

Students

ADMINISTRATIVE REGULATIONS ON ADMINISTRATION OF MEDICATION IN THE SCHOOLS

5141.21AR

Section 10-212a-1. Definitions

As used in Sections 10-212a-1 through 10-212a-10 of the Regulations of Connecticut State Agencies:

- (1) "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;
- (2) "Advanced practice registered nurse" means an individual licensed pursuant to Section 20-94a of the Connecticut General Statutes;
- (3) "Authorized prescriber" means a physician, dentist, optometrist, advanced practice registered nurse or physician assistant and, for interscholastic and intramural athletic events only, a podiatrist;
- (4) "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;
- (5) "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;
- (6) "Cartridge injector" means "cartridge injector" as defined in Section 10-212a of the Connecticut General Statutes;
- (7) "Coach" means an "athletic coach" as defined in Section 10-222e of the Connecticut General Statutes;
- (8) "Commissioner" means the Commissioner of Education or any duly authorized representative thereof;

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(9) “Controlled drugs” means “controlled drugs” as defined in Section 21a-240 of the Connecticut General Statutes;

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

(11) “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;

(12) “Department” means the Connecticut State Department of Education or any duly authorized representative thereof;

(13) “Director” means the person responsible for the operation and administration of any school readiness program or before- and after-school program;

(14) “Eligible student” means a student who has reached the age of eighteen or is an emancipated minor;

(15) “Error” means:

A. Failure to do any of the following as ordered:

- administer a medication to a student;
- administer medication within the time designated by the prescribing practitioner;
- administer the specific medication prescribed for a student;
- administer the correct dosage of medication;
- administer medication by the proper route; and/or
- administer the medication according to generally accepted standards of practice; or,

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

(16) “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;

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(17) “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;

(18) “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;

(19) “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;

(20) “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;

(21) “Licensed athletic trainer” means a licensed athletic trainer employed by the school district pursuant to Chapter 375a of the Connecticut General Statutes;

(22) “Medication” means any medicinal preparation including over-the-counter, prescription and controlled drugs, as defined in Section 21a-240 of the Connecticut General Statutes;

(23) “Medication emergency” means a life-threatening reaction of a student to a medication;

(24) “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;

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(25) “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;

(26) “Nurse” means an advanced practice registered nurse, a registered nurse or a practical nurse licensed in Connecticut pursuant to Chapter 378 of the Connecticut General Statutes;

(27) “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;

(28) “Optometrist” means an optometrist licensed to provide optometry pursuant to Chapter 380 of the Connecticut General Statutes;

(29) “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;

(30) “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;

(31) “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;

(32) “Physician assistant” means an individual licensed to prescribe medications pursuant to Section 20-12d of the Connecticut General Statutes;

(33) “Podiatrist” means an individual licensed to practice podiatry in Connecticut pursuant to Chapter 375 of the Connecticut General Statutes;

(34) “Principal” means the administrator in the school;

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(35) “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;

(36) “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;

(37) “School” means any educational program which is under the jurisdiction of a board of education as defined by this section excluding extracurricular activities;

(38) “School medical advisor” means a physician appointed pursuant to Section 10-205 of the Connecticut General Statutes;

(39) “School nurse” means a nurse appointed pursuant to Section 10-212 of the Connecticut General Statutes;

(40) “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;

(41) “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;

(42) “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;

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(43) “Supervision” means the overseeing of the process of the administration of medication in a school; and

(44) “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.

A. Procedures For Administration Of Medication By School Personnel

1. The Policy and Administrative Regulations will be reviewed and revised as needed, but at least biennially by the Board of Education with the advice and approval of the School Medical Advisor, the School Nursing Supervisor or other qualified licensed physician, and the Fairfield Board of Health.
2. The Board of Education will distribute annually the current policies and procedures for Administration of Medications by School Personnel to those personnel responsible for giving medications to students.
3. Nursing coverage will be provided during the hours of greatest need to administer medications to the greatest extent possible.

B. Conditions Under Which Medications Are To Be Administered In School

1. Prescribed medications shall only be administered in school when it is not possible to achieve the desired effects by home administration. Long lasting medications are encouraged whenever appropriate.
2. Written orders from an authorized prescriber must be obtained before the initial dose of a medication is given in school. Verbal orders are not permitted.
3. Written authorization of the student’s parent or guardian or eligible student must be obtained before the initial dose is given. Verbal authorization is not permitted.
4. Parents who request medication administration in school for their child, shall provide informed consent for necessary communications between the prescriber and the school nurse to ensure that medication is provided safely and according to professional standards of practice.

