

**Administering Medication to Students****Regular School Day**

The Board of Education (Board) allows students to self-administer medication and qualified personnel for schools to administer medication to students in accordance with the following established procedures. These procedures shall be reviewed and/or revised and approved by the School Medical Advisor, the school nurse supervisor and the Board of Education. The District's School Medical Advisor (or other qualified physician) will review/revise this policy and its regulations prior to Board of Education approval.

The administration of medication includes the activities of 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.

A student who is required to receive medication or requests aspirin, ibuprofen, or an aspirin substitute containing acetaminophen during school hours must provide:

1. The authorized prescriber's (physician, dentist, optometrist, advanced practice registered nurse, or physician assistant; and a podiatrist in the case of interscholastic or intramural athletic events) orders for medication on a school district form which specifies the following:
  - student's name;
  - condition for which the drug is being administered;
  - name of drug;
  - method of administration;
  - dosage of drug;
  - time of administration;
  - duration of the order;
  - side effects to be observed (if any) and management of such effects;
  - student allergies to food and/or medicine is required on the form.

This medical order must be renewed yearly if a student is to be administered medication by school personnel.

2. Written authorization from his or her parent or guardian allowing school personnel to administer said medication. This authorization shall be renewed yearly and shall include parental consent for school personnel to destroy said medication if not repossessed by the parent or guardian within a seven (7) day period of notification by school authorities.
3. Written permission of the parent or guardian for the exchange of information between the authorized prescriber and the school nurse to ensure the safe administration of such medication.

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4. The medication must have its original correct label from the pharmacy or manufacturer.

**Self-Administration**

The Board permits 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 medications. Such students must provide:

1. An authorized prescriber's written medication order including the recommendation for self-administration; and
2. A written authorization for self-administration of medication from the student's parent or guardian.

Further, the school nurse shall assess the student's competency for self-administration in the school setting and consult with the parent/guardian and prescribing physician if concerns exist regarding safety or appropriateness.

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 such medications only with the written authorization of an authorized prescriber and written authorization from the eligible student (of of age) or the student's parent/guardian.

The school nurse is responsible for:

1. Reviewing the medication order and parental authorizations;
2. Developing an appropriate plan for self-administration;
3. Documenting the medication plan in the student's or participant's health record; and
4. Informing qualified personnel for schools and other staff regarding the student's self-administration of prescribed medication.

The medication can be transported to school by the student and maintained under the student's control in accordance with the District's policy on self-medication by students and the individual student plan.

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#### Self-Administration (continued)

Self-administration of any medication may be considered with an appropriate plan in place for extraordinary situations such as long distance overnight field trips, student exchange trips and international field trips. The school nurse must consult and obtain approval with the school administrator, the school nurse coordinator and the district medical advisor.

Self-administration of controlled drugs is never permitted during school or extra-curricular activities. In an extraordinary circumstance, such as an international field trip, self-administration of a controlled drug may be considered with an appropriate plan approved by the School Nurse Supervisor and School Medical Advisor in advance of the situation or event. The school nurse must consult and obtain approval with the school administrator, the school nurse coordinator and the district medical advisor.

#### Administration of Medications by Qualified School Personnel

Medication may be administered by a licensed nurse, or in absence of such licensed personnel, any other nurse licensed pursuant to the provisions of Chapter 378, including a nurse employed by, or providing services under the direction of the Board of Education, at a school-based clinic, qualified personnel for schools (principals, teachers, licensed physical or occupational therapists and coaches and licensed athletic trainers during intramural and/or interscholastic athletics) trained in the administration of medication. They shall not be held liable for any personal injuries which may result from acts or omissions constituting ordinary negligence.

A licensed practical nurse may administer medications to students. Licensed practical nurses shall **not** train or delegate the administration of medication to another individual. Such nurses shall only administer medications after the medication plan has been established by the school nurse or registered nurse.

