

## Students

### Administering Medications

The purpose of this policy is for the Amity Board of Education (Board) to determine who shall administer medications in a school and the circumstances under which self-administration of medication by students shall be permitted.

The Amity Board of Education allows students to self-administer medication and school personnel to administer medication to students in accordance with the established procedures, and applicable state regulations, sections 10-212a-1 through 10-212a-10 inclusive. In order to provide immunity afforded to school personnel who administer medication, the Amity Board of Education, with the advice and approval of the School Medical Advisor and the school nurse supervisor, shall review and/or revise this policy and regulation biennially concerning the administration of medications to District students by a nurse, or in the absence of a nurse, by qualified personnel for schools. The District's School Medical Advisor (or other qualified physician) shall approve this policy, its regulations and any changes prior to adoption by the Board.

#### A. Definitions

**Administration of medication** means any one of the following activities: handling, storing, preparing or pouring of medication; conveying it to the student according to the medication order; observing the student inhale, apply, swallow, or self-inject the medication, when applicable; documenting that the medication was administered; and counting remaining doses to verify proper administration and use of the medication.

**Authorized prescriber** means a physician, dentist, optometrist, advanced practice registered nurse or physician assistant, and, for interscholastic and intramural athletic events only, a podiatrist.

**Before or After School Program** means any child care program operated and administered by a local or regional board of education exempt from licensure by the Office of Early Childhood pursuant to subdivision (1) of subsection (b) of Section 19a-77 of the Connecticut General Statutes. Such programs do not include public or private entities licensed by the Office of Early Childhood or board of education enhancement programs and extra-curricular activities.

**Carrier** means any school district, educational institution, or person, firm or corporation under contract to such district or institution engaged in the business of transporting students. (C.G.S. 14-212 (2)).

**Cartridge Injector** means an automatic prefilled cartridge injector or similar automatic injectable equipment used to deliver epinephrine in a standard dose for emergency first aid response to allergic reactions.

**Coach** means any person holding a coaching permit who is hired by a local or regional board of education to coach for a sport season.

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**Controlled drugs** means those drugs as defined in Conn. Gen. Stat. Section 21a-240.

**Cumulative health record** means the cumulative health record of a student mandated by Conn. Gen. Stat. Section 10-206.

**Director** means the person responsible for the day-to-day operations of any school readiness program or before-and-after school program.

**Eligible student** means a student who has reached the age of eighteen or is an emancipated minor.

**Error** means:

1. the failure to do any of the following as ordered:
  - (a) administer a medication to a student;
  - (b) administer medication within the time designated by the prescribing physician;
  - (c) administer the specific medication prescribed for a student;
  - (d) administer the correct dosage of medication;
  - (e) administer medication by the proper route;
  - (f) administer the medication according to generally accepted standards of practice; or
2. the administration of medication to a student which is not ordered, or which is not authorized in writing by the parent or guardian of such student, except for the administration of epinephrine for the purpose of emergency first aid as permitted by state law and regulations and Section D below.

**Guardian** means one who has the authority and obligations of guardianship of the person of a minor, and includes: (1) the obligation of care and control; and (2) the authority to make major decisions affecting the minor's welfare, including, but not limited to, consent determinations regarding marriage, enlistment in the armed forces and major medical, psychiatric or surgical treatment.

**Intramural athletic events** means tryouts, competition, practice, drills, and transportation to and from events that are within the bounds of a school district for the purpose of providing an opportunity for students to participate in physical activities and athletic contests that extend beyond the scope of the physical education program.

**Interscholastic athletic events** means events between or among schools for the purpose of providing an opportunity for students to participate in competitive contests which are highly organized and extend beyond the scope of intramural programs and includes tryouts, competition, practice, drills and transportation to and from such events.

**Investigational drug** means any medication with an approved investigational new drug (IND) application on file with the Food and Drug Administration (FDA), which is being scientifically tested and clinically evaluated to determine its efficacy, safety and side effects and which has not yet received FDA approval.

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**Licensed athletic trainer** means a licensed athletic trainer employed by the school district pursuant to Chapter 375a of the Connecticut General Statutes.

**Medication** means any medicinal preparation, both prescription and non-prescription, including controlled drugs, as defined in Conn. Gen. Stat. Section 21a-240. This definition includes Aspirin, Ibuprofen or Aspirin substitutes containing Acetaminophen.

**Medication Emergency** means a life-threatening reaction of a student to a medication.

**Medication plan** means a documented plan established by the school nurse in conjunction with the parent and student regarding the administration of medication in school. Such plan may be a stand-alone plan, part of an individualized health care plan, an emergency care plan or a medication administration form.

**Medication order** means the authorization by an authorized prescriber for the administration of medication to a student which shall include the name of the student, the name and generic name of the medication, the dosage of the medication, the route of administration, the time of administration, the frequency of administration, the indications for medication, any potential side effects including overdose or missed dose of the medication, the start and termination dates not to exceed a 12-month period, and the written signature of the prescriber.

**Nurse** means an advanced practice registered nurse, a registered nurse or a practical nurse licensed in Connecticut in accordance with Chapter 378, Conn. Gen. Stat.

**Occupational Therapist** means an occupational therapist employed full time by the local or regional board of education and licensed in Connecticut pursuant to Chapter 376a of the Connecticut General Statutes.

**Optometrist** means an optometrist licensed to provide optometry pursuant to Chapter 380 of the Connecticut General Statutes.

**Paraprofessional** means a health care aide or assistant or an instructional aide or assistant employed by the local or regional board of education who meets the requirements of such board of employment as a health care aide or assistant or instructional aide or assistant.

**Physical therapist** means a physical therapist employed full time by the local or regional board of education and licensed in Connecticut pursuant to Chapter 376 of the Connecticut General Statutes.

**Physician** means a doctor of medicine or osteopathy licensed to practice medicine in Connecticut pursuant to Chapters 370 and 371 of the Connecticut General Statutes, or licensed to practice medicine in another state.

**Podiatrist** means an individual licensed to practice podiatry in Connecticut pursuant to Chapter 375 of the Connecticut General Statutes.

**Principal** means the administrator in the school.

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**Research or study medications** means FDA-approved medications being administered according to an approved study protocol. A copy of the study protocol shall be provided to the school nurse along with the name of the medication to be administered and the acceptable range of dose of such medication to be administered.

**School** means any educational facility or program which is under the jurisdiction of the Board excluding extracurricular activities.

**School bus driver** means any person who holds a commercial driver's license with a public passenger endorsement to operate a school bus pursuant to subsection (a) of C.G.S. 14-44.

**School nurse** means a nurse appointed in accordance with Conn. Gen. Stat. Section 10-212.

**School nurse supervisor** means the nurse designated by the local or regional Board of Education as the supervisor or, if no designation has been made by the Board, the lead or coordinating nurse assigned by the Board.

**School readiness program** means a program that receives funds from the State Department of Education for a school readiness program pursuant to subsection (b) of Section 10-16p of the Connecticut General Statutes and exempt from licensure by the Office of Early Childhood pursuant to subdivision (1) of subsection (b) of Section 19a-77 of the Connecticut General Statutes.

**Self-administration of medication** means the control of the medication by the student at all times and is self-managed by the student according to the individual medication plan.

**Teacher** means a person employed full time by Board who has met the minimum standards as established by Board for performance as a teacher and has been approved by the school medical advisor and school nurse to be designated to administer medications pursuant to the Regulations of Connecticut State Agencies Sections 10-212a-1 through 10-212a-7.

### **Regular School Day**

The Board of Education (Board) allows students to self-administer medication and qualified personnel for schools to administer medication to students in accordance with the following established procedures. These procedures shall be reviewed and/or revised and approved by the School Medical Advisor, the school nurse and the Board of Education. The District's School Medical Advisor (or other qualified physician) will approve this policy, its regulations and any changes prior to submission to the Board of Education for its approval.

The administration of medication includes the activities of handling, storing, preparing or pouring of medication, conveying it to the student according to the medication order, observing the student inhale, apply, swallow, or self-inject the medication, when applicable; documenting that the

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medication was administered; and counting remaining doses to verify proper administration and use of the medication.

#### **B. General Policies on Administration of Medications**

1. Except as provided below in Section D, no medication, including non-prescription drugs, may be administered by any school personnel without:
  - (a) the written medication order of an authorized prescriber;
  - (b) the written authorization of the student's parent or guardian or eligible student; and
  - (c) the written permission of a parent for the exchange of information between the prescriber and the school nurse necessary to ensure safe administration of such medication.
2. Prescribed medications shall be administered to and taken by only the person for whom the prescription has been written.
3. Except as provided in Section D, medications may be administered only by a licensed nurse; or, in the absence of a licensed nurse, by:
  - (a) a full-time principal, a full-time teacher, or a full-time licensed physical or occupational therapist employed by the school district. A full-time principal, teacher, licensed physical or occupational therapist employed by the school district may administer oral, topical, intranasal or inhalant medications. Such individuals may administer injectable medications only to a student with a medically diagnosed allergic condition that may require prompt treatment to protect the student against serious harm or death.
  - (b) students with chronic medical conditions may be allowed to self-administer medication, provided all of the following conditions are met:
    - (i) an authorized prescriber provides a written medication order, including the recommendation for such self-administration;
    - (ii) there is a written authorization for self-administration from the student's parent or guardian or eligible student;
    - (iii) the school nurse has assessed the student's competency for self-administration and deemed it safe and appropriate

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- (iv) the principal, appropriate teachers, coaches and other appropriate school personnel are informed the student is self-administering prescribed medication;
  - (v) such medication is transported to school and maintained under the student's control in accordance with this policy;
  - (vi) controlled drugs, as defined in this policy, may not be self-administered by students, except in extraordinary situations, such as international field trips, with approval of the school nurse supervisor and the school medical advisor in advance and development of an appropriate plan.
- (c) a student diagnosed with asthma who is able to self-administer medication shall be permitted to possess, self-administer or possess and administer medicine including medicine administered through the use of an asthmatic inhaler or an automatic prefilled cartridge injector or similar automatic injectable equipment at all times while attending school or receiving school transportation services, in order to provide for prompt treatment to protect such child against serious harm or death, provided all of the following conditions are met:
- (i) an authorized prescriber provides a written order requiring the possession of an inhaler by the student at all times in order to provide for prompt treatment in order to protect the child against serious harm or death and authorizing the student's self-administration of medication, and such written order is provided to the school nurse;
  - (ii) there is a written authorization from the student's parent or guardian regarding the possession of an inhaler by the student at all times in order to protect the child against serious harm or death and authorizing the student's self-administration of medication, and such written authorization is provided to the school nurse;
  - (iii) the conditions set forth in subsection (b) above have been met, except that the school nurse's review of a student's competency to self-administer an inhaler for asthma in the school setting shall not be used to prevent a student from retaining and self-administering an inhaler for asthma.
  - (iv) Students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from the student's parent or guardian or eligible student;

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- (v) the conditions for self-administration meet any regulations as may be imposed by the State Board of Education in consultation with the Commissioner of Public Health.
  
