



General Assembly

**Substitute Bill No. 5244**

February Session, 2022



**AN ACT CONCERNING THE PROVISION OF OPIOID ANTAGONISTS  
IN SCHOOLS.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 10-212a of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective from passage*):

3 (a) (1) A school nurse or, in the absence of such nurse, any other nurse  
4 licensed pursuant to the provisions of chapter 378, including a nurse  
5 employed by, or providing services under the direction of a local or  
6 regional board of education at, a school-based health clinic, who shall  
7 administer medical preparations only to students enrolled in such  
8 school-based health clinic in the absence of a school nurse, the principal,  
9 any teacher, licensed athletic trainer, licensed physical or occupational  
10 therapist employed by a school district, or coach of intramural and  
11 interscholastic athletics of a school may administer, subject to the  
12 provisions of subdivision (2) of this subsection, medicinal preparations,  
13 including such controlled drugs as the Commissioner of Consumer  
14 Protection may, by regulation, designate, to any student at such school  
15 pursuant to the written order of a physician licensed to practice  
16 medicine, or a dentist licensed to practice dental medicine in this or  
17 another state, or an optometrist licensed to practice optometry in this  
18 state under chapter 380, or an advanced practice registered nurse

19 licensed to prescribe in accordance with section 20-94a, or a physician  
20 assistant licensed to prescribe in accordance with section 20-12d, and the  
21 written authorization of a parent or guardian of such child. The  
22 administration of medicinal preparations by a nurse licensed pursuant  
23 to the provisions of chapter 378, a principal, teacher, licensed athletic  
24 trainer, licensed physical or occupational therapist employed by a  
25 school district, or coach shall be under the general supervision of a  
26 school nurse. No such school nurse or other nurse, principal, teacher,  
27 licensed athletic trainer, licensed physical or occupational therapist  
28 employed by a school district, coach or school paraprofessional  
29 administering medication pursuant to this section shall be liable to such  
30 student or a parent or guardian of such student for civil damages for  
31 any personal injuries that result from acts or omissions of such school  
32 nurse or other nurse, principal, teacher, licensed athletic trainer,  
33 licensed physical or occupational therapist employed by a school  
34 district, coach or school paraprofessional administering medication  
35 pursuant to this section in administering such preparations that may  
36 constitute ordinary negligence. This immunity does not apply to acts or  
37 omissions constituting gross, wilful or wanton negligence.

38 (2) Each local and regional board of education that allows a school  
39 nurse or, in the absence of such nurse, any other nurse licensed pursuant  
40 to the provisions of chapter 378, including a nurse employed by, or  
41 providing services under the direction of a local or regional board of  
42 education at, a school-based health clinic, who shall administer medical  
43 preparations only to students enrolled in such school-based health clinic  
44 in the absence of a school nurse, the principal, any teacher, licensed  
45 athletic trainer, licensed physical or occupational therapist employed by  
46 a school district, coach of intramural and interscholastic athletics or  
47 school paraprofessional of a school to administer medicine or that  
48 allows a student to possess, self-administer or possess and self-  
49 administer medicine, including medicine administered through the use  
50 of an asthmatic inhaler or an automatic prefilled cartridge injector or  
51 similar automatic injectable equipment, shall adopt written policies and  
52 procedures, in accordance with this section and the regulations adopted

53 pursuant to subsection (c) of this section, that shall be approved by the  
54 school medical advisor, if any, or other qualified licensed physician.  
55 Once so approved, such administration of medication shall be in  
56 accordance with such policies and procedures.

57 (3) A director of a school readiness program as defined in section 10-  
58 16p or a before or after school program exempt from licensure by the  
59 Department of Public Health pursuant to subdivision (1) of subsection  
60 (b) of section 19a-77, or the director's designee, may administer  
61 medications to a child enrolled in such a program in accordance with  
62 regulations adopted by the State Board of Education in accordance with  
63 the provisions of chapter 54. No individual administering medications  
64 pursuant to this subdivision shall be liable to such child or a parent or  
65 guardian of such child for civil damages for any personal injuries that  
66 result from acts or omissions of such individual in administering such  
67 medications which may constitute ordinary negligence. This immunity  
68 shall not apply to acts or omissions constituting gross, wilful or wanton  
69 negligence.