Medication will be administered according to the following procedures:

1. The school nurse will develop a medication administration plan for each student before medication may be administered by any staff member. The school nurse will also review regularly all documentation pertaining to the administration of medication for students.
2. The qualified personnel for schools approved by the School Medical Advisor and school nurse will be formally trained by the school nurse prior to administering medication. The school nurse, acting as designee and under the direction of the School Medical Advisor, will annually instruct such staff members in the administration of medication. The training shall include, but not be limited to:

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**Administration of Medications by Qualified School Personnel (continued)**

- A. The generic principles of safe administration of medications.
  - B. Review of state statute and school regulations regarding administration of medication by school personnel.
  - C. Procedural aspects of the administration of medication, including the safe handling and storage of medication, and documentation.
  - D. 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.
3. By September 30<sup>th</sup> of each school year, every school will have at least two additional authorized staff members trained to administer medications to students when it is needed and/or in the absence of the school nurse. Annual retraining of staff authorized to administer medications to students when needed and/or in the absence of the school nurse will be completed by September 30<sup>th</sup> of each year.
  4. A current list of those authorized to give medication shall be maintained in the school by the school nurse.

A child with diabetes may test his/her own blood glucose level per the written order of a physician stating the need and the capacity of such child to conduct self-testing; the Board may request written acknowledgement from the parent/guardian, and have the school nurse approve the student's ability to test his/her blood glucose independently, but may not deny the student's right to test if the school has the written order from the physician and written authorization from the parent or guardian. Such self-testing shall be pursuant to guidelines promulgated by the Commissioner of Education.

Under specified conditions, school nurse and a school medical advisor, if any, will select, and a school nurse will provide general supervision to, a qualified school employee to administer antiepileptic medication to a specific student with a medically diagnosed epileptic condition that requires prompt treatment in accordance with the student's medication plan and seizure action plan. The school nurse and school medical advisor, if any, must have the written authorization of a student's parent or guardian and the administration of the medication must be pursuant to the written order of a physician licensed under Chapter 370 of the General Statutes. The authorization will be limited to situations when the school nurse is absent or unavailable. Administration of antiepileptic medication includes by rectal syringe.

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**Administration of Medications by Qualified School Personnel (continued)**

No qualified school employee may administer antiepileptic medication unless the qualified school employee annually completes the training program developed by the Department of Education in consultation with the School Nurse Advisory Council as described in the General Statutes at 10-212a(f)(2); the school nurse and school medical advisor, if any, have attested in writing that the qualified school employee has completed the training; the qualified school employee receives monthly reviews by the school nurse to confirm the qualified school employee's competency to administer antiepileptic medication; and the qualified school employee voluntarily agrees to serve as a qualified school employee.

Except for administration of epinephrine cartridge injectors as emergency first aid as provided in the Board's policies and regulations, a specific paraprofessional, in the absence of a school nurse, may only administer medications to a specific student in order to protect that student from harm or death due to a medically diagnosed allergic condition according to the following:

- A. only with the approval of the School Medical Advisor and school nurse, in conjunction with the school nurse supervisor, and under the supervision of the school nurse;
- B. with proper medication authorization from the authorized prescriber in conformity with Connecticut General Statute 10-212a;
- C. with parent/guardian permission to administer the medication at school;
- D. only medication necessary for prompt treatment of an allergic reaction, including, but not limited to, a cartridge injector, and
- E. the paraprofessional shall have received proper training and supervision from the school nurse as detailed in Section 10-212a-3 and Section 10-212a-7 of the Regulations of Connecticut State Agencies.

**Emergency Administration of Epinephrine Cartridge Injectors as Emergency First Aid to Students Who Do Not Have Prior Written Authorization**

The school nurse or, in the absence or unavailability of such school nurse, a trained qualified school employee may administer an epinephrine cartridge injector as emergency first aid to a student who does not have a prior written authorization of a parent or guardian or a prior written order of a qualified medical professional. Such administration of epinephrine cartridge injectors as emergency first aid must be in accordance with the Board's policies and procedures.

A school nurse or, in the absence of a school nurse, a trained "qualified school employee" shall maintain epinephrine in cartridge injectors for the purpose of emergency first aid to students who experience allergic reactions who were not previously known to have serious allergies and therefore do not have a prior written authorization of a parent/guardian or a prior written order of

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**Emergency Administration of Epinephrine Cartridge Injectors as Emergency First Aid to Students Who Do Not Have Prior Written Authorization (continued)**

a qualified medical professional for the administration of epinephrine. Each school must maintain a store of epinephrine cartridge injectors for such emergency use. Handling, storage, and disposal of epinephrine maintained for the purposes of emergency first aid will be in accordance with Board policies and regulations for the administration of medication.