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- a. The parent authorization form for medication administration shall include permission for appropriate communications between the school nurse and prescriber related to the medication order.
 - b. Appropriate communications between the school nurse and prescriber normally include, but may not be limited to, the prescription itself (e.g., questions regarding dosage, method of administration, potential drug interactions, student outcomes related to the medication, possible side effects), and implementation of the treatment in school (e.g., safety concerns or modifications in the order related to the student's academic schedule).
 - c. Parents shall be included in decisions regarding changes in the medication order and/or medication plan.
5. Prescribed medication shall be administered to and taken by only the person for whom the prescription has been written.
6. Qualified personnel who have been properly trained may administer oral, topical, inhalant, or intranasal medications. Injectable medications may be administered by Qualified personnel who have been properly trained in the case of a medically diagnosed acute allergic condition which may require prompt treatment to protect the student against serious harm or death.
7. Qualified principals, teachers, PT and OT employed by the school district, may administer emergency medication according to the Protocol for Emergency Medications approved by the School Medical Advisor and the Board of Education.
8. With joint approval of the school medical advisor and the school nurse, in conjunction with the school nurse supervisor a school paraprofessional may administer medication to a specific student with a medically diagnosed allergic condition that may require prompt treatment in order to protect the student against serious harm or death, according to the following conditions:
 - With a proper medication authorization from the authorized prescriber, according to Section 10-212a of the Connecticut General Statutes;
 - With parental permission to administer the medication in school, according to Section 10-212a of the Connecticut General Statutes;

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- Only medications necessary for prompt treatment of an allergic reaction, including but not limited to, a cartridge injector; and
 - The paraprofessional shall have received proper training and supervision from the school nurse which shall include all of the elements outlined in Section 10-212a-3, and 10-212a-7 of the Regulations of Connecticut State Agencies.
9. Coaches hired by a local or regional board of education to coach for a sport season and licensed athletic trainers employed by the school district, who are trained, may administer, during intramural and interscholastic events, inhalant medications prescribed to treat respiratory conditions or 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.
10. In school readiness programs and before and after school programs, directors or directors' designees, lead teachers or school administrators, who are trained, may administer medications when it is medically necessary for participants to access the program and maintain their health status while attending the program.
11. With the written authorization of a student's parent or guardian, and pursuant to a written order of the student's physician licensed in Connecticut, a school nurse or a school principal shall select, and a school nurse shall provide general supervision to, a qualified school employee to administer medication with injectable equipment used to administer glucagon to a student with diabetes that may require prompt treatment in order to protect the student against serious harm or death. Such authorization shall be limited to situations when the school nurse is absent or unavailable.

No qualified school employee shall administer medication unless:

(A) such qualified school employee annually completes any training required by the school nurse and school medical advisor in the administration of medication with injectable equipment used to administer glucagon,

(B) the school nurse and school medical advisor have attested, in writing, that such qualified school employee has completed such training, and

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(C) such qualified school employee voluntarily agrees to serve as a qualified school employee. "Injectable equipment used to administer glucagon" means an injector or injectable equipment used to deliver glucagon in an appropriate dose for emergency first aid response to diabetes. For purposes of this subsection, "qualified school employee" means a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, coach or school paraprofessional.

12. Medicinal preparations administered by injection shall be consistent with provisions of the Needle Stick Safety Act and pertinent OSHA regulations.
13. Investigational drugs may not be administered by qualified personnel for schools. The school nurse must notify the nursing supervisor before administration of any investigational drug.
14. 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 school.

C. Nursing Review of Medication Orders

1. "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.
2. The nurse must examine on site any new medication, medication order and parental permission form and develop a medication administration plan for the student before any medication is given. If a school nurse determines any medication administration plan should be reevaluated, the parent/guardian and licensed prescriber shall be notified immediately by the school nurse. In addition, the nurse will consult with the nursing supervisor and the school medical advisor. In accordance with standard nursing practice, the school nurse may refuse to administer or allow to be administered any prescription medication which, based on her/his individual assessment and professional judgment, has the potential to be harmful, dangerous or inappropriate. In such cases a parent has the right to come to the school and administer the medication himself/herself.

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3. An authorized prescriber's verbal order, including a telephone order, for a change in the dosage, frequency, time or duration of medication administration may be accepted when the original medication order is already on file and current. A verbal 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 within three (3) school days.

