



## STUDENTS

5141.21

### Administration of Medication

The board of education allows students to self-administer medication and qualified school personnel to administer medication to students in accordance with C.G.S. 10-212a-1 to C.G.S. 10-212a-10. In order to provide immunity afforded to school personnel who administer medication, the board of education, along with the school medical advisor and the school nurse supervisor shall review and/or revise this policy and regulation biennially.

A school nurse or qualified personnel for schools may administer medication to any student pursuant to the written authorization of an authorized prescriber and the written authorization of a student's parent, guardian or eligible student. In the absence of a school nurse, qualified personnel for schools may administer medication to any student in the school, who has provided the aforementioned material and, following the successful completion of specific training in administration of medication.

### Emergency Administration of Medication

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 the school grounds, in the school building, or at a school function according to the standing order of the school's medical advisor or the student's private physician.

In the absence of a school nurse, 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 staff person has completed training in administration of such medication.

Record of the medication administered shall be recorded in ink, and shall not be altered or recorded electronically in a record that cannot be altered, on an Individual Student Medication Record Form and filed in the student's cumulative health folder.

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ADMINISTRATION OF STUDENT MEDICATIONS  
IN THE SCHOOLS

A. Definitions

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

Advanced practice registered nurse means an individual licensed pursuant to Section 20-94a of the Connecticut General Statutes;

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 Department of Public Health pursuant to subdivision (1) of subsection (b) of Section 19a-77 of the Connecticut General Statutes. Such programs shall not include public or private entities licensed by the Department of Public Health 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 “cartridge injector” as defined in Section 10-212a of the Connecticut General Statutes;

Coach means an “athletic coach” as defined in Section 10-222e of the Connecticut General Statutes;

Commissioner means the Commissioner of Education or any duly authorized representative thereof;

Controlled drugs means “controlled drugs” as defined in Section 21a-240 Connecticut General Statutes;

Cumulative health record means the cumulative health record of a pupil mandated by Section 10-206 Connecticut General Statutes;

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:

(A) the failure to do any of the following as ordered:

- (i) administer a medication to a student;
- (ii) administer medication within the time designated by the prescribing physician;
- (iii) administer the specific medication prescribed for a student;
- (iv) administer the correct dosage of medication;
- (v) administer medication by the proper route; and/or
- (vi) administer the medication according to generally accepted standards of practice; or

(B).administration of medication to a student which is not ordered, or which is not authorized in writing by the parent or guardian of such student;

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: (a) the obligation of care and control; and (b) the authority to make major decisions affecting the minor's welfare, including, but not limited to, consent determinations regarding marriage, enlistment in the armed forces and major medical, psychiatric or surgical treatment;

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

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

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

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 Section 21a-240 of the Connecticut General Statutes. This definition includes Aspirin, Ibuprofen or Aspirin substitutes containing Acetaminophen.

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

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

Medication order means the 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 pursuant to Chapter 378, 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 personnel for schools means (a) a full-time employee who meets the local or regional board of education requirements as a principal, teacher, occupational therapist or physical therapist and has been trained in the administration of medication in accordance with Section 10-212a-3 of these regulations; (b) a coach and licensed athletic trainer who has been trained in the administration of medication pursuant to Section 10-212a-8 of these regulations; or (c) a paraprofessional who has been trained in the administration of medication pursuant to Section 10-212a-9 of these regulations. 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 these regulations;

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 program which is under the jurisdiction of a board of education as defined by this section excluding extracurricular activities;

School medical advisor means a physician appointed pursuant to Section 10-205 of the Connecticut General Statutes;

School nurse means a nurse appointed pursuant to Section 10-212 Connecticut General Statutes;

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 Department of Public Health 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; and

Teacher means a person employed full time by a board of education who has met the minimum standards as established by that board of education 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 Sections 10-212a-1 through 10-212a-7 of the Regulations of Connecticut State Agencies.

