

#5120.3.3

**Administration of Student Medications
In the Schools
(formerly Administering Medication)**

A. Definitions

Administration of medication means any one of the following activities: handling, storing, preparing or pouring of medication; conveying it to the student according to the medication order; observing the student inhale, apply, swallow, or self-inject the medication, when applicable; documenting that the medication was administered; and counting remaining doses to verify proper administration and use of the medication.

Authorized prescriber means a physician, dentist, optometrist, advanced practice registered nurse or physician assistant, and, for interscholastic and intramural athletic events only, a podiatrist.

Before or After School Program means any child care program operated and administered by a local or regional board of education exempt from licensure by the Office of Early Childhood pursuant to subdivision (1) of subsection (b) of Section 19a-77 of the Connecticut General Statutes. Such programs do not include public or private entities licensed by the Office of Early Childhood or board of education enhancement programs and extra-curricular activities.

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

Coach means any person holding a coaching permit who is hired by a local or regional board of education to coach for a sport season.

Controlled drugs means those drugs as defined in Conn. Gen. Stat. Section 21a-240.

Cumulative health record means the cumulative health record of a pupil mandated by Conn. Gen. Stat. Section 10-206.

Director means the person responsible for the day-to-day operations of any school readiness program or before-and-after school program.

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

Error means:

(1) the failure to do any of the following as ordered:

(a) administer a medication to a student;

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- 50 (b) administer medication within the time designated by the prescribing physician;
- 51 (c) administer the specific medication prescribed for a student;
- 52 (d) administer the correct dosage of medication;
- 53 (e) administer medication by the proper route;
- 54 (f) administer the medication according to generally accepted standards of practice; or
- 55
- 56 (2) the administration of medication to a student which is not ordered, or which is not
- 57 authorized in writing by the parent or guardian of such student, except for the
- 58 administration of epinephrine or naloxone for the purpose of emergency first aid as set
- 59 forth in Sections D and E below.
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61 Guardian means one who has the authority and obligations of guardianship of the person of a
62 minor, and includes: (1) the obligation of care and control; and (2) the authority to make
63 major decisions affecting the minor's welfare, including, but not limited to, consent
64 determinations regarding marriage, enlistment in the armed forces and major medical,
65 psychiatric or surgical treatment.

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67 Intramural athletic events means tryouts, competition, practice, drills, and transportation to
68 and from events that are within the bounds of a school district for the purpose of providing an
69 opportunity for students to participate in physical activities and athletic contests that extend
70 beyond the scope of the physical education program.

71
72 Interscholastic athletic events means events between or among schools for the purpose of
73 providing an opportunity for students to participate in competitive contests that are highly
74 organized and extend beyond the scope of intramural programs and includes tryouts,
75 competition, practice, drills and transportation to and from such events.

76
77 Investigational drug means any medication with an approved investigational new drug (IND)
78 application on file with the Food and Drug Administration (FDA), which is being
79 scientifically tested and clinically evaluated to determine its efficacy, safety and side effects
80 and which has not yet received FDA approval.

81
82 Licensed athletic trainer means a licensed athletic trainer employed by the school district
83 pursuant to Chapter 375a of the Connecticut General Statutes.

84
85 Medication means any medicinal preparation, both prescription and non-prescription,
86 including controlled drugs, as defined in Conn. Gen. Stat. Section 21a-240. This definition
87 includes Aspirin, Ibuprofen or Aspirin substitutes containing Acetaminophen.

88
89 Medication Emergency means a life-threatening reaction of a student to a medication.

90
91 Medication plan means a documented plan established by the school nurse in conjunction
92 with the parent and student regarding the administration of medication in school. Such plan
93 may be a stand-alone plan, part of an individualized health care plan, an emergency care plan
94 or a medication administration form.

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97 Medication order means the authorization by an authorized prescriber for the administration
98 of medication to a student which shall include the name of the student, the name and generic
99 name of the medication, the dosage of the medication, the route of administration, the time of
100 administration, the frequency of administration, the indications for medication, any potential
101 side effects including overdose or missed dose of the medication, the start and termination
102 dates not to exceed a 12-month period, and the written signature of the prescriber.

103
104 Nurse means an advanced practice registered nurse, a registered nurse or a practical nurse
105 licensed in Connecticut in accordance with Chapter 378, Conn. Gen. Stat.

106
107 Occupational Therapist means an occupational therapist employed full time by the local or
108 regional board of education and licensed in Connecticut pursuant to Chapter 376a of the
109 Connecticut General Statutes.

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111 Optometrist means an optometrist licensed to provide optometry pursuant to Chapter 380 of
112 the Connecticut General Statutes.

113
114 Paraprofessional means a health care aide or assistant or an instructional aide or assistant
115 employed by the local or regional board of education who meets the requirements of such
116 board of employment as a health care aide or assistant or instructional aide or assistant.

117
118 Physical therapist means a physical therapist employed full time by the local or regional
119 board of education and licensed in Connecticut pursuant to Chapter 376 of the Connecticut
120 General Statutes.

121
122 Physician means a doctor of medicine or osteopathy licensed to practice medicine in
123 Connecticut pursuant to Chapter 370 of the Connecticut General Statutes, or licensed to
124 practice medicine in another state.

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126 Podiatrist means an individual licensed to practice podiatry in Connecticut pursuant to
127 Chapter 375 of the Connecticut General Statutes.

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129 Principal means the administrator in the school.

130
131 Research or study medications means FDA-approved medications being administered
132 according to an approved study protocol. A copy of the study protocol shall be provided to
133 the school nurse along with the name of the medication to be administered and the acceptable
134 range of dose of such medication to be administered.

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136 School means any educational facility or program which is under the jurisdiction of the Board
137 excluding extracurricular activities.

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139 School nurse means a nurse appointed in accordance with Conn. Gen. Stat. Section 10-212.

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#5120.3.3(d)

School nurse supervisor means the nurse designated by the local or regional board of education as the supervisor or, if no designation has been made by the board, the lead or coordinating nurse assigned by the board.

School readiness program means a program that receives funds from the State Department of Education for a school readiness program pursuant to subsection (b) of Section 10-16p of the Connecticut General Statutes and exempt from licensure by the Office of Early Childhood pursuant to subdivision (1) of subsection (b) of Section 19a-77 of the Connecticut General Statutes.

Self-administration of medication means the control of the medication by the student at all times and is self-managed by the student according to the individual medication plan.

Teacher means a person employed full time by the Board who has met the minimum standards as established by the Board for performance as a teacher and has been approved by the school medical advisor and school nurse to be designated to administer medications pursuant to the Regulations of Connecticut State Agencies Sections 10-212a-1 through 10-212a-7.

B. General Policies on Administration of Medications

(1) Except as provided below in Section D, no medication, including non-prescription drugs, may be administered by any school personnel without:

- (a) the written medication order of an authorized prescriber;
- (b) the written authorization of the student's parent or guardian or eligible student; and
- (c) the written permission of a parent for the exchange of information between the prescriber and the school nurse necessary to ensure safe administration of such medication.