The school nurse or school principal shall select qualified school employees to be trained to administer epinephrine as emergency first aid. The selected qualified school employees must voluntarily agree to complete the required training and to administer epinephrine cartridge injectors as emergency first aid to students who do not have a prior written parent or guardian authorization or a prior written medical order. There shall be at least one such qualified school employee on the grounds of each District school during regular school hours in the absence of the school nurse.

Note: This requirement pertains only during regular school hours and does not include after-school activities.

In order to be permitted to administer epinephrine cartridge injectors as emergency first aid to students who do not have a prior written parent or guardian authorization or a prior written medical order, selected qualified school employees must annually complete the required training program developed by the Departments of Education and Public Health as described in Connecticut General Statutes §10-212a, and training in cardiopulmonary resuscitation (CPR) and first aid.

The parent or guardian of a student may submit, in writing, to the school nurse and School Medical Advisor, if any, a notice that epinephrine permitted by statute will not be administered to his/her child. This notice will be valid for one school year if provided prior to the start of a school year, or the remainder of the school year in which the notice is provided. The school district will annually notify parents and guardians of the need to provide such written notice.

Trained qualified school employees who will administer epinephrine cartridge injectors as emergency first aid to students who do not have a prior written parent or guardian authorization or a prior medical order will be notified of the students whose parents have refused the emergency administration of epinephrine by written notice as described above. The trained qualified school employees will be notified by the school nurse.

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#### Emergency Administration of Epinephrine Cartridge Injectors as Emergency First Aid to Students Who Do Not Have Prior Written Authorization (continued)

In the event that the school nurse is absent or unavailable and therefore trained qualified school employees will be responsible for the administration of epinephrine as emergency first aid to students without prior written parent or guardian authorization or a prior written medical order, this will be communicated to trained qualified school employees and other staff. This will be communicated by the school administrator when notified by the school nurse supervisor or the school nurse supervisor designee.

The Board will provide forms for the documentation of administration of epinephrine cartridge injectors as emergency first aid. Emergency administration of an epinephrine cartridge injector will be reported immediately to the school nurse and to student's parent or guardian. An administration of medication record will be maintained and submitted to the school nurse at the earliest possible time, but no later than the next school day, and filed or summarized on the student's cumulative health record in accordance with Board policy.

Medication errors will be reported immediately to the school nurse, the school nurse supervisor or the school medical advisor, the student's parent or guardian and the authorized prescriber. Documentation of a medication error will be submitted to the school nurse at the earliest possible time, but no later than the next school day, and filed or summarized on the student's cumulative health record in accordance with Board policy.

Each District school shall fulfill all conditions and procedures promulgated in the regulations established by the State Board of Education for the storage and administration of epinephrine by school personnel to students for the purpose of emergency first aid to students who experience allergic reaction and do not have prior written authorization for epinephrine administration.

### Handling and Storage of Medications

All medication, except those approved for keeping by students for self-medication, must be delivered by the parent or other responsible adult and shall be received by the nurse assigned to the school or, in the absence of such nurse, by other qualified personnel for schools trained in the administration of medication and assigned to the school. The school nurse must:

- A. Examine on site any new medication, medication order and parent/guardian authorization to insure that it shall be properly labeled with dates, name of student, medication name, dosage and physician's name, and that the medication order and permission form are complete and appropriate.

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**Handling and Storage of Medications (continued)**

- B. Except for epinephrine intended for emergency administration to students who do not have a prior written parent or guardian authorization or prior written medical order, develop an administration of medication plan for the student before any medication is given by qualified personnel for schools
- C. Except for epinephrine intended for emergency administration to students who do not have a prior written parent or guardian authorization or prior written medical order, review all medication refills with the medication order and parent/guardian written authorization prior to the administration of medication.
- D. Except as indicated by a student's emergency care plan, emergency medications shall be stored in an unlocked, clearly labeled and readily accessible cabinet or container during school hours under the supervision of the nurse or the principal or principal's designee trained in the administration of medication.
- E. Emergency medications shall be locked beyond the regular school day or program hours except as otherwise determined by a student emergency care plan.
- F. Record on the Student's Individual Medication Record the date the medication is delivered and the amount of medication received.
- G. Store medication requiring refrigeration in a refrigerator at no less than 36 degrees Fahrenheit and no more than 46 degrees Fahrenheit. The refrigerator shall be located in a health office maintained for health service purposes with limited access. Non-controlled medications may be stored directly on the shelf of the refrigerator with no further protection needed. Controlled medications in need of refrigeration shall be stored in a locked box affixed to in the refrigerator shelf.
- H. All other medication, except those approved for keeping by students for self-medication shall be kept in a designed locked container, cabinet or closet used exclusively for the storage of medications. Controlled substances shall be contained in separate compartments, secured and locked at all times. At least two sets of keys for the medication containers or cabinets shall be maintained for each school building or before- and after-school programs and school readiness programs. The school nurse shall maintain one set of keys. The additional set shall be under the direct control of the Principal and, if necessary, the Program Director or lead teacher trained in the administration of medication shall also have a set of keys.