### **Section 10-212a-2. Administration of medications**

- (a) The board of education shall:
  - (1) determine who shall administer medications in a school—a licensed nurse or, in the absence of such licensed nurse, qualified personnel for schools;
  - (2) determine the circumstances under which self-medication by students is permitted;
  - (3) develop with the advice and approval of the school medical advisor and the school nurse supervisor, specific written policies and procedures concerning the administration of medications to the students within the school system by a nurse, or in the absence of a nurse, by qualified personnel for schools; and
  - (4) review and revise, with the advice and approval of the school medical advisor, the school nurse supervisor or other qualified licensed physician, the policies and procedures concerning the administration of medications as needed, but at least biennially
- (b) Except as provided below in Subsection G, no medication, including non-prescription drugs, may be administered by any school personnel without:
  - (1) the written medication order of an authorized prescriber;
  - (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.
- (c) Prescribed medication shall be administered to and taken by only the person for whom the prescription has been written.
- (d) In the absence of a licensed nurse, only qualified personnel described on page 4 for schools who have been properly trained may administer medications to students and delegated by the school nurse, specifically:
  - (1) Qualified personnel for schools may administer oral, topical, intranasal or inhalant medications.
  - (2) 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.
  - (3) Investigational drugs or research or study medications may not be administered by qualified personnel for schools.

- (4) Coaches and licensed athletic trainers during intramural and interscholastic events may administer medications pursuant to Section 10-212a-8 of these regulations.
- (5) An identified school paraprofessional who has been trained in the administration of medication, provided medication is administered only to a specific student in order to protect that student from harm or death due to a medically diagnosed allergic condition, except as provided in Subsection G, and the following additional conditions are met:
  - a. There is written authorization from the student's parent/guardian to administer the medication in school;
  - b. Medication is administered pursuant to the written order of (A) a physician licensed under chapter 370, (B) an optometrist licensed to practice optometry under chapter 380, (C) an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a of the Connecticut General Statutes, or (D) a physician assistant licensed to prescribe in accordance with section 20-12d of the Connecticut General Statutes; and
  - c. Medication is administered only with approval by the school nurse and school medical advisor, if any, in conjunction with the school nurse supervisor, and under the supervision of the school nurse; and
  - d. The medication to be administered is limited to medications necessary for prompt treatment of an allergic reaction, including, but not limited to, a cartridge injector; and
  - e. The paraprofessional shall have received proper training and supervision from the school nurse in accordance with this policy and state regulations.
- (e) Each Board of Education shall:
  - (1) establish policies and procedures to be followed in the event of a medication emergency; and
  - (2) ensure that the following information is readily available in schools in its jurisdiction:
    - (A) the local poison information center telephone number; and
    - (B) the procedure to be followed in the event of a medication emergency or error and the individuals or facilities to be contacted in such event; and
    - (C) the name of the person responsible for decision making in the absence of the school nurse.
- (f) All controlled drugs currently listed in schedules II through V of the Regulations of Connecticut State Agencies, Section 21a-243-8 through 21a-243-11, may be administered in schools pursuant to board of education policy. (Effective August 8, 1995)
- (g) **Epinephrine for Purposes of Emergency First Aid Without Prior Authorization**
  - (1) The school nurse shall maintain epinephrine in cartridge injectors for the purpose of emergency first aid to students who experience allergic reactions and do not have prior written authorization of a parent or guardian or a prior written order of a qualified medical professional for the administration of epinephrine.

