POLICY

Students 5141.21(a)

Administration of Medication by School Personnel

The Board of Education recognizes the desirability of making adjustments to meet the health needs of individual students; however, medication should not be administered during school hours if it is possible to achieve the desired effects by home administration during other than school hours.

The Board of Education, with the advice and assistance of the school medical advisor, Director of Pupil Services and school nurses, shall review and revise the policies and procedures concerning the administration of medications as necessary and required.

The persons responsible for the administration of this policy shall be the school nurse, principal and teachers as applicable.

The school nurse (and others under the supervision of the school nurse) may administer medicinal preparations, including such controlled drugs as the public health officer may by regulation designate, to any student pursuant to the written order of a physician (as used throughout, the term “physician” means legally qualified practitioner of medicine) or dentist licensed to practice medicine in this state, optometrist, advanced practice registered nurse (APRN) licensed to prescribe in accordance with Connecticut General Statutes, or a physician assistant (PA) licensed to prescribe in accordance with Connecticut General Statutes, and the written authorization of the parent of guardian of the child. Non-aspirin substitutes containing acetaminophen or ibuprofen may be administered with the written authorization of the parent or guardian of the child, a standing order from the school medical advisor will be maintained for such medications.

In the absence of the school nurse, the principal, teachers, paraprofessionals or coaches (for specific medication use) who have been properly trained by the school nurse, may administer medication in accordance with the written order of a physician, optometrist, dentist, APRN or PA and the written order of the parent or guardian. Coaches may only administer Epipens or Bronchodilators during interscholastic or intramural events only. In addition, if authorized by a physician, optometrist, dentist, APRN or PA, and by a parent or guardian, the self-administration of bronchodilators and Epipens (or similar inhaler medication) by students will be allowed. The school nurse shall be provided with documentation of authorization for self-administration of medication.
School personnel who administer medication are expected to comply with the procedure for administration of medication set forth in the corresponding regulation to this policy of the Board of Education.

Legal Reference: Connecticut General Statutes

10-212a Administration of medications in schools (as amended by PA 99-2, An Act Concerning Public Health Expenditures)

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

20-94a Licensure as advanced practice registered nurse

Public Act 94-213 (amendment)

52-5576 Immunity from liability for emergency medical assistance, first aid or medication by injection, school personnel not required to administer or render.
Regulations

Administering Medication by School Personnel

A licensed physician (as used throughout, the term “physician” means legally qualified practitioner of medicine), optometrist, dentist, advanced practice registered nurse (APRN) or physician’s assistant (PA) may order medications. Orders for medicinal preparation to be administered shall specify in writing the duration of the order, name of the drug and the dose, and shall be renewed each school year.

Procedures for Administration of Medication

1. There is to be a physician’s, optometrist’s, dentist’s, APRN’s or PA’s written order and a written authorization of a parent or guardian for each medication ordered and for each extension of a previous order. Forms for the physician’s, optometrist’s, dentist’s, APRN’s or PA’s order and parent or guardian’s authorization are available at the State Department of Health Services. Alternate forms may be used provided that they contain all of the pertinent information regarding the proper administration of the medication, including the name of the student, type of medication, proper dosage and method and timing of administration.

2. When the school physician is also the private physician, his/her orders for medication to be administered in school are to be written and accompanied by written authorization of parent or guardian.

3. Physician’s, optometrist’s, dentist’s, APRN’s or PA’s orders and parental authorizations must be renewed each school year.

4. Upon receiving a request for administration of medicine, there may be need for the school nurse to contact the parent and/or the private physician, optometrist, dentist, APRN or PA relative to the plan for administering the medication during school hours. The written consent of the parent/guardian allowing the exchange of information between the school nurse and the prescriber regarding the medication ordered must be given before the medication may be administered.

   a. When the private physician, optometrist, dentist, APRN or PA requests, arrangement will be made to give such medication and will be responsible for the medical care of the student.

   b. When the school nurse and school medical advisor question the necessity for administration of such medication during school hours, the prescribing physician, optometrist, dentist, APRN or PA should be consulted.
c. Over the counter medication will not be administered by school personnel unless specifically ordered by the physician, optometrist, dentist, APRN or PA.

d. Aspirin substitutes containing acetaminophen or ibuprofen may be administered with a previously filed signed parental permission form.