(2) Prescribed medications shall be administered to and taken by only the person for whom the prescription has been written.

(3) Except as provided in Section D, medications may be administered only by a licensed nurse or, in the absence of a licensed nurse, by:

- (a) a full-time principal, a full-time teacher, or a full-time licensed physical or occupational therapist employed by the school district. A full-time principal, teacher, licensed physical or occupational therapist employed by the school district may administer oral, topical, intranasal or inhalant medications. Such individuals may administer injectable medications only to a student with a medically diagnosed allergic condition that may require prompt treatment to protect the student against serious harm or death.

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- (b) students with chronic medical conditions who are able to possess, self-administer, or possess and self-administer medication, provided all of the following conditions are met:
 - (i) an authorized prescriber provides a written medication order, including the recommendation for possession, self-administration, or possession and self-administration;
 - (ii) there is a written authorization for possession, self-administration, or possession and self-administration from the student's parent or guardian or eligible student;
 - (iii) the school nurse has developed a plan for possession, self-administration, or possession and self-administration, and general supervision, and has documented the plan in the student's cumulative health record;
 - (iv) the school nurse has assessed the student's competency for self-administration and deemed it safe and appropriate, including that the student: is capable of identifying and selecting the appropriate medication by size, color, amount or other label identification; knows the frequency and time of day for which the medication is ordered; can identify the presenting symptoms that require medication; administers the medication appropriately; maintains safe control of the medication at all times; seeks adult supervision whenever warranted; and cooperates with the established medication plan;
 - (v) the principal, appropriate teachers, coaches and other appropriate school personnel are informed the student is possessing, self-administering, or possessing and self-administering prescribed medication;
 - (vi) such medication is transported to school and maintained under the student's control in accordance with this policy; and
 - (vii) controlled drugs, as defined in this policy, may not be possessed or self-administered by students, except in extraordinary situations, such as international field trips, with approval of the school nurse supervisor and the school medical advisor in advance and development of an appropriate plan.

- (c) a student diagnosed with asthma who is able to self-administer medication shall be permitted to retain possession of an asthmatic inhaler at all times while attending school, in order to provide for prompt treatment to protect such child against serious harm or death, provided all of the following conditions are met:
 - (i) an authorized prescriber provides a written order requiring the possession of an inhaler by the student at all times in order to provide for prompt treatment in order to protect the child against serious harm or death and authorizing

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the student's self-administration of medication, and such written order is provided to the school nurse;

(ii) there is a written authorization from the student's parent or guardian regarding the possession of an inhaler by the student at all times in order to protect the child against serious harm or death and authorizing the student's self-administration of medication, and such written authorization is provided to the school nurse;

(iii) the conditions set forth in subsection (b) above have been met, except that the school nurse's review of a student's competency to self-administer an inhaler for asthma in the school setting shall not be used to prevent a student from retaining and self-administering an inhaler for asthma. Students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from the student's parent or guardian or eligible student; and

(iv) the conditions for self-administration meet any regulations as may be imposed by the State Board of Education in consultation with the Commissioner of Public Health.

(d) a student diagnosed with an allergic condition who is able to self-administer medication shall be permitted to retain possession of a cartridge injector at all times while attending school, in order to provide for prompt treatment to protect such child against serious harm or death, provided all of the following conditions are met:

(i) an authorized prescriber provides a written order requiring the possession of a cartridge injector by the student at all times in order to provide for prompt treatment in order to protect the child against serious harm or death and authorizing the student's possession, self-administration, or possession and self-administration of medication, and such written order is provided to the school nurse;

(ii) there is a written authorization from the student's parent or guardian regarding the possession of a cartridge injector by the student at all times in order to protect the child against serious harm or death and authorizing the student's possession, self-administration, or possession and self-administration of medication, and such written authorization is provided to the school nurse;

(iii) the conditions set forth in subsection (b) above have been met, except that the school nurse's review of a student's competency to self-administer cartridge injectors for medically-diagnosed allergies in the school setting shall not be used to prevent a student from retaining and self-administering a

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287 cartridge injector for medically-diagnosed allergies. Students may self-
288 administer medication with only the written authorization of an authorized
289 prescriber and written authorization from the student’s parent or guardian or
290 eligible student; and
291
292 (iv) the conditions for self-administration meet any regulations as may be
293 imposed by the State Board of Education in consultation with the
294 Commissioner of Public Health.
295
296 (e) a student with a medically diagnosed life-threatening allergic condition may
297 possess, self-administer, or possess and self-administer medication, including but
298 not limited to medication administered with a cartridge injector, to protect the
299 student against serious harm or death, provided the following conditions are met:
300
301 (i) the parent or guardian of the student has provided written authorization for
302 the student to possess, self-administer, or possess and self-administer such
303 medication; and
304
305 (ii) a qualified medical professional has provided a written order for the
306 possession, self-administration, or possession and self-administration.
307
308 (f) a coach of intramural or interscholastic athletic events or licensed athletic trainer
309 who has been trained in the administration of medication, during intramural or
310 interscholastic athletic events, may administer inhalant medications prescribed to
311 treat respiratory conditions and/or medication administered with a cartridge
312 injector for students with medically diagnosed allergic conditions which may
313 require prompt treatment to protect the student against serious harm or death,
314 provided all of the following conditions are met:
315
316 (i) the school nurse has determined that a self-administration plan is not viable;
317
318 (ii) the school nurse has provided to the coach a copy of the authorized
319 prescriber’s order and parental permission form;
320
321 (iii) the parent/guardian has provided the coach or licensed athletic trainer with
322 the medication in accordance with Section K of this policy, and such
323 medication is separate from the medication stored in the school health office
324 for use during the school day; and
325
326 (iv) the coach or licensed athletic trainer agrees to the administration of
327 emergency medication and implements the emergency care plan, identified
328 in Section H of this policy, when appropriate.
329
330 (g) an identified school paraprofessional who has been trained in the administration
331 of medication, provided medication is administered only to a specific student in
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#5120.3.3(h)

333 order to protect that student from harm or death due to a medically diagnosed
334 allergic condition, except as provided in Section D below, and the following
335 additional conditions are met:
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339 (i) there is written authorization from the student's parents/guardian to
340 administer the medication in school;

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342 (ii) medication is administered pursuant to the written order of (A) a physician
343 licensed under chapter 370 of the Connecticut General Statutes, (B) an
344 optometrist licensed to practice optometry under chapter 380 of the
345 Connecticut General Statutes, (C) an advanced practice registered nurse
346 licensed to prescribe in accordance with section 20-94a of the Connecticut
347 General Statutes, or (D) a physician assistant licensed to prescribe in
348 accordance with section 20-12d of the Connecticut General Statutes;

349
350 (iii) medication is administered only with approval by the school nurse and
351 school medical advisor, if any, in conjunction with the school nurse
352 supervisor and under the supervision of the school nurse;

353
354 (iv) the medication to be administered is limited to medications necessary for
355 prompt treatment of an allergic reaction, including, but not limited to, a
356 cartridge injector; and

357
358 (v) the paraprofessional shall have received proper training and supervision
359 from the school nurse in accordance with this policy and state regulations.