70 (b) Each school wherein any controlled drug is administered under  
71 the provisions of this section shall keep such records thereof as are  
72 required of hospitals under the provisions of subsections (f) and (h) of  
73 section 21a-254 and shall store such drug in such manner as the  
74 Commissioner of Consumer Protection shall, by regulation, require.

75 (c) The State Board of Education, in consultation with the  
76 Commissioner of Public Health, shall adopt regulations, in accordance  
77 with the provisions of chapter 54, determined to be necessary by the  
78 board to carry out the provisions of this section, including, but not  
79 limited to, regulations that (1) specify conditions under which a coach  
80 of intramural and interscholastic athletics may administer medicinal  
81 preparations, including controlled drugs specified in the regulations  
82 adopted by the commissioner, to a child participating in such intramural  
83 and interscholastic athletics, (2) specify conditions and procedures for  
84 the administration of medication by school personnel to students,  
85 including, but not limited to, (A) the conditions and procedures for the

86 storage and administration of epinephrine by school personnel to  
87 students for the purpose of emergency first aid to students who  
88 experience allergic reactions and who do not have a prior written  
89 authorization for the administration of epinephrine, in accordance with  
90 the provisions of subdivision (2) of subsection (d) of this section, and (B)  
91 the conditions and procedures for the storage and administration of  
92 opioid antagonists by school personnel to students who experience an  
93 opioid-related drug overdose and who do not have a prior written  
94 authorization for the administration of an opioid antagonist, in  
95 accordance with the provisions of subdivision (1) of subsection (g) of  
96 this section, and (3) specify conditions for the possession, self-  
97 administration or possession and self-administration of medication by  
98 students, including permitting a child diagnosed with: (A) Asthma to  
99 retain possession of an asthmatic inhaler at all times while attending  
100 school for prompt treatment of the child's asthma and to protect the  
101 child against serious harm or death provided a written authorization for  
102 self-administration of medication signed by the child's parent or  
103 guardian and an authorized prescriber is submitted to the school nurse;  
104 and (B) an allergic condition to retain possession of an automatic  
105 prefilled cartridge injector or similar automatic injectable equipment at  
106 all times, including while attending school or receiving school  
107 transportation services, for prompt treatment of the child's allergic  
108 condition and to protect the child against serious harm or death  
109 provided a written authorization for self-administration of medication  
110 signed by the child's parent or guardian and an authorized prescriber is  
111 submitted to the school nurse. The regulations shall require  
112 authorization pursuant to: (i) The written order of a physician licensed  
113 to practice medicine in this or another state, a dentist licensed to practice  
114 dental medicine in this or another state, an advanced practice registered  
115 nurse licensed under chapter 378, a physician assistant licensed under  
116 chapter 370, a podiatrist licensed under chapter 375, or an optometrist  
117 licensed under chapter 380; and (ii) the written authorization of a parent  
118 or guardian of such child.

119 (d) (1) (A) With the written authorization of a student's parent or

120 guardian, and (B) pursuant to the written order of a qualified medical  
121 professional, a school nurse and a school medical advisor, if any, may  
122 jointly approve and provide general supervision to an identified school  
123 paraprofessional to administer medication, including, but not limited to,  
124 medication administered with a cartridge injector, to a specific student  
125 with a medically diagnosed allergic condition that may require prompt  
126 treatment in order to protect the student against serious harm or death.

127 (2) A school nurse or, in the absence of a school nurse, a qualified  
128 school employee shall maintain epinephrine in cartridge injectors for the  
129 purpose of emergency first aid to students who experience allergic  
130 reactions and do not have a prior written authorization of a parent or  
131 guardian or a prior written order of a qualified medical professional for  
132 the administration of epinephrine. A school nurse or a school principal  
133 shall select qualified school employees to administer such epinephrine  
134 under this subdivision, and there shall be at least one such qualified  
135 school employee on the grounds of the school during regular school  
136 hours in the absence of a school nurse. A school nurse or, in the absence  
137 of such school nurse, such qualified school employee may administer  
138 such epinephrine under this subdivision, provided such administration  
139 of epinephrine is in accordance with policies and procedures adopted  
140 pursuant to subsection (a) of this section. Such administration of  
141 epinephrine by a qualified school employee shall be limited to situations  
142 when the school nurse is absent or unavailable. No qualified school  
143 employee shall administer such epinephrine under this subdivision  
144 unless such qualified school employee annually completes the training  
145 program described in section 10-212g. The parent or guardian of a  
146 student may submit, in writing, to the school nurse and school medical  
147 advisor, if any, that epinephrine shall not be administered to such  
148 student under this subdivision.

