

LIGHTHOUSE VOC-ED CENTER, INC



MAKING A DIFFERENCE FOR PEOPLE WITH DISABILITIES

May 12, 2009

Dear Parent/Caregiver:

The State of Connecticut, working in conjunction with the nine municipalities that form the 10-mile Millstone Emergency Planning Zone (EPZ), is replenishing the potassium iodide (KI) tablets originally sent to each local residence in October 2002. The new supply has an expiration date of 2014; Potassium Iodide, also known by its chemical name "KI," is an over-the-counter drug that protects the thyroid from absorbing radioactive iodine, *one* of the possible radioactive isotopes that may be released during an incident at a power plant. KI offers no protection against other types of radioactive emissions that can be released from a nuclear power plant.

The Public School Systems worked closely with the Connecticut Department's of Education, Emergency Management and Homeland Security and the State's KI Committee to finalize in-school/program KI procedures and stockpiles of KI in the event of a nuclear incident that calls for a public protective action such as evacuation or sheltering. We modified our procedures to implement a "precautionary transfer" of all EPZ school/program participants to pre designated host communities or like-facilities, at a much earlier nuclear classification in the event of a power plant incident. (Refer to pages 2 & 3 of your telephone directories' Yellow Pages.) This precautionary transfer procedure should all but eliminate the need to administer KI to your participant while in school/program care.

- In keeping with our existing policies on participant medication, under no circumstances should you send KI to school/program with your participant. Your adherence to this policy is *greatly* appreciated.
- All schools/programs within the Millstone EPZ community school/program system's have their own stockpile of KI under the control of our school/program medical staff. Staff has been trained and prepared to administer KI in the unlikely event it is needed on school/program grounds, on school/program transportation, or at off-site locations.

Connecticut follows what the Food and Drug Administration (FDA) says to take during an emergency:

- ages 18 and older take one (1) tablet (130 mg);
- ages 3 to 18 years take one-half (1/2) tablet (65 mg) (if 150 pounds or more take one tablet);
- ages 3 and under give one-quarter (1/4) tablet (32 mg). Crush and add to formula or baby food.

KI will only be administered to your participant under the Governor's declared "State of Emergency" and upon the order of the Commissioner of the Connecticut Department of Public Health. **Enclosed please find a KI Medication Authorization Form that must be filled out and returned to your participant's administrator as soon as possible.** Your immediate attention to this important form is greatly appreciated and will assist us to ensure the safety of your participant. **Failure to return your authorization form will be taken as positive permission to administer KI to your participant under a Governor's Emergency Declaration in the event of a nuclear accident.**

You may wish to consult with your family doctor/pediatrician to verify that your participant is not allergic to iodine and to answer any other questions you may have about this non-prescription medication.

Thank you for your cooperation. If you have additional questions or concerns, please do not hesitate to contact your participant administrator.

Sincerely,

Administrator

P.O. BOX 271, OLD MYSTIC, CT 06372-0271 (860) 445-7626

www.lighthousevocedcenter.com

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POTASSIUM IODIDE (KI) STUDENT MEDICATION AUTHORIZATION FORM

(PLEASE COMPLETE A SEPARATE FORM FOR EACH ENROLLED STUDENT/CHILD)

Name of Participant: _____

Address: _____

Date of Birth: _____ School: _____

Name of Parent/Caregiver: _____

Home Telephone: _____ Day Telephone: _____

Participant's Primary Care Physician: _____

Primary Care Physician Telephone: _____

(Please indicate your authorization or refusal by checking the appropriate box(es) below.)

- YES**, I want my above named participant to be administered potassium iodide (KI) by school system personnel in the event of a nuclear emergency and upon the order of the Commissioner of the Department of Public Health.

- NO**, I do **NOT** want my above named participant to be given potassium iodide (KI) by school system personnel in the event of a nuclear emergency, even if ordered by the Commissioner of the Department of Public Health for the *following* reasons:
 - 1. Due to medical condition(s) such as those indicated below:
 - i. Allergy to iodine (if unsure consult your physician)
 - ii. Thyroid problems
(Thyroid problems can include: Grave's Disease, Goiter, Hypothyroidism, or any other condition of the thyroid gland.)
 - iii. Chronic hives, lupus, or skin disorders such as dermatitis herpetiformis or urticarial vasculitis

 - 2. For other than medical reasons, I do not want my participant to receive KI.

I understand it is my responsibility to notify School Administrators in writing if I desire to change my authorization as indicated above.

Date
(Please complete and return)

Parent/Caregiver Signature