

Students

Administering Medications

Medicinal preparations shall be administered in the schools only when it is not possible to achieve the desired effects by home administration during other than school hours and only upon written authorization of the attending physician, dentist, advanced practice registered nurse or nurse anesthetists, or licensed physician assistant and written authorization of the parent or guardian.

Personnel authorized to administer medicinal preparations shall be limited to the school district medical advisor (M.D.), a school nurse (RN), any other nurse licensed pursuant to the provisions of chapter 378, including a nurse employed by, or providing services under the direction of the Board of Education at a school-based clinic, the principal, licensed athletic trainer, or a licensed practical nurse (L.P.N.) if approved to do so by the school district medical advisor or school nurse. In the absence of these medical personnel, the principal, a designated teacher or a licensed physical or occupational therapist employed by the District shall be permitted to administer authorized medicinal preparations upon completion of training in the safe administration of medicinal preparations and be familiar with policy and regulations relating thereto and satisfactory completion of the required criminal history check. **Coaches are also authorized to administer medication to students participating in intramural and interscholastic athletics, pursuant to the regulations of the State Board of Education.* School health aides are not allowed to administer medicinal preparations. In an emergency, if the student's physician or the school district medical advisor is not immediately available, any physician (M.D.) may be called to take appropriate emergency measures.

A child with diabetes may test his/her own blood glucose level per the written order of a physician or advanced practice nurse stating the need and the capacity of such child to conduct self-testing. Such self-testing shall be pursuant to guidelines promulgated by the Commissioner of Education.

A child diagnosed with asthma or a diagnosed life-threatening allergic condition, pursuant to State Board of Education regulations, may possess, self-administer or possess and self-administer medicine administered through the use of an asthmatic inhaler or an EpiPen or similar device in the school at all times or while receiving school transportation services if he/she is under the care of a physician, physician assistant, or advanced practice registered nurse (APRN) and such practitioner certifies in writing to the Board of Education that the child needs to keep an asthmatic inhaler or EpiPen at all times to ensure prompt treatment of the child's asthma or allergic condition and protect the child against serious harm or death. A written authorization of the parent/guardian is also required.

Students in grades 5 through 12 may carry and self-administer medicinal preparations, provided that:

1. A physician, dentist, advanced practice registered nurse or nurse anesthetists, or licensed physician assistant provides written orders for self-administration of medication;

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Administering Medications (continued)

2. There is written authorization for self-administration of medication from the student's parent or guardian;
3. The school nurse has evaluated the situation and deemed it to be safe and appropriate; has documented this on the student's cumulative health record; and has developed a plan of general supervision of such self-medication;
4. The student and school nurse have developed a plan for reporting and supervising self-administration of medications by students and teacher notification;
5. The principal and appropriate teachers are informed that the student is self-administering prescribed medication;
6. Medication is transported and maintained under student control within guidelines. Authorized medicinal preparations may be administered during school activities as well as during school hours.

A specific paraprofessional, through a plan approved by a school nurse supervisor and school medical advisor, may be designated to administer medication administered with a cartridge injector, to a particular student diagnosed with an allergy that may require prompt treatment to avoid serious harm or death. The approved plan also requires the written authorization of the student's parent/guardian and be pursuant to the written order from the student's doctor or APRN or physician assistant licensed to prescribe medication.

Directors, or their designees, of school readiness programs and before or after-school programs that are District-administered or administered by a municipal agency or department and are located in a District public school may give medicine, pursuant to State Board of Education regulations, to children enrolled in these programs.

A child attending any before or after school program, day camp, or day care facility administered by the Board in any building or on the grounds of any district school, upon the request and with the written authorization of the child's parent/guardian and pursuant to the written order from the student's doctor, or advanced practice registered nurse or physician's assistant licensed to prescribe medication, will be provided and supervised by the District staff member trained to administer medication with a cartridge injector. Such administration shall be to a particular student diagnosed with an allergy that may require prompt treatment to avoid serious harm or death. The selected staff member shall be trained in the use of a cartridge injector by either a licensed physician, physician's assistant, advanced practice registered nurse or registered nurse.