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#### Handling and Storage of Medications (continued)

No more than a three month supply of a medication for a student shall be stored at the school. All medications, prescriptions and non-prescription, shall be delivered and stored in their original containers and in such a manner as to render them safe and effective. No medication for a student shall be stored at a school without a current written order from an authorized prescriber. Access to all stored medications shall be limited to persons authorized to administer medications.

#### Destruction/Disposal of Medication

At the end of the school year or whenever a student's medication is discontinued by the authorized prescriber, the parent or guardian is to be contacted and requested to repossess the unused medication within a seven (7) school day period. If the parent/guardian does not comply with this request, all medication (non-controlled drugs) is to be destroyed by the school nurse in the presence of at least one witness (school physician, principal, and teacher) according to the following procedures:

1. Medication will be destroyed in a non-recoverable fashion. (*Procedure below recommended by Connecticut Department of Environmental Protection, Office of Pollution Prevention*)
  - A. Keep the medication in its original container.
    - To protect privacy and discourage misuse of the prescription, cross out the patient's name with a permanent marker or duct tape or remove the label. (Chemotherapy drugs may require special handling. Work with your healthcare provider on proper disposal options for this type of medication.)
  - B. Modify the medications to discourage consumption.
    - For solid medications: such as pills or capsules: add a small amount of water to at least partially dissolve them.
    - For liquid medications: add enough table salt, flour, charcoal, or nontoxic powdered spice, such as turmeric or mustard to make a pungent, unsightly mixture that discourages anyone from eating it.
    - For blister packs: wrap the blister packages containing pills in multiple layers of duct or other opaque tape.

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**Destruction/Disposal of Medication (continued)**

- C. Seal and conceal.
    - Tape the medication container lid shut with packing or duct tape.
    - Place it inside a non-transparent bag or container such as an empty yogurt or margarine tub to ensure that the contents cannot be seen.
    - **Do not** conceal medicines in food products because animals could inadvertently consume them.
  - D. Discard the container in your trash can.
  - E. Schools that want to dispose of controlled substances should call the Drug Control Division of the CT Department of Consumer Protection for assistance at 860-713-6055.
2. The following information is to be charted on the student's health folder or medication administration record (mar) and signed by the school nurse and witness:
- A. Date of destruction.
  - B. Time of destruction.
  - C. Name, strength, form and quantity of medication destroyed.
  - D. Manner of destruction of medication.
3. Controlled substances shall not be destroyed by the school nurse. Controlled substances shall be destroyed pursuant to Section 21a-262-3 of the Regulations of the Connecticut State Agencies. In the event that any controlled substance remains unclaimed, the school nurse or Supervisor of Nursing shall contact the Connecticut Commissioner of Consumer Protection to arrange for proper disposition. Destruction may also be conducted by a Connecticut licensed pharmacist in the presence of another pharmacist acting as a witness.
4. Any accidental destruction or loss of controlled drugs must be verified in the presence of a second person, including confirmation of the presence or absence of residue and jointly documented on the student medication administration record and on a medication error form pursuant to Connecticut General Statute 10-212a(b). If no residue is present notification must be made to the Department of Consumer Protection (DEP) pursuant to Section 21a-262-3 of the Regulations of Connecticut State Agencies.

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#### Documentation and Record Keeping

Record keeping of medication administration shall either be in ink and shall not be altered or shall be recorded electronically, in a record that cannot be altered, on the individual student's medication record form which, along with the parental authorization form and the authorized prescriber's order, becomes part of the student's permanent record. Records shall be made available to the Connecticut State Department of Education upon request, for review until destroyed pursuant to C.G.S. 11-8a and C.G.S. 10-212a (b) for controlled medications.