- (d) a student diagnosed with an allergic condition who is able to self-administer medication shall be permitted to possess, self-administer or possess and self-administer medicine including use of an automatic prefilled injection cartridge or similar automatic injectable equipment and an asthmatic inhaler at all times while attending school or while receiving school transportation services, in order to provide for prompt treatment to protect such child against serious harm or death, provided all of the following conditions are met:
  - (i) an authorized prescriber provides a written order requiring the possession of an automatic prefilled injection cartridge or similar automatic injectable equipment by the student at all times in order to provide for prompt treatment in order to protect the child against serious harm or death and authorizing the student's self-administration of medication, and such written order is provided to the school nurse;
  - (ii) there is a written authorization from the student's parent or guardian regarding the possession of an automatic prefilled injection cartridge or similar automatic injectable equipment by the student at all times in order to protect the child against serious harm or death and authorizing the student's self-administration of medication, and such written authorization is provided to the school nurse;
  - (iii) the conditions set forth in subsection (b) above have been met, except that the school nurse's review of a student's competency to self-administer cartridge injectors for medically diagnosed allergies in the school setting shall not be used to prevent a student from retaining and self-administering a cartridge injector for medically diagnosed allergies. Students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from the student's parent or guardian or eligible student;
  - (iv) the conditions for self-administration meet any regulations as may be imposed by the State Board of Education in consultation with the Commissioner of Public Health.

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- (e) a coach of intramural or interscholastic athletic events or licensed athletic trainer, who has been trained in the administration of medication, during intramural or interscholastic athletic events, may administer inhalant medications prescribed to treat respiratory conditions and/or medication administered with a cartridge injector for students with medically diagnosed allergic conditions which may require prompt treatment to protect the student against serious harm or death, provided all of the following conditions are met:
  - (i) the school nurse has determined that a self-administration plan is not viable;
  - (ii) the school nurse has provided to the coach a copy of the authorized prescriber's order and parental permission form;
  - (iii) the parent/guardian has provided the coach or licensed athletic trainer with the medication in accordance with Section H of this policy, and such medication is separate from the medication stored in the school health office for use during the school day; and
  - (iv) the coach or licensed athletic trainer agrees to the administration of emergency medication and implements the emergency care plan, identified in Section E of this policy, when appropriate.
  
- (f) an identified school paraprofessional who has been trained in the administration of medication, provided medication is administered only to a specific student in order to protect that student from harm or death due to a medically diagnosed allergic condition, except as provided in Section D below, and the following additional conditions are met:
  - (i) medication is administered pursuant to the written order of (A) a physician licensed under chapter 370, (B) an optometrist licensed to practice optometry under chapter 380, (C) an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a of the Connecticut General Statutes, or (D) a physician assistant licensed to prescribe in accordance with section 20-12d of the Connecticut General Statutes; and
  - (ii) medication is administered only with approval by the school nurse and school medical advisor, if any, in conjunction with



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- the school nurse supervisor, and under the supervision of the school nurse; and
- (iii) the medication to be administered is limited to medications necessary for prompt treatment of an allergic reaction, including, but not limited to, a cartridge injector; and
  - (iv) the paraprofessional shall have received proper training and supervision from the school nurse in accordance with this policy and state regulations
- (g) a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the Board, coach or school paraprofessional, provided medication is antiepileptic medication, including by rectal syringe, administered only to a specific student with a medically diagnosed epileptic condition that requires prompt treatment in accordance with the student's individual seizure action plan, and the following additional conditions are met:
- (i) there is written authorization from the student's parents/guardians to administer the medication; and
  - (ii) a written order for such administration has been received from the student's physician licensed under Chapter 370 of the Connecticut General Statutes; and
  - (iii) the principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the Board, coach or school paraprofessional is selected by the school nurse and school medical advisor, if any, and voluntarily agrees to administer the medication; and
  - (iv) the principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the Board, coach or school paraprofessional annually completes the training program established by the Connecticut State Department of Education and the Association of School Nurses of Connecticut, and the school nurse and medical advisor, if any, have attested, in writing, that such training has been completed; and
  - (v) the principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the Board, coach or school paraprofessional receives monthly reviews by the school nurse to confirm competency to administer antiepileptic medication.

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- (h) a licensed practical nurse, after the school nurse has established the medication plan, provided that the licensed practical nurse may not train or delegate the administration of medication to another individual, and provided that the licensed practical nurse can demonstrate one of the following:
  - (i) training in administration of medications as part of their basic nursing program;
  - (ii) successful completion of a pharmacology course and subsequent supervised experience; or
  - (iii) supervised experience in the administration of medication while employed in a health care facility.
- 4. Medications may also be administered by a parent or guardian to his/her own child on school grounds.
- 5. Investigational drugs or research or study medications may be administered only by a licensed nurse. For FDA-approved medications being administered according to a study protocol, a copy of the study protocol shall be provided to the school nurse along with the name of the medication to be administered and the acceptable range of dose of such medication to be administered.

### **C. Diabetic Students**

- 1. The Amity Regional School District No. 5 Board of Education permits blood glucose testing by students who have a written order from a physician stating the need and capability of such student to conduct self-testing.
- 2. The Board will not restrict the time or location of blood glucose testing by a student with diabetes on school grounds who has written authorization from a parent or guardian and a written order from a physician stating that such child is capable of conducting self-testing on school grounds.
- 3. In the absence or unavailability of the school nurse, select school employees may administer medication with injectable equipment used to administer glucagon to a student with diabetes that may require prompt treatment in order to protect the student against serious harm or death, under the following

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conditions:

- (a) The student's parent or guardian has provided written authorization.
- (b) A written order for such administration has been received from the student's physician licensed under Chapter 370 of the Connecticut General Statutes.
- (c) The school employee is selected by either the school nurse or principal and is a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, coach or school paraprofessional.
- (d) The school nurse shall provide general supervision to the selected school employee.
- (e) The selected school employee annually completes any training required by the school nurse and school medical advisor in the administration of medication with injectable equipment used to administer glucagon.
- (f) The school nurse and school medical advisor have attested in writing that selected school employee completed the required training.
- (g) The selected school employee voluntarily agrees to serve as one who may administer medication with injectable equipment used to administer glucagon to a student with diabetes that may require prompt treatment in order to protect the student against serious harm or death.

#### **D. Epinephrine for Purposes of Emergency First Aid Without Prior Authorization**

1. For purposes of this Section D, "regular school hours" means the posted hours during which students are required to be in attendance at the individual school on any given day.
2. The school nurse shall maintain epinephrine in cartridge injectors for the purpose of emergency first aid to students who experience allergic reactions and do not have prior written authorization of a parent or guardian or a prior written order of a qualified medical professional for the administration of epinephrine.

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- (a) The school nurse, in consultation with the school nurse supervisor, shall determine the supply of epinephrine in cartridge injectors that shall be available in the individual school.
  - (b) In determining the appropriate supply of epinephrine in cartridge injectors, the nurse may consider, among other things, the number of students regularly in the school building during the regular school day and the size of the physical building.
3. The school nurse or school principal shall select principal(s), teacher(s), licensed athletic trainer(s), licensed physical or occupational therapist(s) employed by the Board, coach(es) and/or school paraprofessional(s) to maintain and administer the epinephrine in cartridge injectors for the purpose of emergency first aid as described in Paragraph (1) above, in the absence of the school nurse.
  - (a) More than one individual must be selected by the school nurse or school principal for such maintenance and administration in the absence of the school nurse.
  - (b) The selected personnel, before conducting such administration, must annually complete the training made available by the Department of Education for the administration of epinephrine in cartridge injectors for the purpose of emergency first aid.
  - (c) The selected personnel must voluntarily agree to complete the training and administer epinephrine in cartridge injectors for the purpose of emergency first aid.
4. Either the school nurse or, in the absence of the school nurse, at least one of the selected and trained personnel as described in Paragraph (2) above shall be on the grounds of each school during regular school hours.
5. The administration of epinephrine pursuant to this section must be done in accordance with this policy, including but not limited to the requirements for documentation and record keeping, errors in medication, emergency medical procedures, and the handling, storage and disposal of medication; and the Regulations adopted by the Department of Education.
6. The parent or guardian of any student may submit, in writing, to the school nurse or school medical advisor, if any, that epinephrine shall not be

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administered to such student pursuant to this section.

