

## ADMINISTRATIVE PROCEDURES FOR ADMINISTRATION OF MEDICATIONS BY SCHOOL PERSONNEL

### Administration of Medications

1. Licensed physician, physician's assistant (with M.D.'s stamp), advanced practice registered nurse, dentist, licensed optometrist, or licensed podiatrist orders for medicinal preparations to be administered shall specify in writing the name of the drug, reason for administering, dosage, side effects, and duration, and shall be renewed each school year.
2. Since prescriptions for controlled substances have time limitations and because individual patients vary in their response to medications, the school nurse will seek to maintain regular contact when necessary with the prescribing physician, physician's assistant, advanced practice registered nurse, dentist, licensed optometrist or licensed podiatrist for confirmation or change of the order.
3. Upon admission to school each year, an inquiry should be made by the school nurse or building principal as to medications and allergies and the required procedures to be observed for those students requiring medicinal preparations as prescribed by a licensed physician, physician's assistant (with M.D.'s stamp), advanced practice registered nurse, dentist, licensed optometrist, or licensed podiatrist. In support of such required procedures there shall be on file:
  - a. The written order with a plan of care from the physician for the student
  - b. The written authorization of the student's parent or guardian, which shall be included in the student's cumulative health record and kept for a minimum of three years, and
  - c. 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.
4. In absence of a licensed nurse only principals, designated teachers, licensed physical or occupational therapists employed by the district, coaches or licensed trainers of intramural and interscholastic athletics of the school who have been properly trained as determined by the school supervising nurse and are under the general supervision of a school nurse may administer specific medications to students. Injectable medications may be administered by a principal, teacher, coach, licensed athletic trainer or paraprofessional only to a student with a medically diagnosed allergic condition which may require prompt treatment to protect the student against serious harm or death.
5. A specific paraprofessional, through a plan approved by the Nurse Supervisor and School Medical Advisor, may be designated to administer medication with a cartridge injector, to a particular student diagnosed with an allergy that may require prompt treatment to avoid serious harm or death. For the purposes of this policy, "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. The nurse Supervisor and School Medical Advisor along with the school nurse may jointly approve a plan and provide general supervision and training to an identified school paraprofessional to administer the cartridge injector. The plan may only be approved with the written authorization of the student's parents/guardians and pursuant to a written order from the student's licensed physician, and APRN or a PA authorized by law to prescribe medication. Investigational drugs may not be administered by principals, teachers, occupational or physical therapists, coaches, licensed athletic trainers or paraprofessionals (CGS 10-212a, 8 to 10 – 212a – 10 inclusive).

6. In some instances the self-administration of medication by a student may be authorized in a written statement by both a licensed physician, physician's assistant (with M.D.'s stamp), advanced practice registered nurse, dentist, licensed optometrist, or licensed podiatrist and the parent or guardian. The school nurse shall evaluate the situation to determine if it is safe and appropriate and develop a plan for general supervision of the self-medication. The statement to be kept in the student's cumulative health record should include information on diagnosis, drug, dosage, and frequency to be taken. The school nurse and teacher, when appropriate, should counsel the student on the importance of taking medications as prescribed. The medication, when appropriate, should be kept in the school nurse's office or with the teacher.
7. A student with diabetes may test his/her blood glucose level per written order of a physician or an advanced practice registered nurse stating the need for and that the student is able to self-test. CGS 10-220j
8. Acetaminophen/Tylenol, Ibuprofen, Tums (according to age) may be administered by the school nurse or designated school personnel with the written permission of the parent/guardian under the orders of the school medical advisor.
9. Students shall not be denied access to transportation solely due to such student's need to carry a cartridge injector. CGS 10-220i
10. During intramural and interscholastic events, a coach or licensed athletic trainer may administer specific medications for select students. The coach and licensed athletic trainer must follow all of the administration of medications regulations, record keeping and documentation. The medications shall be kept separate from the medications stored in the nurse's office.

#### Medication Administration in Before and After School Programs

1. Administration of medication in school readiness programs and before and after school programs shall be in keeping with Connecticut Regulations section Sec. 10-212a-10. On an annual basis, the Health Services Supervisor, in collaboration with the Superintendent or the Superintendent's designee(s), will review the policy and procedures as pertinent to medication administration in before and after school programs and will determine what programs, if any, meet the definition of before and after school programs as defined in Connecticut

2. Regulations section Sec. 10-212a-10 for that specific year. For those programs that meet the definition, the Health Services Supervisor or his/her designee shall determine:
  - a. If administration of medications is medically necessary for any participant(s) to access the program and maintain their health status while attending the program;
  - b. the level of nursing services needed to ensure the safe administration of medication within each program, e.g., medication and emergency care plan development, pre-program training of delegates, and periodic supervision; availability of telecommunications with school nurse during the program; or on-site availability of a nurse;
  - c. who may administer medication in the given program;
  - d. whether students with self-administration plans in place during the school day require any adaptation of those plans for use in before and after-school programs;
  - e. whether students with emergency and individualized health care plans in place during the school day require adaptation of those plans for use in before and after school programs;
  - f. 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
  - g. the person responsible for decision making in the absence of the nurse.

