

Students**Administering Medications**

The purpose of this policy is for the 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 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. To provide immunity afforded to school personnel who administer medication, the 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 before adoption by the Board.

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.

An advanced practice registered nurse means an individual licensed pursuant to C.G.S. 20-94a.

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-and after-school program means any child care program operated and administered by a local or regional Board of Education or municipality exempt from licensure by the Office of Early Childhood pursuant to subdivision (1) of subsection (b) of C.G.S. 19a-77. Such programs shall not include public or private entities licensed by the Office of Early Childhood or the Board of Education, enhancement programs, or extracurricular activities.

Board of Education means a local or regional Board of Education, a regional educational service center, a unified school district, the regional vocational-technical school system, an approved private special education facility, the Gilbert School, the Norwich Free Academy, Woodstock Academy, or a non-public school whose students receive services pursuant to Section 10-217a of the Connecticut General Statutes.

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 an allergic reaction.

Coach means any person holding a coaching permit hired by the Board of Education to coach for a sports season.

Controlled drugs mean those drugs as defined in Connecticut General Statutes Section 21a-240.

A cumulative health record means the cumulative health record of a student mandated by Connecticut General Statutes Section 10-206.

Director means the person responsible for the operation and administration of any school readiness program or before-and after-school program.

An 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; and/or
 - (f) administer the medication according to generally accepted standards of practice;
- or

(2) the administration of medication to a student which is not ordered by an authorized prescriber, or which is not authorized in writing by the parent or guardian of such student, except for the administration of epinephrine for emergency first aid pursuant to Connecticut General Statutes 10-212a and Section 10-212a-2 of the Regulations of Connecticut State Agencies.

Extracurricular activities mean activities sponsored by local or regional Boards of Education that occur outside of the school day, are not part of the educational program, and do not meet the definition of before- and after-school programs and school readiness programs.

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 mean 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 mean events between or among schools for the purpose of providing an opportunity for students to participate in competitive contests that are highly organized and extend beyond the scope of intramural programs and include 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.

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, including over-the-counter, prescription, and controlled drugs, as defined in Connecticut General Statutes Section 21a-240. This definition includes Aspirin, Ibuprofen, or Aspirin substitutes containing Acetaminophen.

A medication emergency means a life-threatening reaction of a student to a medication.

A 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 written direction 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 12 months, 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 of the Connecticut General Statutes.

An 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.

An 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 for 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.

Physician assistant means an individual licensed to prescribe medications pursuant to Section 20-12d of the Connecticut General Statutes.

A podiatrist is an individual licensed to practice podiatry in Connecticut pursuant to Chapter 375 of the Connecticut General Statutes.

Principal means the school's administrator.

Qualified medical professional, as defined in C.G.S. 10-212, means a physician licensed under Chapter 370, an optometrist licensed to practice optometry under Chapter 380, an advanced practice registered nurse licensed to prescribe in accordance with Section 20-94a, or a physician assistant licensed to prescribe in accordance with Section 20-12d.

Qualified personnel for schools means (a) a qualified school employee who is a full-time employee or is a coach, athletic trainer, or school paraprofessional, or for school readiness programs and before and after school programs, means the director or director's designee and any lead teachers and school administrators who have been trained in the administration of medications. For school readiness programs and before- and after-school programs, Directors or Director's designee, lead teachers, and school administrators who have been trained in the

administration of medication may administer medications pursuant to Section 10-212a-10 of the State regulations.

Qualified school employee, as defined in C.G.S. 10-212, means a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, coach, or school paraprofessional.

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 dose range for that medication.

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

School medical advisor means a physician appointed pursuant to C.G.S. 10-205.

School nurse means a nurse appointed in accordance with Connecticut General Statutes 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 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 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 is 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.

Supervision means overseeing the administration of medication in a school.

Teacher means a person employed full-time by a Board of Education who has met the minimum standards established by that 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.

General Policies on Administration of Medication

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

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

The school nurse or school principal may select a qualified school employee to, under certain conditions, give a Diastat rectal gel syringe to a student with seizures 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 the "Antiepileptic Medication Administration Training Program for Connecticut's Unlicensed School Personnel" created by the CT State DOE in consultation with the CT School Nurse Advisory Council and the Association of School Nurses of CT. The school nurse and/or 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 employee. The medication is to be given via a rectal syringe that is used to deliver a predetermined dose of Diastat rectal gel as an emergency first aid response to a seizure.