- (a) The school nurse shall notify selected and trained personnel of the students whose parents or guardians have refused emergency administration of epinephrine;
  - (b) The Board shall annually notify parents or guardians of the need to provide such written notice.
7. Following the emergency administration of epinephrine by selected and trained personnel as identified in this section:
- (a) Such emergency administration shall be reported immediately to:
    - (i) The school nurse or school medical advisor, if any, by the personnel who administered the epinephrine; and
    - (ii) The student's parent or guardian, by the school nurse or personnel who administered the epinephrine.
  - (b) A medication administration record shall be:
    - (i) Submitted to the school nurse by the personnel who administered the epinephrine as soon as possible, but no later than the next school day; and
    - (ii) filed in or summarized on the student's cumulative health record, in accordance with Section E of this policy.

### **E. Documentation and Record Keeping**

- (1) Each school or before-and-after school program and school readiness program where medications are administered shall maintain an individual medication administration record for each student who receives medication during school or program hours. This record shall include the following information:
  - (a) the name of the student;
  - (b) the student's state-assigned student identifier (SASID);
  - (c) the name of the medication;
  - (d) the dosage of the medication;
  - (e) the route of the administration, (i.e., oral, topical, inhalant, etc.);
  - (f) the frequency of administration;
  - (g) the name of the authorized prescriber;
  - (h) the dates for initiating and terminating the administration of

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- medication, including extended year programs;
  - (i) the quantity received at school and verification by the adult delivering the medication of the quantity received;
  - (j) the date the medication is to be reordered (if any);
  - (k) any student allergies to food and/or medication(s);
  - (l) the date and time of each administration or omission, including the reason for any omission;
  - (m) the dose or amount of each medication administered; and,
  - (n) the full written or electronic legal signature of the nurse or other authorized school personnel administering the medication;
  - (o) conducted and documented at least once a week and co-signed by the assigned nurse and a witness.
- (2) All records are either to be made in ink and shall not be altered, or recorded electronically in a record that cannot be altered.
- (3) Written orders of authorized prescribers, written authorizations of parent or guardian, the written parental permission for the exchange of information by the prescriber and school nurse to ensure safe administration of such medication, and the completed medication administration record for each student shall be filed in the student's cumulative health record or, for before-and-after school programs and school readiness programs, in the child's program record.
- (4) Authorized prescribers may make verbal orders, including telephone orders, for a *change* in medication order. Such verbal orders may be received only by a school nurse and must be followed by a written order, which may be faxed, and must be received within three (3) school days.
- (5) Medication administration records will be made available to the Department of Education for review until destroyed pursuant to Section 11-8a and Section 10-212a(b) of the Connecticut General Statutes.
- (a) The completed medication administration record for non-controlled medications may, at the discretion of the school district, be destroyed in accordance with Section MS of the Connecticut Record Retention Schedules for Municipalities, so long as it is superseded by a summary on the student health record.

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- (b) The completed medication administration record for controlled medications shall be maintained in the same manner as the non-controlled medications. In addition, a separate medication administration record needs to be maintained in the school for three (3) years pursuant to Section 10-212a(b) of the Connecticut General Statutes.
  
- (6) Documentation of any administration of medication by a coach or licensed athletic trainer shall be completed on forms provided by the school and the following procedures shall be followed:
  - (a) a medication administration record for each student shall be maintained in the athletic offices;
  - (b) administration of a cartridge injector medication shall be reported to the school nurse at the earliest possible time, but no later than the next school day;
  - (c) all instances of medication administration, except for the administration of cartridge injector medication, shall be reported to the school nurse at least monthly, or as frequently as required by the individual student plan; and
  - (d) the administration of medication record must be submitted to the school nurse at the end of each sports season and filed in the student's cumulative health record.

### **F. Errors in Medication Administration**

- (1) Whenever any error in medication administration occurs, the following procedures shall apply:
  - (a) the person making the error in medication administration shall immediately implement the medication emergency procedures in this policy if necessary;
  - (b) the person making the error in medication administration shall in all cases immediately notify the school nurse, principal, school nurse supervisor, and authorized prescriber. The person making the error, in conjunction with the principal, shall also immediately notify the parent or guardian, advising of the nature of the error and all steps taken or being taken to rectify the error, including contact with the authorized prescriber and/or any other medical action(s).

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- (c) the principal shall notify the Superintendent or the Superintendent's designee.
- (2) The school nurse, along with the person making the error, shall complete a report using the authorized medication error report form. The report shall include any corrective action taken.
- (3) Any error in the administration of medication shall be documented in the student's cumulative health record or, for before-and-after school programs and school readiness programs, in the child's program record.
- (4) These same procedures shall apply to coaches and licensed athletic trainers during intramural and interscholastic events, except that if the school nurse is not available, a report must be submitted by the coach or licensed athletic trainer to the school nurse the next school day.

### **G. Medication Emergency Procedures**

- (1) Whenever a student has a life-threatening reaction to administration of a medication, resolution of the reaction to protect the student's health and safety shall be the foremost priority. The school nurse and the authorized prescriber shall be notified immediately, or as soon as possible in light of any emergency medical care that must be given to the student.
- (2) Emergency medical care to resolve a medication emergency includes but is not limited to the following, as appropriate under the circumstances:
  - (a) use of the 911 emergency response system;
  - (b) application by properly trained and/or certified personnel of appropriate emergency medical care techniques, such as cardio-pulmonary resuscitation;
  - (c) administration of emergency medication in accordance with this policy;
  - (d) contact with a poison control center; and
  - (e) transporting the student to the nearest available emergency medical care facility that is capable of responding to a medication emergency.
- (3) As soon as possible, in light of the circumstances, the principal shall be notified of the medication emergency. The principal shall immediately thereafter contact the Superintendent or the Superintendent's designee, who shall thereafter notify the parent or guardian, advising of the existence and nature of the medication



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emergency and all steps taken or being taken to resolve the emergency and protect the health and safety of the student, including contact with the authorized prescriber and/or any other medical action(s) that are being or have been taken.

#### **H. Supervision**

- (1) The school nurse is responsible for general supervision of administration of medications in the school(s) to which that nurse is assigned.
- (2) The school nurse's duty of general supervision includes, but is not limited to the following:
  - (a) availability on a regularly scheduled basis to:
    - (i) review orders or changes in orders, and communicate these to personnel designated to give medication for appropriate follow-up;
    - (ii) set up a plan and schedule to ensure medications are given properly;
    - (iii) provide training to licensed nursing personnel, full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and interscholastic athletics, licensed athletic trainers and to identified paraprofessionals designated in accordance with Section B(3)(t), above, which training shall pertain to the administration of medications to students, and assess the competency of these individuals to administer medication;
    - (iv) support and assist other licensed nursing personnel, full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics, licensed athletic trainers and identified paraprofessionals designated in accordance with Section B(3)(t), above, to prepare for and implement their responsibilities related to the administration of specific medications during school hours and during intramural and interscholastic athletics as provided by this policy;
    - (v) provide appropriate follow-up to ensure the administration of

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- medication plan results in desired student outcomes; and
- (vi) provide consultation by telephone or other means of telecommunications, which consultation may be provided by an authorized prescriber or other nurse in the absence of the school nurse.
- (b) In addition, the school nurse shall be responsible for:
- (i) implementing policies and procedures regarding the receipt, storage, and administration of medications;
  - (ii) reviewing, on a periodic basis, all documentation pertaining to the administration of medications for students;
  - (iii) perform observations of the competency of medication administration by full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics and licensed athletic trainers in accordance with Section B(3)(e), above, and identified paraprofessionals designated in accordance with Section B(3)(f), above, who have been newly trained to administer medications; and,
  - (iv) conducting periodic reviews, as needed, with licensed nursing personnel, full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics and licensed athletic trainers in accordance with Section B(3)(e), above, and identified paraprofessionals designated in accordance with Section B(3)(f), above, regarding the needs of any student receiving medication.

### **I. Training of School Personnel**

- (1) Full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics and licensed athletic trainers in accordance with Section B(3)(e), above, and identified paraprofessionals designated in accordance with Section B(3)(f), above, who are designated to administer medications shall at least annually receive training in their safe administration; and only trained full-time principals, full-time teachers, full-time licensed

## **Students**

### **Administering Medications**

physical or occupational therapist employed by the school district, coaches of intramural and/or interscholastic athletics and licensed athletic trainers in accordance with Section B(3)(e), above, and identified paraprofessionals designated in accordance with Section B(3)(f), above, shall be allowed to administer medications.

- (2) Training for full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics and licensed athletic trainers in accordance with Section B(3)(e), above, and identified paraprofessionals designated in accordance with Section B(3)(f), above, shall include, but is not necessarily limited to the following:
  - (a) the general principles of safe administration of medication;
  - (b) the procedures for administration of medications, including the safe handling and storage of medications, and the required record-keeping;
  - (c) specific information related to each student's medication plan, including the name and generic name of the medication, indications for medication dosage, routes, time and frequency of administration, therapeutic effects of the medication, potential side effects, overdose or missed doses of the medication, and when to implement emergency interventions.
  
- (3) The principal(s), teacher(s), licensed athletic trainer(s), licensed physical or occupational therapist(s) employed by the Board, coach(es) and/or school paraprofessional(s) who administer epinephrine as emergency first aid, pursuant to Section D above, shall annually complete the training program developed by the Departments of Education and Public Health and training in cardiopulmonary resuscitation and first aid.
  
- (4) The Board shall maintain documentation of medication administration training as follows:
  - (a) dates of general and student-specific trainings;
  - (b) content of the trainings;
  - (c) individuals who have successfully completed general and student-specific administration of medication training for the current school year; and
  - (d) names and credentials of the nurse or school medical advisor, if any, trainer or trainers.