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Administering Medications (continued)

The Board of Education with the advice and assistance of the school district medical advisor and the school nurse supervisor shall review and revise this policy, and its attendant regulation, as necessary. The District's School Medical Advisor (or other qualified physician) shall approve this policy, its regulations and any changes.

Each school wherein any controlled drug is administered under the provisions of this policy shall maintain such records as are required of hospitals under the provisions of subsections (f) and (h) of Section 21a-254 and shall store such drug in such a manner as the Commissioner of Health Services shall, by regulation, require.

Storage and Administration of Epinephrine

Definitions (For purposes of this subsection of this policy)

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.

Carrier means any school district, educational institution, or person, firm or corporation under contract to such district or institution engaged in the business of transporting students. (C.G.S. 14-212 (2)).

Qualified school employee means a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the school district, coach or school paraprofessional.

Qualified medical professional means a licensed physician, optometrist, advanced practice registered nurse, or a physician assistant.

School bus driver means any person who holds a commercial driver's license with a public passenger endorsement to operate a school bus pursuant to subsection (a) of C.G.S. 14-44.

Storage and Use of Epinephrine Cartridge Injectors

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

<p>Note: Epipens expire yearly. Therefore, schools are responsible for refilling their prescriptions annually. It is estimated that each school would require two to three two-pack epipens.</p>

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Administering Medications

Storage and Use of Epinephrine Cartridge Injectors (continued)

The school nurse or school principal shall select qualified school employees to be trained to administer such epinephrine. There shall be at least one such qualified school employee on the grounds of each District school during regular school hours in the absence of the school nurse. Each school must maintain a store of epipens for such emergency use.

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

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

The school nurse or, in the absence or unavailability of such school nurse, such qualified school employee may administer epinephrine. A qualified school employee must annually complete the required training program in order to be permitted to administer epinephrine utilizing an epipen.

The parent/guardian of a student may submit, in writing, to the school nurse and school medical advisor, if any, that epinephrine shall not be administered to his/her child permitted by statute.

The District's School Medical Advisor shall sign off, via his/her standing orders, on this procedure regarding the use of epipens by trained qualified school personnel.

Administration of Anti-Epileptic Medications to Students

With the written authorization of a student's parent/guardian, and pursuant to the written order of a physician, a school nurse (and a school medical advisor, if any), shall select and provide general supervision to a qualified school employee, who voluntarily agrees to serve as a qualified school employee, to administer anti-epileptic medication, including by rectal syringe, to a specific student with a medically diagnosed epileptic condition that requires prompt treatment in accordance with the student's individual seizure action plan. Such authorization is limited to situations when the school nurse is absent or unavailable. No qualified school employee shall administer such medication unless he/she annually completes the training program developed by the State Department of Education, in consultation with the School Nurse Advisory Council.

In addition, the school nurse (and school medical advisor, if any), shall attest, in writing, that such qualified school employee has completed the required training. The qualified school employee shall also receive monthly reviews by the school nurse to confirm his/her competency to administer anti-epileptic medication. For purposes of the administration of anti-epileptic medication, a "qualified school employee" means a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the District, coach or school paraprofessional.

Students

Administering Medications (continued)

Opioid Overdose Prevention (Emergency Administration of Naloxone)

The Putnam Board of Education recognizes the danger to students, staff, and the community that opioids represent. While the Board does not condone the unauthorized use of opioids and other illicit drugs, the Board recognizes that naloxone (sold under the brand name Narcan) can provide life-saving relief in the event of certain overdoses.

The Board authorizes the storage of Narcan in all schools for use by staff trained in administration of Narcan in the event of an overdose on school grounds or at a school-sponsored activity.

School Bus Drivers Training

By June 30, 2019, school transportation carriers must provide training to all school bus drivers, including instruction on (1) identifying the signs and symptoms of anaphylaxis, (2) administering epinephrine by a cartridge injector (“EpiPen”), (3) notifying emergency personnel, and (4) reporting an incident involving a student’s life-threatening allergic reaction. Such training can be completed online, provided the online module fulfills legislative requirements.