5. The school nurse is responsible for obtaining additional information regarding medication as indicated.

6. Following approval of the plan, the medication will be delivered directly to the school nurse by the parent or responsible adult.

7. The medication must be delivered in and dispensed from the original container properly labeled with the name and strength of the medication, name of patient, his/her physician, optometrist, dentist, APRN or PA, the date of the original prescription and directions.

8. Whenever possible, medication will be administered by a licensed school nurse. If the nurse is not available, the Principal, designated teacher(s), paraprofessionals and full time physical or occupation therapists may administer the medication provided they have received training in accordance with this regulation. Students may self-administer medications provided that the following conditions are met:
   a. In the case of prescribed medications, there is a written order from the student’s physician, optometrist, dentist, APRN or PA on file which provides for self-administration.
   b. There is written authorization from the student’s parent or guardian permitting self administration.
   c. The school nurse has reviewed the authorizations, has documented on the student’s health record that it is safe and appropriate for the student to be self medication, has developed a plan for general supervision and has assessed the students competency for self administration in the school setting.
   d. The Principal and the student’s teachers are informed that the student is self administering medication
   e. The student continues to maintain proper control of the medication. If it is observed by school personnel that the student is abusing the privilege of self medication, either by dispensing medication to other students or by incorrectly taking the medication, the school nurse may require that the medication be maintained under her/his control.
   f. In the event of inhaler use for asthma and cartridge injectors for medically diagnosed allergies, the school nurse’s review of student competency to self administer shall not be used to prevent a student from retaining and self administering the medication. A written authorization from the parent/guardian and the prescriber is still required.
9. In the event an emergency arises regarding the administration of medication, the following steps will be taken:
   a. The student’s parent/guardian shall be notified;
   b. The student’s physician will be consulted for direction;
   c. If the physician is not available, the local poison information center will be contacted for assistance;
   d. If necessary, emergency first aid will be administered by the school nurse or a properly trained designee;
   e. If required, arrangements will be made for emergency medical treatment
   f. The school nurse will be notified or in her absence the Principal. The Principal or their designee shall make health decisions in the absence of the school nurse.

**Procedures for Handling of Medications**

1. All medication, except that approved for transporting by students for self medication, shall be delivered by the parent or other responsible adult to the school nurse. If the medication is not delivered directly to the school nurse, when the school nurse receives the medication, it will be his/her responsibility to ensure that the necessary medication order and parental authorization are on file and to develop a medication administration plan. The plan will include the name of the student, the type of medication, and the manner of administration as prescribed by the student’s physician, optometrist, dentist, APRN or PA.

2. All medications, 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. Controlled substances, as defined by Connecticut General Statutes, shall be stored separately from other drugs and substances in a separate, secure, substantially constructed double locked cabinet.

3. Access to all stored medications shall be limited to persons authorized to administer medications. The school shall maintain a current list of those persons authorized to administer medications.

4. All medications, prescription and non prescription, shall be stored in their original containers and in such a manner as render them safe.

5. Medications requiring refrigeration shall be stored in a refrigerator at no less than 36 degrees Fahrenheit and no more than 46 degrees Fahrenheit. The refrigerator will be maintained in the health office with limited access.

6. All unused, discontinued or obsolete medications shall be removed from storage areas and returned to the parent/guardian. If the parent/guardian gives permission, or if the medication is not picked up within one week following the termination of the medication
order or one week beyond the close of school, the medication will be destroyed. Non
controlled drugs shall be destroyed in the presence of at least one witness, controlled
drugs shall be destroyed in accordance with federal regulation or by surrender to the
Commissioner of the Department of Consumer Protection.