360
361 (h) a principal, teacher, licensed athletic trainer, licensed physical or occupational
362 therapist employed by the Board, coach or school paraprofessional, provided
363 medication is antiepileptic medication, including by rectal syringe, administered
364 only to a specific student with a medically diagnosed epileptic condition that
365 requires prompt treatment in accordance with the student's individual seizure
366 action plan, and the following additional conditions are met:

367
368 (i) there is written authorization from the student's parents/guardians to
369 administer the medication;

370
371 (ii) a written order for such administration has been received from the student's
372 physician licensed under Chapter 370 of the Connecticut General Statutes;

373
374 (iii) the principal, teacher, licensed athletic trainer, licensed physical or
375 occupational therapist employed by the Board, coach or school
376 paraprofessional is selected by the school nurse and school medical advisor,
377 if any, and voluntarily agrees to administer the medication;

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- (iv) the principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the Board, coach or school paraprofessional annually completes the training program established by the Connecticut State Department of Education and the Association of School Nurses of Connecticut, and the school nurse and medical advisor, if any, have attested, in writing, that such training has been completed; and
 - (v) the principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the Board, coach or school paraprofessional receives monthly reviews by the school nurse to confirm competency to administer antiepileptic medication.
- (i) a director of a school readiness program or a before or after school program, or the director's designee, provided that the medication is administered:
- (i) only to a child enrolled in such program; and
 - (ii) in accordance with Section L of this policy.
- (j) a licensed practical nurse, after the school nurse has established the medication plan, provided that the licensed practical nurse may not train or delegate the administration of medication to another individual, and provided that the licensed practical nurse can demonstrate one of the following:
- (i) training in administration of medications as part of their basic nursing program;
 - (ii) successful completion of a pharmacology course and subsequent supervised experience; or
 - (iii) supervised experience in the administration of medication while employed in a health care facility.
- (4) Medications may also be administered by a parent or guardian to his/her own child on school grounds.
- (5) Investigational drugs or research or study medications may be administered only by a licensed nurse. For FDA-approved medications being administered according to a study protocol, a copy of the study protocol shall be provided to the school nurse along with the name of the medication to be administered and the acceptable range of dose of such medication to be administered.

C. Diabetic Students

- (1) The Madison Board of Education (the “Board”) permits blood glucose testing by students who have a written order from a physician or an advanced practice registered nurse stating the need and capability of such student to conduct self-testing, or the use of continuous blood glucose monitors (CGM) by children diagnosed with Type 1 diabetes, who have a written order from a physician or an advanced practice registered nurse.
- (2) The Board will not restrict the time or location of blood glucose testing by a student with diabetes on school grounds who has written authorization from a parent or guardian and a written order from a physician or an advanced practice registered nurse stating that such child is capable of conducting self-testing on school grounds.
- (3) The Board will not require a student using a continuous glucose monitor approved by the Food and Drug Administration for use without finger stick verification to undergo finger stick verification of blood glucose readings from a continuous glucose monitor on a routine basis. Finger stick testing of a child using a continuous glucose monitor so approved by the Food and Drug Administration shall only be conducted: (1) as ordered by the student’s physician or advanced practice provider; (2) if it appears that the continuous glucose monitor is malfunctioning; or (3) in an urgent medical situation.
- (4) The Board shall purchase or use existing equipment owned by the Board to monitor blood glucose alerts transmitted from continuous glucose monitors of students with Type 1 diabetes to dedicated receivers, smartphone/tablet applications, or other appropriate technology on such equipment.
- ~~(3)~~(5) In the absence or unavailability of the school nurse, select school employees may administer medication with injectable equipment used to administer glucagon to a student with diabetes that may require prompt treatment in order to protect the student against serious harm or death, under the following conditions:
 - (a) The student’s parent or guardian has provided written authorization;
 - (b) A written order for such administration has been received from the student’s physician licensed under Chapter 370 of the Connecticut General Statutes;
 - (c) The school employee is selected by either the school nurse or principal and is a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, coach or school paraprofessional;
 - (d) The school nurse shall provide general supervision to the selected school employee;

- 469 (e) The selected school employee annually completes any training required by the
470 school nurse and school medical advisor in the administration of medication with
471 injectable equipment used to administer glucagon;
472
- 473 (f) The school nurse and school medical advisor have attested in writing that the
474 selected school employee completed the required training; and
475
- 476 (g) The selected school employee voluntarily agrees to serve as one who may
477 administer medication with injectable equipment used to administer glucagon to a
478 student with diabetes that may require prompt treatment in order to protect the
479 student against serious harm or death.
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481 D. Epinephrine for Purposes of Emergency First Aid Without Prior Authorization
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- 483 (1) For purposes of this Section D, “regular school hours” means the posted hours during
484 which students are required to be in attendance at the individual school on any given
485 day.
486
- 487 (2) The school nurse shall maintain epinephrine in cartridge injectors for the purpose of
488 emergency first aid to students who experience allergic reactions and do not have prior
489 written authorization of a parent or guardian or a prior written order of a qualified
490 medical professional for the administration of epinephrine.
491
 - 492 (a) The school nurse, in consultation with the school nurse supervisor, shall
493 determine the supply of epinephrine in cartridge injectors that shall be available in
494 the individual school.
495
 - 496 (b) In determining the appropriate supply of epinephrine in cartridge injectors, the
497 nurse may consider, among other things, the number of students regularly in the
498 school building during the regular school day and the size of the physical building.
499
- 500 (3) The school nurse or school principal shall select principal(s), teacher(s), licensed
501 athletic trainer(s), licensed physical or occupational therapist(s) employed by the Board,
502 coach(es) and/or school paraprofessional(s) to maintain and administer the epinephrine
503 in cartridge injectors for the purpose of emergency first aid as described in Paragraph
504 (2) above, in the absence of the school nurse.
505
 - 506 (a) More than one individual must be selected by the school nurse or school principal
507 for such maintenance and administration in the absence of the school nurse.
508
 - 509 (b) The selected personnel, before conducting such administration, must annually
510 complete the training made available by the Department of Education for the
511 administration of epinephrine in cartridge injectors for the purpose of emergency
512 first aid.
513