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



- b. The Board shall annually notify parents or guardians of the need to provide such written notice.
  - (6) Following the emergency administration of epinephrine by selected and trained personnel as identified in this section:
    - a. Such emergency administration shall be reported immediately to:
      - i. The school nurse or school medical advisor, if any, by the personnel who administered the epinephrine; and
      - ii. The student's parent or guardian, by the school nurse or personnel who administered the epinephrine.
    - b. A medication administration record shall be:
      - i. Submitted to the school nurse by the personnel who administered the epinephrine as soon as possible, by no later than the next school day; and
      - ii. Filed in or summarized on the student's cumulative health record, in accordance with Section E of this policy.
- (h) **Administration of Antiepileptic Medication**
- (1) School nurse and school medical advisor (if any) must select a qualified school employee to administer antiepileptic medication to students with medically diagnosed epileptic conditions requiring prompt treatment in accordance with the student's individual seizure action plan.
    - a. Must have written authorization from parent and written order from physician
    - b. A qualified school employee must be supervised by nurse and may act only in absence or unavailability of school nurse
    - c. A qualified school employee must voluntarily agree to serve in this role
  - (2) A qualified school employee means:
    - a. A principal, teacher, licensed athletic trainer, licensed PT or OT employed by the district, coach or paraprofessional.
- (i) **Medication Emergency Procedures**
- (1) Whenever a student has a life-threatening reaction to administration of a medication, resolution of the reaction to protect the student's health and safety shall be the foremost priority. The school nurse and the authorized prescriber shall be notified immediately, or as soon as possible in light of any emergency medical care that must be given to the student.
  - (2) Emergency medical care to resolve a medication emergency includes but is not limited to the following, as appropriate under the circumstances:
    - a. Use of the 911 emergency response system;
    - b. Application by properly trained and/or certified personnel of appropriate emergency medical care techniques, such as cardio-pulmonary resuscitation;
    - c. Administration of emergency medication in accordance with this policy;
    - d. Contact with a poison control center; and
    - e. Transporting the student to the nearest available emergency medical care facility that is capable of responding to a medication emergency.

- (3) As soon as possible, in light of the circumstances, the principal shall be notified of the medication emergency. The principal shall immediately thereafter contact the Superintendent or the Superintendent's designee, who shall thereafter notify the parent or guardian, advising of the existence and nature of the medication 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.

**Section 10-212a-3. Training of school personnel**

- (a) Full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics and licensed athletic trainers in accordance with Section 10-212a-8 above, and identified paraprofessionals designated in accordance with Section 10-212a-2 subsection, 5 above, who are designated to administer medications shall at least annually receive training in their safe administration; and only trained full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics and licensed athletic trainers in accordance with Section 10-212a-8, above, and identified paraprofessionals designated in accordance with Section 10-212a-2 subsection 5, above, shall be allowed to administer medications.
- (b) Training for full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics and licensed athletic trainers in accordance with Section 10-212a-8, above, and identified paraprofessionals designated in accordance with Section 10-212a-2 subsection 5, above, shall include, but is not necessarily limited to the following:
  - (1) The general principles of safe administration of medication;
  - (2) The procedures for administration of medications, including the safe handling and storage of medications, and the required record-keeping;
  - (3) Specific information related to each student's medication plan including the name and generic name of the medication, indications for medication dosage, routes, time and frequency of administration, therapeutic effects of the medication, potential side effects, overdose or missed doses of the medication, and when to implement emergency interventions.
- (c) The principal(s), teacher(s), licensed athletic trainer(s), licensed physical or occupational therapist(s) employed by the Board, coach(es) and/or school paraprofessional(s) who administer epinephrine as emergency first aid, pursuant to Section G above, shall annually complete the training program developed by the Departments of Education and Public Health and training in cardiopulmonary resuscitation and first aid.
- (d) The Board of Education shall maintain documentation of such administration training as follows:
  - (1) dates of general and student-specific trainings;
  - (2) content of the training;

- (3) individuals who have successfully completed general and student-specific administration of medication training for the current school year; and
  - (4) name and credentials of the nurse or school medical advisor trainer or trainers.
- (e) Licensed practical nurses may administer medications to students under Board of Education policy if they 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 the administration of medication while employed in a health care facility.
- (f) Licensed practical nurses may not conduct training in the administration of medication to another individual.