7. No more than a ninety (90) school day supply of a medication for a student shall be
stored at the school.

8. No medication for a student shall be stored at a school without a current written order
from a physician, optometrist, dentist, APRN or PA. In the case of aspirin substitutes
containing acetaminophen and ibuprofen, the written request and parental/guardian
authorization must be on file.

9. Accidental destruction or loss of controlled drugs must be verified in the presence of a
second person, including confirmation of presence or absence of residue and jointly
documented on the students medication administration record and on a medication error
form.

Procedures for Documentation and Recordkeeping

1. The written medication order of the Physician, Optometrist, Dentist, APRN or PA and the
written parental authorization shall be documented in each student’s medication
administration record. When the medication administration record is complete, it shall be
filed in the student’s cumulative health record. Medication orders written by a podiatrist
are acceptable for intramural and interscholastic events only.

2. A physician’s, optometrist’s, dentist’s, APRN’s or PA’s verbal order including a
telephone order for a change in medication can be received only by a school nurse. A
verbal order shall be documented on the student’s medication administration record and
must be followed by a written order within three (3) school days.

3. In addition to the required orders and authorizations, the student’s medication
administration record shall include the following information:
   a. The name of the student;
   b. The name of the medication, both generic and brand name;
   c. The dosage of such medication;
   d. The route of administration;
   e. The frequency of administration;
   f. The name of the authorized prescriber, or in the case of an aspirin substitute
      containing acetaminophen or ibuprofen, the name of the parent or guardian
      requesting the medication be given.
   g. The dates for initiating and terminating the administration of the medication;
   h. The quantity received which will be verified by the adult delivering the
      medication;
i. Any student allergies to food and/or medicine;
j. The date and time of administration or omission including the reason for the omission;
k. The dose or amount of drug administered;
l. Full signature of the nurse or qualified personnel administering the medication.
m. For controlled medications, a medication count should be conducted and documented weekly by the school nurse and co-signed by a witness.

4. All transactions shall be recorded in ink in sequential order and shall not be altered.
5. For convenience and clarification, the pages shall be lined in columns with appropriate heading.
6. The medication administration record shall be made available to the Department of Health Services upon request.

Procedure for Handling Error in the Administration of Medication

1. A medication error/incident report shall be completed by the school nurse, Principal, teacher, paraprofessional or physical/occupational therapist who administered the medication.
2. The parent/guardian of the student involved will be notified immediately.
3. The prescribing physician, optometrist, dentist, APRN or PA shall be notified immediately of the error and will be sent a copy of the incident report. If medical treatment is necessary due to the error, necessary arrangements will be made.
4. The medication/incident report and all other subsequent procedures followed shall be document and maintained in the student’s cumulative health record.

Procedures for Training and Supervision

1. Other than the school nurse, only those Principals, teachers, paraprofessionals, and/or physical or occupational therapists who have been properly trained in the safe administration of medication may administer such medication. Training will be provided by the school nurse, medical advisor or other licensed physician. In the event of interscholastic and intramural activities, coaches may be trained to administer bronchodilators or Epipens to specific students with medically diagnose asthma or allergies.
2. Training shall include, but not be limited to, training in the procedural aspects of medication administration, the safe handling and storage of medication, proper documentation and the medication needs of specific students.
3. The Principal or his/her designee, paraprofessional or physical/occupational therapist shall maintain and annually update documentation that training has been provided and successfully completed. The annual documentation shall include a list of personnel who have been trained in the administration of medication.

4. Personnel who have been trained in the administration of medication shall receive a review and informational update at least annually.

5. All documentation of training will be maintained by the school nurse.

6. At least two (2) sets of keys for the medication cabinets shall be maintained, one set under the direct control of the school nurse, and one under direct control of the Principal.

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 student with a medically diagnosed allergic condition which may require prompt treatment to protect the student against serious harm or death, provided the following requirements 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 medication, 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 of 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) Medication 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 according to Section 10-212a-6 of the Regulations of Connecticut State Agencies.