- 514 (c) The selected personnel must voluntarily agree to complete the training and
515 administer epinephrine in cartridge injectors for the purpose of emergency first
516 aid.
517
- 518 (4) Either the school nurse or, in the absence of the school nurse, at least one of the selected
519 and trained personnel as described in Paragraph (3) above shall be on the grounds of
520 each school during regular school hours.
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- 522 (a) The school principal, in consultation with the school nurse supervisor, shall
523 determine the level of nursing services and number of selected and trained
524 personnel necessary to ensure that a nurse or selected and trained personnel is
525 present on the grounds of each school during regular school hours.
526
- 527 (b) If the school nurse, or a substitute school nurse, is absent or must leave school
528 grounds during regular school hours, the school nurse, school administrator or
529 designee shall send an email to all staff indicating that the selected and trained
530 personnel identified in Paragraph (3) above shall be responsible for the emergency
531 administration of epinephrine.
532
- 533 (5) The administration of epinephrine pursuant to this section must be done in accordance
534 with this policy, including but not limited to the requirements for documentation and
535 record keeping, errors in medication, emergency medical procedures, and the handling,
536 storage and disposal of medication, and the Regulations adopted by the Department of
537 Education.
538
- 539 (6) The parent or guardian of any student may submit, in writing, to the school nurse or
540 school medical advisor, if any, that epinephrine shall not be administered to such
541 student pursuant to this section.
542
- 543 (a) The school nurse shall notify selected and trained personnel of the students whose
544 parents or guardians have refused emergency administration of epinephrine.
545
- 546 (b) The Board shall annually notify parents or guardians of the need to provide such
547 written notice.
548
- 549 (7) Following the emergency administration of epinephrine by selected and trained
550 personnel as identified in this section:
551
- 552 (a) Such emergency administration shall be reported immediately to:
553
- 554 (i) The school nurse or school medical advisor, if any, by the personnel who
555 administered the epinephrine; and
556
- 557 (ii) The student's parent or guardian, by the school nurse or personnel who
558 administered the epinephrine.
559
- 560 (b) A medication administration record shall be:

- (i) Submitted to the school nurse by the personnel who administered the epinephrine as soon as possible, but no later than the next school day; and
- (ii) filed in or summarized on the student's cumulative health record, in accordance with Section E of this policy.

~~E. Naloxone for Purposes of Emergency First Aid~~

~~(1) Pursuant to a standing order of the Board's medical advisor and authorization from the Superintendent of Schools, and in accordance with Connecticut law and this policy, a school nurse may maintain naloxone, for the purpose of administering emergency first aid to students who experience a known or suspected opioid overdose.~~

~~(a) The school nurse, in consultation with the Board's medical advisor, shall determine the supply of naloxone that shall be maintained in the individual school.~~

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~~(b) The school nurse shall be responsible for the safe storage of naloxone maintained in a school and shall ensure any supply of naloxone maintained is stored in accordance with the manufacturer's instructions.~~

~~(c) The school nurse shall be responsible for maintaining an inventory of naloxone maintained in the school, tracking the date(s) of expiration of the supply of naloxone maintained in a school, and, as appropriate, refreshing the supply of naloxone maintained in the school.~~

~~(2) The school nurse, in consultation with the Superintendent and the building principal, shall provide notice to parents and guardians of the Board's policies and procedures regarding the emergency administration of naloxone in the event of a known or suspected opioid overdose.~~

~~(3) A school nurse shall be approved to administer naloxone for the purpose of emergency first aid, as described in Paragraph (1) above, in the event of a known or suspected opioid overdose, provided that such nurse has completed appropriate training, as identified by the Board's medical advisor, which shall include training in the identification of opioid abuse and overdose.~~

~~(4) The administration of naloxone pursuant to this section must be effected in accordance with this policy and procedures regarding the acquisition, maintenance, and administration established by the Superintendent in consultation with the Board's medical advisor.~~

~~(5) Following the emergency administration of naloxone by a school nurse:~~

~~(a) Such emergency administration shall be reported immediately to:~~

608
609 ~~(i) The Board medical advisor; and~~

610
611 ~~(ii) The Superintendent; and~~

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613 ~~(iii) The student's parent or guardian.~~

614
615 ~~(b) A medication administration record shall be:~~

616
617 ~~(i) Maintained by the school nurse who administered the naloxone as soon as~~
618 ~~possible, but no later than the next school day; and~~

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620 ~~(ii) filed in or summarized on the student's cumulative health record, in accordance~~
621 ~~with Section F of this policy.~~

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624 E. Opioid Antagonists for Purposes of Emergency First Aid Without Prior Authorization

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626 (1) For purposes of this Section E, "regular school hours" means the posted hours
627 during which students are required to be in attendance at the individual school on
628 any given day. "Regular school hours" does not include after-school events such
629 as athletics or extracurricular activities that take place outside the posted hours.

630
631 (2) For purposes of this section, an "opioid antagonist" means naloxone
632 hydrochloride (e.g., Narcan) or any other similarly acting and equally safe drug
633 that the FDA has approved for the treatment of a drug overdose.

634
635 (3) In accordance with Connecticut law and this policy, a school nurse may maintain
636 opioid antagonists for the purpose of administering emergency first aid to students
637 who experience a known or suspected opioid overdose and do not have a prior
638 written authorization of a parent or guardian or a prior written order of a qualified
639 medical professional for the administration of such opioid antagonist.

640
641 (a) The school nurse, in consultation with the Board's medical advisor, shall
642 determine the supply of opioid antagonists that shall be maintained in the
643 individual school.

644
645 (b) In determining the appropriate supply of opioid antagonists, the nurse may
646 consider, among other things, the number of students regularly in the
647 school building during the regular school day and the size of the physical
648 building.

649
650 (c) The school nurse shall be responsible for the safe storage of opioid
651 antagonists maintained in a school and shall ensure any supply of opioid
652 antagonists maintained is stored in a secure manner, in accordance with
653 the manufacturer's instructions, and in a location where it can be obtained
654 in a timely manner if administration is necessary.

655
656 (d) The school nurse shall be responsible for maintaining an inventory of
657 opioid antagonists maintained in the school, tracking the date(s) of
658 expiration of the supply of opioid antagonists maintained in a school, and,
659 as appropriate, refreshing the supply of opioid antagonists maintained in
660 the school.

661
662 (4) The school nurse, in consultation with the Superintendent and the building
663 principal, shall provide notice to parents and guardians of the Board’s policies and
664 procedures regarding the emergency administration of opioid antagonists in the
665 event of a known or suspected opioid overdose.

666
667 (5) A school nurse shall be approved to administer opioid antagonists for the purpose
668 of emergency first aid, as described in Paragraph (3) above, in the event of a
669 known or suspected opioid overdose, in accordance with this policy and provided
670 that such nurse has completed a training program in the distribution and
671 administration of an opioid antagonist (1) developed by the State Department of
672 Education, Department of Consumer Protection, and Department of Public
673 Health, or (2) under a local agreement, entered into by the Board on July 1, 2022
674 or thereafter, with a prescriber or pharmacist for the administration of opioid
675 antagonists for the purpose of emergency first aid, which training shall also
676 address the Board’s opioid antagonist storage, handling, labeling, recalls, and
677 record keeping.

678
679 (6) The school nurse or school principal shall select principal(s), teacher(s), licensed
680 athletic trainer(s), coach(es), school paraprofessional(s), and/or licensed physical
681 or occupational therapist(s) employed by the Board to maintain and administer the
682 opioid antagonists for the purpose of emergency first aid as described in
683 Paragraph (3) above, in the absence of the school nurse.

684
685 (a) More than one individual must be selected by the school nurse or school
686 principal for such maintenance and administration in the absence of the
687 school nurse.