**Section 10-212a-4. Self-administration of medications**

The Board of Education shall permit 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 medication, and may permit such students to self-administer other medications, excluding controlled drugs as defined in Section 10-212a-1 of the Regulations of Connecticut State Agencies, provided:

- (a) An authorized prescriber provides a written medication order including the recommendation for self-administration;
- (b) A parent or guardian or eligible student provides written authorization for self-administration of medications;
- (c) (1) the school nurse has assessed the student's competency for self-administration in the school setting and deemed it to be safe and appropriate including that a student:
  - (A) is capable of identifying and selecting the appropriate medication by size, color, amount, or other label identification;
  - (B) knows the frequency and time of day for which the medication is ordered;
  - (C) can identify the presenting symptoms that require medication;
  - (D) administers the medication appropriately;
  - (E) maintains safe control of the medication at all times;
  - (F) seeks adult supervision whenever warranted; and
  - (G) cooperates with the established medication plan.
- (2) 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 medication with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian or eligible student;
- (d) the school nurse has:
  - (1) reviewed the medication order and parental authorization;

- (2) developed an appropriate plan for self-administration, including provisions for general supervision; and
- (3) documented the medication plan in the student's or participant's health record;
- (e) the principal and appropriate staff are informed that the student is self-administering prescribed medication;
- (f) such medication is transported by the student to the school and maintained under the student's control in accordance with the board of education's policy on self-medication by students and the individual student plan; and
- (g) self-administration of controlled medication, as defined in Section 10-212a-1 of the Regulations of Connecticut State Agencies, may be considered for extraordinary situations, such as internal field trips, and shall be approved by the school nurse supervisor and the school medical advisor in advance and an appropriate plan shall be developed.

**Section 10-212a-5. Handling, storage and disposal of medications**

- (a) All medications, except those approved for transporting by students for self-medication, those administered by coaches of intramural or interscholastic athletics or licensed athletic trainers in accordance with Section 10-212a-8 above, and epinephrine to be used for emergency first aid in accordance with Section G above, must be delivered by the parent, guardian, or other responsible adult to the nurse assigned to the student's trained in the appropriate administration of medication. Medications administered by coaches of intramural or interscholastic athletics or licensed athletic trainers must be delivered by the parent or guardian directly to the coach or licensed athletic trainer in accordance with Section 10-212a-8 above.
- (b) The nurse shall examine on-site any new medication, medication order the required authorization to administer form, and, except for epinephrine to be used as emergency first aid in accordance with Section G above, shall develop an administration of medication plan for the student before any medication is administered to the student by any school personnel. No medications shall be stored at a school without a current written order from an authorized prescriber.
- (c) The school nurse shall review all medication refills with the medication order and parent authorization prior to the administration of medication, except for epinephrine intended for emergency first aid in accordance with Section G above.
- (d) All medications shall be properly stored as follows:
  - (1) Except as otherwise determined by a student's emergency care plan, emergency medications shall be stored in an unlocked, clearly labeled and readily accessible cabinet or container in the health room during school hours under the general supervision of the school nurse, or in the absence of the school nurse, the principal or the principal's designee who has been trained in the administration of medication;
  - (2) Emergency medications will be locked beyond the regular school day or program hours, except as otherwise determined by a student's emergency care plan;
  - (3) All other non-controlled medications, except those approved for self-medication, shall be kept in a designated locked container, cabinet or closet used exclusively for the storage of medication;

- (e) In the case of controlled substances, they shall be stored separately from other medications in a separate, secure, substantially constructed, locked metal or wood cabinet.
- (f) 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.
- (g) All medications, prescription and nonprescription, shall be delivered and stored in their original containers.
- (h) At least two sets of keys for the medication containers or cabinets shall be maintained for each school building or before- and after-school program and school readiness program. One set of keys shall be maintained under the direct control of the school nurse or nurses and an additional set shall be under the direct control of the principal and, if necessary, the program director or lead teacher who has been trained in the general principles of the administration of medication shall also have a set of keys.
- (i) Medications requiring refrigeration shall be stored as follows:
  - (1) in a refrigerator at no less than 36°F and no more than 46°F;
  - (2) the refrigerator shall be located in a health office that is maintained for health services purposes with limited access;
  - (3) non-controlled medications may be stored directly on the shelf of the refrigerator with no further protection needed; and
  - (4) controlled medications shall be stored in a locked box which is affixed to the refrigerator shelf.
- (j) All unused, discontinued or obsolete medications shall be removed from storage areas and either returned to the parent or guardian or, if the medication cannot be returned to the parent or guardian, the medication shall be destroyed in collaboration with the school nurse:
  - (1) non-controlled drugs shall be destroyed in the presence of at least one (1) witness;
  - (2) controlled drugs shall be destroyed pursuant to Section 21a-262-3 of the Regulations of the Connecticut State Agencies;
  - (3) 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 Section 10-212a(b) of the Connecticut General Statutes. If no residue is present, notification must be made to Department of Consumer Protection (DCP) pursuant to Section 21a-262-3 of the Regulations of the Connecticut State Agencies.
- (k) No more than a three-month supply of a medication for a student shall be stored at the school.
- (l) No medication for a student shall be stored at a school without a current written order from an authorized prescriber.
- (m) Repealed, March 31, 1992.