Beginning July 1, 2019, each carrier must provide the training to school bus drivers (1) following the issuance or renewal of a public passenger endorsement to operate a school bus for carrier employees, and (2) upon the hiring of a school bus driver who is not employed by such carrier (e.g., subcontractor), except a driver who received the training after the most recent issuance or renewal of his or her endorsement is not required to repeat it.

Legal Reference: Connecticut General Statutes
 10-206 Health Assessment
 10-212 School nurses and nurse practitioners. Administration of
 medications by parents or guardians on school grounds. Criminal history;
 records check.
 10-212a Administration of medications in schools. (as amended by PA 99-
 2, and June Special Session and PA 03-211, PA 04-181, PA 07-241, PA
 07-252, PA 09-155, PA 14-176, PA 15-215, and PA 18-185)
 10-212c Life-threatening food allergies and glycogen storage disease:
 Guidelines; district plans. (as amended by PA 18-185)
 19a-900 Use of cartridge injector by staff member of before or after school
 program, day camp or day care facility.
 21a-240 Definitions
 29-17a Criminal history checks. Procedure. Fees.
 52-557b Immunity from liability for emergency medical assistance first
 aid or medication by injection. School personnel not required to

administer or render. (as amended by PA 05-144, An Act Concerning the
Emergency Use of Cartridge Injectors and PA 18-185)

P5141.21(f)

Students

Administering Medications (continued)

Connecticut Regulations of State Agencies 10-212a-1 through 10-212a-7,
inclusive

Code of Federal Regulations: Title 21 Part 1307.2

PA 18-185 An Act Concerning the Recommendations of the Task Force
on Life-Threatening Food Allergies in Schools.

Policy adopted: August 17, 2010
Policy revised: March 17, 2015
Policy revised: October 18, 2016
Policy revised: March 19, 2019
Policy revised: March 15, 2022

PUTNAM PUBLIC SCHOOLS
Putnam, Connecticut

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Putnam, Connecticut

Authorization for the Administration of Medication by School Personnel

Connecticut State Law and Regulation require a physician's or authorized prescriber's written order and parent's or guardian's authorization for a nurse to administer medications or in her absence the program administrator or teacher to administer medications during school hours. Medications must be in pharmacy prepared containers and labeled with name of child, name of drug, strength, dosage, frequency, and authorized prescriber's name.

Physician's or Dentist's Order

Name of Student: _____ Date of Birth: _____

Condition for which drug is being administered: _____

Drug: name, dose and method of administration: _____

Time of administration in school _____

Medication shall be administered from _____ (date) to _____

The student may self-administer if school criteria is met () Yes () No

Relevant side effects; plan for management in event of reaction: _____

In the event of an a.m. dose (if prescribed) is missed can this be administered at school upon the direction of parent/guardian () Yes () No

Physician/Dentist Name: _____ Telephone #: _____

Address: _____

Physician/Dentist Signature: _____ Date: _____

Is this a Controlled Medication? _____ If yes, DEA number: _____

Authorization by Parent/Guardian for the above medication during school hours.

To School Personnel:

I hereby request that the above medication, ordered for my child to be administered by school personnel.

On early release days I wish my child to receive prescribed midday dose of medication. () Yes () No

I understand that I must supply the school with the prescribed medication in the original container dispensed and properly labeled by a physician or pharmacist and will provide no more than a 45 school day supply of said medication. This includes all OTC medications such as Tylenol or Ibuprofen.

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

Name: _____ Date: _____

Signature: _____ Relationship to Student: _____

STANDING ORDERS FOR TREATMENT OF ANAPHYLAXIS

If in the event of a severe allergic reaction to an insect bite, a drug, a food substance, or an environmental substance, a student or adult is found to have symptoms of shock – i.e., changes in skin condition, color, respirations, pulse, blood pressure, restlessness, headache, nausea, vomiting, diarrhea, or loss of consciousness – and no physician is available – nor prior authorization is available – Epinephrine – 0.33cc u.s.p. 1: 1000 s.c. may be administered to any student over 60 pounds.

