

## Students

### Administering Medications

The purpose of this policy is for the Woodbridge 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 Woodbridge 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 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.

### 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.

**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 Section 19-77a of the Connecticut Statutes. Such programs shall not include public or private entities licensed by the Office of Early Childhood or Board of Education enhancement programs and extra-curricular 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.

**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.

**Controlled Drugs** means those drugs as defined in Connecticut General Statutes Section 21a-240.

**Cumulative Health Record** means the cumulative health record of a student mandated by Connecticut General Statutes Section 10-206.

**Dentist** means a doctor of dentistry licensed to practice dentistry in Connecticut pursuant to Chapter 379 of the Connecticut General Statutes, or licensed to practice dentistry in another state.

**Director** means the person responsible for the operation and administration 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; 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 the purpose of emergency first aid pursuant to Section 10-212a of the Connecticut General Statutes and subsection (e) of Section 2121a-2 of the Regulations of Connecticut State Agencies.

**Extracurricular Activities** means 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.

**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.

**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.

**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, but it not limited to, 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 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 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 of the Connecticut General Statutes.

**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 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.

**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.

**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 full-time employee who is a qualified school employee, except that a coach, an athletic trainer, or school paraprofessional need not be a full-time employee. 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.

**Regular School Hours** for the purpose of this policy only means the hours from the arrival of the first students to the school site to the departure of the last bus leaving the school at the conclusion of the day's instructional program.

**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 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 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.

**Supervision** means the overseeing of the process of 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 as 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**

Except for the administration of epinephrine as emergency first aid to students who do not have a prior written parent authorization or written medical order as provided in this policy, no medication may be administered to any student without (1) the written order of an authorized prescriber, and (2) the written authorization of the student's parent or guardian or eligible student, and (3) the written permission of the parent for the exchange of information between the prescriber and the school nurse necessary to ensure the safe administration of such medication.

A school nurse, or in the absence of a school nurse, any other nurse licensed pursuant to the provisions of chapter 378 of the Connecticut General Statutes, including a nurse employed by, or providing services under the direction of the Board of Education at a school based clinic, may administer medication to students in accordance with all state laws and regulations and this policy and its regulations including those specifying required training and criminal background checks.

Absent the availability of a school nurse or other licensed nurse, certain qualified employees including paraprofessionals, coaches and licensed trainers, and others as specified herein may administer medication to students in accordance with this policy, its regulations, state and federal law and state regulations for the administration of medication.

Prescribed medication shall be administered to and taken by only the student for whom the prescription has been written.

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

Students may be permitted to self-administer medication only in accordance with this policy, its regulations, state law and state regulations governing the administration of medication.

For any 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.

Investigational drugs or research or study medications may not be administered by qualified personnel for schools.

### **Administration of Medication by Qualified Personnel for Schools**

Qualified personnel for schools who have (1) been delegated by the school nurse upon approval of the school medical advisor, (2) been properly trained in the administration of medication to students at least annually, and (3) satisfied a criminal history check may administer medications to students who have a written order from a physician, dentist, optometrist, advanced practice registered nurse, or physician assistant and the written authorization of a parent or guardian. Qualified personnel for schools, as defined, may administer oral, topical, intranasal, or inhalant medication in the absence of a licensed nurse.

Except for the administration of epinephrine as emergency first aid to students who do not have a prior written parent authorization or written medical order as provided in this policy, medications with a cartridge injector may be administered by qualified personnel for 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.

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 the student from serious harm or death. (See herein “Glucose Level Testing and the Administration of Glucagon”.)

Under specified conditions, a school nurse and school medical advisor, if any, will select, and a school nurse will provide general supervision to, a qualified school employee to administer antiepileptic medication to a student. (See herein “Administration of Antiepileptic Medication”.)

### **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 medially 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 licensed to prescribe medication.

### **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 Section 212a of the Connecticut General Statutes, 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 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.*

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 afterschool.*

### **Emergency Administration of Epinephrine Cartridge Injectors as Emergency First Aid to Students Who Do Not Have Prior Written Authorization**

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, a properly trained qualified school employee may administer an epinephrine cartridge injector 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 in order to be permitted to administer epinephrine utilizing an epipen.

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. 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 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.

### **Glucose Level Testing and the Administration of Glucagon**

A student with diabetes may test his or her own blood glucose level per the written order of a physician stating the need and the capacity of such student to conduct self-testing along with written authorization of the parent or 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 or her blood-glucose level on school grounds shall not be restricted provided the student has written parent or guardian permission and a written order for a physician licensed in Connecticut.