**Section 10-212a-6. Documentation and record keeping**

In addition to those records required for controlled drugs, the following shall apply:

- (a) Each school or before- and after-school program and school readiness program where medications are administered shall maintain an individual medication administration record for each student who receives medication during school or program hours.
  - (1) Such record shall include:
    - (A) the name of the student;
    - (B) the student's state-assigned student identifier (SASID);
    - (C) the name of the medication;
    - (D) the dosage of the medication;
    - (E) the route of administration;  
(i.e., oral, topical, inhalant, etc.);
    - (F) the frequency of administration;
    - (G) the name of the authorized prescriber;
    - (H) the dates for initiating and terminating the administration of the medication including extended year programs;
    - (I) the quantity received which shall be verified by the adult delivering the medication;
    - (J) any student allergies to food and/or medications;
    - (K) the date and time of administration or omission including the reason for the omission;
    - (L) the dose or amount of drug administered;
    - (M) the full written or electronic legal signature of the nurse or qualified personnel for schools administering the medication; and
    - (N) for controlled medications, a medication count which should be conducted and documented at least once a week and co-signed by the assigned nurse and a witness.
  - (2) All records shall either be recorded in ink and shall not be altered or shall be recorded electronically in a record that cannot be altered.
  - (3) The medication administration record shall be made available to the department for review until destroyed pursuant to the Section 11-8a and Section 10-212a(b) of the Connecticut General Statutes for controlled medications.
    - (A) The completed medication administration record for non-controlled medications, at the discretion of the school district, may be destroyed in accordance with Section M8 of the Connecticut Municipality Record Retention Schedule so long as it is superseded by a summary on the student health record;
    - (B) The completed medication administration record for controlled medications shall be maintained in the same manner as the non-controlled medications. In addition, a separate medication administration record needs to be maintained in the school for three years pursuant to Section 10-212a(b) of the Connecticut General Statutes.
- (b) The written order of the authorized prescriber, the written authorization of the parent or guardian to administer the medication, and the written parental 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.

- (c) An authorized prescriber's verbal order, including a telephone order, for a change in any medication order can be received only by a school nurse. Any such verbal order must be followed by a written order, which may be faxed, and must be received not later than three (3) school days.

(d) **Errors in the administration of medication**

- (1) Whenever any error in medication administration occurs, the following procedures shall apply:

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

- (2) The school nurse, along with the person making the error, shall complete a report using the authorized medication error report form. The report shall include any corrective action taken.

- (3) Any error in the administration of medication shall be documented in the student's cumulative health record or, for before-and-after school programs and school readiness programs, in the child's program record.

- (4) These same procedures shall apply to coaches and licensed athletic trainers during intramural and interscholastic events, except that if the school nurse is not available, a report must be submitted by the coach or licensed athletic trainer to the school nurse the next school day.