Epinephrine – 0.15cc u.s.p. 1: 1000 s.c. may be administered to any student under 60 pounds. A repeat injection as above may be given in 15 minutes if there is no improvement or deterioration occurs and the ambulance has not yet arrived.

School Medical Advisor

Date

MEDICATION ERROR OR INCIDENT REPORT

Date or Report _____ School _____ Prepared by _____

Name of Student: _____ Grade _____

Home Address: _____ Phone _____

Date error occurred: _____ Timed noted: _____

Person Administering Medication _____

Prescribing Practitioner: _____

Reason medication was prescribed: _____

Date of Order: _____ Instructions for Administration: _____

Medication(s)	Dose	Route	Scheduled Time	Dispensing Pharmacy	Prescription Number

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

Action Taken:

Prescribing practitioner notified: Yes ___ No ___ Date _____ Time _____

Parent notified Yes ___ No ___ Date _____ Time _____

Outcome: _____

Name: _____

Print or Type

Signature

Title

Date

Record of Training of School Personnel in the Administration of Medicines

School Building

Responsible School Nurse

Date	Name School Personnel	Procedural Safe Handling Storage *	Aspects Recording *	Specific Student Needs*	Medication Idiosyncrasies *	Desired Effects	Potential Side Effects Untoward Reactions

***Directions: Check (x) when completed.**

**Standing Order
Severe Respiratory Distress**

Standing Order for Severe Respiratory Distress in any Student or Staff Member.

Age 10 and older – Give Ventolin (albuterol Sulfate) 0.5ml=2.5mg

Age pre-school to 9 yrs – Give Ventolin (Albuterol Sulfate) .25ml=1.25mg via small volume nebulizer.

**Standing Order
Localized Reaction**

Standing Order for Localized Skin Reaction to Insect Bite or Bee Sting in a Student or Staff Member.

May administer Benadryl Liquid according to Manufacturer's Label Instructions for localized insect bee/sting reaction.

May administer TUMS or generic equivalent according to Manufacturer's Instructions for mild stomach discomfort.

Medical Advisor Signature _____ Date _____

**PUTNAM PUBLIC SCHOOLS
Putnam, Connecticut**

STANDING ORDERS FOR TREATMENT OF ANAPHYLAXIS

If in the event of a **severe** allergic reaction to an insect bite, a drug, a food substance, or an environmental substance, a student or adult is found to have symptoms of shock – i.e., changes in skin condition, color, respirations, pulse, blood pressure, restlessness, headache, nausea, vomiting, diarrhea, or loss of consciousness – and no physician is available – nor prior authorization is available:

--Epinephrine – 0.3 cc u.s.p. 1: 1000 s.c. may be administered to any student over 60 pounds.

--Epinephrine – 0.15 cc u.s.p. 1: 1000 s.c. may be administered to any student under 60 pounds.

***A repeat injection as above may be given in 15 minutes if there is no improvement or deterioration occurs and the ambulance has not yet arrived.**

PUTNAM PUBLIC SCHOOLS

Student Accident Report

1. Name of Student: _____ Date of Birth: _____
 2. Date of Accident: _____ Time of Accident: _____
 3. Place of Accident: _____
 4. Date of Report: _____
 5. Injury occurred: (Where) _____
- Other: _____
6. Explanation of accident (actual activity and mechanics of accident) _____

 7. Specify part of body injured: _____

 8. What first aid was administered?: _____

 9. By Whom?: _____
 10. At what time?: _____
 11. Was student sent home? _____

Follow-up/Referral (yes or no)

Nurse: _____ Date seen: _____
Physician: _____ Date seen: _____
Emergency Room: _____ Date seen: _____

Did you witness accident? Yes No Any other staff witnesses? Yes No

Names: _____

Name of person reporting (please print): _____

Signature: _____ Date: _____

Students

Administering Medication to Students

The Board of Education allows students to self administer medication and school personnel to administer medication to students in accordance with the following established procedures. These procedures shall be reviewed and/or revised by the School Medical Advisor, the school nurse and the Board of Education. The District's School Medical Advisor (or other qualified physician) will approve this policy, its regulations and any changes.