In addition:

- a. Local poison control center information shall be readily available in each program.
- b. No medication shall be administered in these programs without:
  - (1) then written order of an authorized prescriber, and
  - (2) the written authorization of a parent or guardian or an eligible student
- c. In the absence of a licensed nurse, only 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 hired by the district to provide services to the before and after school or school readiness programs.
- d. Training for directors or directors' designees, lead teachers or school administrators 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 and #12 of this procedure.

- e. Directors or director's designee, lead teachers and school administrators may administer oral, topical intranasal or inhalant medications, and may administer cartridge injector medications only to a student with a medically-diagnosed allergic condition which may require prompt treatment to protect the student against serious harm or death.
- f. Investigational drugs or research or study medications may not be administered by director's designee, lead teachers, or school administrators; and
- g. 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 administered in school readiness programs and before-and-after-school programs if necessary in order for the student to attend the program and determined appropriate by the Health Services Supervisor or designee.
- h. Self medication, when determined appropriate by the Health Services Supervisor or designee, shall follow the procedures in Section 10-212a-4 of the Regulations of Connecticut State Agencies and #7 of these procedures.
- i. All medications in before and after school and school readiness programs shall be handled, stored and disposed of in accordance with the provisions of subsection (a) to (k), inclusive, of the Regulations of Connecticut State Agencies and #20 in these procedures.
- j. A separate supply of medication shall be stored at the site of the before or after school 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 developed to ensure the timely transfer of the medication from the school to the program and back on a daily basis.
- k. Documentation shall be completed and maintained on form provided by the school nurse supervisor or designee, as follows:
  - (1) a separate administration of medication record for each student shall be maintained in the program;
  - (2) 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 local or regional board of education policy.
- l. Communication with the school nurse:
  - (1) 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.

- (2) In 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.
- m. Supervision of the administration of medication in before and after school programs shall be the responsibility of the Health Services Supervisor or designee who has been assigned responsibility for delegating to, training and supervising appropriate personnel in the administration of medication for before and after school programs and will 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.

#### Administration of Herbal Medications/Preparations

Licensed physician's orders for herbal medications/preparations to be administered shall adhere to all of the school's medication standards/regulations and shall specify in writing:

1. Name of medication/preparations
2. Name and quantity of ingredients
3. Dosage
4. Expected results
5. Side effects
6. Contraindication
7. Name and dosage of any drugs taken concurrently
8. Potential interactions with drugs taken concurrently
9. Reason why drug requires administration during school hours
10. Reference with source of drug safety

#### Medication Emergencies

The school nurse will administer appropriate emergency care, record first aid treatment administered, notify the parents or guardian and if necessary contact the EMS.

When the nurse is not readily available or when emergencies occur after school hours, appropriate emergency care may be administered by a building principal or designated teacher. Parents and administrators shall be notified immediately.

Each school shall ensure the following information is readily available.

1. The local poison information center telephone number
2. The physician, clinic or emergency room to be contacted in the event of medication emergencies
3. The name of the person responsible for decision-making in the absence of the school nurse.

### Training of School Personnel

Only principals, designated teachers, occupational or physical therapists, coaches, licensed athletic trainers or paraprofessionals who have received appropriate training from the school nurse or school physician shall be allowed to administer medications to students. If a school chooses to train administrators and teachers for this purpose, it is recommended that the number of trained people be in the range of 2-4 per building.

This training shall include but not be limited to:

1. The procedural aspects of safe medication administration, the safe handling and storage of medications, and recording.
2. The medication needs of specified students, medication idiosyncracies, and desired effects, potential side effect or untoward reactions. (CGS Section 10-212a-3)

The training program and procedures shall be written and specific, describing the training and the frequency with which it is done.

Annually each principal shall provide in writing to the office of the Assistant Superintendent documentation that such training has been provided and names of staff members in the building who have received such training. Annually the Nurse Supervisor shall provide an informational update to principals and teachers trained in the administration of medications.

