

## **Students**

### **Administering Medication**

#### **Administering Medicine to Students**

The Superintendent shall be responsible for the administration of the Board's policy pertaining to the administration of medicines by school personnel. These regulations are established with the advice and assistance of the school Medical Advisor and the Director and/or Supervisor and reviewed by them at least biennially. The regulations are to be revised as needed.

Prescribed medication should preferably be given at home. However, the Board recognizes that the administration of medication by school personnel is sometimes necessary to meet the health needs of an individual student. Over the counter, non-prescribed medications will not be allowed in the school unless they are stored and administered according to these regulations. Over the counter medications include cough drops, aspirin, aspirin substitutes, and other medications not requiring an authorized prescriber's prescription.

The school nurse, or in the absence of the school nurse, the principal or any teacher may administer medicinal preparations as specified in state law. Principals and teachers may administer oral, topical or inhalant medications. 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. Investigational drugs may not be administered by principals or teachers. According to the law, no such school nurse, principal, or teacher shall be liable to such student or a parent or guardian of such student for civil damages for any personal injuries which result from acts or omissions of such nurse, principal, or teacher in administering such preparations which may constitute ordinary negligence.

Any principal or teacher administering medications shall receive training from the school nurse and will be made aware of these regulations and procedures.

The Health Room of each school shall have the following information posted in a conspicuous place:

Connecticut Poison Control Information Center: 1-800-343-2722

Lawrence and Memorial Hospital: 442-0711

SubBase Number: 449-3666

Person in the school responsible for decision-making in the absence of the school nurse.

## **Students**

### **Administering Medication** (continued)

#### **Training School Personnel**

Waterford Board of Education will provide training for principals and teachers for the safe administration of medications to students in the absence of the school nurse. The training may be provided by the school nurse, by the School Medical Advisor or by a physician licensed in the State of Connecticut. The training will be mandatory for the principals and/or assistant principals or head teachers and may be provided to any other interested teacher or member of the professional staff. Included in the training program will be sessions conducted annually by the School Medical Advisor which will take place in each school at the beginning of the school year.

Only principals or teachers who have received such training from the school nurse or physician shall be allowed to administer medications to students. This training shall include, but not be limited to:

- (1) The procedural aspects of medication administration, the safe handling and storage of medications, and recording; and
- (2) The medication needs of specific students, medication idiosyncrasies, and desired effects, potential side effects or untoward reactions.

The school nurse responsible for the training shall document the training on Record Form #8S/7 Record of Training of School Personnel in the Administration of Medicines and Record Form #8S/11 used for individual students.

The Board of Education shall maintain and annually update a list of principals and teachers who have been trained in the administration of medications.

The Board of Education shall maintain, and annually update, documentation that such training has been provided and successfully completed.

#### Storage of Forms:

8S/7 - Nurse & Principal

8S/11- Nurse only - file treated in confidential manner not in public view

#### **Self Administration of Medications by Students**

1. An authorized prescriber provides a written order for self-administration; and
2. There is written authorization from the student's parent or guardian Form #2; and
3. The school nurse has evaluated the situation and deemed it to be safe and appropriate; has documented this on the student's cumulative health record; and has developed a plan for general supervision; and

## **Students**

### **Administering Medication** (continued)

#### **Self Administration of Medications by Students** (continued)

4. The principal and appropriate teachers are informed that the student is self-administering prescribed medication and the student's name is to be placed on Form 8S/11, and
5. Such medication is transported to the school and maintained under the student's control in accordance with the Board of Education's policy on self medication by students.

#### **Handling Storage and Disposal of Medications**

1. All medications, except those approved for transporting by students for self medication, shall be delivered by the parent or other responsible adult and shall be received by the nurse assigned to the school or in her/his absence the School Principal. 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. The nurse may consult with the private authorized prescriber regarding safe administration of any specific medication. The School Medical Advisor may also be consulted regarding medications and/or the administration regime.
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. Both the school nurse and the principal are to possess keys.
3. Access to all stored medications shall be limited to persons authorized to administer medications. These persons are the school nurse, principal, or other authorized professional staff. Each school shall maintain a current list on Form 8S/7 of those persons authorized to administer medications.
4. All medications, prescription and nonprescription, shall be stored in their original containers and in such a manner as to render them safe and effective. The medication container including "sample" medications shall be properly labeled with the name and strength of medication, name of patient, prescriber authorized prescriber, date of prescription and directions for taking.
5. Medications requiring refrigeration shall be stored in a refrigerator at no less than 26 F and no more than 46 F.

## Students

### Administering Medication (continued)

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

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 order from an authorized prescriber.

### Documentation and Record Keeping

Each school, where medications are administered, shall maintain a black, loose-leaf notebook which shall contain a medication administration record Form #8S/9 for each student who receives medication during school hours. The medication administration record shall include:

1. the name of the student;
2. the name of the medication;
3. the dosage of the medication;
4. the route of administration;
5. the frequency of administration;
6. the name of the authorized prescriber,
7. the date the medication was ordered;
8. the quantity received;
9. the date the medication is to be reordered;
10. any student allergies to food and/or medicine;
11. the date and time of administration or omission including the reason for the omission;
12. the dose or amount of drug administered;
13. the full legal signature of the nurse, principal or teacher administering the medication.