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- (5) Licensed practical nurses may not conduct training in the administration of medication to another individual.
- (6) By June 30, 2019, school transportation carriers must provide training to all school bus drivers, including instruction on (1) identifying the signs and symptoms of anaphylaxis, (2) administering epinephrine by a cartridge injector (“Epi-Pen”), (3) notifying emergency personnel, and (4) reporting an incident involving a student’s life-threatening allergic reaction. Such training can be completed online, provided the online module fulfills the legislative requirement.
- (7) Beginning July 1, 2019, each carrier must provide the training to school bus drivers (1) following the issuance or renewal of a public passenger endorsement to operate a school bus for carrier employees, and (2) upon the hiring of a school bus driver who is not employed by such carrier (e.g., subcontractor), except a driver who received the training after the most recent issuance or renewal of his or her endorsement is not required to repeat it.

### **J. Handling, Storage and Disposal of Medications**

1. All medications, except those approved for transporting by students for self-medication, those administered by coaches of intramural or interscholastic athletics or licensed athletic trainers in accordance with Section B(3)(e) above, and epinephrine to be used for emergency first aid in accordance with Section D above, must be delivered by the parent, guardian, or other responsible adult to the nurse assigned to the student's school or, in the absence of such nurse, the school principal who has been trained in the appropriate administration of medication. Medications administered by coaches of intramural or interscholastic athletics or licensed athletic trainers must be delivered by the parent or guardian directly to the coach or licensed athletic trainer in accordance with Section B(3)(e) above.
2. The nurse shall examine on-site any new medication, medication order and the required authorization to administer form, and, except for epinephrine to be used as emergency first aid in accordance with Section D above, shall develop a medication administration plan for the student before any medication is given to the student by any school personnel. No medication shall be stored at a school without a current written order from an authorized prescriber.
3. The school nurse shall review all medication refills with the medication order

## **Students**

### **Administering Medications**

and parent authorization prior to the administration of medication, except for epinephrine intended for emergency first aid in accordance with Section D above.

#### **4. Emergency Medications**

- (a) Except as otherwise determined by a student's emergency care plan, emergency medications shall be stored in an unlocked, clearly labeled and readily accessible cabinet or container in the health room during school hours under the general supervision of the school nurse, or in the absence of the school nurse, the principal or the principal's designee who has been trained in the administration of medication;
  - (b) Emergency medication shall be locked beyond the regular school day or program hours, except as otherwise determined by a student's emergency care plan.
5. All medications, except those approved for keeping by students for self-medication, shall be kept in a designated and locked location, used exclusively for the storage of medication. Controlled substances shall be stored separately from other drugs and substances in a separate, secure, substantially constructed, locked metal or wood cabinet.
  6. Access to stored medications shall be limited to persons authorized to administer medications. Each school or before-and-after school program and school readiness program shall maintain a current list of such authorized persons.
  7. All medications, prescription and non-prescription, shall be delivered and stored in their original containers and in such a manner that renders them safe and effective.
  8. At least two sets of keys for the medication containers or cabinets shall be maintained for each school building or before-and-after school program and school readiness program. One set of keys shall be maintained under the direct control of the school nurse or nurses and an additional set shall be under the direct control of the principal and, if necessary, the program director or lead teacher who has been trained in the general principles of the administration of medication shall also have a set of keys.
  9. Medications that must be refrigerated shall be stored in a refrigerator, at no less than 36 degrees Fahrenheit and no more than 46 degrees Fahrenheit. The

## **Students**

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refrigerator must be located in the health office that is maintained for health services with limited access. Non-controlled medication may be stored directly on the refrigerator shelf with no further protection needed. Controlled medication shall be stored in a locked box which is affixed to the refrigerator shelf.

10. All unused, discontinued or obsolete medications shall be removed from storage areas and either returned to the parent or guardian or, if the medication cannot be returned to the parent or guardian, the medication shall be destroyed in collaboration with the school nurse:
  - (a) non controlled drugs shall be destroyed in the presence of at least one witness;
  - (b) controlled drugs shall be destroyed in pursuant to Section 21a-262- 3 of the Regulations of Connecticut State Agencies;
  - (c) accidental destruction or loss of controlled drugs must be verified in the presence of a second person, including confirmation of the presence or absence of residue and jointly documented on the student medication administration record and on a medication e1Tor form pursuant to Section 10-212a(b) of the Connecticut General Statutes. If no residue is present, notification must be made to the Department of Consumer Protection pursuant to Section 21a-262-3 of the Regulations of Connecticut State Agencies.
  
11. Medications to be administered by coaches of intramural or interscholastic athletic events or licensed athletic trainers shall be stored:
  - (a) in containers for the exclusive use of holding medications;
  - (b) in locations that preserve the integrity of the medication;
  - (c) under the general supervision of the coach or licensed athletic trainer trained in the administration of medication; and
  - (d) in a locked secured cabinet when not under the general supervision of the coach or licensed athletic trainer during intramural or interscholastic athletic events.
  
12. In no event shall a school store more than a three (3) month supply of a medication for a student.

## **Students**

### **Administering Medications**

#### **K. Review and Revision of Policy**

In accordance with the provisions of Section 10-212a-2(a), the Board of Education shall review this policy periodically, and at least biennially, with the advice and approval of the school medical advisor, if any, or other qualified licensed physician, and the school nurse supervisor. Any proposed revisions to the policy must be made with the advice and approval of the school medical advisor, school nurse supervisor or other qualified licensed physician.

Legal Reference: Connecticut General Statutes  
10-206 Health Assessment  
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. (as amended by PA 99-2, and June Special Session and PA 03-211, PA 04-181, PA 07-241, PA 07-252, PA 09-155, PA 12-198, PA 14-176, PA 15-215 and PA 18-185)  
10-212c Life-threatening food allergies and glycogen storage disease: Guidelines; district plans (as amended by PA 18-185)  
10-220j Blood glucose self-testing by children. Guidelines. (as amended by PA 12-198)  
19a-900 Use of cartridge injector by staff member of before- or after-school program, day camp or day care facility.  
21a-240 Definitions  
29-17a Criminal history checks. Procedure. Fees.  
52-557b Immunity from liability for emergency medical assistance first aid or medication by injection. School personnel not required to administer or render. (as amended by PA 05-144, An Act Concerning the Emergency Use of Cartridge Injectors and PA 18-185, An Act Concerning the Recommendation of the Task Force on Life-Threatening Food Allergies in Schools)  
Connecticut Regulations of State Agencies 10-212a-1 through 10-212a-10, inclusive, as amended.  
Code of Federal Regulations: Title 21 Part 1307.2

## **Students**

### **Administering Medications**

20-12d Medical functions performed by physician assistants. Prescription authority.

20-94a Licensure as advanced practice registered nurse.

PA 18-185 An Act Concerning the Recommendations of the Task Force on Life-Threatening Food Allergies in Schools)



School District \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

**SCHOOL MEDICATION AUTHORIZATION**

Connecticut State Law and Regulations 10-212(a) require a written medication order of an authorized prescriber, (physician, dentist, optometrist, advanced practice registered nurse or physician's assistant, and for interscholastic and intramural sports only, a podiatrist) and parent/guardian written authorization, for the nurse, or in the absence of the nurse, a qualified school personnel to administer medication. Medications must be in the original properly labeled container. Prescription medication should be in the labeled container dispensed by a pharmacist.

This authorization is in effect for the school year:  The school year is from July 1<sup>st</sup>- June 30th

Self administration of asthma inhalers and cartridge injectors (for medically diagnosed allergies) may be authorized by the prescriber and parent/guardian. All other medications considered for self-administration must be approved by the school nurse in accordance with Board policy to confirm student safety and competency with medication procedure.

**Prescriber's Authorization**

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Condition for which medication is indicated: \_\_\_\_\_ Medication Allergies  NKDA  Yes: \_\_\_\_\_  
mg puffs amp PO GT / NGT

**Medication**

& generic name \_\_\_\_\_ Dose: \_\_\_\_\_ other Route: Inhaled with Spacer

Time of Administration \_\_\_\_\_ AM PM Side Effects: \_\_\_\_\_  
Not relevant

If PRN, frequency, Q \_\_\_\_\_ Hours Provider Name & Phone/Fax Numbers (printed or stamped)

<p><b>Prescribers Authorization for Self-Carry</b> <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><b>Prescriber's Authorization for Self-Administration</b> <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><i>Confirms that the student has been instructed to safely and properly administer this medication</i></p>	<div style="border: 1px solid black; height: 100px;"></div>
<p>Prescriber's Signature _____ Date: _____</p>	

### Parent/Guardian Authorization

I give my permission to have the above ordered medication be administered by school personnel. I understand that I must supply the school with no more than a 3 month supply of medication for students who **do not self carry** I understand that this medication will be destroyed if not picked up within one week following discontinuation of the medication or the last day of school, whichever comes **first**.

I also give my consent for the exchange of information between the prescribing health care provider and school nurse, as needed for the safe administration of this medication and the safe management of the condition for which it is prescribed.

**Parent/Guardian Authorization for Self-Carry/Self-Administration as per MD order above**       Yes  No

Parent/Guardian Signature: .....

Date:

Parent's Home Phone#

Work/ Cell #

**School nurse approval for Self Administration**       NR\*     Yes     No

*\*NR mean Not required for inhalers or cartridge injectors*

Signature

Date





## Record of Training of Qualified Personnel for Schools\*\* in the Administration of Medicines

School Building: \_\_\_\_\_

Responsible School Nurse/School Medical Advisor: \_\_\_\_\_

Date	Name Qualified Personnel for Schools	Generic Principles of Safe Administration of Medications *	Review of State Statute & School Regulations Regarding Administration of Medication by Qualified School Personnel *	Procedural Safe Handling and Documentation Storage *	Aspects Recording *	Specific Student Needs* (including name or generic name of medication, indications for medication, dosage, routes, time & frequency of administration, therapeutic effects of the medication, overdose, missed dose.)	Medication Idiosyncrasies *	Desired Effects *	Potential Side Effects, Untoward Reactions, When to Implement Emergency Interventions *

\* Directions: Check (x) when completed.