Administration of medications by paraprofessionals pursuant to Section 10-212a(d) of the Connecticut General Statutes

If approved by the local or regional board of education, paraprofessionals, 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 approval by the school medical advisor and school nurse, and under the supervision of the school nurse;
   b) With a proper medication authorization from the authorized prescriber, according to Section 10-212a of the Connecticut General Statutes;
   c) With parental permission to administer the medication in school, according to Section 10-212a of the Connecticut General Statutes;
   d) Only 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 which shall include all of the elements outlined in Sections 10212a-3 and
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 the board 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) The board of education shall develop policies and procedures, to be reviewed on an annual basis, for administration of medication in these programs, and with input from the school medical advisor and school nurse. These policies shall include:
   1. Determination of the level of nursing services needed to ensure the safe administration of medication within these programs including additional school nurse staffing required based on the needs of the program and the program’s participants;
   2. Who may administer medication and whether a licensed nurse if required on-site;
   3. The circumstances under which self medication by students is permitted;
   4. The policies and procedures to be followed in the event of a medication emergency or error;
   5. A requirement that local poison control center information is readily available at these programs;
   6. 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
   7. The person responsible for decision making in the absence of the nurse.

b) Administration of medications shall be provided only when it is medically necessary for participants to access the program and maintain their health status while attending the program.

c) No medication shall be administered in these programs without:
   1. The written order of an authorized prescriber; and
   2. The written authorization of a parent or guardian

d) In the absence of a licensed nurse, only directors or directors’ designees, lead teacher or school administrators who have been properly trained may administer medications to students as delegated by the school nurse or other registered nurse. Training in the administration of medications will be provided according to subsections (a) to (c) inclusive, of Section 10-212a-3 of the Regulations of Connecticut State Agencies.
   1. Director’s or director’s designee, lead teachers and school administrators may administer oral, topical, intranasal or inhalant medications;
2. Cartridge injector medications may be administered by a director or director’s designate, lead teacher of 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;
3. Investigation drugs or research or study medication may not be administered by directors or director’s designate, lead teachers, or school administrators; and
4. All controlled drugs currently listed in schedules II through V of the Regulations of Connecticut State Agencies, Sections 21a-243-8 to 21a-243-11 inclusive, of the Regulations of Connecticut State agencies may be administer in school readiness programs and before-and after-school programs pursuant to the board of education policy.

e) If, according to the board of education procedures, self medication is allowed in the programs, then the programs must follow the procedures in Section 10-212-4 of the Regulations of Connecticut State Agencies.

f) All medication in before- and after-school and school readiness programs shall be handled and stored in accordance with the provisions of subsection (a) to (k), inclusive of the Regulations of Connecticut State Agencies. Where possible, a separate supply of medication shall be stored at the site of the before- or after-school 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.

g) Documentation shall be completed and maintained on forms provided by the board of education, as follows:
   1. A separate administration of medication record for each student shall be maintained in the program;
   2. Administration of a medication with a cartridge injector 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 according to the student’s individual plan or at least on a monthly basis;
   4. The administration of medication record shall be submitted to the school nurse at the end of each school year and filed in or summarized on the student’s cumulative health record according to board of education policy.

h) Supervision of the administration of medication in before- and after-school and school readiness programs shall be conducted in accordance with the provisions of subdivision (1) to (6), inclusive, of Section 10-212a-7 of the Regulations of Connecticut State Agencies.
**Policy Review**

The Board of Education with the advice and assistance of the school administration, medical advisor and nurse shall review and revise the policies and procedures concerning the administration of medication at least biannually. If in the judgment of those involved, the policies and procedures need to be revised, such revisions shall be recommended to the Board of Education.

**Legal Reference**

Connecticut General Statutes

10-212a Administration of medicines by school personnel

52-5576 Immunity from liability for emergency medical assistance, first aid or medication by injection, school personnel not required to administer or render.

Connecticut Regulation of State Agencies

10-212a 1 – 10-212a 7 Administration of medicines by school personnel

1307.21 Code of Federal Regulation