

Students

ADMINISTRATION OF MEDICATIONS

The Board of Education has authorized the Superintendent of Schools to develop the following procedures concerning the administration of medications to students within the school system by a licensed nurse or, in the absence of a nurse, by qualified personnel for schools. These administrative regulations have been developed with the advice and approval of the school medical advisor and the school nurse supervisor. Nothing in these regulations prohibits parents or guardians from administering medication to their own children on school grounds.

I. Definitions

For the purposes of these regulations, the following definitions shall apply:

“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;
- Documenting that the medication was administered;
- Counting remaining doses to verify proper administration and use

“Authorized prescriber” means a physician licensed to practice medicine, or a dentist licensed to practice dental medicine in this or another state, or an optometrist licensed to practice optometry in this state or and advanced practice registered nurse licensed to prescribe medication, a physician assistant licensed to prescribe medication, and, for interscholastic and intramural athletic events only, a podiatrist.

“Before or After School Program” means any child care program operated and administered by the Board of Education that is exempt from licensure by the Department of Public Health pursuant to Connecticut General Statutes § 19a-77(b)(1). Such programs shall not include board of education enhancement programs and extra-curricular activities.

“Cartridge Injector” means an automatic pre-filled cartridge injector or similar automatic injectable equipment used to deliver epinephrine in a standard dose for emergency first aid response to allergic reactions.

“Controlled drugs” are those drugs which contain any quantity of a substance which has been designated as subject to the federal Controlled Substances Act, or which has been designated as a depressant or stimulant drug pursuant to federal food and drug laws, or which has been designated by the Commissioner of Consumer Protection pursuant to Connecticut General Statutes § 21a-243, as having a stimulant, depressant or

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hallucinogenic effect upon the higher functions of the central nervous system and as having a tendency to promote abuse or psychological or physiological dependence, or both. Such controlled drugs are classifiable as amphetamine-type, barbiturate-type, cannabis-type, cocaine-type, hallucinogenic, morphine-type and other stimulant and depressant drugs. Specifically excluded from controlled drugs and controlled substances are alcohol, nicotine and caffeine;

“Eligible Student” means a student who has reached the age of eighteen or is an emancipated minor.

“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 prescriber; administer the specific medication prescribed for a student; administer the correct dosage; administer medication by proper route; and administer the medication according to generally accepted standards of practice; OR (B) administer a medication which is not ordered, or not authorized in writing by the parent or guardian of such student except for the administration of epinephrine for the purpose of emergency first aid pursuant to Section 10-212a of the Connecticut General Statutes and subsection (e) of Section 10-212a-2 of the Regulations of Connecticut State Agencies.

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

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

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

“Medication” means any medicinal preparation including over-the-counter, prescription and controlled drugs.

“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. The plan may be a stand-alone plan, part of an individualized health care plan, an emergency care plan or a medication administration form.

“Qualified school employee” means a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, coach or school paraprofessional

“Qualified personnel” (A) for schools means a qualified school employee who is (i) a full time employee, or is (ii) a coach, athletic trainer or school paraprofessional, or (B) for school readiness programs and before- and after-school programs, means the director or director’s designee and any lead teachers and school administrators who have been trained in the administration of medication

“Research or Study Medications” means FDA approved medications being administered according to an approved study protocol.

“School Medical Advisor” means a physician appointed by the Board of Education pursuant to Connecticut General Statutes § 10-205.

“School Readiness Program” means a program that receives funds from the State Department of Education for a school readiness program pursuant to Connecticut General Statutes § 10-16p(b) and exempt from licensure by the Department of Public Health pursuant to Connecticut General Statutes § 19a-77(b)(1).

“Self-Administration of Medication” means that the medication is controlled by the student at all times and self managed by the student according to an individual medication plan.

II. Administration of Medications by Qualified Personnel for Schools

A school nurse or any other nurse licensed in the state of Connecticut may administer medications to students in school. In the absence of a licensed nurse, only qualified personnel for schools who have been properly trained may administer medication to students as delegated by the school nurse. Administration of medications by qualified personnel for schools shall be under the general supervision of the school nurse.

A. Qualified Personnel for Schools includes the following:

1. Principals, teachers, licensed physical or occupational therapists employed full-time by the Board;
2. Coaches and licensed athletic trainers (subject to the conditions below);
3. Paraprofessionals (subject to the conditions below);
4. Directors (or directors’ designees), lead teachers and administrators of school readiness programs and before- or after school programs

B. Basic prerequisites

Except as permitted in Section E below, no medication may be administered to students by any school personnel without documentation of the following in the student’s health record:

1. The written order of an authorized prescriber;

2. The written authorization of a parent, guardian or eligible student; and
3. The written permission for the exchange of information between the prescriber and the school nurse necessary to ensure safe administration of the medication.