\*\* Qualified Personnel for Schools means (a) a full time employee as a principal, teacher, occupational therapist, or physical therapist who has been trained in the administration of medication pursuant to Section 10-212a-3 of the State regulations; (b) a coach and licensed athletic trainer trained in the administration of medication pursuant to Section 10-212a-8 of the State regulations; (c) a paraprofessional who has been trained in the administration of medication pursuant to Section 10-212a-9 of the State regulations. For school readiness programs and before- and after-school programs, directors, director's designee, lead teacher and school administrators trained in the administration of medication pursuant to Section 10-212a-10 of the State regulation.

**Inhalant and Cartridge Injection Medication Training Objectives:**

1. Understand the principles of the administration of medication applicable to receiving, storing and assisting with inhalant medications or cartridge injector medications, and documentation.
2. Obtain a basic understanding of the name and generic name of medication, indications for medication, dosage, routes, time and frequency of administration, therapeutic effects of the medication, potential side effects, and when to implement emergency interventions.
3. Demonstrate proper technique for the administration of inhalant medication and cartridge injector medication.
4. Will call parent/guardian and the school nurse or trainer (for athletics) immediately after giving the Epipen and calling 911.
5. Chaperones/Coaches have been instructed regarding the importance of being within close proximity of said student needing Epipen.
6. Teacher/Coach will be keep copy of MD order for those students with self-carry authorization.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

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**Amity Regional School District No. 5**  
**HIPAA-Compliant Authorization for Exchange of Health & Education Information**

I hereby authorize the Amity Regional School District to obtain and /or release confidential information regarding:

Patient/Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

	School District may:			School District may:	
	Obtain	Release		Obtain	Release
Psychological			Learning Disability		
Psychiatric			I.E.P.		
Medical			P.P.T. Minutes		
School Health Record			School Transcript		
Speech/Language			Oral Communication		
Other (Specify):					

**From/To:** Name/Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

**Release to Amity Regional School District, attention of:**  
 Name/Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

**Authorization:** This authorization is valid for one calendar year. It will expire on \_\_\_\_\_ [insert date]. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I recognize that health records, once received by the school district, may not be protected by the HIPAA Privacy Rule, but will become education records protected by the Family Educational Rights and Privacy Act. I also understand that if I refuse to sign, such refusal will not interfere with my child's ability to obtain health care.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

\* If a minor student is authorized to consent to health care without parental consent under federal or state law, only the student shall sign this authorization form. In Connecticut, a competent minor, depending on age, can consent to outpatient mental health care, alcohol and drug abuse treatment, testing for HIV/AIDS, and reproductive health care services.



**Amity Regional School District No. 5**  
**INDIVIDUALIZED HEALTH CARE PLAN**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

Diagnosis:

<b>Assessment Date/Nurse</b>	<b>Functional Health Concern</b>	<b>Student Objectives</b>	<b>Interventions</b>	<b>Evaluation</b>

## **Students**

### **Administering Medications**

#### **Regular School Day**

The Board of Education (Board) allows students to self-administer medication and qualified personnel for schools to administer medication to students in accordance with the following established procedures. These procedures shall be reviewed and/or revised and approved by the School Medical Advisor, the school nurse and the Board of Education. The District's School Medical Advisor (or other qualified physician) will approve this policy, its regulations and any changes prior to submission to the Board of Education for its approval.

The administration of medication includes the activities of handling, storing, preparing or pouring of medication, conveying it to the student according to the medication order, observing the student inhale, apply, swallow, or self-inject the medication, when applicable; documenting that the medication was administered; and counting remaining doses to verify proper administration and use of the medication.

A student who is required to receive medication or wants to take aspirin, ibuprofen, or an aspirin substitute containing acetaminophen during school hours must provide:

1. The authorized prescriber's (physician, dentist, optometrist, advanced practice registered nurse, or physician assistant; and a podiatrist in the case of interscholastic or intramural athletic events) orders for medication or aspirin, ibuprofen, or an aspirin substitute containing acetaminophen on a school district form which specifies the student's name, condition for which the drug is being administered, name of drug and method of administration and dosage of drug. For students receiving medicine the time of administration and duration of the order, side effects to be observed (if any) and management of such effects, and student allergies to food and/or medicine is also required on the form. This medical order must be renewed yearly if a student is to be administered medication by school personnel.
2. Written authorization from his or her parent or guardian allowing school personnel to administer said medication. This authorization shall be renewed yearly and shall include parental consent for school personnel to destroy said medication if not repossessed by the parent or guardian within a seven (7) day period of notification by school authorities.
3. The medication must have its original correct label from the pharmacy or manufacturer.

Students who are able to self-administer medication may do so provided:

1. An authorized prescriber provides a written order for self-administration of said medication.
2. There is written authorization for self-administration of medication from the student's parent or guardian.

## **Students**

### **Administering Medications**

3. The school nurse has evaluated the situation and deemed it to be safe and appropriate; has documented this on the student's cumulative health record, and has developed a plan for general supervision.
4. The student and school nurse have developed a plan for reporting and supervision of self-administration and notification of teachers.
5. The principal and appropriate teachers are informed that the student is self-administering prescribed medication.
6. Such medication is transported to the school and maintained under the student's control within these guidelines.

In addition, the Board permits those students who have a verified chronic medical condition and are deemed capable to self-administer prescribed emergency medication, including rescue asthma inhalers and cartridge injectors for medically-diagnosed allergies, to self-administer such medications and may permit such students to self-administer other medications, excluding controlled drugs, as defined in Connecticut General Statute 21a-240. Such students must provide:

1. An authorized prescriber's written medication order including the recommendation for self-administration; and
2. A written authorization for self-administration of medication from the student's parent or guardian.

Further, the school nurse shall assess the student's competency for self-administration in the school setting and deem it to be safe and appropriate, including that a student:

1. is capable of identifying and selecting the appropriate medication by size, color, amount, or other label identification;
2. knows the frequency and time of day for which the medication is ordered;
3. can identify the presenting symptoms that require medication;
4. administers the medication properly;
5. maintains safe control of the medication at all times;
6. seeks adult supervision whenever warranted; and
7. cooperates with the established medication plan.

In the case of inhalers for asthma and cartridge injectors for medically-diagnosed allergies, the school nurse's review of a student's competency to self-administer inhalers for asthma and cartridge injectors for medically-diagnosed allergies in the school setting shall not be used to prevent a student from retaining and self-administering inhalers for asthma and cartridge injectors for medically-diagnosed allergies. Students may self-administer such medications only with the written authorization of an authorized prescriber and written authorization from the student's parent or guardian or eligible student.

## **Students**

### **Administering Medications**

The school nurse is responsible for:

1. Reviewing the medication order and parental authorizations;
2. Developing an appropriate plan for self-administration;
3. Documenting the medication plan in the student's or participant's health record; and
4. Informing qualified personnel for schools and other staff regarding the student's self-administration of prescribed medication.

The medication shall be transported to school by the student and maintained under the student's control in accordance with the District's policy on self-medication by students and the individual student plan.

Self-administration of controlled medication may be considered for extraordinary situations such as international field trips. Such self-administration must be approved by the school nurse supervisor and the School Medical Advisor in advance and an appropriate plan shall be developed.

Medication may be administered by a licensed nurse, or in absence of such licensed personnel, any other nurse licensed pursuant to the provisions of Chapter 378, including a nurse employed by, or providing services under the direction of the Board of Education at a school-based clinic, qualified personnel for schools (principals, teachers, licensed physical or occupational therapists and coaches and licensed athletic trainers during intramural and/or interscholastic athletics) trained in the administration of medication. They shall not be held liable for any personal injuries which may result from acts or omissions constituting ordinary negligence.

A licensed practical nurse may administer medications to students if he/she can demonstrate evidence of one of the following:

1. Training in administration of medications as part of their basic nursing program;
2. Successful completion of a pharmacology course and subsequent supervised experience;
3. Supervised experience in medication administration while employed in a health care facility.

Licensed practical nurses shall **not** train or delegate the administration of medication to another individual. Such nurses shall only administer medications after the medication plan has been established by the school nurse or registered nurse.

Medication will be administered according to the following procedures:

1. The school nurse will develop a medication administration plan for each student before medication may be administered by any staff member. The school nurse will also review regularly all documentation pertaining to the administration of medication for students.

## **Students**

### **Administering Medications**

2. The qualified personnel for schools approved by the School Medical Advisor and school nurse will be formally trained by the school nurse or School Medical Advisor prior to administering medication. The school nurse, acting as designee and under the direction of the School Medical Advisor, will annually instruct such staff members in the administration of medication. The training shall include, but not be limited to:
  - A. The generic principles of safe administration of medications.
  - B. Review of state statute and school regulations regarding administration of medication by school personnel.
  - C. Procedural aspects of the administration of medication, including the safe handling and storage of medication, and documentation.
  - D. Specific information related to each student's medication and each student's medication plan including the name and generic name of the medication, indications for medication, dosage, routes, time and frequency of administration, therapeutic effects of the medication, potential side effects, overdose or missed dose of the medication, and when to implement emergency interventions.
3. A list of qualified personnel successfully trained and approved to administer medication along with documentation of the annual update of trainees shall be submitted to the Superintendent by the nursing supervisor on October 31 of each year. All such individuals including school nurses and nurse practitioners must have also satisfactorily passed the criminal background check. The documentation shall include the dates of general and student-specific training, the content of the training, individuals who have successfully completed general and student-specific administration of medication training for the current school year, and names and credentials of the nurse or School Medical Advisor trainer or trainers.
4. A current list of those authorized to give medication shall be maintained in the school.