Transactions shall be recorded in ink and shall not be altered.

## **Students**

### **Administering Medication** (continued)

#### **Documentation and Record Keeping** (continued)

The medication administration record shall be made available to the Department of Health Services, upon request.

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 verbal order must be followed by a written order within three (3) school days.

Upon completion of administration of a medication, the written order of the authorized prescriber, the written authorization of the parent or guardian, and the completed medication administration record for each student shall be filed in the student's health record.

In the case of a controlled drug, there shall be a separate medication record which shall be maintained for 3 years in a separate black notebook in addition to the copies filed in the student's health record.

#### **Errors in Medication Administration**

In any case of error in administration of medications, if immediate emergency measures are deemed necessary, the nurse or the principal should initiate standard emergency procedures. See Board of Education Policy 5141.2 for Emergencies and First Aid Procedures.

The parent of the student involved, the prescribing physician, the school nurse and the principal of the school should be notified immediately of any medication errors.

In any case of error in administration of medications, the person making the error shall complete form number 8S/8, Medication Error or Incident Report. This form shall be filed in the student's cumulative health record.

#### **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. This shall include, but not be limited to:

1. Availability on a regularly scheduled basis to:
  - a. Review orders or changes in orders, and communicate these to the personnel designated to give medication for appropriate follow-up;
  - b. Set up a plan and schedule to ensure medications are given;

## Students

### Administering Medication (continued)

#### Supervision of Administration of Medications (continued)

- 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, teachers to prepare for and implement their responsibilities related to the administration of specific medications during school hours;
  - e. When feasible, 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.
  - f. Obtain additional information regarding administration of medications and/or side effects of medications
2. Implementation of policies and procedures regarding receipt, storage, and administration of medications;
  3. Monthly review of all documentation pertaining to the administration of medications for students;
  4. Work-site observation of medication administration by teachers and principals who have been newly trained;
  5. Periodic review, as needed, with licensed nursing personnel, principals and teachers regarding the needs of any student receiving medication.

#### Administration of Medications During Field Trips and During After School Hours Activities

1. Medications may be administered during an officially approved school sponsored supervised activity. Prior to the field trip or activity, the school nurse may place one dose of the student's medication in a properly labeled envelope which will be given to the teacher in charge of the field trip/activity. The teacher must have received prior training from the school nurse in the administration of the medication. If more than one dose is needed, the medication must be kept in its original labeled container. Another option which the parent/guardian may use is to obtain a "travel kit" from the pharmacy.
2. The medication for a student on a field trip or school-sponsored activity is to be held by the teacher who is to administer the medication. It is recommended that medications be kept in a locked box or some other suitable container. In this situation, it is permissible to combine controlled and non-controlled medications in the same container.

## Students

### Administering Medication (continued)

#### Parental/Guardian Notification

Parents/guardians of all Waterford students are to be notified of the policy at the beginning of each school year. Guardian means one who has the authority and obligations of guardianship of the person of a minor, the care, the control and the authority to make major decisions affecting the minor's welfare. The school principal is to be responsible for the distribution of Form letter #2 within the first week of the school year.

Legal Reference: Connecticut General Statutes

10-212a Administration of medicines by school personnel.

52-557b Immunity from liability for emergency medical assistance first aid or medication by injection. School personnel not required to administer or render.

Connecticut Regulations of State Agencies

10-212a-1 - 10-212a-7 Administration of medicines by school personnel.

1307.21 Code of Federal Regulation

Regulation issued: October 16, 2003

WATERFORD PUBLIC SCHOOLS  
Waterford, Connecticut

**WATERFORD PUBLIC SCHOOLS**  
**Waterford, Connecticut**

**AUTHORIZATION FOR THE ADMINISTRATION OF  
MEDICINES BY SCHOOL PERSONNEL**

Connecticut State Law and Regulations require a physician's or dentist's written order and parent or guardian's authorization for a nurse to administer medications or in her absence, the principal or teacher to administer medications. Medications must be in pharmacy prepared containers and labeled with name of student, name of drug, strength, dosage, frequency, authorized prescriber's name and date of original prescription.

**Authorized Prescriber's Order**

Name of Child \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Condition for which drug is being administered during school hours \_\_\_\_\_

Drug: name, dose and method of administration \_\_\_\_\_

Time of Administration \_\_\_\_\_ Medication shall be administered from \_\_\_\_\_ to \_\_\_\_\_  
Date Date

Relevant side effect to be observed, if any \_\_\_\_\_

If there are side effects, plan for management \_\_\_\_\_

Is this a controlled drug? \_\_\_\_\_ If yes, DEA number \_\_\_\_\_

Authorized Prescriber's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Authorized Prescriber's Signature \_\_\_\_\_ Date \_\_\_\_\_

Nurse/Principal/Teacher \_\_\_\_\_ Date \_\_\_\_\_

Authorization by Parent/Guardian for the administration of the above medication by school personnel:  
Date \_\_\_\_\_

To School Personnel:

I hereby request that the above medication, ordered by the physician/dentists for my child, \_\_\_\_\_ be administered by school personnel. I understand that I must supply the school with the prescribed medication in the original container dispensed and properly labeled by a physician or pharmacist and will provide no more than a 45 school day supply of said medication.