688
689 (b) The selected personnel, before administering an opioid antagonist pursuant
690 to this section, must complete a training program in the distribution and
691 administration of an opioid antagonist (1) developed by the State
692 Department of Education, Department of Consumer Protection, and
693 Department of Public Health, or (2) under a local agreement, entered into
694 by the Board on July 1, 2022 or thereafter, with a prescriber or pharmacist
695 for the administration of opioid antagonists for the purpose of emergency
696 first aid, which training shall also address the Board’s opioid antagonist
697 storage, handling, labeling, recalls, and record keeping.

698 (c) All school personnel shall be notified of the identity of qualified school
699 employees authorized to administer an opioid antagonist in the absence of
700 the school nurse.

702 (7) Either the school nurse or, in the absence of the school nurse, at least one of the
703 selected and trained personnel as described in Paragraph (6) above, shall be on the
704 grounds of each school during regular school hours.

706 (a) The school principal, in consultation with the school nurse supervisor,
707 shall determine the level of nursing services and number of selected and
708 trained personnel necessary to ensure that a nurse or selected and trained
709 personnel is present on the grounds of each school during regular school
710 hours.

712 (b) If the school nurse, or a substitute school nurse, is absent or must leave
713 school grounds during regular school hours, the school nurse, school
714 administrator or designee shall use an effective and reasonable means of
715 communication to notify one or more qualified school employees and
716 other staff in the school that the selected and trained personnel identified
717 in Paragraph (6) above shall be responsible for the emergency
718 administration of opioid antagonists.

719 (c) If a Board employee becomes aware of a student experiencing a known or
720 suspected opioid overdose on school grounds but outside of regular school
721 hours and opioid antagonists and/or the school nurse or other qualified
722 school employee is not available to administer opioid antagonists for the
723 purpose of emergency first aid, the Board employee will call 9-1-1.

725 (8) The administration of opioid antagonists pursuant to this policy must be effected in
726 accordance with this policy and procedures regarding the acquisition, maintenance,
727 and administration established by the Superintendent in consultation with the Board's
728 medical advisor.

730 (9) The parent or guardian of any student may submit, in writing, to the school nurse or
731 school medical advisor, if any, that opioid antagonists shall not be administered to
732 such student pursuant to this section.

734 (a) The school nurse shall notify selected and trained personnel of the students whose
735 parents or guardians have refused emergency administration of opioid antagonists.

737 (b) The Board shall annually notify parents or guardians of the need to provide such
738 written notice of refusal.

740 (10) Following the emergency administration of an opioid antagonist by a school nurse
741 or selected and trained personnel as identified in this section:

743 (a) Immediately following the emergency administration of an opioid
744 antagonist by a school nurse or selected and trained personnel as identified
745 in this section, the person administering the opioid antagonist must call
746 911.

747 (ab) Such emergency administration shall be reported immediately to:
748

- 749
- 750 (i) The school nurse or school medical advisor, if any, by the
- 751 personnel who administered the opioid antagonist;
- 752
- 753 (ii) The Superintendent of Schools; and
- 754
- 755 (iii) The student’s parent or guardian.
- 756 (bc) A medication administration record shall be:
- 757
- 758 (i) Created by the school nurse or submitted to the school nurse by the
- 759 personnel who administered the opioid antagonist, as soon as
- 760 possible, but no later than the next school day; and
- 761
- 762 (ii) filed in or summarized on the student’s cumulative health record,
- 763 in accordance with Section F of this policy.
- 764
- 765 (11) In the event that any provisions of this Section E conflict with regulations adopted
- 766 by the Connecticut State Department of Education concerning the use, storage and
- 767 administration of opioid antagonists in schools, the Department’s regulations shall
- 768 control.]
- 769

770

771 F. Documentation and Record Keeping

772

- 773 (1) Each school or before-and-after school program and school readiness program where
- 774 medications are administered shall maintain an individual medication administration
- 775 record for each student who receives medication during school or program hours. This
- 776 record shall include the following information:
- 777
- 778 (a) the name of the student;
- 779 (b) the student’s state-assigned student identifier (SASID);
- 780 (c) the name of the medication;
- 781 (d) the dosage of the medication;
- 782 (e) the route of the administration, (e.g., oral, topical, inhalant, etc.);
- 783 (f) the frequency of administration;
- 784 (g) the name of the authorized prescriber;
- 785 (h) the dates for initiating and terminating the administration of medication, including
- 786 extended-year programs;
- 787 (i) the quantity received at school and verification by the adult delivering the
- 788 medication of the quantity received;
- 789 (j) the date the medication is to be reordered (if any);
- 790 (k) any student allergies to food and/or medication(s);
- 791 (l) the date and time of each administration or omission, including the reason for any
- 792 omission;
- 793 (m) the dose or amount of each medication administered;
- 794 (n) the full written or electronic legal signature of the nurse or other authorized school
- 795 personnel administering the medication; and

- 796 (o) for controlled medications, a medication count which should be conducted and
797 documented at least once a week and co-signed by the assigned nurse and a
798 witness.
799
- 800 (2) All records are either to be made in ink and shall not be altered, or recorded
801 electronically in a record that cannot be altered.
802
- 803 (3) Written orders of authorized prescribers, written authorizations of parent or guardian,
804 the written parental permission for the exchange of information by the prescriber and
805 school nurse to ensure safe administration of such medication, and the completed
806 medication administration record for each student shall be filed in the student's
807 cumulative health record or, for before-and-after school programs and school readiness
808 programs, in the child's program record.
809
- 810 (4) Authorized prescribers may make verbal orders, including telephone orders, for a
811 change in medication order. Such verbal orders may be received only by a school nurse
812 and must be followed by a written order, which may be faxed, and must be received
813 within three (3) school days.
814
- 815 (5) Medication administration records will be made available to the Department of
816 Education for review until destroyed pursuant to Section 11-8a and Section 10-212a(b)
817 of the Connecticut General Statutes.
818
- 819 (a) The completed medication administration record for non-controlled medications
820 may, at the discretion of the school district, be destroyed in accordance with Section
821 M8 of the Connecticut Record Retention Schedules for Municipalities, so long as it
822 is superseded by a summary on the student health record.
823
- 824 (b) The completed medication administration record for controlled medications shall be
825 maintained in the same manner as the non-controlled medications. In addition, a
826 separate medication administration record needs to be maintained in the school for
827 three (3) years pursuant to Section 10-212a(b) of the Connecticut General Statutes.
828
- 829 (6) Documentation of any administration of medication by a coach or licensed athletic
830 trainer shall be completed on forms provided by the school and the following
831 procedures shall be followed:
832
- 833 (a) a medication administration record for each student shall be maintained in the
834 athletic offices;
835
- 836 (b) administration of a cartridge injector medication shall be reported to the school
837 nurse at the earliest possible time, but no later than the next school day;
838
- 839 (c) all instances of medication administration, except for the administration of
840 cartridge injector medication, shall be reported to the school nurse at least
841 monthly, or as frequently as required by the individual student plan; and
842