A child with diabetes may test his/her own blood glucose level per the written order of a Connecticut-licensed physician stating the need and the capacity of such child to conduct self-testing, along with the written authorization of the parent/guardian. The time and location of such blood glucose self-testing by a child with diabetes on school grounds shall not be restricted. Such self-testing shall be pursuant to guidelines promulgated by the Commissioner of Education.

The school nurse or school principal shall select a qualified school employee to, under certain conditions, give a glucagon injection to a student with diabetes who may require prompt treatment to protect him/her from serious harm or death. The nurse or principal must have the written authority from the student's parent/guardian and a written order from the student's Connecticut-licensed physician. The authorization shall be limited to situations when the school nurse is absent or unavailable. No qualified school employee shall administer this medication unless he/she has annually completed any training required by the school nurse and school medical advisor in the administration of medication with injectable equipment used to administer glucagon, the school nurse and school medical advisor must attest that the qualified school employee has completed such training and the qualified school employee voluntarily agrees to serve as a qualified school

## **Students**

### **Administering Medications**

employee. The injections are to be given through an injector or injectable equipment used to deliver an appropriate dose of glucagon as emergency first aid response to diabetes.

A specific paraprofessional, in the absence of a school nurse, may only administer medications to a specific student in order to protect that student from harm or death due to a medically diagnosed allergic condition according to the following:

- A. only with the approval of the School Medical Advisor and school nurse, in conjunction with the school nurse supervisor, and under the supervision of the school nurse;
- B. with a proper medication authorization from the authorized prescriber in conformity with Connecticut General Statute 10-212a;
- C. with parental/guardian permission to administer the medication at school;
- D. only medication necessary for prompt treatment of an allergic reaction, including, but not limited to, a cartridge injector, and
- E. the paraprofessional shall have received proper training and supervision from the school nurse as detailed in Section 10-212a-3 and Section 10-212a-7 of the Regulations of Connecticut State Agencies.

**Note:** The use of a paraprofessional to administer medications, as described above, is not mandated by law or regulation. Such use is subject to Board of Education approval.

### **Definitions**

**Carrier** means any school district, educational institution, or person, firm or corporation under contract to such district or institution engaged in the business of transporting students. (C.G.S. 14-212 (2)).

**Cartridge injector** means an automatic prefilled cartridge injector or similar automatic injectable equipment used to deliver epinephrine in a standard dose for emergency first aid response to allergic reactions.

**Qualified school employee** means a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the school district, coach or school paraprofessional.

**Qualified medical professional** means a licensed physician, optometrist, advanced practice registered nurse, or a physician assistant.

**School bus driver** means any person who holds a commercial driver's license with a public passenger endorsement to operate a school bus pursuant to subsection (a) of C.G.S. 14-44.

## Students

### Administering Medications

#### Storage and Use of Epinephrine Cartridge Injectors (Emergency Administration of Epinephrine to Students without Prior Written Authorization)

A school nurse or, in the absence of a school nurse, a “qualified school employee” shall maintain epinephrine in cartridge injectors for the purpose of emergency first aid to students who experience allergic reactions, who were not previously known to have serious allergies and therefore do not have a prior written authorization of a parent/guardian or a prior written order of a qualified medical professional for the administration of epinephrine.

**Note:** Epipens expire yearly. Therefore schools are responsible for refilling their prescriptions annually. It is estimated that each school would require two to three two-pack epipens.

The school nurse or school principal shall select qualified school employees who voluntarily agree to be trained annually to administer such epinephrine as emergency first aid, pursuant to PA 14-176. There shall be at least one such qualified school employee on the grounds of each District school during regular school hours in the absence of the school nurse. Each school must maintain a store of epipens for such emergency use.

**Note:** This requirement pertains only during regular school hours and does not include after-school activities.

#### Storage and Use of Epinephrine Cartridge Injectors (Emergency Administration of Epinephrine to Students without Prior Written Authorization) (continued)

No qualified school employee shall administer epinephrine unless he/she annually completes the training program regarding emergency first aid to students who experience allergic reactions, developed by the Departments of Education and Public Health in consultation with the School Nurse Advisory Council. The training program shall include instruction in cardiopulmonary resuscitation; first aid; food allergies; the signs and symptoms of anaphylaxis; prevention and risk-reduction strategies regarding allergic reactions; emergency management and administration of epinephrine; follow-up and reporting procedures after a student has experienced an allergic reaction; and any other relevant issues and topics related to emergency first aid to students who experience allergic reactions.

The school shall fulfill all conditions and procedures promulgated in the regulations established by the State Board of Education for the storage and administration of epinephrine by school personnel to students for the purpose of emergency first aid to students who experience allergic reaction and do not have prior written authorization for epinephrine administration.

The school nurse or, in the absence or unavailability of such school nurse, such qualified school employee may administer epinephrine to a student experiencing a life-threatening undiagnosed

## **Students**

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allergic reaction, as emergency first aid to students who do not have prior written authorization from a parent or guardian or a prior written order from a qualified medical professional for the administration of epinephrine. A qualified school employee must annually complete the required training program in order to be permitted to administer epinephrine utilizing an epipen.

The parent/guardian of a student may submit, in writing, to the school nurse and school medical advisor, if any, that epinephrine shall not be administered to his/her child permitted by statute. The school district shall annually notify parents/guardians of the need to provide written notice if they do not want emergency administration of epinephrine to be given to their child. Such notice shall be given to the school nurse or school medical advisor.

The person responsible for decision-making in the absence of the school nurse shall be the qualified school employee administering the epinephrine.

The school nurse, when the need exists to be absent or unavailable from his/her school assignment, shall notify the Principal or his/her designee and the trained qualified school employee(s) who shall be responsible for the emergency administration of epinephrine. Each school shall have a sufficient number of trained qualified school employees to ensure that there is at least one qualified and trained employee on the grounds of each school during regular school hours in the absence of the school nurse.

Emergency administration of epinephrine with a cartridge injector must be reported immediately to the school nurse and the student's parent/guardian. A separate administration of medication form for each student shall be maintained and submitted to the school nurse at the earliest possible time but not later than the next day and filed in or summarized on the student's cumulative health record.

Medication errors shall be reported immediately to the school nurse, nurse supervisor, medical advisor, and the student's parent or guardian. Documentation of the medication error shall be submitted to the school nurse at the earliest possible time but not later than the next school day and filed in or summarized on the student's cumulative health record.

The principal's/nurse's office shall notify the persons who will administer epinephrine as emergency first aid to students who experience allergic reactions but do not have prior written authorization of a parent/guardian and from a qualified medical professional of the students whose parents have refused the emergency administration of epinephrine.

Following the emergency administration of epinephrine by a qualified school employee to a student without a prior authorization or medication order, such administration shall be reported immediately to the school nurse or school medical advisor and the student's parent or guardian. A medication record shall be submitted to the school nurse not later than the next school day and filed in or summarized on the student's cumulative health record.



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#### **Handling and Storage of Medications**

All medication, except those approved for keeping by students for self-medication and epinephrine intended for emergency administration to students who do not have a prior written authorization or order, must be delivered by the parent or other responsible adult and shall be received by the nurse assigned to the school or, in the absence of such nurse, by other qualified personnel for schools trained in the administration of medication and assigned to the school. The school nurse must:

- A. Examine on site any new medication, medication order and parent/guardian authorization and except for epinephrine intended for emergency administration to students who do not have written prior authorization or order, to insure that it shall be properly labeled with dates, name of student, medication name, dosage and physician's name, and that the medication order and permission form are complete and appropriate.
- B. Develop an administration of medication plan for the student before any medication is given by qualified personnel for schools.
- C. Review all medication refills with the medication order and parent/guardian written authorization prior to the administration of medication except for epinephrine intended for emergency administration to students who do not have written prior authorization or order.
- D. Except as indicated by a student's emergency care plan, emergency medications shall be stored in an unlocked, clearly labeled and readily accessible cabinet or container during school hours under the supervision of the nurse or the principal or principal's designee trained in the administration of medication.
- E. Emergency medications shall be locked beyond the regular school day or program hours except as otherwise determined by a student emergency care plan.
- F. Record on the Student's Individual Medication Record the date the medication is delivered and the amount of medication received.
- G. Store medication requiring refrigeration in a refrigerator at no less than 36 degrees Fahrenheit and no more than 46 degrees Fahrenheit. The refrigerator shall be located in a health office maintained for health service purposes with limited access. Non-controlled medications may be stored directly on the shelf of the refrigerator with no further protection needed. Controlled medications shall be stored in a locked box affixed to the refrigerator shelf.
- H. Store prescribed medicinal preparations in securely locked storage compartment. Controlled substances shall be contained in separate compartments, secured and locked at all times. At least two sets of keys for the medication containers or cabinets shall be maintained for each school building or before- and after-school programs and school readiness programs. The school nurse shall maintain one set of keys. The additional set

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shall be under the direct control of the Principal and, if necessary, the Program Director or lead teacher trained in the administration of medication shall also have a set of keys.

All medication, except those approved for keeping by students for self-medication, shall be kept in a designated locked container, cabinet or closet used exclusively for the storage of medication.

In the case of controlled substances, they shall be stored separately from other drugs and substances in a separate, secure, substantially constructed, locked metal or wood cabinet.

No more than a three month supply of a medication for a student shall be stored at the school. All medications, prescriptions and non-prescription, shall be delivered and stored in their original containers and in such a manner as to render them safe and effective. No medication for a student shall be stored at a school without a current written order from an authorized prescriber.

Access to all stored medications shall be limited to persons authorized to administer medications. Each school or before- and after-school program and school readiness program shall maintain a current list of those persons authorized to administer medications.