Medication administration records shall be maintained at each school and include the:

- A. Name of the student;
- B. Name of medication;
- C. Dosage of medication;
- D. Route of administration;
- E. Frequency of administration;
- F. Name of the authorized prescriber, and the name of the parent/guardian requesting the medication to be given;
- G. Dates for initiating and terminating the administration of the medication, including extended year programs;
- H. Quantity received which shall be verified by the adult delivering the medication;
- I. Student allergies to food and/or medicine;
- J. Date and time of administration or omission including reason for omission;
- K. Dose or amount of drug administered;
- L. Full written or electronic signature of the nurse or qualified personnel for schools administering the medication; and
- M. For controlled medications, a medication count which shall 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 controlled medications shall be maintained in the same manner as the non-controlled medications. In addition, a separate medication administration record needs to be maintained in the school for three years, pursuant to Connecticut General Statute 10-212a(b).

The written order of the authorized prescriber, the written authorization of the parent or guardian to administer the medication and the written parental/guardian permission for the exchange of information by the prescriber and school nurse to ensure the safe administration of such medication shall be filed in the student's cumulative health record.

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#### Documentation and Record Keeping (continued)

Record of the medication administered shall be entered in ink on an individual student medication record form and filed in the student's cumulative health folder. If the student is absent, it shall be so recorded. If an error is made in recording, a single line shall be run through the error and initialed.

An error in the administration of medication shall be reported to the school nurse who will initiate appropriate action and documentation in a student incident report and on his/her cumulative record.

An authorized prescriber's verbal order, including a telephone order, for a change in any medication may be received only by a school nurse. Such verbal order must be followed by a written order within three (3) school days.

Untoward reactions to medication shall be reported to the school nurse, the parent, and the student's physician.

Records of controlled substances shall be entered in the same manner as other medications with the following:

- A. The amount of controlled drug shall be counted and recorded on the individual student medication record form after each dose given.
- B. The original medication administration form shall be retained by the school for 3 years following the student leaving the district and filed in the student's permanent health record.
- C. Loss, theft or destruction of controlled substances shall be immediately, upon discovery, reported to the Supervisor of Nursing Services who will contact the Connecticut Commissioner of Consumer Protection.

Investigational drugs may not be administered by qualified school personnel.

#### Medication Errors

A medication error includes any failure to administer medication as prescribed for a particular student, including failure to administer the medication:

- Within the appropriate timeframe.
- In the correct dosage.
- In accordance with accepted practice.
- To the correct student.

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**Medication Errors (continued)**

An error in the administration of medication shall be reported immediately to the school nurse, the school nurse supervisor, the parent/guardian, and the authorized prescriber, verbally and followed by a written statement to all parties within one (1) school day. In the event of a medication error, the school nurse shall document all efforts to contact the parent/guardian. If there is a question of potential harm to the student and medical treatment may be required, the nurse and/or building administrator shall also notify the student's authorized prescriber or the School Medical Advisor. In a severe emergency, 911 should be called. Contact the Poison Control Center as deemed necessary. A written report shall be made using a medication error form. The report must include any corrective action taken. A report shall also be completed using the authorized accident/incident report form. Any errors in the administration of a medication shall be documented by the nurse in the student's cumulative health record.

In case of an anaphylactic reaction or the risk of such reaction, a school nurse (or any other person trained in CPR and First Aid) may administer emergency oral and/or injectable medication to any student in need thereof on the school grounds, in the school building, or at a school function according to the standing order of the School Medical Advisor or the student's private physician.

**Administration of Emergency Medication under Connecticut General Statute 10-212a**

In the absence of a licensed nurse, qualified personnel for schools may give emergency medication orally or by injection to students with a medically diagnosed allergic condition which would require such prompt treatment to protect the child from serious harm or death so long as the administrator or teacher has completed training in administration of such medication.

Whenever a student has an untoward reaction to administration of a medication, resolution of the reaction to protect the student's health and safety shall be the foremost priority. The school nurse and the student's physician shall be notified immediately, or as soon as possible in light of any emergency medical care that must be given to the student.

