

ADMINISTERING OF MEDICATIONS

POLICY STATEMENT FOR ADMINISTRATION OF MEDICATIONS BY SCHOOL PERSONNEL

It is the policy of the Stratford Board of Education to be in conformity with Section 10-212a-1 to 10-212a-7, as revised of the General Statutes of Connecticut. To this end, no principal, teacher, or nurse shall administer a medicinal preparation to any child enrolled in school unless (1) a specific written order of a physician, dentist, advanced practiced registered nurse (APRN), or physician assistant (PA), licensed to practice in Connecticut, and (2) the written authorization of a parent or guardian is on file in the student's cumulative health folder or individual School Medication Log. (Under no circumstance may school personnel provide or administer aspirin, acetaminophen, ibuprofen, "over-the-counter" or patent medication, except by following this policy.)

This policy will be made known to students, parents and guardians at least once a year.

The procedures and regulations for administering this policy shall be those as approved by the Department of Public Health and Addiction Services, Bureau of Health System Regulation.

***Replaces existing policy dated September 28, 1980 / Adopted by the Stratford Board of Education on Monday, January 28, 2008.***

***Revised policy adopted by the Stratford Board of Education – Monday, August 22, 2011***

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The term medicinal preparation as used in this policy statement shall include only those preparations which “pursuant to written order of a physician, dentist, advanced practice registered nurse (APRN), or physician assistant (PA), licensed to practice in Connecticut, must be administered during hours that school is in session.”

**I. GENERAL GUIDELINES**

- A. No one except a school nurse, principal, or designated teacher may give a student any medication which is authorized.

A specific paraprofessional, through a plan approved by a school nurse supervisor and School Medical Advisor, may administer medications....to a specific student with a medically diagnosed allergic condition that may require prompt treatment to protect that student against serious harm or death.

(5141.21f) Coaches and licensed athletic trainers during intramural and interscholastic events may administer to students, who cannot self-administer, inhalant medications for respiratory conditions or cartridge injectors for medically diagnosed serious allergic condition.

- B. Under no circumstance will school personnel provide aspirin, acetaminophen, “over-the-counter” or patent medicine, or cough drops, except upon written prescription and parental authorization as outlined
- C. Medication orders are valid for up to a 12 month period, and must be renewed at least annually. Medication orders must be renewed if a student undergoes an operative procedure, or has significant change in health status. Parental authorization is valid for up to one school year, and must be renewed with Physician/ Dentist/ APRN/PA renewal.
- D. The school nurse will prepare a list of names of students requiring medication in each school, including the following data:
1. Name of medication
  2. Time of day medication is to be administered
  3. Dosage
  4. Route of administration
  5. Duration of medication
  6. List of side effects which may occur and should be reported

In the elementary schools, the classroom teacher, in the absence of the school registered nurse, may administer medications, after receiving training and reviewing the relevant administrative policies.

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**II. TRAINING OF PERSONNEL TO ADMINISTER MEDICATION**

A. Any principal or designated teacher, in the absence of the school registered nurse, may administer medications, after receiving training and reviewing relevant administrative policies.

1. Principals and teachers may administer oral, topical, or inhalant medications.
2. Only FDA approved research or study medications maybe administered according to an approved study protocol. A copy of the 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. Investigational drugs may not be administered by principals or teachers, or in school readiness programs and before & after school programs.
3. Injectable medications may be administered by a teacher or principal only to a student with a medically diagnosed allergic condition requiring prompt treatment to protect the student against serious harm or death, and with written prescriber orders and parental authorization.
4. Training of a specific paraprofessional, who does not have more than 2 students in the same classroom, through a plan approved by the school nurse supervisor and School Medical Advisor, may administer medications administered with a cartridge injector to a specific student with a medically diagnosed allergic condition that may require prompt treatment in order to protect the student against serious harm or death.

The approved plan requires the written authorization of the student's parent/guardian and pursuant to the written order from the student's authorized prescriber licensed to prescribe medication.

School personnel other than a registered nurse shall not administer medication under the Standing Order for Adrenalin Policy.

B. Training in safe medication administration is to be done at least annually by the building based nurse, designated nurse, Head Nurse of School Health Services, or School Medical Advisor.

C. Training will include the following points, and will be repeated with each new medication:

1. Procedural aspects of Administration Of medications (Right student, Right Medication, Right dose, Right route, Right time).
2. Safe handling and storage of medications.
3. Proper recording of medication administration
4. Medication needs of specific students:
  - a. Desired effect
  - b. Idiosyncrasies of medication, potential side effects, or untoward reactions

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5. Appropriate resource in the event of questions/concerns.
  6. Worksite observation of teachers and principals who have been trained to administer medication.
- D. A record of principals, teachers, **paraprofessionals, and coaches** successfully trained and approved to administer medication in each building along with documentations of the annual update of the trainees will be forwarded to the Head Nurse of School health Services by October 31 of each year.