149 (3) In the case of a student with a medically diagnosed life-  
150 threatening allergic condition, (A) with the written authorization of  
151 such student's parent or guardian, and (B) pursuant to the written order  
152 of a qualified medical professional, such student may possess, self-

153 administer or possess and self-administer medication, including, but  
154 not limited to, medication administered with a cartridge injector, to  
155 protect such student against serious harm or death.

156 (4) For purposes of this subsection, (A) "cartridge injector" means an  
157 automatic prefilled cartridge injector or similar automatic injectable  
158 equipment used to deliver epinephrine in a standard dose for  
159 emergency first aid response to allergic reactions, (B) "qualified school  
160 employee" means a principal, teacher, licensed athletic trainer, licensed  
161 physical or occupational therapist employed by a school district, coach  
162 or school paraprofessional, and (C) "qualified medical professional"  
163 means (i) a physician licensed under chapter 370, (ii) an optometrist  
164 licensed to practice optometry under chapter 380, (iii) an advanced  
165 practice registered nurse licensed to prescribe in accordance with  
166 section 20-94a, or (iv) a physician assistant licensed to prescribe in  
167 accordance with section 20-12d.

168 (e) (1) With the written authorization of a student's parent or  
169 guardian, and (2) pursuant to a written order of the student's physician  
170 licensed under chapter 370 or the student's advanced practice registered  
171 nurse licensed under chapter 378, a school nurse or a school principal  
172 shall select, and a school nurse shall provide general supervision to, a  
173 qualified school employee to administer medication with injectable  
174 equipment used to administer glucagon to a student with diabetes that  
175 may require prompt treatment in order to protect the student against  
176 serious harm or death. Such authorization shall be limited to situations  
177 when the school nurse is absent or unavailable. No qualified school  
178 employee shall administer medication under this subsection unless (A)  
179 such qualified school employee annually completes any training  
180 required by the school nurse and school medical advisor, if any, in the  
181 administration of medication with injectable equipment used to  
182 administer glucagon, (B) the school nurse and school medical advisor,  
183 if any, have attested, in writing, that such qualified school employee has  
184 completed such training, and (C) such qualified school employee  
185 voluntarily agrees to serve as a qualified school employee. For purposes

186 of this subsection, "injectable equipment used to administer glucagon"  
187 means an injector or injectable equipment used to deliver glucagon in  
188 an appropriate dose for emergency first aid response to diabetes. For  
189 purposes of this subsection, "qualified school employee" means a  
190 principal, teacher, licensed athletic trainer, licensed physical or  
191 occupational therapist employed by a school district, coach or school  
192 paraprofessional.

193 (f) (1) (A) With the written authorization of a student's parent or  
194 guardian, and (B) pursuant to the written order of a physician licensed  
195 under chapter 370 or an advanced practice registered nurse licensed  
196 under chapter 378, a school nurse and a school medical advisor, if any,  
197 shall select, and a school nurse shall provide general supervision to, a  
198 qualified school employee to administer antiepileptic medication,  
199 including by rectal syringe, to a specific student with a medically  
200 diagnosed epileptic condition that requires prompt treatment in  
201 accordance with the student's individual seizure action plan. Such  
202 authorization shall be limited to situations when the school nurse is  
203 absent or unavailable. No qualified school employee shall administer  
204 medication under this subsection unless (i) such qualified school  
205 employee annually completes the training program described in  
206 subdivision (2) of this subsection, (ii) the school nurse and school  
207 medical advisor, if any, have attested, in writing, that such qualified  
208 school employee has completed such training, (iii) such qualified school  
209 employee receives monthly reviews by the school nurse to confirm such  
210 qualified school employee's competency to administer antiepileptic  
211 medication under this subsection, and (iv) such qualified school  
212 employee voluntarily agrees to serve as a qualified school employee. For  
213 purposes of this subsection, "qualified school employee" means a  
214 principal, teacher, licensed athletic trainer, licensed physical or  
215 occupational therapist employed by a school district, coach or school  
216 paraprofessional.