### **Destruction/Disposal of Medication**

At the end of the school year or whenever a student's medication is discontinued by the authorized prescriber, the parent or guardian is to be contacted and requested to repossess the unused medication within a seven (7) school day period. If the parent/guardian does not comply with this request, all medication (non-controlled drugs) is to be destroyed by the school nurse in the presence of at least one witness (school physician, principal, teacher) according to the following procedures:

1. Medication will be destroyed in a non-recoverable fashion. (*Procedure below recommended by Connecticut Department of Environmental Protection, Office of Pollution Prevention.*)
  - A. **Keep the medication in its original container.**
    - To protect privacy and discourage misuse of the prescription, cross out the patient's name with a permanent marker or duct tape or remove the label. (Chemotherapy drugs may require special handling. Work with your healthcare provider on proper disposal options for this type of medication.)
  - B. **Modify the medications to discourage consumption.**
    - For solid medications: such as pills or capsules: add a small amount of water to at least partially dissolve them.
    - For liquid medications: add enough table salt, flour, charcoal, or nontoxic powdered spice, such as turmeric or mustard to make a pungent, unsightly mixture that discourages anyone from eating it.

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- For blister packs: wrap the blister packages containing pills in multiple layers of duct or other opaque tape.
- C. Seal and conceal.**
- Tape the medication container lid shut with packing or duct tape.
  - Place it inside a non-transparent bag or container such as an empty yogurt or margarine tub to ensure that the contents cannot be seen.
  - **Do not** conceal medicines in food products because animals could inadvertently consume them.
- D. Discard the container in your trash can.**
- E. Schools that want to dispose of controlled substances should call the Drug Control Division of the CT Department of Consumer Protection for assistance at 860-713-6055.**
2. The following information is to be charted on the student's health folder and signed by the school nurse and witness:
- A. Date of destruction.
  - B. Time of destruction.
  - C. Name, strength, form and quantity of medication destroyed.
  - D. Manner of destruction of medication.
3. Controlled substances shall not be destroyed by the school nurse. Controlled substances shall be destroyed pursuant to Section 21a-262-3 of the Regulations of the Connecticut State Agencies. In the event that any controlled substance remains unclaimed, the school nurse or Supervisor of Nursing shall contact the Connecticut Commissioner of Consumer Protection to arrange for proper disposition. Destruction may also be conducted by a Connecticut licensed pharmacist in the presence of another pharmacist acting as a witness.
4. Any accidental destruction or loss of controlled drugs must be verified in the presence of a second person, including confirmation of the presence or absence of residue and jointly documented on the student medication administration record and on a medication error form pursuant to Connecticut General Statute 10-212a(b). If no residue is present notification must be made to the Department of Consumer Protection (DEP) pursuant to Section 21a-262-3 of the Regulations of Connecticut State Agencies.
5. The completed medication administration record for non-controlled medications may be destroyed in accordance with Section M8 of the Connecticut Municipality Retention Schedule, provided it is superseded by a summary on the student health record.

### Documentation and Record Keeping

Record keeping of medication administration shall either be in ink and shall not be altered or shall be recorded electronically, in a record that cannot be altered, on the individual student's medication record form which, along with the parental authorization form and the authorized prescriber's

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order, becomes part of the student's permanent record. Records shall be made available to the Connecticut State Department of Education upon request, for review until destroyed pursuant to C.G.S. 11-8a and C.G.S. 10-212a(b) for controlled medications.

Each school readiness or before- and after-school program where medications are administered shall maintain an individual medication administration record for each student who receives medication during regular school or program hours. A medication administration record shall include the:

- A. Name of the student;
- B. Name of medication;
- C. Dosage of medication;
- D. Route of administration;
- E. Frequency of administration;
- F. Name of the authorized prescriber, or in the case of aspirin, ibuprofen, or an aspirin substitute containing acetaminophen being given to a student, the name of the parent or guardian requesting the medication to be given;
- G. Dates for initiating and terminating the administration of the medication, including extended year programs;
- H. Quantity received which shall be verified by the adult delivering the medication;
- I. Student allergies to food and/or medicine;
- J. Date and time of administration or omission including reason for omission;
- K. Dose or amount of drug administered;
- L. Full written or electronic signature of the nurse or qualified personnel for schools administering the medication; and
- M. For controlled medications, a medication count which shall be conducted and documented at least once a week and co-signed by the assigned nurse and a witness.

The completed medication administration record for controlled medications shall be maintained in the same manner as the non-controlled medications. In addition, a separate medication administration record needs to be maintained in the school for three years, pursuant to Connecticut General Statute 10-212a(b).

The written order of the authorized prescriber, the written authorization of the parent or guardian to administer the medication and the written parental/guardian permission for the exchange of information by the prescriber and school nurse to ensure the safe administration of such medication shall be filed in the student's cumulative health record or, for before- and after-school programs and school readiness programs, in the child's program record.

Record of the medication administered shall be entered in ink on an individual student medication record form and filed in the student's cumulative health folder. If the student is absent, it shall be so recorded. If an error is made in recording, a single line shall be run through the error and initialed.

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An authorized prescriber's verbal order, including a telephone order, for a change in any medication may be received only by a school nurse. Such verbal order must be followed by a written order within three (3) school days.

1. An error in the administration of medication shall be reported to the school nurse who will initiate appropriate action and documentation in a student incident report and on his/her cumulative record.
2. Untoward reactions to medication shall be reported to the school nurse, the parent, and the student's physician.
3. Records of controlled substances shall be entered in the same manner as other medications with the following additions:
  - A. The amount of controlled drug shall be counted and recorded on the individual student medication record form after each dose given.
  - B. A true copy (carbon or NCR) of the forms shall be retained by the school for 3 years and the original filed in the student's permanent health record.
  - C. Loss, theft or destruction of controlled substances shall be immediately, upon discovery, reported to the Supervisor of Nursing Services who will contact the Connecticut Commissioner of Consumer Protection.

In the absence of a licensed nurse, only qualified personnel for schools who have been properly trained may administer medication to students. Qualified personnel for schools may administer oral, topical, or inhalant medications. Medications with a cartridge injector(s) may be administered by qualified personnel only to a student with a medically diagnosed allergic condition which may require prompt treatment to protect the student against serious harm or death.

Investigational drugs may not be administered by qualified personnel for schools.

In the case of the administration of a medication with a cartridge injector in an after-school readiness program or child-care program, such administration shall be reported to the school nurse no later than the next school day.

### **Medication Errors**

An error in the administration of medication shall be reported immediately to the school nurse, the school nurse supervisor, the parent/guardian, and the authorized prescriber, verbally and followed by a written statement to all parties within one (1) school day.

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A medication error includes any failure to administer medication as prescribed for a particular student, including failure to administer the medication:

- Within the appropriate timeframe.
- In the correct dosage.
- In accordance with accepted practice.
- To the correct student.

In the event of a medication error, the school nurse shall notify the parent or guardian. The nurse shall document the effort to reach the parent or guardian. If there is a question of potential harm to the student and medical treatment may be required, the nurse and/or building administrator shall also notify the student's authorized prescriber or the School Medical Advisor. In a severe emergency, 911 should be called. Contact the Poison Control Center as deemed necessary.

Any errors in the administration of a medication shall be documented by the nurse in the student's cumulative health record or, for before- and after-school programs and school readiness programs, in the child's program record. A written report shall also be made using a medication error form authorized by the Board of Education. The report must include any corrective action taken.

In case of an anaphylactic reaction or the risk of such reaction, a school nurse (or any other person trained in CPR and First Aid) may administer emergency oral and/or injectable medication to any student in need thereof on the school grounds, in the school building, or at a school function according to the standing order of the School Medical Advisor or the student's private physician.

#### **Alternate language pertaining to "Medication Errors" to consider:**

Whenever any error in medication administration occurs, the following procedures shall apply:

- A. the person making the error in medication administration shall immediately implement the medication emergency procedures in this regulation if necessary, and shall immediately notify the school nurse and the Principal (if the Principal was not the person who made the error);
- B. the school nurse shall immediately notify the authorized prescriber and the student's parent or guardian.
- C. the Principal shall notify the Superintendent or the Superintendent's designee, advising of the nature of the error and all steps taken or being taken to rectify the error, including contact with the authorized prescriber and/or any other medical action(s). (An incident report form is to be sent to the Superintendent or his/her designee.)

A report shall be completed using the authorized accident/incident report form.

Any error in the administration of medication shall be documented in the student's cumulative health record.

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#### **Administration of Emergency Medication under Connecticut General Statute 10-212a**

In the absence of a school nurse, any other nurse licensed pursuant to provisions of Chapter 378 including a nurse providing services at a school-based health clinic, qualified personnel for schools may give emergency medication orally or by injection to students with a medically diagnosed allergic condition which would require such prompt treatment to protect the child from serious harm or death so long as the administrator or teacher has completed training in administration or such medication.

A school nurse or, in the absence of a school nurse, a “qualified employee” shall maintain epinephrine in cartridge injectors for the purpose of emergency first aid to students who experience allergic reactions who were not previously known to have serious allergies and therefore do not have a prior written authorization of a parent/guardian or a prior written order of a qualified medical professional for the administration of epinephrine. (*See section of this regulation titled, “Storage and Use of Epinephrine Cartridge Injectors.”*)

Whenever a student has an untoward reaction to administration of a medication, resolution of the reaction to protect the student’s health and safety shall be the foremost priority. The school nurse and the authorized prescriber shall be notified immediately, or as soon as possible in light of any emergency medical care that must be given to the student.