**III. ADMINISTRATION OF MEDICATIONS**

- A. Storage and handling medications.
1. The school will receive only the amount of medication needed for 45 days, in a container which has been properly labeled by the pharmacist or manufacturer. The pharmacy label will show the following information:
    - a. Student's name
    - b. Licensed prescriber's name
    - c. Name of medication
    - d. Dosage
    - e. Frequency/time of administration
  2. All medications are to be delivered by the parent or other responsible adult to the school nurse/substitute nurse.
  3. Access to medications is limited to persons authorized to administer medications.
  4. All medications are to be stored in the original container.
  5. All medications shall be kept in a designated, locked container/closet/cabinet.
  6. "Controlled substance" medications shall be kept in a separate locked wooden or metal container/cabinet.
  7. Medications requiring refrigeration are to be stored at 36F – 46F.
  8. All unused, discontinued, or obsolete medications are preferably returned to the parent/guardian.
    - a. Non-controlled drugs are destroyed in the presence of at least one witness in a non-recoverable fashion.
    - b. Nurse and witness sign the following information about the destruction/disposal of medication:
      - 1a. Date of destruction
      - 2a. Time of destruction
      - 3a. Name, strength, form, and quantity of medication destroyed
      - 4a. Manner of destruction of medication
    - c. 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.
- B. Medication Administration Procedure

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1. A licensed prescriber order and a written parent /guardian authorization is received by the school nurse/nurse substitute.
2. Verbal orders, including a telephone order, from a licensed prescriber, for medication may be received only by a school nurse, and must be followed by within three school days with a written order.
3. The medication to be administered is available [See III, A, 1.].
4. The nurse has a plan of administration which s/he follows.
5. In the case of an anaphylactic reaction OR the risk of such reaction, a school nurse may administer emergency oral and/or injectable medication to any student in need thereof according to the standing order of the school medical advisor or the student's private licensed health care provider.
6. Self-administration of medications - by a student is permitted, provided self- administration is ordered by the licensed prescriber, and authorized by the parent /guardian.
  - a. Students must demonstrate proper self-administration techniques
  - b. Students self-administering medications must do so in the presence of the school nurse, EXCEPT those students authorized to carry medications on their person [see III,B,6,c.].
  - c. EXCEPTION: A student with a condition determined to require immediate access to medication (e.g. asthma, diabetes, heart condition), may carry his/her medication on his/her person and self-administer the medication at the appropriate time, PROVIDED, the following conditions are met:
    - 1a. The licensed prescriber orders self-administration and carrying the medication on the student's person.
    - 2a. The parent/guardian has authorized medication administration in this manner.
    - 3a. The student has demonstrated an understanding of the conditions which require the medication, and the ability to properly self-administer the medication..
    - 4a. Student informs the school nurse each time s/he self-administers medication outside of the nurse's presence.
    - 5a. The principal and appropriate teachers are informed that the student is carrying and may self-administer prescribed medication
    - 6a. Student has control and possession of medication at all times in accordance with the board of education's policy on self-medication by students.

## C. Administration of Medication by Coaches and Licensed Athletic Directors

During intramural and interscholastic athletic events, a coach or licensed athletic trainer who has received training in the general principles of medication administration applicable to receiving, storing, and assisting with inhalant medications or cartridge injector medications and documentation, may administer medication for select students for whom self-administration are not viable options as determined by the school nurse. The agreement of the coach or licensed athletic trainer is necessary for the administration of emergency medication and the implementation of the emergency care plan.

Medications which can be administered are limited to:

- a. Inhalant medications prescribed to treat respiratory conditions

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- b. Cartridge injector medications for students with a medically diagnosed allergic condition requiring prompt treatment to protect the student against serious harm or death.

The school nurse is responsible for the individualized medication plan and shall provide the coach with a copy of the authorized provider's order and the parental/guardian permission form.

Parents are responsible for providing medication, which shall be kept separate from the medication stored in the school health office during the day.

Medications to be used in athletic events shall be:

- a. Stored in containers for the exclusive use of the holding medication
- b. In locations that preserve the integrity of the medication
- c. Under the general supervision of the coach or licensed athletic trainer trained in the administration of medication
- d. In a locked secure cabinet when not in use at athletic events

Coaches and athletic trainers are required to fulfill the documentation requirements as outlined in the administrative regulations accompanying this policy, including:

- a. a separate medication administration record for each student to be maintained in the athletic area.
- b. an administration of medication record to be submitted to the school nurse at the end of each sport season and filed in the student's cumulative health record

Errors in the administration of medication shall be addressed as specified in this policy. In the event the school nurse is not available, a report may be submitted by the coach or licensed athletic trainer to the school nurse the next day.

D. Administration of Medication in School Readiness Programs and Before/After School Programs.

No medication will be administered without the written order of an authorized prescriber and written permission of the parent/guardian.