C. Medications that may be administered

1. Qualified personnel for schools may administer oral, topical, intranasal or inhalant medications;
2. Medications with a cartridge injector may be administered by qualified personnel for schools only to a student with a medically-diagnosed allergic condition which may require prompt treatment to protect the student against serious harm or death;
3. Glucagon. Qualified school employees may administer medications with injectable equipment used to administer glucagon to a student with diabetes who requires prompt treatment in order to protect the student against serious harm or death. This is limited to situations where the school nurse is unavailable and the qualified personnel have been specially trained and approved to use such equipment.
4. Qualified personnel for schools may not administer investigational drugs or research study medications.
5. Antiepileptic Medication. Qualified school employees may administer antiepileptic medication, including by rectal syringe, to a specific student with a medically diagnosed epileptic condition that requires prompt treatment in accordance with the student's individual seizure action plan. Such authorization shall be limited to situations when the school nurse is absent or unavailable. No qualified school employee shall administer antiepileptic medication unless: (i) such qualified school employee annually completes the required training program for antiepileptic medication administration; (ii) the school nurse and school medical advisor have attested, in writing, that such qualified school employee has completed such training; (iii) such qualified school employee receives monthly reviews by the school nurse to confirm such qualified school employee's competency to administer antiepileptic medication under this subsection; and (iv) such qualified school employee voluntarily agrees to serve as a qualified school employee.

E. Epinephrine as Emergency First Aid for Students Who Do Not Have Prior Written Authorization or Order

Epinephrine may be administered as emergency first aid to students who experience allergic reactions but do not have a prior written authorization of a parent or guardian or the written order of a qualified medical professional. Such administration may be done by a school nurse or, when the school nurse is absent or unavailable, by a qualified school employee who has completed the training required by law to administer emergency epinephrine.

A school nurse or in the absence of a school nurse, at least one qualified school employee who has been trained will be on the grounds of each school in the district during regular school hours.

Notice to Parents Regarding Opt-Out

The parent or guardian of a student may submit, in writing, to the school nurse a notice that epinephrine shall not be administered to such student. The school district shall annually notify parents or guardians of the need to provide such written notice.

Procedures for the Administration of Epinephrine as Emergency First Aid

The school nurse supervisor for the district shall:

1. Determine the level of nursing services and number of qualified school employees needed to ensure coverage at each school during regular school hours. This includes consulting with district administrators to establish awareness of the regular school hours for each school.
2. Consult with the school medical advisor or other licensed physician to determine the supply of epinephrine in cartridge injectors that shall be available in each school in the district.
3. Coordinate with each school principal and school nurse to select qualified school employees from employees who volunteer to complete the training required to administer epinephrine as emergency first aid.
4. Develop a mechanism within each school to ensure communication to one or more qualified school employees and other staff that the school nurse is absent or unavailable and that a qualified school employee shall be responsible for the emergency administration of epinephrine.
5. Develop a mechanism to ensure that persons who will administer epinephrine as emergency first aid to students who experience allergic reactions but who do not have a prior written authorization of a parent or guardian or prior written order of a qualified medical professional for the administration of epinephrine, are notified of the students whose parents have refused the emergency administration of epinephrine.

Emergency Epinephrine Training for Qualified School Employees

Qualified school employees who administer epinephrine as emergency first aid shall, annually, complete the training program developed by the Departments of Education and Public Health, in consultation with the School Nurse Advisory Council, pursuant to state law and training in cardiopulmonary resuscitation (CPR) and first aid.

Reporting of the Emergency Administration of Epinephrine

A qualified school employee shall immediately report the emergency administration of epinephrine to a student who does not have a prior written authorization or order to the school nurse. The school nurse or the qualified school employee shall immediately notify the student's parent or guardian.

A medication administration record shall be submitted to the school nurse by the qualified school employee at the earliest possible time, but not later than the next school day, and documentation of the medication administration shall be made in the student's cumulative health record.