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

1. The licensed physician's or dentist's orders for medication or aspirin on a school district form which specifies the student's name, condition for which the drug is being administered, name of drug and method of administration and dosage of drug. For students receiving medicine the time of administration and duration of the order, side effects to be observed (if any) and management of such effects, and student allergies to food and/or medicine is also required on the form. This medical order must be renewed yearly if a student is to be administered medication by school personnel.
2. Written authorization from his or her parent or guardian allowing school personnel to administer said medication. This authorization shall be renewed yearly and shall include parental consent for school personnel to destroy said medication if not repossessed by the parent or guardian within a seven (7) day period of notification by school authorities.
3. The medication must have its original correct label from the pharmacy or manufacturer.

Students who are able to self administer medication may do so provided:

1. A physician or dentist provides a written order for self administration of said medication.
2. There is written authorization for self administration of medication from the student's parent or guardian.
3. The school nurse has evaluated the situation and deemed it to be safe and appropriate; has documented this on the student's cumulative health record, and has developed a plan for general supervision.
4. The student and school nurse have developed a plan for reporting and supervision of self-administration and notification of teachers.
5. The principal and appropriate teachers are informed that the student is self administering prescribed medication.
6. Such medication is transported to the school and maintained under the student's control within these guidelines.

Students

Administering Medications to Students (continued)

In addition, the Board permits those students who have a verified chronic medical condition and are deemed capable to self-administer prescribed emergency medication, including rescue asthma inhalers and cartridge injectors for medically-diagnosed allergies, to self-administer such medications and may permit such students to self-administer other medications, excluding controlled drugs, as defined in Connecticut General Statute 21a-240. Such students must provide:

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

Further, the school nurse shall assess the student's competency for self-administration in the school setting and deem it to be safe and appropriate, including that a student:

1. is capable of identifying and selecting the appropriate medication by size, color, amount, or other label identification;
2. knows the frequency and time of day for which the medication is ordered;
3. can identify the presenting symptoms that require medication;
4. administers the medication properly;
5. maintains safe control of the medication at all times;
6. seeks adult supervision whenever warranted; and
7. cooperates with the established medication plan.

In the case of inhalers for asthma and cartridge injectors for medically-diagnosed allergies, the school nurse's review of a student's competency to self-administer inhalers for asthma and cartridge injectors for medically-diagnosed allergies in the school setting shall not be used to prevent a student from retaining and self-administering inhalers for asthma and cartridge injectors for medically-diagnosed allergies. Students may self-administer such medications only with the written authorization of an authorized prescriber and written authorization from the student's parent or guardian or eligible student.

The school nurse is responsible for:

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

Students

Administering Medications to Students (continued)

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

A licensed practical nurse may administer medications to students if she can demonstrate evidence of one of the following:

1. Training in administration of medications as part of their basic nursing program;
2. Successful completion of a pharmacology course and subsequent supervised experience;
3. Supervised experience in medication administration while employed in a health care facility.

Medication will be administered according to the following procedures:

1. The school nurse will develop a medication administration plan for each student before medication may be administered by any staff member. The school nurse will also review monthly all documentation pertaining to the administration of medication for students.
2. The principals, teachers, licensed athletic trainers, coaches and physical and occupational therapists approved by the school medical advisor and school nurse will be formally trained by the school nurse prior to administering medication. The school nurse, acting as designee and under the direction of the Chief Medical Officer, will annually instruct such staff members in the administration of medication. The training will include:
 - A. Review of state statute and school regulations regarding administration of medication by school personnel.
 - B. Procedure for administering the medication, safe handling and storage of medication, and recording.
 - C. Medication needs of specific students, medication idiosyncrasies, desired effects, potential side effects, untoward reactions and other observations.
3. A list of principals, teachers and licensed athletic trainers successfully trained and approved to administer medication along with documentation of the annual update of trainees shall be submitted to the Superintendent by the nursing supervisor on October 31 of each year. All such individuals including school nurses and nurse practitioners, must have also satisfactorily passed the criminal background check.
4. A current list of those authorized to give medication shall be maintained in the school.