843 (d) the administration of medication record must be submitted to the school nurse at
844 the end of each sport season and filed in the student's cumulative health record.
845

846 G. Errors in Medication Administration

847
848 (1) Whenever any error in medication administration occurs, the following procedures shall
849 apply:

850
851 (a) the person making the error in medication administration shall immediately
852 implement the medication emergency procedures in this Policy if necessary;
853

854 (b) the person making the error in medication administration shall in all cases
855 immediately notify the school nurse, principal, school nurse supervisor, and
856 authorized prescriber. The person making the error, in conjunction with the
857 principal, shall also immediately notify the parent or guardian, advising of the
858 nature of the error and all steps taken or being taken to rectify the error, including
859 contact with the authorized prescriber and/or any other medical action(s); and
860

861 (c) the principal shall notify the Superintendent or the Superintendent's designee.
862

863 (2) The school nurse, along with the person making the error, shall complete a report using
864 the authorized medication error report form. The report shall include any corrective
865 action taken.
866

867 (3) Any error in the administration of medication shall be documented in the student's
868 cumulative health record or, for before-and-after school programs and school readiness
869 programs, in the child's program record.
870

871 (4) These same procedures shall apply to coaches and licensed athletic trainers during
872 intramural and interscholastic events, except that if the school nurse is not available, a
873 report must be submitted by the coach or licensed athletic trainer to the school nurse the
874 next school day.
875

876 H. Medication Emergency Procedures

877
878 (1) Whenever a student has a life-threatening reaction to administration of a medication,
879 resolution of the reaction to protect the student's health and safety shall be the foremost
880 priority. The school nurse and the authorized prescriber shall be notified immediately,
881 or as soon as possible in light of any emergency medical care that must be given to the
882 student.
883

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

886 (a) use of the 911 emergency response system;

887 (b) application by properly trained and/or certified personnel of appropriate
888 emergency medical care techniques, such as cardio-pulmonary resuscitation;
889

- 890 (c) administration of emergency medication in accordance with this policy;
- 891 (d) contact with a poison control center; and
- 892 (e) transporting the student to the nearest available emergency medical care facility
- 893 that is capable of responding to a medication emergency.

894
895 (3) As soon as possible, in light of the circumstances, the principal shall be notified of the
896 medication emergency. The principal shall immediately thereafter contact the
897 Superintendent or the Superintendent's designee, who shall thereafter notify the parent
898 or guardian, advising of the existence and nature of the medication emergency and all
899 steps taken or being taken to resolve the emergency and protect the health and safety of
900 the student, including contact with the authorized prescriber and/or any other medical
901 action(s) that are being or have been taken.

902
903 I. Supervision

904
905 (1) The school nurse is responsible for general supervision of administration of medications
906 in the school(s) to which that nurse is assigned.

907
908 (2) The school nurse's duty of general supervision includes, but is not limited to, the
909 following:

910
911 (a) availability on a regularly scheduled basis to:

912
913 (i) review orders or changes in orders and communicate these to personnel
914 designated to give medication for appropriate follow-up;

915
916 (ii) set up a plan and schedule to ensure medications are given properly;

917
918 (iii) provide training to licensed nursing personnel, full-time principals, full-time
919 teachers, full-time licensed physical or occupational therapists employed by
920 the school district, coaches of intramural and interscholastic athletics,
921 licensed athletic trainers and identified paraprofessionals designated in
922 accordance with Section B(3)(g), above, which training shall pertain to the
923 administration of medications to students, and assess the competency of
924 these individuals to administer medication;

925
926 (iv) support and assist other licensed nursing personnel, full-time principals, full-
927 time teachers, full-time licensed physical or occupational therapists
928 employed by the school district, coaches of intramural and/or interscholastic
929 athletics, licensed athletic trainers and identified paraprofessionals
930 designated in accordance with Section B(3)(g), above, to prepare for and
931 implement their responsibilities related to the administration of specific
932 medications during school hours and during intramural and interscholastic
933 athletics as provided by this policy;

934
935 (v) provide appropriate follow-up to ensure the administration of medication
936 plan results in desired student outcomes, including providing proper

- 937 notification to appropriate employees or contractors regarding the contents
938 of such medical plans; and
939
- 940 (vi) provide consultation by telephone or other means of telecommunications,
941 which consultation may be provided by an authorized prescriber or other
942 nurse in the absence of the school nurse.
943
- 944 (b) In addition, the school nurse shall be responsible for:
945
- 946 (i) implementing policies and procedures regarding the receipt, storage, and
947 administration of medications;
948
- 949 (ii) reviewing, on a periodic basis, all documentation pertaining to the
950 administration of medications for students;
951
- 952 (iii) performing observations of the competency of medication administration by
953 full-time principals, full-time teachers, full-time licensed physical or
954 occupational therapists employed by the school district, coaches of
955 intramural and/or interscholastic athletics and licensed athletic trainers in
956 accordance with Section B(3)(f), above, and identified paraprofessionals
957 designated in accordance with Section B(3)(g), above, who have been newly
958 trained to administer medications; and,
959
- 960 (iv) conducting periodic reviews, as needed, with licensed nursing personnel,
961 full-time principals, full-time teachers, full-time licensed physical or
962 occupational therapists employed by the school district, coaches of
963 intramural and/or interscholastic athletics and licensed athletic trainers in
964 accordance with Section B(3)(f), above, and identified paraprofessionals
965 designated in accordance with Section B(3)(g), above, regarding the needs
966 of any student receiving medication.
967

968 J. Training of School Personnel
969

- 970 (1) Full-time principals, full-time teachers, full-time licensed physical or occupational
971 therapists employed by the school district, coaches of intramural and/or interscholastic
972 athletics and licensed athletic trainers in accordance with Section B(3)(f), above, and
973 identified paraprofessionals designated in accordance with Section B(3)(g), above, who
974 are designated to administer medications shall at least annually receive training in their
975 safe administration, and only trained full-time principals, full-time teachers, full-time
976 licensed physical or occupational therapists employed by the school district, coaches of
977 intramural and/or interscholastic athletics and licensed athletic trainers in accordance
978 with Section B(3)(f), above, and identified paraprofessionals designated in accordance
979 with Section B(3)(g), above, shall be allowed to administer medications.
980
- 981 (2) Training for full-time principals, full-time teachers, full-time licensed physical or
982 occupational therapists employed by the school district, coaches of intramural and/or
983 interscholastic athletics and licensed athletic trainers in accordance with Section

B(3)(f), above, and identified paraprofessionals designated in accordance with Section B(3)(g), above, shall include, but is not necessarily limited to, the following:

- (a) the general principles of safe administration of medication;
- (b) the procedures for administration of medications, including the safe handling and storage of medications, and the required record-keeping; and
- (c) specific information related to 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 doses of the medication, and when to implement emergency interventions.

(3) The principal(s), teacher(s), licensed athletic trainer(s), licensed physical or occupational therapist(s) employed by the Board, coach(es) and/or school paraprofessional(s) who administer epinephrine as emergency first aid, pursuant to Section D above, shall annually complete the training program developed by the Departments of Education and Public Health and training in cardiopulmonary resuscitation and first aid.