All medications must be handled and stored according to policy. If a parent is unable to supply a second set of medication a plan shall be in place to transfer medication from the school to the program and back on a daily basis.

1. Only directors or designees, lead teachers or school administrators properly trained by the school nurse can administer oral, topical, intranasal or inhalant medications.

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2. Cartridge injector medication may only be administered to a student with a medically diagnosed allergic condition to protect him/her from serious harm by a selected and trained staff member.
  3. Controlled drugs in schedules II to V as defined in Section 21a-240, Connecticut General Statutes, may be given.
  4. Documentation of medication administration will include:
    - a. a separate record for each student which will be maintained /stored at the program
    - b. a report to the School Nurse, no later than the next school day if a cartridge injection is given.
    - c. For all other mediations given – a report to the school nurse per the student’s plan or monthly
    - d. An administration of med record, given to the school nurse at the end of each year and filed in or summarized by the school nurse in the student’s cumulative health record.
  5. Students in these programs may self-administer medication according to the student’s individual health plan and in accordance with the district’s policy.
  6. In the event of an emergency the following will be readily available:
    - i. local poison information center contact information
    - ii. the physician, clinic, or emergency room to be contacted
    - iii. the name of the person responsible for decision-making in the absence of the school nurse
- E. Record of Medication Administration
1. All records of medication administration will be done in black ink on school district form provided.
  2. Each medication will be recorded on an individual student medication form which contains the following information:
    - a. Name of student.
    - b. Name of medication.
    - c. Dosage to be administered.
    - d. Scheduled time of medication administration.
    - e. Route of administration.
    - f. Name of licensed prescribing provider and parent/guardian authorizing medication administration.
    - g. Date medication ordered.
    - h. Duration of medication order.
    - i. Known allergies of student to food and/or medication.
    - j. Quantity of controlled medication received.
  3. Each medication administration or omission of medication administration will be recorded with the following information:
    - a. Date
    - b. Time
    - c. Dosage or amount of drug administered.

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- d. Full, legal signature of nurse, principal or teacher administering or supervising the self administration of medication.
  - e. Reason for omission if medication is not given.
  - f. The amount of controlled drug remaining.
4. Corrections to errors made on the record must be made by drawing a single line in ink through the error and initialed.
  5. Records of medication administration, along with the licensed prescriber's order and parental authorization shall be come part of the student's permanent health record.
  6. Records of medication administration will be made available to the state Department of Public Health and Addiction Services upon request.
- F. Errors or Omissions of Medication Administration
1. Medications administered  $\frac{1}{2}$  hour before to  $\frac{1}{2}$  hour after the scheduled/prescribed time shall be considered administered as scheduled/prescribed.
  2. Medication errors and omissions are to be reported immediately to the Head Nurse of School Health Services, school principal, and the student's parents. If appropriate, the student's health care provider will also be notified.
    - a. If student's physician is not available, additional guidance should be sought from the Head Nurse, school medical advisor, poison control center or hospital emergency room.
  3. Follow recommended medical treatment:
    - a. Monitor for signs of drug idiosyncrasy, untoward reactions or side effects.
    - b. Advise medical follow-up or summon EMS as indicated.
    - c. Observe for adverse reaction to omission of medication, as appropriate.
  4. Complete Incident Report on school district form provided including the following information:
    - a. Student name.
    - b. Date and time of error/omission.
    - c. Name of licensed prescribing provider.
    - d. Source on consultation.
    - e. Treatment recommended.
    - f. Outcome of error/omission.
    - g. Signature of nurse, teacher, principal making omission/error.
    - h. Incident Report is forwarded to the Head Nurse of School Health Services.

5. Any error in the administration of a medication shall be documented in the student's cumulative health record or in before-after school programs or school readiness programs – in the program record.

**IV. Supervision**

- A. Overall supervision of the medication program is the responsibility of the Head Nurse of School Health Services.
- B. The school nurse is responsible for general supervision of the administration of medication in her assigned school(s), including the following:

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1. At least monthly review of licensed prescriber's orders and parent authorization for medication and administration.
2. Developing Individual Student Medication Plan and schedule to ensure safe and accurate medications administration.
  - a. Copy of up-to-date schedule affixed to Medication Log and/or adjacent to stored medications.
  - b. Inclusion of Individual Student Medication Plan with student's Individual Health Plan, as needed.
3. Training and work site observation of principal and designated teacher(s) in administration of medication.
  - a. Support and assist principal/teacher(s) to prepare for medication administration in nurse's absence.
  - b. Communicate changes in Student Medication Plans and schedules, as necessary.
4. Implementation of Policies and Procedures regarding receipt, storage and administration of medications.
5. Evaluation of effects/efficacy of medication, including periodic review with parent / teacher / principal regarding needs of students receiving medication.

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