Students

Administering Medications to Students

A child with diabetes may test his/her own blood glucose level per the written order of a physician or advanced practice nurse stating the need and the capacity of such child to conduct self-testing. Such self-testing shall be pursuant to guidelines promulgated by the Commissioner of Education.

The school nurse or school principal shall select a qualified school employee to, under certain conditions, give a glucagon injection to a student with diabetes who may require prompt treatment to protect him/her from serious harm or death. The nurse or principal must have the written authority from the student's parent/guardian and a written order from the student's Connecticut-licensed physician. The authorization shall be limited to situations when the school nurse is absent or unavailable. No qualified school employee shall administer this medication unless he/she has annually completed any training required by the school nurse and school medical advisor in the administration of medication with injectable equipment used to administer glucagon, the school nurse and school medical advisor must attest that the qualified school employee has completed such training and the qualified school employee voluntarily agrees to serve as a qualified school employee. The injections are to be given through an injector or injectable equipment used to deliver an appropriate dose of glucagon as emergency first aid response to diabetes.

A child diagnosed with asthma or an allergic condition may carry an inhaler or an epipen or similar device in the school at all times if he/she is under the care of a physician, physician assistant, or advanced practice registered nurse (APRN) and such practitioner certifies in writing to the Board of Education that the child needs to keep an asthmatic inhaler or epipen at all times to ensure prompt treatment of the child's asthma or allergic condition and protect the child against serious harm or death. A written authorization of the parent/guardian is also required.

A specific paraprofessional, through a plan approved by a school nurse supervisor and school medical advisor, may be designated to administer medication administered with a cartridge injector, to a particular student diagnosed with an allergy that may require prompt treatment to avoid serious harm or death. The approved plan also requires the written authorization of the student's parent/guardian and be pursuant to the written order from the student's doctor or APRN or physician assistant licensed to prescribe medication.

A child attending any before or after school program, day camp, or day care facility administered by the Board in any building or on the grounds of any district school, upon the request and with the written authorization of the child's parent/guardian and pursuant to the written order from the student's doctor, or advanced practice registered nurse or physician's assistant licensed to prescribe medication, will be provided and supervised by the District staff member trained to administer medication with a cartridge injector. Such administration shall be to a particular student diagnosed with an allergy that may require prompt treatment to avoid serious harm or death. The selected staff member shall be trained in the use of a cartridge injector by either a licensed physician, physician's assistant, advanced practice registered nurse or registered nurse. The selected staff member is also required to complete a course in first aid offered by the American Red Cross, the American Heart Association, the National Ski Patrol, the Department of Public Health or any Director of Health.

Students

Administering Medications to Students (continued)

Storage and Administration of Epinephrine

Definitions (For purposes of this subsection of this policy)

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.

Qualified school employee means a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the school district, coach or school paraprofessional.

Qualified medical professional means a licensed physician, optometrist, advanced practice registered nurse, or a physician assistant.

Storage and Use of Epinephrine Cartridge Injectors

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

<p>Note: Epipens expire yearly. Therefore, schools are responsible for refilling their prescriptions annually. It is estimated that each school would require two to three two-pack epipens.</p>

The school nurse or school principal shall select qualified school employees to be trained to administer such epinephrine. There shall be at least one such qualified school employee on the grounds of each District school during regular school hours in the absence of the school nurse. Each school must maintain a store of epipens for such emergency use.

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

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

The school nurse or, in the absence or unavailability of such school nurse, such qualified school employee may administer epinephrine. A qualified school employee must annually complete the required training program in order to be permitted to administer epinephrine utilizing an epipen.