**Section 10-212a-7. Supervision**

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

- (a) availability on a regularly scheduled basis to:

- (1) review orders and changes in orders, and communicate these to the personnel designated to give medication;
- (2) set up a plan and schedule to ensure medications are administered properly;
- (3) provide training to licensed nursing personnel, full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and interscholastic athletics, licensed athletic trainers and to identified paraprofessionals designated in accordance with Section 10-212a-2 subsection 5, above, which training

- shall pertain to the administration of medications to students, and assess the competency of these individuals to administer medication;
- (4) support and assist other licensed nursing personnel, full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics, licensed athletic trainers and identified paraprofessionals designated in accordance with Section 10-212a-2 subsection 5, above to prepare for and implement their responsibilities related to the administration of specific medications during school hours and during intramural and interscholastic athletics as provided by this policy;
  - (5) provide appropriate follow-up to ensure the administration of medication plan results in desired student outcomes;
  - (6) provide consultation by telephone or other means of telecommunication, which consultation may be provided by an authorized prescriber or other nurse in the absence of the school nurse.
- (b) implementation of policies and procedures regarding the receipt, storage, and administration of medications;
  - (c) reviewing, on a periodic basis, all documentation pertaining to the administration of medications for students;
  - (d) perform observations of the competency of medication administration by full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics and licensed athletic trainers in accordance with Section 10-212a-8, above, and identified paraprofessionals designated in accordance with Section 10-212a-2 subsection 5, above, who have been newly trained to administer medications; and,
  - (e) conducting periodic reviews, as needed, with licensed nursing personnel, full-time principals, full-time teachers, full-time licensed physical or occupational therapists employed by the school district, coaches of intramural and/or interscholastic athletics and licensed athletic trainers in accordance with Section 10-212a-8, above, and identified paraprofessionals designated in accordance with Section 10-212a-2 subsection 5, above, regarding the needs of any student receiving medication.

**The Regulations of Connecticut State Agencies are amended by adding Sections 10-212a-8 to 10-212a-10 inclusive, as follows:**

**Section 10-212a-8 Administration of Medications by Coaches and Licensed Athletic Trainers during intramural and interscholastic events.**

During intramural and interscholastic athletic events, a coach or licensed athletic trainer may administer medication for select students for whom self-administration plans are not viable options as determined by the school nurse for (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, provided the requirements in subsections (a) to (g), inclusive, of this Section have been met.

- (a) The coach or licensed athletic trainer shall be trained in:



- (1) the general principles of the administration of medication applicable to receiving, storing and assisting with inhalant medications or cartridge injector medications, and documentation;
  - (2) student specific needs for assistance according to the individualized medication plan.
- (b) The school nurse shall provide a copy of the authorized prescriber's order and the parental permission form to the coaches;
  - (c) The parent or guardian shall provide to the coach or licensed athletic trainer the medication in accordance with the provisions of subsections (a) to (d), inclusive, of Section 10-212a-5 of the Regulations of Connecticut State Agencies. The medication provided to the coach or licensed athletic trainer, such as the inhaler or cartridge injector, shall be separate from the medication stored in the school health office for use during the school day;
  - (d) The coach or licensed athletic trainer shall agree to the administration of emergency medication and shall implement the emergency care plan;
  - (e) Medications to be used in athletic events shall be stored:
    - (1) in containers for the exclusive use of holding medications;
    - (2) in locations that preserve the integrity of the medication;
    - (3) under the general supervision of the coach or licensed athletic trainer trained in the administration of medication; and
    - (4) in a locked secure cabinet when not in use at athletic events.
  - (f) Errors in the administration of medication shall be addressed in the same manner as Section 10-212a-6 of the Regulations of Connecticut State Agencies, except that 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; and
  - (g) Documentation of any administration of medication by a coach or licensed athletic trainer shall be completed on forms provided by the local school board and the school nurse shall be notified as follows:
    - (1) a separate medication administration record for each student shall be maintained in the athletic area;
    - (2) administration of a cartridge injector medication shall be reported to the school nurse at the earliest possible time but not later than the next school day;
    - (3) all other instances of the administration of medication shall be reported to the school nurse at least monthly or as frequently as required by the individual student plan;
    - (4) the 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.