A child diagnosed with asthma or a diagnosed life-threatening allergic condition, pursuant to State Board of Education regulations, may possess, self-administer or possess and self-administer medicine administered through the use of an asthmatic inhaler or an EpiPen or similar device in the school at all times or while receiving school transportation services if he/she is

under the care of a physician, physician assistant, or advanced practice registered nurse (APRN) and such practitioner certifies in writing to the Board of Education that the child needs to keep an asthmatic inhaler or EpiPen at all times to ensure prompt treatment of the child's asthma or allergic condition and protect the child against serious harm or death. A written authorization of the parent/guardian is also required.

A school nurse may administer medication to any student pursuant to the written order of an authorized prescriber (physician, dentist, optometrist, an advanced practice registered nurse, or a physician assistant and for interscholastic and intramural athletic events only, a podiatrist) and the written authorization of a parent or guardian of such child or eligible student and the written permission of the parent/guardian for the exchange of information between the prescriber and the school nurse necessary to ensure the safe administration of such medication.

In the absence of a school nurse, 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, only qualified personnel for schools who have been properly trained may administer medications to students as delegated by the school nurse upon approval of the School Medical Advisor and the school nurse may administer medication to any student in the school following the successful completion of specific training in administration of medication and satisfactory completion of the required criminal history check.

Medications with a cartridge injector may be administered by qualified personnel in schools only to a student with a medically diagnosed allergic condition, which may require prompt treatment to protect the student against serious harm or death. Qualified personnel for schools, as defined, may administer oral, topical, intranasal, or inhalant medication in the absence of a licensed nurse. Investigational drugs, research, or study medications may not be administered by qualified personnel in schools.

Coaches and licensed athletic trainers during intramural and interscholastic events may administer medications pursuant to Section 10-212a-9 of the Regulations of Connecticut State Agencies and as described in this policy and in the administrative regulations to this policy.

In compliance with all applicable state statutes and regulations, parents/guardians may administer medications to their own children on school grounds.

Administration of Medication by Paraprofessionals

A specific paraprofessional, through a plan approved by a school nurse supervisor and School Medical Advisor, may administer medications including medications administered with a cartridge injector, to a specific student with a medically diagnosed allergic condition that may require prompt treatment in order to protect the student against serious harm or death pursuant to Section 10-212a-9 of the Regulations of Connecticut State Agencies and as described in the

administrative regulations. The approved plan also requires the written authorization of the student's parent/guardian and, pursuant to the written order from the student's authorized prescriber, is licensed to prescribe medication.

Administration of Medication by Coaches and Licensed Athletic Trainers During Intramural and Interscholastic Events

During intramural and interscholastic athletic events, a coach or licensed athletic trainer who has been 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 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 is responsible for the student's individualized medication plan and 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 medication, such as the inhaler or cartridge injector, to the coach or licensed athletic trainer, 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 agreement of the coach or licensed athletic trainer is necessary for the administration of emergency medication and the implementation of the emergency care plan.

Coaches and athletic trainers are required to fulfill the documentation requirements as outlined in the administrative regulations accompanying this policy. 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 the administrative regulation pertaining to this policy. If the school nurse is unavailable, the coach or licensed athletic trainer may submit a report to the school nurse on the next school day.

Storage and Administration of Epinephrine

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” who has completed the training required by PA 14-176, shall maintain epinephrine in cartridge injectors for emergency first aid to students who experience allergic reactions, who were not previously known to have serious allergies and who 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 to administer such epinephrine as emergency first aid. 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 supply of epinephrine in cartridge injectors (EpiPens) for such emergency use.

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

The school shall fulfill all conditions and procedures promulgated in the regulations established by the State Board of Education (Section 10-212a-2) for the storage and administration of epinephrine by school personnel to students for the purpose of emergency first aid to students who experience an 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 allergic reaction as emergency first aid, to students who do not have a 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 to administer epinephrine using an EpiPen.