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Administering Medications to Students

Storage and Use of Epinephrine Cartridge Injectors (continued)

The parent/guardian of a student may submit, in writing, to the school nurse and school medical advisor, if any, that epinephrine shall not be administered to his/her child permitted by statute.

The District's School Medical Advisor shall sign off, via his/her standing orders, on this procedure regarding the use of epipens by trained qualified school personnel.

Handling and Storage of Medications

All medication, except those approved for keeping by students for self medication, must be delivered by the parent or other responsible adult and shall be received by the nurse assigned to the school. The school nurse must:

- A. Examine any new medication to insure that it shall be properly labeled with dates, name of student, medication name, dosage and physician's name, and that the medication order and permission form are complete and appropriate.
- B. Develop a medication administration plan for the student before any medication is given by school personnel.
- C. Record on the Student's Individual Medication Record the date the medication is delivered and the amount of medication received.
- D. Store medication requiring refrigeration at 36 degrees Fahrenheit - 46 degrees Fahrenheit.
- E. Store prescribed medicinal preparations in securely locked storage compartment. Controlled substances shall be contained in separate compartments, secured and locked at all times.

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

The school nurse or designee (who has been trained to administer medication) shall be responsible for the key/s to the locked cabinet/s.

No more than a forty-five (45) school day supply of a medication for a student shall be stored at the school. All medications, prescriptions and nonprescription, shall be stored in their original containers and in such a manner as to render them safe and effective.

Access to all stored medications shall be limited to persons authorized to administer medications. Each school shall maintain a current list of those persons authorized to administer medications.

Students

Administering Medications to Students (continued)

Destruction/Disposal of Medication

Unused medication shall be picked up by the parent/guardian or disposed of by the school nurse after 7 days of prescribed stop date. The disposal of the medication will be recorded and filed with the student's cumulative health record.

Controlled substances shall not be destroyed by the school nurse. In the event that any controlled substance remains unclaimed, the Supervisor of Nursing shall contact the Connecticut Commissioner of Consumer Protection to arrange for proper disposition.

Documentation and Record Keeping

Record keeping of medication administration shall be kept for each student who receives medication during school hours along with the parental authorization form and the physician's order, becomes part of the student's permanent record. Records shall be made available to the Connecticut Department of Health Services upon request.

A medication administration record shall include the:

- A. Name of the student;
- B. Name of medication;
- C. Dosage of medication;
- D. Route of administration;
- E. Frequency of administration;
- F. Name of authorized prescriber and the name of the parent or guardian requesting the medication to be given;
- G. Date medication was ordered;
- H. Quantity received;
- I. Date medication is to be reordered;
- J. Student allergies to food and/or medicine;
- K. Date and time of administration or omission including reason for omission;
- L. Dose of amount of administered;

Record of the medication administered shall be entered in the electronic record of an individual student. If the student is absent, it shall be so recorded. The electronic record must be password and PIN # protected. Substitute nurses will receive their own unique PIN# and password as well.

Students

Administering Medications to Students

Documentation and Record Keeping (continued)

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

1. An error in the administration of medication shall be reported to the school nurse who will initiate appropriate action and documentation in a student incident report and on his/her cumulative record.
2. Untoward reactions to medication shall be reported to the school nurse, the parent, and the student's physician.
3. Records of controlled substances shall be entered in the same manner as other medications with the following additions:
 - A. The amount of controlled drug shall be counted and recorded on the individual student medication record after each dose given.
 - B. A true copy of the record shall be retained by the school for 3 years and the original order filed in the student's permanent health record. Narcotic medication documentation shall be printed and signed by the responsible nurse, principal or teacher administering the medication.
 - C. Loss, theft or destruction of controlled substances shall be immediately, upon discovery, reported to the Supervisor of Nursing Services who will contact the Connecticut Commissioner of Consumer Protection.

In the absence of a licensed nurse, only principals and teachers who have been properly trained may administer medication to student. Principals and teachers may administer oral, topical, or inhalant medications. Injectable medications may be administered by a principal or teacher only to a student with a medically diagnosed allergic condition which may require prompt treatment to protect the student against serious harm or death.