**Section 10-212a-10. Administration of medication in school readiness programs and before- and after-school programs.**

For school readiness programs and before- and after-school programs run by local or regional boards of education and municipalities which are exempt from licensure by the Department of Public Health pursuant to subdivision (1) of subsection (b) of Section 19a-77 of the Connecticut General Statutes:

- (a) As determined by the school medical advisor, if any, and school nurse supervisor,

the following procedures shall apply to the administration of medication during school readiness programs and before-and-after school programs run by the Board, which are exempt from licensure by the Office of Early Childhood:

1. Administration of medication at these programs shall be provided only when it is medically necessary for participants to access the program and maintain their health status while attending the program.
  2. Except as provided by Section G above, no medications shall be administered in these programs without:
    - a. The written order of an authorized prescriber, and
    - b. The written authorization of a parent or guardian or an eligible student.
  3. A school nurse shall provide consultation to the program director, lead teacher or school administrator who has been trained in the administration of medication regarding the safe administration of medication within these programs. The school medical advisor and school nurse supervisor shall determine whether, based on the population of the school readiness program and/or before-and-after school program, additional nursing services are required for these programs.
  4. Only school nurses, directors or directors' designees, 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. Properly trained directors or directors' designees, lead teachers or school administrators may administer oral, topical, intranasal or inhalant medications. Investigational drugs or research or study medications may not be administered in these programs.
  5. Students attending these programs may be permitted to self-medicate only in accordance with the provisions of Section 10-212a-4 of this policy. In such a case, the school nurse must provide the program director, lead teacher or school administrator running the program with the medication order and parent permission for self-administration.
  6. In the absence of the school nurse during program administration, the program, director, lead teacher or school administrator is responsible for decision making regarding medication administration.
  7. Cartridge injector medications may be administered by a director, lead teacher or school administrator only to a student with a medically-diagnosed allergic condition which may require prompt treatment to protect the student against serious harm or death.
- (b) Local poison control center information shall be readily available at these programs.
- (c) Procedures for medication emergencies or medication errors, as outlined in this policy, must be followed, except that in the event of a medication error a report must be submitted by the program director, lead teacher or school administrator to the school nurse the next school day.
- (d) Training for directors or directors' designees, lead teachers or school administrators in the administration of medication shall be provided in accordance with Section 10-212a-3 of this policy.
- (e) All medications must be handled and stored in accordance with Section 10-212a-5 of this policy. Where possible, a separate supply of medication shall be stored at the

site of the before-and-after or school readiness program. In the event that it is not possible for the parent or guardian to provide a separate supply of medication, then a plan shall be in place to ensure the timely transfer of the medication from the school to the program and back on a daily basis.

- (f) Documentation of any administration shall be completed on forms provided by the school and the following procedures shall be followed:
  - 1. A medication administration record for each student shall be maintained by the program;
  - 2. Administration of a cartridge injector medication shall be reported to the school nurse at the earliest possible time, by no later than the next school day;
  - 3. All instances of medication administration, except for the administration of cartridge injector medication, shall be reported to the school nurse at least monthly, or as frequently as required by the individual student plan; and
  - 4. The administration of medication record must be submitted to the school nurse at the end of each school year and filed in the student's cumulative health record.
- (g) The procedures for the administration of medication at school readiness programs and before-and-after school programs shall be reviewed annually by the school medical advisor, if any, and school nurse supervisor.

**Statement of purpose:** To revise existing regulations concerning the administration of medications by school personnel and administration of medications during before- and after-school programs and school readiness programs in order to align with new statutes and practice, in particular Section 10-212a of the Connecticut General Statutes and Public Act 09-155, (An Act Concerning the Use of Asthmatic Inhalers and Epinephrine Auto-injectors While at School). The procedures for the administration of medication in schools, during interscholastic and intramural activities, before- and after-school programs, and school readiness programs are complex. Therefore, regulations are required to provide sound guidance to personnel managing and administering medications to students. These regulations will guide the development and adoption of sound medication administration policies and procedures by local and regional boards of education; and serve to ensure that safe procedures are in place to protect both the children receiving medications as well as those persons administering medication.