Following the emergency administration of epinephrine by a qualified school employee to a student who does not have a prior written authorization of a parent/guardian or a prior written order of a qualified medical professional, such administration must be reported immediately to the school nurse or medical advisor, the student’s parent/guardian by the school nurse or the qualified school employee and a medication administration record shall be submitted by the qualified school employee at the earliest possible time, but not later than the next school day. Such a record must be filed in or summarized on the student’s cumulative health record.

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, as permitted by statute. The District shall annually notify parents/guardians of the need to provide such written notice.

The Board of Education, recognizing this emergency use of epinephrine for previously undiagnosed students, per the statute, is to take place during “regular school hours,” establishes such hours to be from the arrival of the first students to the school site to the departure of the last bus serving the school at the conclusion of the day’s instructional programs.

Note: The regulations indicate that boards of education determine the regular school hours for each school. Another definition could be the hours specified in the Teacher’s Contract for the normal school/employment day in terms of hours.

Administration of Anti-Epileptic Medications to Students

With the written authorization of a student’s parent/guardian, and pursuant to the written order of a physician, a school nurse (and a school medical advisor, if any), shall select and provide general supervision to a qualified school employee, who voluntarily agrees to serve as a qualified school employee, to administer anti-epileptic medication, including by rectal syringe, to a specific student with a medically diagnosed epileptic condition that requires prompt treatment in accordance with the student’s individual seizure action plan. Such authorization is limited to situations when the school nurse is absent or unavailable. No qualified school employee shall administer such medication unless he/she annually completes the training program developed by the State Department of Education, in consultation with the School Nurse Advisory Council.

In addition, the school nurse (and school medical advisor, if any) shall attest, in writing, that such qualified school employee has completed the required training. The qualified school employee shall also receive monthly reviews by the school nurse to confirm his/her competency to administer anti-epileptic medication. For purposes of the administration of anti-epileptic medication, a “qualified school employee” means a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the District, coach, or school paraprofessional.

School Bus Drivers Training

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 (“EpiPen”), (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 legislative requirements.

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.

(cf. 4112.5/4212.5 – Security Check/Fingerprinting)

(cf. 5141 – Student Health Services)

(cf. 5141.23 – Students with Special Health Care Needs)

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 are 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)

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

Code of Federal Regulations: Title 21 Part 1307.2

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

20-94a Licensure as an advanced practice registered nurse.

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

Policy adopted: 4/20/26

Students**Administering Medication to Students****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), management of such effects, and student allergies to food and/or medicine are 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 can 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.
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.

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 the 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.
2. The qualified personnel for schools approved by the School Medical Advisor and school nurse will be formally trained by the school nurse or the 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 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 employee. The injections are to be given through an injector or injectable equipment used to deliver an appropriate dose of glucagon as an emergency first aid response to diabetes.

A specific paraprofessional, in the absence of a school nurse, may only administer medications to a specific student 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.

Storage and Administration of Epinephrine**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.

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.
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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 an 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 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 to administer epinephrine using 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, as permitted by statute. The school district shall annually notify parents/guardians of the need to provide written notice if they do not want emergency epinephrine administration for 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 medication administration form for each student shall be maintained, submitted to the school nurse at the earliest possible time, but no later than the next day, and filed in or summarized in 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.

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 in 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, the principal, or the 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 refrigerator shelf 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 a 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 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 that approved for students to keep 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 student's medication shall be stored at the school. All medications, prescriptions, and non-prescription medications 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 asked 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.
- 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 a 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's 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 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 that administers medication 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 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 must be maintained at the school for 3 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's 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.

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's 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 shall be 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 school personnel who have been properly trained may administer medication to students. Qualified school personnel 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 in schools.

In the case of administering 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.

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.

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 of 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 the 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.

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 the general supervision of the 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.

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, 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.

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, or written approval of the school nurse.

The nurse shall evaluate the situation and deem it appropriate and safe, and shall have 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 the 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 records 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 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.

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 with 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 unavailable, the coach or licensed athletic trainer may submit a report to the school nurse on the next school day.

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 are 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)

Regulation approved:



Ann Milanese, MD
Medical Advisor, RSD #7

Policy/ Regulation approved: **4/20/26**