Investigational drugs may not be administered by principals or teachers.

Medication Errors

An error in the administration of medication shall be reported immediately to the school nurse, the parent and the prescribing physician.

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

Students

Administering Medications to Students (continued)

Administration of Emergency Medication under CGS 10-221a

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

In the event of a medication emergency, the following will be readily available:

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

Opioid Overdose Prevention (Emergency Administration of Naloxone)

Definitions

Drug overdose means an acute medical condition, including, but not limited to, severe physical illness, coma, mania, hysteria or death, which is the result of consumption or use of one or more controlled substances causing an adverse reaction. The signs of opioid overdose include unresponsiveness; nonconsciousness; shallow breathing with rate less than 10 breaths per minute or not breathing at all; blue or gray face, especially fingernails and lips; and loud, uneven snoring or gurgling noises.

Naloxone (Narcan) means a medication that can reverse an overdose caused by an opioid drug. As a narcotic antagonist, Naloxone displaces opiates from receptor sites in the brain and reverses respiratory depression that usually is the cause of overdose deaths.

Opioid means illegal drugs such as heroin, as well as prescription medications used to treat pain such as morphine, codeine, methadone, oxycodone (OxyContin, Percodan, Percocet), hydrocodone (Vicodin), fentanyl, hydromorphone (Dilaudid), and buprenorphine.

Delegation of Responsibility

The Superintendent or his/her designee, in consultation with the school nurse(s) and the school physician/School Medical Advisor shall establish appropriate internal procedures for the acquisition, stocking and administration of Naloxone (Narcan) and related emergency response procedures pursuant to this policy.

Students

Administering Medications to Students

Opioid Overdose Prevention (Emergency Administration of Naloxone)

Delegation of Responsibility (continued)

The school physician/School Medical Advisor shall be the prescribing and supervising medical professional for the District's stocking and use of Naloxone (Narcan). The Superintendent or his/her designee shall obtain a standing order from the school physician/School Medical Advisor for the administration of Naloxone (Narcan).

The standing order shall be maintained in the Superintendent's office and copies of the standing order shall be kept in each location where Naloxone is stored.

The school nurse shall be responsible for building-level administration and management of Naloxone and management of Naloxone stocks. Each school nurse and any other individual(s) authorized by the Superintendent shall be trained in the administration of Naloxone.

The Board permits trained staff to administer Naloxone to any person at school or a school event displaying symptoms of an opioid overdose. The District will store the Naloxone kits in a secure but accessible location consistent with the district's emergency response plan. Naloxone shall be accessible during school hours and during on-site school-sponsored activities.

Acquisition, Storage and Disposal

Naloxone shall be safely stored in the school nurse's office or other location designated by the school nurse in accordance with the drug manufacturer's instructions.

The school nurse shall obtain sufficient supplies of Naloxone pursuant to the standing order in the same manner as other medical supplies acquired for the school health program. The school nurse or designee shall regularly inventory and refresh Naloxone stocks, and maintain records thereof. In accordance with internal procedures, manufacturer's recommendations and any applicable Department of Public Health guidelines.

Students

Administering Medications to Students (continued)

Legal Reference: Connecticut General Statutes

10-212a Administration of medicines by school personnel. (as amended by P.A. 03-211, PA 04-181, PA 09-155, PA 14-176 and PA 18-185)

52-557b Immunity from liability for emergency medical assistance first aid or medication by injection. School personnel not required to administer or render. (as amended by PA 05-144 – An Act Concerning the Emergency Use of Cartridge Injectors)

Connecticut Regulations of State Agencies

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

1307.21 Code of Federal Regulation

PA 15-198: An Act Concerning Substance Abuse and Opioid Overdose Prevention

PA 16-43: An Act Concerning Opioids and Access to Overdose Reversal Drugs

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PUTNAM PUBLIC SCHOOLS
Putnam, Connecticut