ADMINISTRATION OF MEDICATIONS BY SCHOOL PERSONNEL

I. Medications may be administered in the schools under the jurisdiction of the Torrington Board of Education.

II. Licensed nursing personnel, specifically registered nurses, will administer the medication. In the absence of the licensed nurse, the principal and other designated persons appropriately trained/authorized may administer such medications.

III. The Board of Education directs administration to develop regulations to implement this policy, and to update the regulations, as required by law, and as necessary.

I. ADMINISTRATION OF MEDICATIONS

A. A written order from a Physician, Advanced Practice RN (APRN), Physician’s Assistant (PA) or dentist must be obtained and completed on the required medication form. Verbal orders from physicians, APRN, PA or dentists will not be accepted.

B. A written authorization from a parent or guardian must be completed on the required medication form. (Appendix A)

C. Prescribed medication shall be administered to and taken by only the person for whom the prescription has been written.

D. The parent/guardian must administer the first dose of any prescription medication.

E. In the event of a medication emergency, all schools will have the following information available.

1. The local poison information center telephone number (1-800-222-2222) will be posted on the nurses' phones and medication boxes.

2. A specific procedure plan will also be available on nurses' desks and medication boxes.

   a) The procedure is as follows:

      1) Call Poison Control
      2) Call 911 and transport to Charlotte Hungerford Hospital
      3) Call Emergency Room and notify
      4) Call parent
      5) In absence of the nurse, contact building administrator and/or designated staff

F. Medications will be handled, stored, and disposed of in the following manner:

1. All medications, except those approved for transporting by students for self-medication, shall be delivered by the parent or parent-designated adult, verified in writing and shall be received by the nurse assigned to the
school. The nurse must examine on-site any new medication; medication order and permission form and develop a medication administration plan for the student before any medication is given by any school personnel.

2. All medications, except those approved for keeping by students for self-medication, shall be kept in a designated locked container, cabinet or closet used exclusively for the storage of medication. In the case of controlled substances, they shall be stored separately from other drugs and substances in a separate, secure, substantially constructed, locked metal or wood cabinet.

3. Access to all stored medications shall be limited to persons authorized to administer medications. Each school shall maintain a current list of those persons authorized to administer medications. The list will be maintained in the nurse's office.

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

5. Medications requiring refrigeration shall be stored in a refrigerator at no less than 36°F and no more than 46°F.

6. All unused, discontinued, or obsolete medications shall be removed from storage areas and either returned to the parent or guardian or, with the permission of the parent or guardian, destroyed:
   a) non-controlled drugs shall be destroyed in presence of at least one (1) witness;
   b) Controlled drugs shall be destroyed in accordance with part 1307.21 of the Code of Federal Regulations or by surrender to the Commissioner of the Department of Consumer Protection.

7. No more than a forty-five (45) school day supply of a medication for a student shall be stored at the school.

8. No medication for a student shall be stored at a school without a current written authorization.

9. No physician’s order will be retained by the nurse without the prescribed medication.

G. Each school will maintain a medication administration record for each student who receives medication during school hours.

1. This record will include:
   a) the name of the student
   b) the name of the medication
   c) the dosage of the medication
   d) the route of administration
   e) the frequency of administration
   f) the name of the prescribing physician
   g) the date the medication was ordered
h) the quantity received
i) the date the medication is to be reordered
j) any student allergies to food and/or medicine
k) the date and time of administration or omission including the reason for the omission
l) the dose or amount of drug administered
m) the full legal signature of the nurse, principal, or teacher administering the medication (Appendix B)

2. All transactions will be recorded in ink and will not be altered.
3. The written order of the physician, the written authorization of the parent or guardian, and the completed medication administration record for each student will be filed in the student's cumulative health record.
   a) The medication administration record can be destroyed as follows: non-controlled medication administration records can be destroyed at the end of each school year once the medication is recorded on the CHR-1 and controlled medication records can be destroyed at the end of 3 years.

H. The policy regarding notification and documentation of medication errors is as follows:
   1. Notification of errors in medical administration will be made by quickest means of communication
   2. Errors will be reported immediately to the school nurse and the prescribing physician
   3. The student will be sent to CHH if any untoward symptoms occur or if the prescribing physician advises to do so.
   4. The student's parents will be notified.
   5. A medication error or incident report form will be completed. (Appendix C)
   6. Any error in the administration of medication will be documented in the student's cumulative health record—CHR-1.
   7. Incident/Error Reports will be reviewed yearly by the School Medical Advisor and the Nurse Supervisor.