III. Limitations of School Personnel

A. Licensed practical nurses

Licensed practical nurses may administer medications to students only after the medication plan has been established by the school nurse and if they can demonstrate evidence of one of the following:

1. Training in administration of medications as part of their basic nursing program;
2. Successful completion of a pharmacology course and subsequent supervised experience;
3. Supervised experience in the administration of medication while employed in a health care facility.

In addition, licensed practical nurses may not train or delegate administration of medications to another individual.

B. Paraprofessionals

Paraprofessionals 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 and in accordance with the following:

1. Only with approval by the school medical advisor and school nurse, in conjunction with the school nurse supervisor, and under the supervision of the school nurse;
2. With a proper medication authorization from the authorized prescriber;
3. With parental permission for the paraprofessional to administer the medication in school;
4. Only medications necessary for prompt treatment of an allergic reaction, including, but not limited to cartridge injector; and
5. The paraprofessional shall receive proper training in the administration of medication and supervision from the school nurse.

C. Coaches and Licensed Athletic Trainers

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 (A) inhalant medications prescribed to treat respiratory conditions and (B) 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 must 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 as well as the specific needs of the student needing 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;
 3. The parent or guardian shall provide the medication to the coach or licensed athletic trainer according to the district's procedures regarding the safe handling of medications [see Section VIII (A)- (C) below]. The medication provided by the parent or guardian shall be separate from the medication stored in the school health office for use during the school day.
 4. The coach or licensed athletic trainer shall agree to the administration of emergency medication and shall implement the emergency care plan.
 5. Medications to be used in athletic events shall be stored in containers for the exclusive use of holding medications, in locations that preserve the integrity of the medication, under the general supervision of the coach or licensed athletic trainer trained in the administration of medication and locked in a secure cabinet when not in use at athletic events.
 6. Errors in the administration of medication 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 trainer to the school nurse on the next school day.
 7. The coach or licensed athletic trainer shall document administration of medication on forms for individual administration of medication and the school nurse shall be notified of:
 - a. A separate medication administration record for each student shall be maintained in the athletic area;
 - b. 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;
 - c. 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
 - d. 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.

IV. School Readiness 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:

- A. 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 and

procedures for the administration of medication in these programs and determine the following:

1. 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;
 2. Who may administer medication and whether a licensed nurse is required on-site;
 3. The circumstances under which self-administration of medication by students is permitted;
 4. 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;
 5. The manner in which the local poison control center information will be made readily available at these programs;
 6. The person responsible for decision making in the absence of the nurse.
- B. 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.
- C. Documentation of the administration of medications in school readiness and before- and after-school programs shall be as follows:
1. A separate administration of medication record for each student shall be maintained in the program;
 2. 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;
 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.

V. Training and Supervision of Qualified Personnel for Schools

The school nurse or school medical advisor shall train designated qualified personnel for schools in the safe administration of medications at least annually. Only qualified personnel for schools who have successfully completed such annual training may administer medications to students. Licensed practical nurses shall not train other individuals in the administration of medication.

A. Content of training

Training shall include at least the following:

1. The general principles of safe administration of medication;
2. The procedural aspects of administration of medication, including the safe handling and storage of medications, documentation;

3. 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,
4. Therapeutic effects of the medication, potential side effects, overdose or missed dose of the medication and when to implement emergency interventions.
5. Additional specialized training will be provided to qualified personnel who volunteer to administer glucagon, antiepileptic and epinephrine as emergency first aid.

B. Documentation of training sessions

The Superintendent of Schools [*or designee, e.g., school nurses*] shall maintain documentation of the administration of medication training as follows:

1. Dates of general and student-specific trainings;
2. Content of the training;
3. Names of individuals who have successfully completed general and student-specific training for the current school year;
4. Names and credentials of the nurse or school medical advisor trainers.

C. Supervision of Administration of Medications

The school nurse is responsible for general supervision of administration of medications in the schools to which that nurse is assigned, and shall:

1. Review orders and changes in orders, and communicate these to personnel designated to give medication;
2. Set up a medication plan and schedule to ensure medications are administered properly;
3. Provide training to qualified personnel and other licensed nursing personnel in the administration of medications and assess that the qualified personnel for schools are competent to administer medication;
4. Support and assist other licensed nursing personnel to prepare for and implement their responsibilities related to the administration of specific medications during school hours;
5. Provide appropriate follow-up to ensure the administration of medication plan results in the desired outcomes;
6. Provide consultation by telephone or other means of telecommunication. In the absence of the school nurse, an authorized prescriber or other nurse may provide this consultation;
7. Implement policies and procedures regarding all phases of administration of medications;
8. Review periodically all documentation pertaining to the administration of medications for students;
9. Observe competency to administer medication by qualified personnel for schools who have been newly trained;
10. Periodically review, as needed, with licensed personnel and all qualified personnel for schools regarding the needs of any student receiving medication.
11. Provide monthly reviews for qualified personnel who have been trained to administer antiepileptic medication.