217 (2) The Department of Education, in consultation with the School  
218 Nurse Advisory Council, established pursuant to section 10-212f, and

219 the Association of School Nurses of Connecticut, shall develop an  
220 antiepileptic medication administrating training program. Such training  
221 program shall include instruction in (A) an overview of childhood  
222 epilepsy and types of seizure disorders, (B) interpretation of individual  
223 student's emergency seizure action plan and recognition of individual  
224 student's seizure activity, (C) emergency management procedures for  
225 seizure activity, including administration techniques for emergency  
226 seizure medication, (D) when to activate emergency medical services  
227 and postseizure procedures and follow-up, (E) reporting procedures  
228 after a student has required such delegated emergency seizure  
229 medication, and (F) any other relevant issues or topics related to  
230 emergency interventions for students who experience seizures.

231 (g) (1) A school nurse or, in the absence of a school nurse, a qualified  
232 school employee may maintain opioid antagonists for the purpose of  
233 emergency first aid to students who experience an opioid-related drug  
234 overdose and do not have a prior written authorization of a parent or  
235 guardian or a prior written order of a qualified medical professional for  
236 the administration of such opioid antagonist. A school nurse or a school  
237 principal shall select qualified school employees to administer such  
238 opioid antagonist under this subdivision, and there shall be at least one  
239 such qualified school employee on the grounds of the school during  
240 regular school hours in the absence of a school nurse. A school nurse or,  
241 in the absence of such school nurse, such qualified school employee may  
242 administer such opioid antagonist under this subdivision, provided  
243 such administration of the opioid antagonist is in accordance with  
244 policies and procedures adopted pursuant to subsection (a) of this  
245 section. Such administration of an opioid antagonist by a qualified  
246 school employee shall be limited to situations when the school nurse is  
247 absent or unavailable. No school nurse or qualified school employee  
248 shall administer such opioid antagonist under this subdivision unless  
249 such school nurse or qualified school employee has completed training  
250 in the distribution and administration of an opioid antagonist under an  
251 agreement entered into pursuant to section 21a-286 or any such training  
252 offered by the Department of Public Health. The parent or guardian of



253 a student may submit a request, in writing, to the school nurse and  
254 school medical advisor, if any, that an opioid antagonist shall not be  
255 administered to such student under this subdivision.

256 (2) Not later than July 1, 2022, the Department of Education, in  
257 consultation with the Departments of Consumer Protection and Public  
258 Health, shall develop guidelines for use by local and regional boards of  
259 education on the storage and administration of opioid antagonists in  
260 schools in accordance with the provisions of this subsection.

261 (3) For purposes of this subsection, (A) "opioid antagonist" means  
262 naloxone hydrochloride or any other similarly acting and equally safe  
263 drug approved by the federal Food and Drug Administration for the  
264 treatment of a drug overdose, (B) "qualified school employee" means a  
265 principal, teacher, licensed athletic trainer, licensed physical or  
266 occupational therapist employed by a school district, coach or school  
267 paraprofessional, and (C) "qualified medical professional" means (i) a  
268 physician licensed under chapter 370, (ii) an optometrist licensed to  
269 practice optometry under chapter 380, (iii) an advanced practice  
270 registered nurse licensed to prescribe in accordance with section 20-94a,  
271 or (iv) a physician assistant licensed to prescribe in accordance with  
272 section 20-12d.

273 Sec. 2. (NEW) (*Effective from passage*) For the fiscal year ending June  
274 30, 2023, and each fiscal year thereafter, the Department of Education  
275 shall provide grants to local and regional boards of education for the  
276 acquisition and maintenance of opioid antagonists in accordance with  
277 the provisions of section 10-212a of the general statutes, as amended by  
278 this act. A local or regional board of education may submit an  
279 application for a grant under this section at a time and in a manner  
280 prescribed by the department.