D. Documentation

1. Each school or before and after school program and school readiness program where medications are administered shall maintain an individual medication administration record, prepared by the school nurse, for each student who receives medication during school or program hours. Such a record shall include:
 - The name of the student;
 - The name of the medication;
 - Condition for which the medication has been prescribe;
 - The dosage of the medication;
 - The route of administration;
 - The frequency of administration;
 - The name of the authorized prescriber;
 - The dates for initiating and terminating the administration of the medication including extended year programs;
 - The quantity received which shall be verified and signed by the adult delivering the medication;
 - Any student allergies to food or medicine;
 - The date and time of administration or omission including the reason for the omission;
 - The dose or amount of the drug administered;
 - The full written or electronic legal signature of the nurse or qualified personnel for school administering the medication;
 - For controlled medication, a medication count which should be conducted and documented at least once a week and co-signed by the assigned nurse and a witness.(also see "Controlled Drug Record Policy");

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- Transactions shall either be recorded in ink and shall not be altered or shall be recorded electronically in a record that can not be altered. If an error is made in the written recording on the medication administration record, a single line shall be drawn through the error and initialed by the nurse, or qualified school personnel who made the error;
- The school nurse shall maintain a current schedule of all medications to be administered by school personnel and a current schedule of all medications self-administered by students;
- 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 between the prescriber and the school nurse shall be kept in a binder or folder for use at the time of administration of the medication. The authorized prescriber's order, parent or guardian authorization and completed medication administration record will 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.

E. Medication Emergencies

1. In the event of a medication emergency, the authorized prescriber, or the student's private physician, will be contacted for instructions. An ambulance will be called if the untoward reaction involves significant cardiac, respiratory or neurological involvement.
2. In the absence of the school nurse qualified school personnel shall call the authorized prescriber or the student's physician for instruction, or shall call an ambulance if the student shows signs of significant cardiac, respiratory or neurological involvement.
3. The University of Connecticut Health Center Poison control number shall be posted at all telephones with outside lines in the school main office and health office for use as needed.
4. The telephone number of the ambulance shall be posted at all telephones with outside lines in the school main office and health office.

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F. Training of School Personnel

1. The school nurse or school medical advisor will provide initial training to qualified school personnel who might administer medications. This training will be reviewed and updated with these personnel at least annually by the school nurse. Two or more personnel will be encouraged by the principal in each school to administer medications. Only personnel who have received proper training from the school nurse shall be so designated.
2. The school nurse will maintain and annually update documentation of personnel in each school who have received training in administration of medications. This documentation shall include dates of general and student-specific trainings, content of the training, individuals who have successfully completed general and student-specific administration of medication training for the current school year and the name and credentials of the nurse or school medical advisor trainer or trainers. A copy of this documentation will be submitted by the school nurse to the nursing supervisor.
3. Training of school personnel in the administration of medications to students shall include:
 - a. The procedural aspects of medication administration, safe handling and storage of medications and recording;
 - b. Specific information related to each student's medication and each student's medication plan including the name and generic name of the medication, indications for medication, dosage, routes, time and frequency of administration, therapeutic effects of the medication, potential side effects, overdose or missed dose of the medication, and when to implement emergency interventions;
 - c. Semiannual review of administration of injectable medications with a cartridge injector in medical emergency situations with qualified school personnel.
 - d. Qualified school employees annually complete any training required by the school nurse and school medical advisor in the administration of medication with injectable equipment used to administer glucagon,

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4. Licensed Practical Nurses (LPN) who administer medication to students will have had one of the following:
 - a. Training in administration of medications as part of their basic nursing program;
 - b. Successful completion of a pharmacology course and subsequent supervised experience;
 - c. Supervised experience in medication administration while employed in a health care facility;
 - d. Licensed practical nurses shall not train or delegate the administration of medication to another individual;
 - e. Licensed practical nurses shall only administer medications after the medication plan has been established by the school nurse.

G. 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 that:

1. An authorized prescriber must provide a written order for self-administration;
2. A parent or guardian or eligible student must provide written authorization for self-administration;

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3. The school nurse has assessed and documented 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;
 - g. Cooperates with the established medication plan.
4. The school nurse has:
 - Reviewed the medication order and parental authorization;
 - Developed an appropriate plan for self-administration, including provisions for general supervision; and
 - Documented the medication plan in the student's or participant's health record.
5. The principal and appropriate teachers are informed by the school nurse that the student is self-administering prescribed medication.
6. Such medication is transported to school and maintained under the student's control in its original container and in such a manner as to render it safe and effective.
7. 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 international 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.