VI. Self-Administration of Medications by Students

Students who have a verified chronic medical condition and are deemed capable to self-administer prescribed emergency medications and other medications, excluding controlled drugs, will be permitted to self-administer such medication provided:

- A. The required documentation for administering medication at school includes the following additional items:
 - 1. The written order must include the recommendation for self-administration by the authorized prescriber;
 - 2. The written authorization of the parent/guardian or eligible student for the self-administration of medication;
 - 3. An assessment by the school nurse that the student is competent to self-administer in the school setting; The school nurse must deem self-administration to be safe and appropriate, including considerations that the student:
 - a. Is capable of identifying and selecting the appropriate medication by size, color, amount, or other label identification;
 - b. Knows the frequency and time of day for which the medication is ordered;
 - c. Can identify the presenting symptoms that require medication;
 - d. Administers the medication appropriately;
 - e. Maintains safe control of the medication at all times;
 - f. Seeks adult supervision whenever warranted; and
 - g. Cooperates with the established medication plan.
 - 4. An appropriate plan for the self-administration of medication including provisions for general supervision developed by the school nurse.
- B. The Principal and appropriate staff must be informed that the student is self-administering prescribed medication.
- C. The medication is transported by the student and maintained under the student's control in accordance with school policy and the student's medication plan.
- D. Self-administration of controlled medication 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 must be developed.
- E. 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 shall not be used to prevent a student from retaining and self-administering such medication. In such cases, students may retain possession of inhalers or cartridge injectors at all times while attending school and self-administer such medication with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian.

VII. Procedures in the Event of a Medication Emergency

In the event of any medication emergency, the following information must be readily available in all schools and school readiness and before- and after-school programs:

- A. The local poison information center telephone numbers: Connecticut Poison Control Center at 800-222-1222
- B. The child's own doctor's phone number, or the phone number of the School Medical Advisor: Dr. Michael Liftman
- C. A telephone number where the child's parent/guardian may be contacted in the event of a medication emergency (such numbers as are provided by the parent/guardian).
- D. Procedure to be followed in obtaining medical treatment in the event of a medication emergency: Call other school nurses for coloration, call 911/ambulance, call parent, call poison control center.
- E. The school nurse shall be responsible for decisions concerning medical emergencies. In the event that the school nurse is not available during a medication emergency, the following individual shall make the decision to seek appropriate medical assistance: Principal or Designee

VIII. Handling, Storage and Disposal of Medications

- A. All medications, except those approved for self-medication or epinephrine intended for emergency administration to students who do not have a written prior authorization or order, 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 schools trained in administration of medication and assigned to the school. For 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.
- B. The nurse shall examine on-site any new medication, medication order and parent authorization form and develop an administration of medication plan for the student before any medication is administered by any school personnel.
- C. The school nurse shall review all medication refills with the medication order and parent authorization prior to any administration of medication.
- D. All medications shall be properly stored as follows:
 - 1. Except as otherwise determined by a student's emergency care plan, emergency medications shall be stored in an unlocked, clearly labeled and readily accessible cabinet or container in the health room during school hours under the general supervision of the school nurse, or in the absence of the school nurse, the

- principal or the principal's designee who has been trained in the administration of medication;
2. Emergency medications will be locked beyond the regular school day or program hours, except as otherwise determined by a student's emergency care plan;
 3. All other non-controlled medications except those approved for self medication, shall be kept in a designated locked container, cabinet or closet used exclusively for the storage of medication;
 4. Controlled substances shall be stored separately from other medications in a separate, secure, substantially constructed, locked metal or wood cabinet pursuant to state law.
- E. Access to all stored medications shall be limited to persons authorized to administer medications. Each school or before or after school program and school readiness program shall maintain a current list of those persons authorized to administer medications.
- F. All medications, prescription and non-prescription, shall be delivered and stored in their original containers
- G. 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 director 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.
- H. Medication requiring refrigeration shall be stored as follow:
1. In a refrigerator at no less than 36°F and no more than 46°F;
 2. The refrigerator shall be located in a health office that is maintained for health services purposes with limited access;
 3. Non-controlled medications may be stored directly on the shelf of the refrigerator with no further protection needed;
 4. Controlled medications shall be stored in a locked box which is affixed to the refrigerator shelf.
- I. All unused, discontinued or obsolete medications shall be removed from storage areas and either returned to the parent or guardian or, if the medication cannot be returned to the parent or guardian, the medication shall be destroyed in collaboration with the school nurse.
- J. Non-controlled drugs shall be destroyed in the presence of at least one (1) witness.
- K. Controlled drugs shall be destroyed in accordance with law, specifically, § 21a-262-3 of the Regulations of the Connecticut State Agencies.
- L. Accidental destruction or loss of controlled drugs must be verified in the presence of a second person, including confirmation of the presence or absence of residue and