Emergency medical care to resolve a medication emergency includes but is not limited to the following, as appropriate under the circumstances or: (*in the event of a medication emergency, the following will be readily available:*)

- A. The use of the 911 emergency response system;
- B. The contact of a local poison information center;
- C. The physician, clinic or emergency room to be contacted in such an emergency;
- D. The name of the person responsible for the decision-making in the absence of the school nurse;
- E. The application by properly trained and/or certified personnel of appropriate emergency medical care techniques, such as cardio-pulmonary resuscitation;
- F. Administration of emergency medication in accordance with policy #5141.21 and this administrative regulation; and
- G. Transporting the student to the nearest available emergency medical care facility that is capable of responding to a medication emergency.

As soon as possible, in light of the circumstances, the Principal shall be notified of the medication emergency. The Principal shall immediately thereafter contact the Superintendent or the Superintendent’s designee.

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The school nurse is responsible for notifying the parent or guardian, advising of the existence and nature of the medication emergency and all steps taken or being taken to resolve the emergency and protect the health and safety of the student, including contact with the authorized prescriber and/or any other medical action(s) that are being or have been taken.

### **Supervision**

The school nurse is responsible for general supervision of administration of medications in the school(s) to which that nurse is assigned. The school nurse's duty of general supervision includes, but is not limited to the following:

- 1. Availability on a regularly scheduled basis to:**
  - a. review orders or changes in orders, and communicate these to personnel designated to administer medication for appropriate follow-up;
  - b. set up a plan and schedule to ensure medications are given;
  - c. provide training to qualified personnel for schools and other licensed nursing in the administration of medications, and assess that the qualified personnel for schools are competent to administer medications;
  - d. support and assist other licensed nursing personnel and qualified personnel for schools to prepare for and implement their responsibilities related to the administration of specific medications during school hours; and,
  - e. provide consultation by telephone or other means of telecommunications. (In the absence of the school nurse, an authorized prescriber or other nurse may provide this consultation.)
- 2. In addition, the school nurse shall be responsible for:**
  - a. implementing policies and procedures regarding the receipt, storage, and administration of medications;
  - b. reviewing, on a monthly basis, all documentation pertaining to the administration of medications for students;
  - c. observing the competency to administer medication by qualified personnel for schools; and
  - d. conducting periodic reviews, as needed, with licensed nursing personnel and qualified personnel for schools, regarding the needs of any student receiving medication.



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#### Before- and After-School Programs and School Readiness Programs

Directors, or their designees, who may include lead teachers or school administrators, who have been properly trained, may administer medications to students as delegated by the school nurse or other registered nurse, in school readiness programs and before- and after-school programs that are child care programs. (Such programs must either be District-administered or administered by a municipality exempt from licensure by the Department of Public Health and are located in a District public school). Medicine may be administered pursuant to the Regulations of Connecticut State Agencies, Section 10-212a-10, to children enrolled in these programs.

Administration of medications shall be provided only when it is medically necessary for program participants to access the program and maintain their health status while attending the program. Investigational drugs or research or study medications may not be administered by Directors or their designees, lead teachers or school administrators. Properly trained Directors, Directors' designees, lead teachers or school administrators may administer medications to students as delegated by the school nurse or other registered nurse. They may administer oral, topical, intranasal, or inhalant medications. No medication shall be administered without the written order of an authorized prescriber and the written approval of the parent/guardian.

A child attending any before- or after-school program, as defined in policy #5141.21, upon the request and with the written authorization of the child's parent/guardian and pursuant to the written order from the student's authorized prescriber, will be provided medication and supervised by the District staff member (Director or designee, lead teacher, school administrator) trained to administer medication with a cartridge injector. Such administration shall be to a particular student who is medically diagnosed with an allergy that may require prompt treatment to avoid serious harm or death.

The selected staff member shall be trained in the use of a cartridge injector by either a licensed physician, physician's assistant, advanced practice registered nurse or registered nurse. (***Optional for protection under the Good Samaritan statute: The selected staff member is also required to complete a course in first aid offered by the American Red Cross, the American Heart Association, the National Ski Patrol, the Department of Public Health or any Director of Health.***)

The administration has determined, in cooperation with the School Medical Advisor and school nurse [supervisor], the level of nursing services that is/is not required on site based on the needs of the program and its participants.

Students in the school readiness and before- and after-school programs may self-administer medication according to the student's individual health plan and only with the written order of an authorized prescriber, written authorization of the child's parent or guardian, written approval of

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the school nurse. (*Note: It is a local decision whether to allow self-medication in these programs.*)

The nurse shall evaluate the situation and deem it appropriate and safe and has developed a plan for general supervision of such self-medication. The written permission of the parent or guardian for the exchange of information between the prescriber and the school nurse is required in order to ensure the safe administration of such medication.

Any error in the administration of medication shall be reported immediately to the school nurse, the parents and the prescribing physician. In case of an anaphylactic reaction or the risk of such reaction a school nurse (*Optional: or any other person trained in CPR and First Aid*) may administer emergency oral and/or injectable medication to any child in need thereof on school grounds, or in the school building, according to the standing order of the School Medical Advisor or the child's private physician. In addition, local poison control center information shall be readily available at the sites of these programs.

In the event of a medical emergency, the following will be readily available: (1) local poison information center contact information; (2) the physician, clinic or emergency room to be contacted in such an emergency; and (3) the name of the person responsible for the decision making in the absence of a school nurse.

All medications shall be handled and stored as outlined in this administrative regulation. Where possible, a separate supply of the child's medication shall be stored at the site of the before- or after-school program or school readiness program. If this is not possible, a plan must be developed and implemented to ensure the timely transfer of the medication from the school to the program and back on a daily basis.

Documentation and record keeping shall be done in compliance with the stipulations outlined in this administrative regulation.

A separate administration of medication record for each student in the program shall be maintained. All instances of the administration of medication shall be reported to the school nurse according to the student's individual plan or at least on a monthly basis. The administration of a medication with a cartridge injector shall be reported to the school nurse no later than the next school day. The administration of medication record shall be submitted to the school nurse at the end of the school year and filed in or summarized on the student's cumulative health record.

A child attending any before- and after-school programs or school readiness programs operated and administered by the Board or municipality in any building or on the grounds of any District school, upon the request and with the written authorization of the child's parent/guardian or eligible student and pursuant to the written order from the student's authorized prescriber, will be supervised by a District staff member trained to administer medication with a cartridge injector. Such administration shall be to a particular student diagnosed with an allergy that may require

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prompt treatment to avoid serious harm or death. The selected staff member shall be trained in the use of a cartridge injector by either a licensed physician, physician's assistant, advanced practice registered nurse or registered nurse. *(Optional for protection under the Good Samaritan statute: The selected staff member is also required to complete a course in first aid offered by the American Red Cross, the American Heart Association, the National Ski Patrol, the Department of Public Health or any Director of Health.)*

Supervision of the administration of medication in before- and after-school and school readiness programs shall be pursuant to the "Supervision" section of these administrative bylaws.

### **Administration of Medication During Intramural and Interscholastic Athletics**

A coach or licensed athletic trainer, trained in the general principles of medication administration applicable to receiving, storing, and assisting with inhalant medications or cartridge injector medications and documentation, may administer medication for select students, according to the student's individualized medication plan, for whom self-administration plans are not viable options as determined by the school nurse.

The medication which may be administered is limited to: (1) inhalant medications prescribed to treat respiratory conditions and (2) medication administered with a cartridge injector for students with a medically diagnosed allergic condition which may require prompt treatment to protect the student against serious harm or death.

The school nurse, responsible for the student's individualized medication plan, shall provide the coach with a copy of the authorized prescriber's order and the parental/guardian permission form. Parents are responsible for providing the coach or licensed athletic trainer the medication, such as the inhaler or cartridge injector, which shall be kept separate from the medication stored in the school health office during the school day.

Medications to be used in athletic events shall be stored in containers for the exclusive use of holding medications; in locations that preserve the integrity of the medication; under the general supervision of the coach or licensed athletic trainer trained in the administration of medication; and in a locked secure cabinet when not in use at athletic events.

The coach or licensed athletic trainer's agreement is necessary for the administration of emergency medication and the implementation of the student's emergency care plan.

Coaches and licensed athletic trainers are required to fulfill the documentation requirements as outlined in these administrative regulations. A separate medication administration record for each student shall be maintained in the athletic area. Errors in the administration of medication shall be addressed as specified in Section 10-212a-6 of the Regulations of Connecticut State Agencies, and detailed in these administrative regulations. If the school nurse is not available, a report may be submitted by the coach or licensed athletic trainer to the school nurse on the next school day.

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An administration of medication record shall be submitted to the school nurse at the end of each sport season and filed in the student's cumulative health record.

Legal Reference: Connecticut General Statutes  
10-206 Health assessment  
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 medicines by school personnel. (as amended by P.A. 03-211, PA 04-181, PA 09-155, PA 14-176 and PA 18-185)  
10-212c Life-Threatening food allergies and glycogen storage disease: Guidelines; district plans. (as amended by PA 18-185)  
10-22j Blood glucose self-testing by children. Guidelines (as amended by PA 12-198)  
19a-900 Use of cartridge injector by staff member of before- or after-school program, day camp or day care facility  
21a-240 Definitions  
29-17a Criminal history checks. Procedure. Fees  
52-557b Immunity from liability for emergency medical assistance first aid or medication by injection. School personnel not required to administer or render. (as amended by PA 05-144 – An Act Concerning the Emergency Use of Cartridge Injectors and PA 18-185, An Act Concerning the Recommendations of the Task Force on Life-Threatening Food Allergies in Schools)  
Connecticut Regulations of State Agencies  
10-212a-1 through 10-212a-10 Administration of Medication by School Personnel and Administration of Medication During Before- and After-School Programs and School Readiness Programs, as amended  
1307.21 Code of Federal Regulation  
PA 18-185 An Act Concerning the Recommendations of the Task Force on Life-Threatening Food Allergies in Schools)