer second dose of Naloxone (Narcan) in 3 minutes if no response or minimal breathing or responsiveness.
7. Place in recovery position, as instructed in training.
8. Stay with the individual until emergency medical help arrives.
9. Cooperate with EMS personnel responding to the incident.
10. Notify the building administrator or designee of the incident.

Follow-Up

After the administration of Naloxone (Narcan) the school nurse will follow the District's reporting protocols.

The school nurse, or other staff, is also to notify appropriate student services and provide substance abuse prevention resources to the overdose victim and family, as appropriate.

School nurses are to document all administration of Naloxone (Narcan) in the same manner as the administration of other medications under non-patient specific orders. The school nurse must report all administration of Naloxone (Narcan) to the school physician/School Medical Advisor, Building Principal, and Superintendent.

The Superintendent or his/her designee will immediately report incidents involving the use of controlled substances on school property, at any school-sponsored activity or on a school bus to the local police department in accordance with state law and regulations, the procedure set forth in the memorandum of understanding with local law enforcement and Board policies.

The Superintendent or his/her designee will notify the parent/guardian of any student involved in an incident involving the use of controlled substances as soon as practicable. All attempts made to reach the parent/guardian will be documented.

Any student who experiences a drug overdose is to be referred to the District's Student Assistance Program.

Regulation approved:
cps11/16

It is mandated to have a policy pertaining to this issue.

Students/Personnel-Certified

Psychotropic Drug Use

The Board of Education prohibits all school personnel from recommending the use of psychotropic drugs for any student enrolled within the school system. For purposes of this policy, the term "recommend" shall mean to directly or indirectly suggest that a child use psychotropic drugs.

Psychotropic drugs are defined as 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 medications and anti-depressants.

Procedures shall be established by the Superintendent of Schools or his/her designee (or Director of Special Education) delineating the manner in which school personnel and school health and mental health personnel shall communicate with each other regarding children who may need to be recommended for a medical evaluation. Such procedures shall also include how school health and mental health personnel should communicate the need for a medical evaluation to the child's parents/guardians. Such procedures shall be consistent with all mandatory and existing procedures and due process safeguards governing assessment and diagnosis.

Further, upon the consent of the student's parents or guardian, obtained, in writing, through the Planning and Placement Team process, school personnel may consult with the medical practitioner regarding such use.

In addition, the Planning and Placement Team (PPT) may recommend a medical evaluation as part of an initial evaluation or reevaluation, as needed to determine either a child's eligibility for special education and related services, or educational needs for an individualized education program (IEP).

The Board recognizes that the refusal of a parent or other person having control of a child to administer or consent to the administration of any psychotropic drug to the child shall not, in and of itself, constitute grounds for the Department of Children and Families (DCF) to take such child into custody or for any court of competent jurisdiction to order that such child be taken into custody by the Department, unless such refusal causes such child to be neglected or abused, as defined in C.G.S. 46b-120.

Students/Personnel - Certified

(cf. 5141.4 - Reporting of Child Abuse and Neglect

Legal Reference: Connecticut General Statutes
10-212b Policies prohibiting the recommendation of psychotropic drugs by school personnel. (as amended by PA 03-211)
46b-120. Definitions
1076a Definitions. (as amended by PA 00-48)
1076b State supervision of special education programs and services.
1076d Duties and powers of boards of education to provide special education programs and services. (as amended by PA 97-114 and PA 00-48)
1076h Special education hearing and review procedure. Mediation of disputes. (as amended by PA 00-48)
State Board of Education Regulations.
34 C.F.R. 3000 Assistance to States for Education for Handicapped Children.
American with Disabilities Act, 42 U.S.C. §12101 et seq.
Individuals with Disabilities Education Act, 20 U.S.C. §1400 et seq.
Rehabilitation Act of 1973, Section 504, 29 U.S.C. § 794.

Policy adopted:
rev 6/03

A revised sample regulation to consider.

Students/Personnel - Certified

Psychotropic Drug Use

In order to properly implement the Board policy prohibiting school personnel from recommending the use of psychotropic drugs for any child, the following administrative regulations are hereby established:

1. Psychotropic drugs are defined as prescription medications for behavioral or social-emotional concerns, such as attention deficits, impulsivity, anxiety, depression and thought disorders.

2. Psychotropic drugs include, but are not limited to, Ritalin, Adderal, Dexedrine and other stimulant medication, and anti-depressants.

3. All school personnel, including teachers and administrators are prohibited from any communications, both oral and written, to the parents and/or guardians of a child in which the use of psychotropic drugs is recommended.

4. School health or mental health personnel which includes school nurses or nurse practitioners, the District Medical Advisor, school psychologists, school social workers, and school counselors is permitted to discuss with parents and/or guardians of a child the advisability of a medical evaluation by an appropriate medical practitioner when there are behaviors or concerns that may be indicative of medication considerations.

5. School personnel, through the Planning and Placement Team referral process, shall communicate to the school medical staff about a child's behavior that may indicate the need for an evaluation.

6. The Planning and Placement Team (PPT) has the authority and responsibility to recommend a medical evaluation as part of an initial evaluation or reevaluation as needed to determine a child's eligibility for special education and related services, or educational needs for a child's individualized education program (IEP).

7. As required, the District may seek remedy through the due process provisions allowed under the Individuals with Disabilities Educational Act (IDEA) if a parent and/or guardian refuses consent for a reevaluation.

Students/Personnel - Certified

Psychotropic Drug Use

8. Appropriate medical practitioners, such as a psychiatric consultant or physician, with whom the District contracts for services to students or to whom the District makes a referral for an evaluation may recommend such medications.

9. School personnel may consult with the medical practitioner performing the evaluation with the informed consent of the parent or guardian of the child. The purposes of such communication include the following:

   a. Conveying concerns or observations of a child, both prior to and following a medical evaluation;

   b. Requesting health records and other educationally relevant medical evaluations;

   c. Providing school records to medical practitioners upon request;

   d. Providing information on school performance to help a medical practitioner monitor and evaluate the effectiveness of psychotropic drugs and/or other medical interventions and/or treatment;

   e. Discussing with medical practitioners appropriate and necessary nursing or health care in schools to ensure student safety;

   f. Disclosure of educationally relevant information by the medical practitioner to school personnel.

10. The Department of Children and Families (DCF) is limited by this legislation to take a child into custody solely on the refusal of a parent or guardian to administer or consent to the administration of any psychotropic drug. However, a PPT meeting may be convened if the child is eligible or may be eligible for special education or making a referral to the Department of Children and Families if there are concerns about a child's safety and possible abuse or neglect.

(cf. 5141.4 - Reporting of Child Abuse and Neglect)

Regulation approved:
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rev 6/02