(4) The principal(s), teacher(s), licensed athletic trainer(s), licensed physical or occupational therapist(s), coach(es) and/or school paraprofessional(s) who administer opioid antagonists as emergency first aid, pursuant to Section E above, shall annually complete a training program in the distribution and administration of an opioid antagonist (1) developed by the State Department of Education, Department of Consumer Protection, and Department of Public Health, or (2) under a local agreement, entered into by the Board on July 1, 2022 or thereafter, with a prescriber or pharmacist for the administration of opioid antagonists for the purpose of emergency first aid, which training shall also address the Board’s opioid antagonist storage, handling, labeling, recalls, and record keeping.]

~~(4)~~(5) The Board shall maintain documentation of medication administration training as follows:

- (a) dates of general and student-specific trainings;
- (b) content of the trainings;
- (c) individuals who have successfully completed general and student-specific administration of medication training for the current school year; and
- (d) names and credentials of the nurse or school medical advisor, if any, trainer or trainers.

1030 ~~(5)~~(6) Licensed practical nurses may not conduct training in the administration of
1031 medication to another individual.

1032

1033 ~~(6)~~(7) Bus Drivers

1034

1035 (a) Not later than June 30, 2019, the Board shall provide training to all of its school bus
1036 drivers, which training may be completed using an online module, on topics
1037 including, but not limited to, the following:

1038

1039 (i) the identification of the signs and symptoms of anaphylaxis;

1040

1041 (ii) the administration of epinephrine by a cartridge injector;

1042

1043 (iii) the notification of emergency personnel; and

1044

1045 (iv) the reporting of an incident involving a student and a life-threatening allergic
1046 reaction.

1047

1048 (b) On and after July 1, 2019, the Board shall provide the training described in
1049 subsections J(6)(a), above as follows:

1050

1051 (i) In the case of a school bus driver who is employed by the Board, such training
1052 shall be provided to such school bus driver following the issuance or renewal
1053 of a public passenger endorsement to operate a school bus pursuant to Conn.
1054 Gen. Stat. 14-44(a), to such school bus driver; and

1055

1056 (ii) In the case of a school bus driver who is not employed by the Board at the
1057 time when such endorsement is issued or renewed to such school bus driver,
1058 upon the hiring of such school bus driver by the Board, except the Board is not
1059 required to provide such training to any school bus driver who has previously
1060 received such training following the most recent issuance or renewal of such
1061 endorsement to such school bus driver.]

1062

1063 (c) In the event that the Board employs school bus drivers, the Board will
1064 comply with all documentation and record-keeping requirements required
1065 by law.]

1066

1067 K. Handling, Storage and Disposal of Medications

1068

1069 (1) All medications, except those approved for transporting by students for self-medication,
1070 those administered by coaches of intramural or interscholastic athletics or licensed
1071 athletic trainers in accordance with Section B(3)(f) above, and epinephrine or naloxone
1072 to be used for emergency first aid in accordance with Sections D and E above, must be
1073 delivered by the parent, guardian, or other responsible adult to the nurse assigned to the
1074 student's school or, in the absence of such nurse, the school principal who has been
1075 trained in the appropriate administration of medication. Medications administered by
1076 coaches of intramural or interscholastic athletics or licensed athletic trainers must be

- 1077 delivered by the parent or guardian directly to the coach or licensed athletic trainer in
1078 accordance with Section B(3)(f) above.
1079
- 1080 (2) The nurse shall examine on-site any new medication, medication order and the required
1081 authorization to administer form, and, except for epinephrine and naloxone to be used
1082 as emergency first aid in accordance with Sections D and E above, shall develop a
1083 medication administration plan for the student before any medication is given to the
1084 student by any school personnel. No medication shall be stored at a school without a
1085 current written order from an authorized prescriber.
1086
- 1087 (3) The school nurse shall review all medication refills with the medication order and
1088 parent authorization prior to the administration of medication, except for epinephrine
1089 and naloxone intended for emergency first aid in accordance with Sections D and E
1090 above.
1091
- 1092 (4) Emergency Medications
1093
- 1094 (a) Except as otherwise determined by a student's emergency care plan, emergency
1095 medications shall be stored in an unlocked, clearly labeled and readily accessible
1096 cabinet or container in the health room during school hours under the general
1097 supervision of the school nurse or, in the absence of the school nurse, the principal
1098 or the principal's designee who has been trained in the administration of
1099 medication.
1100
- 1101 (b) Emergency medication shall be locked beyond the regular school day or program
1102 hours, except as otherwise determined by a student's emergency care plan.
1103
- 1104 (5) All medications, except those approved for keeping by students for self-medication,
1105 shall be kept in a designated and locked location used exclusively for the storage of
1106 medication. Controlled substances shall be stored separately from other drugs and
1107 substances in a separate, secure, substantially constructed, locked metal or wood
1108 cabinet.
1109
- 1110 (6) Access to stored medications shall be limited to persons authorized to administer
1111 medications. Each school or before-and-after school program and school readiness
1112 program shall maintain a current list of such authorized persons.
1113
- 1114 (7) All medications, prescription and non-prescription, shall be delivered and stored in their
1115 original containers and in such a manner that renders them safe and effective.
1116
- 1117 (8) At least two sets of keys for the medication containers or cabinets shall be maintained
1118 for each school building or before-and-after school program and school readiness
1119 program. One set of keys shall be maintained under the direct control of the school
1120 nurse or nurses and an additional set shall be under the direct control of the principal
1121 and, if necessary, the program director or lead teacher who has been trained in the
1122 general principles of the administration of medication shall also have a set of keys.
1123

- 1124 (9) Medications that must be refrigerated shall be stored in a refrigerator at no less than 36
1125 degrees Fahrenheit and no more than 46 degrees Fahrenheit. The refrigerator must be
1126 located in the health office that is maintained for health services with limited access.
1127 Non-controlled medications may be stored directly on the refrigerator shelf with no
1128 further protection needed. Controlled medication shall be stored in a locked box that is
1129 affixed to the refrigerator shelf.
1130
- 1131 (10) All unused, discontinued or obsolete medications shall be removed from storage areas
1132 and either returned to the parent or guardian or, if the medication cannot be returned to
1133 the parent or guardian, the medication shall be destroyed in collaboration with the
1134 school nurse:
1135
- 1136 (a) non-controlled drugs shall be destroyed in the presence of at least one witness;
 - 1137
 - 1138 (b) controlled drugs shall be destroyed in pursuant to Section 21a-262-3 of the
1139 Regulations of Connecticut State Agencies; and
 - 1140
 - 1141 (c) accidental destruction or loss of controlled drugs must be verified in the presence
1142 of a second person, including confirmation of the presence or absence of residue,
1143 and jointly documented on the student medication administration record and on a
1144 medication error form pursuant to Section 10-212a(b) of the Connecticut General
1145 Statutes. If no residue is present, notification must be made to the Department of
1146 Consumer Protection pursuant to Section 21a-262-3 of the Regulations of
1147 Connecticut State Agencies.
1148
- 1149 (11) Medications to be administered by coaches of intramural or interscholastic athletic
1150 events or licensed athletic trainers shall be stored:
1151
- 1152 (a) in containers for the exclusive use of holding medications;
 - 1153
 - 1154 (b) in locations that preserve the integrity of the medication;
 - 1155
 - 1156 (c) under the general supervision of the coach or licensed athletic trainer trained in
1157 the administration of medication; and
 - 1158
 - 1159 (d) in a locked secured cabinet when not under the general supervision of the coach or
1160 licensed athletic trainer during intramural or interscholastic athletic events.
1161
- 1162 (12) In no event shall a school store more than a three (3) month supply of a medication for a
1163 student.
1164