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 the student from serious harm or death. The nurse or principal must have the written authority from the student's parent or 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 or 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 injector or injectable equipment used to deliver an appropriate dose of glucagon as emergency first aid response to diabetes.

### **Administration of Antiepileptic Medication**

Under specified conditions, a school nurse and school medical advisor, if any, will select, and a school nurse will provide general supervision to, a qualified school employee to administer antiepileptic 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 medical plan and seizure action plan. The school nurse and school medical advisor, if any, must have the written authorization of a student's parent or guardian and the administration of the medication must be pursuant to the written order of a physician licensed under Chapter 370 of the General Statutes. The authorization will be limited to situations when the school nurse is absent or unavailable.

No qualified school employee may administer antiepileptic medication unless the qualified school employee annually completes the training program developed by the Department of Education in consultation with the School Nurse Advisory Council as described in the General Statutes at 10-212a(f)(2); the school nurse and school medical advisor, if any, have attested in writing that the qualified school employee has completed the training; the qualified school employee receives monthly reviews by the school nurse to confirm the qualified school employee's competency to administer antiepileptic medication; and the qualified school employee voluntarily agrees to serve as a qualified school employee. For purposes of the administration of antiepileptic 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.

### **Self-Administration of Medication**

Self-administration of medication by students shall be in accordance with state law and state regulations governing the administration of medication, and this policy and its accompanying regulations.

A student diagnosed with asthma or an allergic condition may carry an inhaler or epinephrine cartridge injector or similar device in the school at all times if the student is under the care of a physician, physician assistant, or advanced practice registered nurse and such practitioner certifies in writing to the Board of Education that the child needs to keep an asthmatic inhaler or epinephrine cartridge injector or similar device at all times to ensure prompt treatment of the student's asthma or allergic condition and protect the student against serious harm or death. Written authorization from the parent or guardian is also required.

### **Administration of Medications in School Readiness Programs and Before- and After-School 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 Office of Early Childhood 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. Except for the administration of epinephrine as emergency first aid to students who do not have a prior written parent authorization or written medical order as provided in this policy, no medication shall be administered in these programs without the written order of an authorized prescriber and the written authorization of a parent or guardian or eligible student.

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 authorization of the parent or guardian.

A child attending any before- or after-school program, defined as any child care program operated and administered by the Board in any building or on the grounds of any district school, upon the request and with the written authorization of the child's parent or guardian and pursuant to the written order from the student's authorized prescriber, will be supervised by the District staff member (Director or designee, lead teacher, school administrator) trained to administer medication including a cartridge injector. Such administration shall be to a particular student 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 shall determine, in cooperation with the school medical advisor, if any, and school nurse whether additional school nursing services or nurses are required based on the needs of the program and the participants in the program. This determination shall include whether a licensed nurse is required on site. The recommendation shall be subject to Board approval.

The Board will allow students in the school readiness and before- and after-school programs to 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 the school nurse, and with the written permission of the parent or guardian for the exchange of information between the prescriber and the school nurse necessary to ensure the safe administration of such medication. The nurse must evaluate the situation and determine that it is appropriate and safe for the student to self-administer medication and must develop a plan for general supervision of such self-medication.

An error in the administration of medication shall be reported immediately to the school nurse, the parents or guardians, and the authorized prescriber, or, if none, the school medical advisor. In case of an anaphylactic reaction or the risk of such reaction a school nurse may administer emergency oral 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. However, in an emergency any other person trained in CPR and First Aid may administer emergency oral and/or injectable medication to any child in need on school grounds, or in the school building. In addition, local poison control center information shall be readily available at the sites of these programs. The Program Director or his or her designee shall be responsible for decision making in the absence of the nurse.

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 in accordance with the provisions of subsection (a) to (k) inclusive of the Regulations of Connecticut State Agencies, as outlined in the accompanying administrative regulation to this policy.

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 should be in place 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 the administrative regulation accompanying this policy.

The portion of this policy pertaining to the administration of medication in school readiness programs and before- and after-school programs shall be reviewed by the Board on an annual basis with input from the school medical advisor or a licensed physician and the school nurse supervisor.

### **Administration of Medication by Coaches and Licensed Athletic Trainers during Intramural and Interscholastic Events**

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.