II. IDENTIFICATION OF MEDICATION ADMINISTRATORS
   A. The primary administrator will be the school nurse assigned to specific schools. A list of secondary administrators will be kept in the nurse's office in each school and in administrative offices.
   B. The secondary administrators will be principals and teachers who have received training in medication administration. (Appendix D & E).
      1. These administrators will only administer medication in the absence of a licensed nurse.
      2. Principals and teachers may administer intranasal, oral, topical, or inhalant medications.
3. Injectable medications may be administered by a principal or teacher only to a student with a medically diagnosed allergic condition which may require prompt treatment to protect the student against serious harm or death.

4. Investigational drugs may not be administered by principals or teachers.

C. A training program in the safe administration of medications will be given to the designated principals and teachers. (Appendix F-J).
   1. The program will include the procedural aspects of the medication administration, the safe handling, and storage of medications as well as recording.
   2. The medication needs of specific students, medication idiosyncrasies and desired effects, as well as potential side effects or untoward reactions will be addressed.
   3. The Board of Education (Administration) will maintain and annually update documentation that such training has been provided and successfully completed. (Appendix K).
   4. The Board of Education (Administration) will maintain and annually update a list of principals and teachers who have been trained in the administration of medications. (Appendix L).
   5. A review and informational update will be given at least annually to principals and teachers trained in the administration of medications. (September Annually).

D. The school nurse is responsible for general supervision of administration of medications in the school to which that nurse is assigned.
   1. The school nurse will be available on a regularly scheduled basis to:
      a) Review orders or changes in orders, and communicate these to the personnel designated to give medications for appropriate follow-up;
      b) Set up a plan and schedule to insure medications are given;
      c) Provide training to principals, teachers, and other licensed nursing personnel in the administration of medications;
      d) Support and assist other licensed nursing personnel, principals, and teachers to prepare for and implement their responsibilities related to the administration of specific medications during school hours;
      e) Provide consultation by telephone or other means of telecommunication. In the absence of the school nurse, a licensed physician or nurse may provide this consultation.
   2. The school nurse will implement policies and procedure regarding receipt, storage, and administration of medications.
   3. The school nurse will review monthly all documentation pertaining to the administration of medications for students.
4. The school nurse will observe the administration of medication by teachers and principals who have been newly trained.
5. The school nurse will periodically review the needs of any student receiving medication with licensed nursing personnel, principals, and teachers.

III. SELF-ADMINISTRATION OF MEDICATION
A. Students diagnosed with asthma may retain possession of an asthmatic inhaler at all times while attending school for prompt treatment of the child’s asthma and to protect the child against serious harm or death provided a written authorization is obtained and completed on the required medication form (Appendix A) for self-administration of medication, is signed by the child’s parent or guardian and authorized prescriber is submitted to the school nurse.
B. Students diagnosed with an allergic condition may retain possession of an automatic prefilled cartridge injector or similar automatic injectable equipment at all times while attending school for prompt treatment of the child’s allergic condition and to protect the child against serious harm or death provided a written authorization is obtained and completed on the required medication form (Appendix A) for self-administration of medication, is signed by the child’s parent or guardian and authorized prescriber is submitted to the school nurse.
C. No other medications will be carried or self-administered by students.

Legal Reference:
C.G.S. 10-212a

APPENDICES
A. Authorization for Administration of Medicine by School Personnel
B. Administration of Medication Signature Sheet
C. Medication Error or Incident Report
D. State of Connecticut Statute Governing Medication Administration
E. State of Connecticut Statute “Good Samaritan Law”
F. Administration of Medication by School Personnel Training Guidelines
G. Procedure: Administration of Injectable Medication by School Personnel
H. Procedure: Administration of Oral, Inhaled, Topical or Intranasal Medication by School Personnel
I. Record of Training for Individual Students
J. Record of Training for Staff in Administration of Medications
K. Verification of Staff Training for Administration of Medications
L. Annual Report of Staff Trained in the Administration of Medications
Policy 2000: Administration of Medications by School Personnel (2000 and 2000R were consolidated)

– 2000: Adopted January 1, 1979; Revised June 4, 1986; Reviewed and Approved April 4, 1990; Reviewed and Approved February 5, 1992; Reviewed and Approved April 6, 1994; Reviewed and Approved February 7, 1996; Revised and Approved July 26, 2000; Revised March 16, 2005; Reviewed and Consolidated October 13, 2010.

- 2000R: Adopted January 1, 1979; Revised June 4, 1986; Reviewed and Approved April 4, 1990; Reviewed and Approved February 5, 1992; Reviewed and Approved April 6, 1994; Reviewed and Approved February 7, 1996; Revised and Approved July 26, 2000; Revised March 16, 2005; Reviewed and Consolidated October 13, 2010. Policy Number Changed to 5005 on September 22, 2021 with BOE Approval.