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8. 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 an eligible student or a student's parent or guardian.
9. No local or regional board of education may restrict the time and location of blood glucose self-testing by a child with diabetes on school grounds who has written authorization from a parent or guardian and a written order from a physician stating that such child is capable of conducting self-testing on school grounds.

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 to the school nurse or, in the absence of such nurse, other qualified personnel for school trained in the administration of medication and assigned to the school.
2. The nurse shall examine on-site any new medication, medication order and parent authorization and develop an administration of medication plan for the student before any medication is administered by any qualified personnel.
3. The school nurse shall review all medication refills with the medication order and parent authorization prior to the administration of medication.
4. 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.
5. Emergency medications will be locked beyond the regular school day or program hours, except as otherwise determined by a student's emergency care plan.

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6. 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.
7. 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 pursuant to Section 21a-262-8 of the Regulations of Connecticut State Agencies.
8. Access to all stored medications shall be limited to the nurse and school personnel who are authorized to administer medications. Each school or before-and after-school program and school readiness program shall maintain a current list of such persons.
9. All medications, prescription and non-prescriptions shall be stored in their original container and in such a manner as to render them safe and effective. Non-prescription medications must be labeled with the student's name and grade.
10. 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.
11. Medications requiring refrigeration shall be stored in a locked container in the refrigerator, except for emergency medications which will not be locked, at no less than 36 degrees and no more than 46 degrees Fahrenheit. The refrigerator will contain a thermometer and the temperature will be read and recorded daily by the nurse or her/his designee.
12. The refrigerator shall be located in a health office that is maintained for health services purposes with limited access.
13. Non-controlled medications may be stored directly on the shelf of the refrigerator with no further protection needed and controlled medications shall be stored in a locked box which is affixed to the refrigerator shelf.

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14. All unused, discontinued or obsolete medications, which are non-controlled drugs shall be removed from storage areas and either returned to the parent or guardian, or with the permission of the parent or guardian, destroyed. All non-controlled drugs, which are not picked up by the parent or guardian within one week of notification by the school nurse that the drugs are unused, discontinued, obsolete, or not picked up by the last day of school, will be destroyed. Non-controlled drugs shall be destroyed by the school nurse in the presence of at least (1) witness and this action documented in the student's cumulative health record.
15. All unused, discontinued or obsolete medications which are controlled drugs, shall be removed from storage areas and returned to the parent or guardian. Controlled drugs which are not picked up by the parent or guardian within one week of notification by the school nurse that the drugs has been discontinued or is obsolete shall be disposed of according to instruction obtained by the school nurse from the Drug Enforcement Administration (DEA) or its authorized agent.
16. 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 an accident form. If no residue is present, notification must be made to the Department of Consumer Protection.
17. No more than a three-month supply of a medication for one student shall be stored at school.
18. No medication shall be stored in school without a current written order from an authorized prescriber.

H. Errors in Medication Administration

1. In the event of a medication error, the authorized prescriber, the school nurse and the school nurse supervisor shall be immediately notified. The student shall be assessed by the school nurse for any possible untoward effects from the medication error.
2. The school nurse shall obtain verbal instruction for medical treatment following the medication error from the authorized prescriber. These instructions shall be followed by a written order within three (3) school days. If any untoward effects occur from the medication error which involves significant cardiac, respiratory or neurological involvement, an ambulance will be called.

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3. The student's parent or guardian shall be notified of any medication error as soon as possible after the error is discovered by the school nurse or the qualified school personnel responsible for administration of medication.
4. The school nurse or the qualified school personnel responsible for administration of medication shall notify the school principal.
5. In the event of a medication error a report shall be completed using the report form designated by the nursing supervisor in conjunction with the Board of Education. The report shall include any corrective action taken. An 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.

I. Supervision

1. The school nurse is responsible for general supervision of all aspects of the administration of medications in the school(s) to which that nurse is assigned.
2. The school nurse reviews all medication orders and changes in orders and communicates these to school personnel authorized to give medications.
3. The school nurse sets up a plan to ensure that medications are given as ordered.
4. The school nurse provides training to qualified school personnel and other licensed nursing personnel in the administration of medications and supports and assists them in implementing their related responsibilities. The school medical advisor, jointly with the school nurse, provides general supervision to school paraprofessionals who administer medication.
5. The school nurse supervisor will provide professional assistance in the absence of the regular school nurse, when consultation is needed by school personnel responsible for administration of medications. In the absence of the school nurse supervisor, an authorized prescriber or other nurse may provide this consultation.