During intramural and interscholastic athletic events, a coach or licensed athletic trainer who has been trained pursuant to Section 10-212a-8 of the state Regulations in the general principles of medication administration applicable to receiving, storing, and assisting with inhalant medications or cartridge injector medications and documentation and student specific needs for assistance according to the student's medication plan, 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 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 not available, a report may be submitted by the coach or licensed athletic trainer to the school nurse on the next school day.

### **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 and PA 09-155, PA 14-176, and PA 15-215.

[10-212c. Life-threatening food allergies and glycogen storage disease: Guidelines; district plans.](#)



10-212g. Training program re emergency first aid to students who experience allergic reactions

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 “Good Samaritan Law”. 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; PA 14-176).

Connecticut Regulations of State Agencies 10-212a-1 through 1Q-212a-10, inclusive

Code of Federal Regulations: Title 21 Part 1307.2

**Policy adopted: March 17, 2014; Revised: April 26, 2016; Revised:**

## **Regulations Administering Medications**

### **Regular School Hours**

The Woodbridge 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 minimally biennially. The District's School Medical Advisor (or other qualified physician) will approve this policy, its regulations and any changes prior to submission to the Woodbridge 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, including over-the-counter preparations, 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 the 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.
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 school 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, or in the absence of a school nurse or other licensed nurse, by 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.

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.

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.

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 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 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.

Under specified conditions, the school nurse and school medical advisor, if any, will select, and a school nurse will provide general supervision to, a qualified school employee to administer antiepileptic 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 medical plan and seizure action plan. The school nurse and school medical advisor, if any, must have the written authorization of a student's parent or guardian and the administration of the medication must be pursuant to the written order of a physician licensed under Chapter 370 of the General Statutes. The authorization will be limited to situations when the school nurse is absent or unavailable.

No qualified school employee may administer antiepileptic medication unless the qualified school employee annually completes the training program developed by the Department of Education in consultation with the School Nurse Advisory Council as described in the General Statutes; the school nurse and school medical advisor, if any, have attested in writing that the qualified school employee has completed the training; the qualified school employee receives monthly

reviews by the school nurse to confirm the qualified school employee's competency to administer antiepileptic medication; and the qualified school employee voluntarily agrees to serve as a qualified school employee.

Except for the administration of epinephrine cartridge injectors as emergency first aid as provided in the Board's policies and regulations, 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 parent or 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.

### **Emergency Administration of Epinephrine Cartridge as an Emergency First Aid to Students Who Do Not Have Prior Written Authorization**

A school nurse or, in the absence of a school nurse, a trained "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 or guardian or a prior written order of a qualified medical professional for the administration of epinephrine.

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 the District during regular school hours in the absence of the school nurse. Each school must maintain a store of epipens for such emergency use. 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 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 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 notice shall be valid for one school year in which the notice is provided unless otherwise revoked in writing by the parent.

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.

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.

### **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 (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 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.
    - i. 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.
    - i. For solid medications: such as pills or capsules: add a small amount of water to at least partially dissolve them.
    - ii. 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.
    - iii. For blister packs: wrap the blister packages containing pills in multiple layers of duct or other opaque tape.
  - c. Seal and conceal.
    - i. Tape the medication container lid shut with packing or duct tape.
    - ii. 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.
    - iii. 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 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.



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 one (1) school day.

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 District Medical Advisor, 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.

### **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 and 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. A report shall be completed by the person administering the medication and the school nurse, using the authorized accident/incident report form.

### **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 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. (See section of this regulation titled, "Emergency Administration of Epinephrine Cartridge as an Emergency First Aid to Students Who Do Not Have Prior Written Authorization").

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.

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.

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

In the absence of a licensed nurse, 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 Office of Early Childhood 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 or guardian.

A student attending any before- or after-school program, as defined in policy #5141.21, upon the request and with the written authorization of the student's parent or 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 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, the level of nursing services that is 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 medication plan and only with the written order of an authorized prescriber, written authorization of the student's parent or guardian, written approval of the school nurse.

The nurse shall evaluate the situation and determine whether self-administration is appropriate and safe and shall develop a medication 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 may administer emergency oral and/or injectable medication to any student in need thereof on school grounds, or in the school building, according to the standing order of the School Medical Advisor or the student'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.

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 as well as student specific needs for assistance according to the student's medication plan, 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 parent or 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.

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.

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