281 Sec. 3. Subsection (a) of section 10-220a of the 2022 supplement to the  
282 general statutes is repealed and the following is substituted in lieu  
283 thereof (*Effective July 1, 2022*):

284 (a) Each local or regional board of education shall provide an in-  
285 service training program for its teachers, administrators and pupil  
286 personnel who hold the initial educator, provisional educator or  
287 professional educator certificate. Such program shall provide such  
288 teachers, administrators and pupil personnel with information on (1)  
289 the nature and the relationship of alcohol and drugs, as defined in  
290 subdivision (17) of section 21a-240, to health and personality  
291 development, and procedures for discouraging their abuse, (2) health  
292 and mental health risk reduction education that includes, but need not  
293 be limited to, the prevention of risk-taking behavior by children and the  
294 relationship of such behavior to substance abuse, pregnancy, sexually  
295 transmitted diseases, including HIV-infection and AIDS, as defined in  
296 section 19a-581, violence, teen dating violence, domestic violence and  
297 child abuse, (3) school violence prevention, conflict resolution, the  
298 prevention of and response to youth suicide and the identification and  
299 prevention of and response to bullying, as defined in subsection (a) of  
300 section 10-222d, except that those boards of education that implement  
301 any evidence-based model approach that is approved by the  
302 Department of Education and is consistent with subsection (c) of section  
303 10-145a, sections 10-222d, 10-222g and 10-222h, subsection (g) of section  
304 10-233c and sections 1 and 3 of public act 08-160, shall not be required  
305 to provide in-service training on the identification and prevention of  
306 and response to bullying, (4) cardiopulmonary resuscitation and other  
307 emergency life saving procedures, including the administration of  
308 opioid antagonists to persons who experience an opioid-related drug  
309 overdose, (5) the requirements and obligations of a mandated reporter,  
310 (6) the detection and recognition of, and evidence-based structured  
311 literacy interventions for, students with dyslexia, as defined in section  
312 10-3d, (7) culturally responsive pedagogy and practice, including, but  
313 not limited to, the video training module relating to implicit bias and  
314 anti-bias in the hiring process in accordance with the provisions of  
315 section 10-156hh, and (8) the principles and practices of social-emotional  
316 learning and restorative practices. Each local or regional board of  
317 education may allow any paraprofessional or noncertified employee to  
318 participate, on a voluntary basis, in any in-service training program

319 provided pursuant to this section.

320 Sec. 4. (NEW) (*Effective from passage*) (a) The Department of Children  
321 and Families shall conduct an instructional program that utilizes a  
322 training model that will enable participants to provide adolescent  
323 screening, brief intervention and referral to treatment training to other  
324 individuals upon completion of the instructional program. Such  
325 instructional program shall be offered to the employees of a local health  
326 department, district department of health formed pursuant to section  
327 19a-241 of the general statutes, youth service bureau, municipality, paid  
328 municipal or volunteer fire department, local police department and  
329 local or regional board of education. The department shall conduct such  
330 instructional program at no charge to participants at least four times  
331 each year. The department may conduct each such instructional  
332 program in a different geographical region of the state during the year.

333 (b) (1) Each local health department shall offer training in adolescent  
334 screening, brief intervention and referral to treatment free of charge to  
335 the employees of such local health department and to members of the  
336 public. Any employee of a local health department who has participated  
337 in the instructional program described in subsection (a) of this section  
338 shall be the person to provide such training in adolescent screening,  
339 brief intervention and referral to treatment under this subdivision.

340 (2) A district department of health, youth service bureau,  
341 municipality, paid municipal or volunteer fire department, local police  
342 department or local or regional board of education may offer training in  
343 adolescent screening, brief intervention and referral to treatment free of  
344 charge to the employees of such district department of health, youth  
345 service bureau, municipality, paid municipal or volunteer fire  
346 department, local police department or local or regional board of  
347 education and to members of the public. Any employee who has  
348 participated in the instructional program described in subsection (a) of  
349 this section shall be the person to provide such training in adolescent  
350 screening, brief intervention and referral to treatment under this  
351 subdivision.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	10-212a
Sec. 2	<i>from passage</i>	New section
Sec. 3	<i>July 1, 2022</i>	10-220a(a)
Sec. 4	<i>from passage</i>	New section

**KID**      *Joint Favorable Subst.*