jointly documented on the student medication administration record and on a medication error form. If no residue is present, notification must be made to the Department of Consumer Protection pursuant to 21a-262-3 of the Regulations of the Connecticut State Agencies.

- M. No more than a three month supply of a medication for a student shall be stored at the school.
- N. No medication for a student shall be stored at a school without a current written order from an authorized prescriber.

IX. Documentation and Recordkeeping

Each school or before- and after-school program and school readiness program shall maintain an individual medication administration record for each student who receives medication during school or program hours. Transactions shall either be recorded in ink and shall not be altered or recorded electronically in a record that can not be altered.

- A. The individual medication administration record will include:
 - 1. The name of the student;
 - 2. The name of the medication, dosage, route and frequency of administration;
 - 3. The name of the authorized prescriber;
 - 4. The dates for initiating and terminating the medication;
 - 5. The quantity received which shall be verified by the adult delivering the medication;
 - 6. Any student allergies to food or medicine;
 - 7. The date, time and dose or amount of drug administered;
 - 8. If the drug was not administered, the omission must be documented; including the reason for omission;
 - 9. The full written or electronic legal signature of the nurse or qualified personnel for schools administering the medication;
 - 10. 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;
 - 11. The medication administration record shall be made available to the State Department of Education for review until destroyed pursuant to law. The completed medication administration record for non-controlled medications may be destroyed in accordance with Section M8 of the Connecticut

Municipality Record Retention Schedule as long as it is superseded by a summary on the student health record.

- B. The following shall be filed in the student's cumulative health record or, for before- and after-school programs and school readiness programs, in the child's program record:
 - 1. The written order of the authorized prescriber;
 - 2. The written authorization of the parent/guardian to administer the medication;
 - 3. The written parental permission for the exchange of information by the prescriber and school nurse to ensure the safe administration of such medication.
- C. As to any and all controlled drugs administered at school, a record shall be maintained separate from the students' cumulative files for at least three years that includes:
 - 1. Copies of all physician's orders for controlled drugs;
 - 2. The original medication administration records;
 - 3. Each school wherein any controlled drug is administered under the provisions of this section shall keep such records thereof as are required of hospitals under the provisions of subsections (f) and (h) of Connecticut General Statutes §21a-254 and shall store such drug in such manner as the Commissioner of Consumer Protection shall, by regulation, require.
- D. An authorized prescriber'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 from the authorized prescriber which may be faxed and must be received not later than three (3) school days.

X. Procedure for Notification and Documentation of Errors

- A. Any errors in the administration of medication shall be reported immediately to the school nurse, school nurse supervisor, the student's parent/guardian and the authorized prescriber.
- B. The school nurse shall immediately complete the "medication error" report form. The report shall include any corrective action taken.
- C. Any error in the administration of a 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.

D. The procedure to be followed in obtaining medical treatment when required as a result of such errors is to follow the procedures in the event of a medical emergency: Call 911/ambulance, call poison control center, call parent, call prescribing physician and/or pharmacy.

Regulations approved: _____
Medical Advisor Date

School Nurse Supervisor Date

Regulations reviewed: _____
Date

Legal References:

Connecticut General Statutes:

- 10-16p Definitions. Lead agency for school readiness
- 10-212 School nurses and nurse practitioners. Administration of medications by parents or guardians on school grounds
- 10-212a Administration of medications in schools, at athletic events and to children in school readiness programs
- 21a-240 Definitions
- 21a-254 Designation of restricted drugs or substances by regulations

Regulations of Connecticut State Agencies:

- 10-212a-1 to 10-212a-10, Administration of Medications by School Personnel and Administration of Medication During Before- and After-School Programs and School Readiness Programs
- 21a-262-3, Disposition of drugs

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