Emergency medical care to resolve a medication emergency includes but is not limited to the following, as appropriate under the circumstances:

- A. The use of the 911 emergency response system;
- B. The contact of a local poison information center;
- C. The physician, clinic or emergency room to be contacted in such an emergency;
- D. The name of the person responsible for the decision-making in the absence of the school nurse;

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**Administration of Emergency Medication under Connecticut General Statute 10-212a (continued)**

- E. The application by properly trained and/or certified personnel of appropriate emergency medical care techniques, such as cardio-pulmonary resuscitation;
- F. Administration of emergency medication in accordance with policy #5141.2 and this administrative regulation and;
- G. Transporting the student to the nearest available emergency medical care facility that is capable of responding to a medication emergency;
- H. The school nurse is responsible for notifying the parent/guardian.

As soon as possible, in light of the circumstances, the Principal shall be notified of the medication emergency. The Principal shall immediately thereafter contact the Superintendent or the Superintendent's designee.

The school nurse is responsible for notifying the parent or guardian, advising of the existence and nature of the medication emergency and all steps taken or being taken to resolve the emergency and protect the health and safety of the student, including contact with the authorized prescriber and/or any other medical action(s) that are being or have been taken.

**Supervision**

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

- A. review orders or changes in orders, and communicate these to personnel designated to administer medication for appropriate follow-up;
- B. set up a plan and schedule to ensure medications are given;
- C. provide training to qualified personnel for schools and other licensed nursing in the administration of medications, and assess that the qualified personnel for schools are competent to administer medications;
- D. support and assist other licensed nursing personnel and qualified personnel for schools to prepare for and implement their responsibilities related to the administration of specific medications during school hours; and,
- E. provide consultation by telephone or other means of telecommunications. (In the absence of the school nurse, an authorized prescriber or other nurse may provide this consultation.)
- F. implementing policies and procedures regarding the receipt, storage, and administration of medications;

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- G. reviewing, on a monthly basis, all documentation pertaining to the administration of medications for students;
- H. observing the competency to administer medication by qualified school personnel; and
- I. conducting periodic reviews, as needed, with licensed nursing personnel and qualified school personnel, regarding the needs of any student receiving medication.

**Administration of Medication During Intramural and Interscholastic Athletics**

- A. 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, for whom self-administration plans are not viable options as determined by the school nurse.
- B. The school nurse shall provide a copy of the authorized prescriber's order and the parental permission form to the coaches;
- C. The parent/guardian shall provide to the coach or licensed athletic trainer the medication in accordance with the provisions of subsections (a) to (d), inclusive, of Section 10-212a-5 of the Regulations of Connecticut State Agencies. The medication provided to the coach or licensed athletic trainer, such as the inhaler or cartridge injector, shall be separate from the medication stored in the school health office for use during the day;
- D. The coach or licensed athletic trainer shall agree to the administration of emergency medication and shall implement the emergency care plan;
- E. Medications to be used in athletic events shall be stored:
  - 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
  - in a locked secure cabinet when not in use at athletic events.

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**Administration of Medication During Intramural and Interscholastic Athletics (continued)**

- F. Errors in the administration of medication shall be addressed in the same manner as Section 10-212a-6 of the Regulations of Connecticut State Agencies, except that if the school nurse is not available, a report may be submitted by the coach or licensed athletic trainer to the school nurse on the next school day; and
- G. Documentation of any administration of medication by a coach or licensed athletic trainer shall be completed on forms provided by the local school board and the school nurse shall be notified as follows:
- 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.

An 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.

Legal Reference: Connecticut General Statutes  
10-206 Health assessment  
10-212 School nurses and nurse practitioners. Administration of medications by parents or guardians on school grounds. Criminal history; records check  
10-212a Administration of medicines by school personnel. (as amended by P.A. 03-211, PA 04-181 and PA 09-155)  
19a-900 Use of cartridge injector by staff member of before- or after-school program, day camp or day care facility  
21a-240 Definitions

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Legal Reference: 29-17a Criminal history checks. Procedure. Fees  
52-557b Immunity from liability for emergency medical assistance first aid or medication by injection. School personnel not required to administer or render. (as amended by PA 05-144 – An Act Concerning the Emergency Use of Cartridge Injectors)  
Connecticut Regulations of State Agencies  
10-212a-1 through 10-212a-10 Administration of Medication by School Personnel and Administration of Medication During Before-and After-School Programs and School Readiness Programs  
1307.21 Code of Federal Regulation

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