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6. The school nurse will provide periodic review, at least annually, of all documentation pertaining to the administration of medications for students.
7. The school nurse will conduct a periodic review, at least annually, with all qualified personnel for schools and licensed nursing personnel regarding the needs of any student receiving medication.
8. The school nurse will observe competency to administer medications by qualified personnel for schools.

J. 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;

- Inhalant medications prescribed to treat respiratory conditions; and
- Medication administered with a cartridge injector for students with a medically diagnosed allergic condition which may require prompt treatment to protect the student against serious harm or death.

The following conditions must be met:

1. The coach or licensed athletic trainer shall be trained in:
 - The general principles of the administration of medication applicable to receiving, storing and assisting with inhalant medications or cartridge injector medications, and documentation;
 - Student specific needs for assistance according to the individualized medication plan.
2. The school nurse shall provide a copy of the authorized prescriber's order and the parental permission form to the coaches or licensed athletic trainer.

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3. The parent or guardian shall provide to the coach or licensed athletic trainer the medication in accordance with the following provisions:
 - All medications, except those approved for transporting by students for self-medication, shall be delivered by the parent or other responsible adult to the school nurse or, in the absence of such nurse, other qualified personnel for school trained in the administration of medication and assigned to the school;
 - The nurse shall examine on-site any new medication, medication order and parent authorization and develop an administration of medication plan for the student before any medication is administered by any school personnel. The school nurse shall provide these medications to the coach/licensed athletic trainer at the time of the medication training;
 - The school nurse shall review all medication refills with the medication order and parent authorization prior to the administration of medication. These medications shall be provided to the coach/athletic trainer after review by the school nurse.
4. 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.
5. The coach or licensed athletic trainer shall agree to the administration of emergency medication and shall implement the emergency care plan.
6. Medications to be used in athletic events shall be stored:
 - In containers for the exclusive use of holding medications;
 - In locations that preserve the integrity of the medication;
 - Under the general supervision of the coach or licensed athletic trainer trained in the administration of medication;
 - In a locked secure cabinet when not in use at athletic events.
7. Medication Errors
 - Shall be addressed in the same manner as errors during the school day, except that if the nurse is not available, a report may be submitted by the coach or licensed athletic director to the school nurse on the next school day.

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8. 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:
 - A separate medication administration record for each student shall be maintained in the athletic area;
 - 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;
 - 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;
 - 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.

K. Administration of Medication in School Readiness Programs and Before- or After-School Programs

Administration of medications shall be provided in school readiness and before- or after-school programs only when it is medically necessary for participants to access the program and maintain their health status while attending the program. All the provisions of these regulations regarding training, supervision, self-administration, documentation, handling, storage, disposal, errors and medication emergencies apply to school readiness and before- and after-school programs. Such programs are subject to the following additional conditions:

1. At the beginning of each school year, the school nurse supervisor, in consultation with the school medical advisor or other licensed physician, will review the policies, will review the policies and procedures for the administration of medication in these programs and determine the following:
 - The level of nursing services needed in order to ensure safe administration of medication within the programs based on the needs of the program and the program's participants;
 - Who may administer medication and whether a licensed nurse is required on-site;

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- The circumstances under which self-administration of medication by students is permitted;
 - The procedures to be followed in the event of a medication emergency or error and the individuals or facilities to be contacted in such an event;
 - The manner in which the local poison control center information will be made readily available at these programs;
 - The person responsible for decision making in the absence of the nurse.
2. 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.
3. Documentation of the administration of medications in school readiness and before- and after-school programs shall be as follows:
- A separate administration of medication record for each student shall be maintained in the program;
 - Administration of 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;
 - All other instances of the administration of medication shall be reported to the school nurse according to the student's individual plan at least on a monthly basis;
 - 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.
4. Medication Errors Shall be addressed in the same manner as errors during the school day, except that if the nurse is not available, a report may be submitted by the director of the program or their designee to the school nurse on the next school day.

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Liability

No school nurse or other nurse, principal or teacher, licensed physical or occupational therapist employed by a school district, licensed athletic trainer employed by a school district, coach or school paraprofessional administering medication shall be liable to a student or parent or guardian of a student for civil damages for any personal injuries which result from acts or omissions of such school nurse or other nurse, principal or teacher, licensed physical or occupational therapist employed by a school district, licensed athletic trainer employed by a school district, coach or school paraprofessional in administering medicinal preparations which may constitute ordinary negligence. This immunity shall not apply to acts or omissions constituting gross, willful or wanton negligence.

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