I understand that this medication will be destroyed if it is not picked up within one week following termination of the order or one week beyond the close of school.

Name: \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

**AUTHORIZATION BY PARENT/GUARDIAN FOR THE ADMINISTRATION  
OF THE ABOVE MEDICATION BY SCHOOL PERSONNEL**

Date \_\_\_\_\_

To School Personnel:

I hereby request that the above medication, ordered by the physician/dentists for my child, \_\_\_\_\_ be administered by school personnel. I understand that I must supply the school with the prescribed medication in the original container dispensed and properly labeled by a physician or pharmacist and will provide no more than a 45 school day supply of said medication.

I understand that this medication will be destroyed if it is not picked up within one week following termination of the order or one week beyond the close of school.

Name: \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_



**WATERFORD PUBLIC SCHOOLS**  
**Waterford, Connecticut**

**MEDICATION ERROR OR INCIDENT REPORT**

Date of Report \_\_\_\_\_ School \_\_\_\_\_ Prepared by \_\_\_\_\_

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Error Occurred \_\_\_\_\_ Time Noted \_\_\_\_\_

Person Administering Medication \_\_\_\_\_

Reason Medication was Prescribed \_\_\_\_\_

Date of Order \_\_\_\_\_ Instructions for Administration \_\_\_\_\_

Medication(s)	Dose	Route	Sched. Time	Dispen. Pharm.	Prescription No.

Describe the error and how it occurred (use reverse side if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Action Taken:**

Prescribing Practitioner Notified:  Yes  No Date \_\_\_\_\_ Time \_\_\_\_\_

Parent Notified:  Yes  No Date \_\_\_\_\_ Time \_\_\_\_\_

Outcome: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
(print or type)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date







**WATERFORD PUBLIC SCHOOLS**  
**Waterford, Connecticut**

**AUTHORIZATION FOR THE SELF-ADMINISTRATION OF MEDICINES**

Connecticut State Law and Regulations require an authorized prescriber's written order and parent or guardian's authorization for a student to self-administer medications in school. Medications must be in pharmacy prepared containers and labeled with name of student, name of drug, strength, dosage, frequency, authorized prescriber's name and date of original prescription. The school nurse must evaluate the situation and deem it to be safe and appropriate and develop a plan for general supervision.

**Authorized Prescriber's Order**

Name of Child \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Condition for which drug is being administered during school hours \_\_\_\_\_

Drug: name, dose and method of administration \_\_\_\_\_

Time of Administration \_\_\_\_\_ Medication shall be administered from \_\_\_\_\_ to \_\_\_\_\_  
Date Date

Relevant side effect to be observed, if any \_\_\_\_\_

If there are side effects, plan for management \_\_\_\_\_

Is this a controlled drug? \_\_\_\_\_ If yes, DEA number \_\_\_\_\_

This student has been appropriately instructed regarding self-administration of this medication. I have conferred with this student's parent/guardian and feel that this medication may be self-administered.

Yes  No

Authorized Prescriber's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Authorized Prescriber's Signature \_\_\_\_\_ Date \_\_\_\_\_

Nurse/Principal/Teacher \_\_\_\_\_ Date \_\_\_\_\_

**WATERFORD PUBLIC SCHOOLS  
Waterford, Connecticut**

Dear Parent:

For the added safety of students, the Waterford Board of Education has revised policy 5141.10 on administration of medications to students. The policy covers not only prescribed medication to be taken during the school day (or at a school sponsored event) but also aspirin, aspirin substitutes, and all other over the counter medications.

The policy states that students may take medications at school only after the district's authorization form has been completely filled out, signed by both the student's authorized prescriber and a parent/guardian, and is on file at the school. Permission forms for the administration of medications may be obtained at each school. If you have questions regarding procedures, please contact the principal or school nurse.

The school nurse will administer medications when she or he is on duty; in the absence of the nurse, other licensed nursing personnel, trained principals, or trained teachers may give medication (which may include controlled drugs). The policy also allows students to self-medicate with a written order from their physician/dentist and from their parent/guardian.

Medication, including sample medications, must be delivered by an adult and must be in containers labeled with the name and strength of medication, name of patient, prescribing physician, and directions for taking the medication. No more than a forty-five day supply of medication can be kept at school.

Thank you for your cooperation. We recognize the added problems for parents in adhering to this policy, but the procedures are necessary to comply with State requirements. We will work with you to make compliance as smooth as possible.

Sincerely,

Randall Collins  
Superintendent of Schools