1165 L. School Readiness Programs and Before-and-After School Programs
1166

- 1167 (1) As determined by the school medical advisor, if any, and school nurse supervisor, the
1168 following procedures shall apply to the administration of medication during school
1169 readiness programs and before-and-after school programs run by the Board, which are
1170 exempt from licensure by the Office of Early Childhood:

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1216
- (a) Administration of medication at these programs shall be provided only when it is medically necessary for participants to access the program and maintain their health status while attending the program.
 - (b) Except as provided by Sections D and E above, no medication shall be administered in these programs without:
 - (i) the written order of an authorized prescriber; and
 - (ii) the written authorization of a parent or guardian or an eligible student.
 - (c) A school nurse shall provide consultation to the program director, lead teacher or school administrator who has been trained in the administration of medication regarding the safe administration of medication within these programs. The school medical advisor and school nurse supervisor shall determine whether, based on the population of the school readiness program and/or before-and-after school program, additional nursing services are required for these programs.
 - (d) Only school nurses, directors or directors' designees, lead teachers or school administrators who have been properly trained may administer medications to students as delegated by the school nurse or other registered nurse. Properly trained directors or directors' designees, lead teachers or school administrators may administer oral, topical, intranasal or inhalant medications. Investigational drugs or research or study medications may not be administered in these programs.
 - (e) Students attending these programs may be permitted to self-medicate only in accordance with the provisions of Section B(3) of this policy. In such a case, the school nurse must provide the program director, lead teacher or school administrator running the program with the medication order and parent permission for self-administration.
 - (f) In the absence of the school nurse during program administration, the program director, lead teacher or school administrator is responsible for decision-making regarding medication administration.
 - (g) Cartridge injector medications may be administered by a director, lead teacher or school administrator only to a student with a medically-diagnosed allergic condition which may require prompt treatment to protect the student against serious harm or death.
- (2) Local poison control center information shall be readily available at these programs.
- (3) Procedures for medication emergencies or medication errors, as outlined in this policy, must be followed, except that in the event of a medication error a report must be

1217 submitted by the program director, lead teacher or school administrator to the school
1218 nurse the next school day.

1219
1220 (4) Training for directors or directors' designees, lead teachers or school administrators in
1221 the administration of medication shall be provided in accordance with Section J of this
1222 policy.

1223
1224 (5) All medications must be handled and stored in accordance with Section K of this
1225 policy. Where possible, a separate supply of medication shall be stored at the site of
1226 the before-and-after or school readiness program. In the event that it is not possible for
1227 the parent or guardian to provide a separate supply of medication, then a plan shall be in
1228 place to ensure the timely transfer of the medication from the school to the program and
1229 back on a daily basis.

1230
1231 (6) Documentation of any administration of medication shall be completed on forms
1232 provided by the school and the following procedures shall be followed:

1233
1234 (a) a medication administration record for each student shall be maintained by the
1235 program;

1236
1237 (b) administration of a cartridge injector medication shall be reported to the school
1238 nurse at the earliest possible time, but no later than the next school day;

1239
1240 (c) all instances of medication administration, except for the administration of
1241 cartridge injector medication, shall be reported to the school nurse at least
1242 monthly, or as frequently as required by the individual student plan; and

1243
1244 (d) the administration of medication record must be submitted to the school nurse at
1245 the end of each school year and filed in the student's cumulative health record.

1246
1247 (7) The procedures for the administration of medication at school readiness programs and
1248 before-and-after school programs shall be reviewed annually by the school medical
1249 advisor, if any, and school nurse supervisor.

1250
1251 M. Review and Revision of Policy

1252
1253 In accordance with the provisions of Conn. Gen. Stat. Section 10-212a(a)(2) and Section
1254 10-212a-2 of the Regulations of Connecticut State Agencies, the Board shall review this
1255 policy periodically, and at least biennially, with the advice and approval of the school
1256 medical advisor, if any, or other qualified licensed physician, and the school nurse
1257 supervisor. Any proposed revisions to the policy must be made with the advice and
1258 approval of the school medical advisor, school nurse supervisor or other qualified licensed
1259 physician.

1260
1261 Legal References:

1262
1263 Connecticut General Statutes:

1264 Section 10-206
1265 Section 10-212
1266 Section 10-212a
1267 Section 10-212c
1268 Section 10-220j
1269 Section 14-276b
1270 Section 19a-900
1271 Section 21a-240
1272 Section 52-557b

1273
1274 Regulations of Conn. State Agencies:
1275 Sections 10-212a-1 through 10-212a-10, inclusive
1276

1277 Memorandum of Decision, In Re: Declaratory Ruling/Delegation by Licensed Nurses to
1278 Unlicensed Assistive Personnel, Connecticut State Board of Examiners for Nursing (April 5,
1279 1995)

1280
1281 [Storage and Administration of Opioid Antagonists in Schools: Guidelines for Local and Regional](#)
1282 [Boards of Education, Connecticut State Department of Education \(October 1, 2022\)](#)
1283

1284 Date Adopted: October 11, 2022
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[Board of Education/School Letterhead]

**REFUSAL TO PERMIT ADMINISTRATION
OF EPINEPHRINE FOR EMERGENCY FIRST AID**

Name of Child: _____ Date of Birth: _____

Address of Child: _____

Name of Parent(s): _____

Address of Parent(s): _____
(if different from child)

Connecticut law requires the school nurse and other qualified school personnel in all public schools to maintain epinephrine in cartridge injectors (EpiPens) for the purpose of administering emergency first aid to students who experience allergic reactions and do not have a prior written authorization of a parent or guardian or a prior written order of a qualified medical professional for the administration of epinephrine. State law permits the parent or guardian of a student to submit a written directive to the school nurse or school medical advisor that epinephrine shall not be administered to such student in emergency situations. This form is provided for those parents who refuse to have epinephrine administered to their child. The refusal is valid for only for the 20__-20__ school year.

I, _____, the parent/guardian of _____,

Print name of parent/guardian Print name of student

refuse to permit the administration of epinephrine to the above named student for purposes of emergency first aid in the case of an allergic reaction.

Signature of Parent/Guardian Date

Please return the completed original form to your child's school nurse.