### Handling, Storage and Disposal of Medications

1. All medications, except those approved for transporting by students for self-medication, shall be delivered by the parent or other responsible adult and shall be received by the nurse assigned to the school. The nurse must examine on site any new medication, medication order and permission form and develop a medication administration plan for the student before any medication is given by any school personnel.
2. All medications, except those approved for student self-medication, shall be kept by the nurse 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. In case of emergency medications, they shall be stored in a cabinet which will be unlocked during school hours and will be locked beyond the regular school day. At least two sets of keys for the medication cabinets shall be maintained for each building. One set of keys shall be maintained under the direct control of the school nurse and the additional set shall be under the direct control of the principal.
3. Access to all stored medications shall be limited to persons authorized to administer medications. Each school shall maintain a current list of those persons authorized to administer medications.

4. All medications, prescription and nonprescription, shall be stored in their original containers and in such a manner as to render them safe and effective.
5. Medications requiring refrigeration shall be stored in a refrigerator at no less than 36 degrees Fahrenheit and no more than 46 degrees Fahrenheit.
6. All unused, discontinued or obsolete medications shall be removed from storage areas and returned to the parent or guardian. If the medication cannot be returned to the parent or guardian, the medication shall be destroyed in collaboration with the school nurse:
  - a. Noncontrolled drugs shall be destroyed in the presence of at least one (1) witness;
  - b. Controlled drugs shall be destroyed pursuant to Section 21a-262-3 of the Regulations of the Connecticut State Agencies.
7. No more than a 3-month 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 an authorized prescriber.

#### Recordkeeping/Documentation

Each school or before school and after school program and school readiness programs where medications are administered shall maintain a medication administration record for each student who receives medication during school hours. Such record shall include:

1. The name of the student
2. The name of the medication
3. The dosage of medication
4. The route of administration
5. The frequency of the administration
6. The name of the prescribing physician, physician's assistant (with M.D.'s stamp), advanced practice registered nurse, or dentist and the name of the parent or guardian requesting that the medication be given
7. The date the medication was ordered
8. The quantity received
9. The date the medication is to be reordered
10. Any student allergies to food or medicine
11. The date and time of administration or omission including the reason for the omission
12. The dose or amount of drug administered
13. The full legal signature, written or electronic, of the nurse, principal, teacher or paraprofessional administering the medication
14. 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.

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 record.

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 record needs to be maintained in the school for three years pursuant to Section 10-212a(b) of the Connecticut General Statutes.

Transactions shall be recorded in ink and shall not be altered. The written order of the physician, physician's assistant (with M.D.'s stamp), advanced practice registered nurse, dentist, licensed optometrist, or licensed podiatrist, the written authorization of the parent or guardian, and the completed medication administration record for each student shall be filed in the student's cumulative health record. A physician's verbal order, including a telephone order, for a change in any medication can be received only by a school nurse. Any such verbal order must be followed by a written order within three school days. If errors occur in the administration of medication to students, it shall be reported immediately to the school nurse, the prescribing physician and the parent or guardian. The school nurse shall determine if additional medical treatment is required as a result of the error.

A report shall be completed using an accident/incident report describing the error. Any error in the administration of medication shall be documented in the student's cumulative health record.

### Supervision

The school nurse is responsible for general supervision of the administration of medications in the schools to which that nurse is assigned. This shall include, but not be limited to:

1. Availability on a regularly scheduled basis to:
  - a. Review the orders or changes in orders and communicate those to personnel designated to give medication for appropriate follow-up.
  - b. Set up a plan and schedule to ensure medications are given.
  - c. Provide training to principals, teachers, other licensed nursing personnel, occupational or physical therapists, coaches, licensed athletic trainers and paraprofessionals in the administration of medications.
  - d. Support and assist other licensed nursing personnel, principals, teachers, occupational or physical therapists, coaches, licensed athletic trainers and paraprofessionals to prepare for and implement their responsibilities related to the administration of specific medications during school hours.



- e. Provide consultation by telephone or other means of telecommunication. In the absence of the school nurse, a licensed physician or nurse may provide this consultation.
2. Implementation of policies and procedures regarding receipt, storage and administration of medications.
3. Monthly review of all documentation pertaining to the administration of medications for students.
4. Work-site observation of medication administration by teachers, principals, occupational or physical therapists, coaches and paraprofessionals who have been newly trained.
5. Periodic review, as needed, with licensed nursing personnel, principals, teachers, occupational or physical therapists, coaches, licensed athletic trainers and paraprofessionals regarding the needs of any student receiving medication.

#### Liability

Nurses and trained personnel are protected from liability claims by the Connecticut General Statute 10-235 and the Board of Education liability insurance coverage.

The Medication Administration Policy must be in accordance with Connecticut State Law CGS Section 10-212a as well as Regulations of the Connecticut State Agencies Section 10-212a-1 to 10-212a-7, inclusive and must be approved by the Board of Education and School Medical Advisor or other qualified license physician every two years.

Reference 10-235, 10-212a, 10-212a-1, 10-212a to 10-212d

Revised 11/13/01, 1/20/04, 8/28/06, 12/16/08, 9/18/12