

Legislative Regulation Review Committee

2010-030

State Board of Education

**ADMINISTRATION OF MEDICATIONS BY
SCHOOL PERSONNEL & ADMINISTRATION
OF MEDICATIONS DURING BEFORE-AND
AFTER-SCHOOL PROGRAMS & SCHOOL
READINESS PROGRAMS**

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State of Connecticut
REGULATION
of

NAME OF AGENCY
State Department of Education

Concerning

SUBJECT MATTER OF REGULATION
Administration of Medications by School Personnel and
Administration of Medication During Before- and After School
Programs and School Readiness Programs

STATE OF CONNECTICUT
REGULATION
of
State Board of Education

The Regulations of Connecticut State Agencies are amended as follows:

**Administration of Medications by School Personnel and Administration of Medication
During Before- and After-School Programs and School Readiness Programs**

Section 10-212a-1. Definitions

As used in Sections 10-212a-1 through [10-212a7] 10-212a-10 of the Regulations of Connecticut State Agencies:

(1) "Administration of medication" means [the direct application of a medication by inhalation, ingestion, or by any other means to the body of a person.] the administration of medication including 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;

(2) "Advanced practice registered nurse" means an individual licensed [in accordance with] pursuant to [section] Section 20-94a of the Connecticut General Statutes;

(3) "Authorized prescriber" means a physician, dentist, optometrist, advanced practice registered nurse or physician assistant and, for interscholastic and intramural events only, a podiatrist;

(4) "Before- and after-school program" means any child care program operated and owned by a local or regional board of education or municipality exempt from licensure by the Department of Public Health pursuant to subdivision (1) of subsection (b) of Section 19a-77 of the Connecticut General Statutes. These programs do not include public or private entities licensed by the Department of Public Health or board of education enhancement programs and extra-curricular activities;

[(4)] (5) "Board of education" means a local or regional board of education, a regional educational service center, a unified school district, the [regional vocational-] technical high school system, an approved private special education facility, the Gilbert School, the Norwich Free Academy, Woodstock Academy or a non-public school whose students receive services pursuant to Section 10-217a of the Connecticut General [Statues] Statutes;

(6) "Cartridge injector" means "cartridge injector" as defined in Section 10-212a of the Connecticut General Statutes;

(7) "Coach" means an "athletic coach" as defined in Section 10-222e of the Connecticut General Statutes;

[(5)] (8) "Commissioner" means the Commissioner of [Public Health] Education or any duly authorized representative thereof;

[(6)] (9) "Controlled drugs" means "controlled drugs" as defined in [section] Section 21a-240 of the Connecticut General Statutes;

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[(7)] (10) "Cumulative health record" means the cumulative health record of a pupil mandated by Section 10-206 [,] of the Connecticut General Statutes;

[(8)] (11) "Dentist" means a doctor of dentistry licensed to practice dentistry in Connecticut [in accordance with] pursuant to Chapter 379 [,] of the Connecticut General Statutes, or licensed to practice dentistry in another state;

[(9)] (12) "Department" means the Connecticut State Department of [Public Health] Education or any duly authorized representative thereof;

(13) "Director" means the person responsible for the day-to-day operations of the school readiness program or the before- and after-school program.

(14) "Eligible student" means a student who has reached the age of eighteen or is an emancipated minor;

[(10)] (15) "Error" means:

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

- (i) administer a medication to a student;
- (ii) administer medication within the time designated by the prescribing practitioner;
- (iii) administer the specific medication prescribed for a student;
- (iv) administer the correct dosage of medication;
- (v) administer medication by the proper route; and/or
- (vi) administer the medication according to generally accepted standards of practice; or,

(B) administration of a medication to a student which is not ordered, or which is not authorized in writing by the parent or guardian of such student;

(16) "Extracurricular activities" means activities sponsored by local or regional boards of education that occur outside of the school day, are not part of the educational program, and do not meet the definition of before- and after-school programs and school readiness programs.

[(11)] (17) "Guardian or parent" means one who has the authority and obligations of guardianship of the person of a minor, and includes:

(A) the obligation of care and control; and

(B) the authority to make major decisions affecting the minor's welfare, including, but not limited to, consent determinations regarding marriage, enlistment in the armed forces and major medical, psychiatric or surgical treatment;

(18) "Intramural athletic events" means tryouts, competition, practice, drills, and transportation to and from events that are within the bounds of a school district for the purpose of providing an opportunity for students to participate in physical activities and athletic contests that extend beyond the scope of the physical education program;

(19) "Interscholastic athletic events" means events between or among schools for the purpose of providing an opportunity for students to participate in competitive contests which are highly organized and extend beyond the scope of intramural programs. This definition includes tryouts, competition, practice, drills, and transportation to and from events;

[(12)] (20) "Investigational drug" means any medication with an approved investigational new drug (IND) application on file with the Food and Drug Administration (FDA) which is being scientifically tested and clinically evaluated to determine its efficacy, safety and side effects and which has not yet received FDA approval;

(21) "Licensed athletic trainer" means a licensed athletic trainer employed by the school district pursuant to Chapter 375a of the Connecticut General Statutes;

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[(13)] (22) "Medication" means any medicinal preparation including over-the-counter, prescription and controlled drugs, as defined in Section 21a-240[,] of the Connecticut General Statutes;

[(14)] (23) "Medication emergency" means [an untoward] a life-threatening reaction of a student to a medication;

(24) "Medication plan" means a documented plan established by the school nurse in conjunction with the parent and student regarding the administration of medication in school. This plan can be a stand-alone plan, part of an individualized health care plan, an emergency care plan or a medication administration form;

[(15)] (25) "Medication order" means the [authorization] written direction by an authorized prescriber for the administration of medication to a student [during school hours for no longer than the current academic year] which shall include the name of the student, name of medication, the dosage, the route of administration, the time of administration, the frequency of administration, the indications for medication, any potential side effects or untoward reactions, the start and termination dates not to exceed a 12-month period, and the written signature of the prescriber;

[16] (26) "Nurse" means an advanced practice registered nurse, a registered nurse or a practical nurse licensed in Connecticut [in accordance with] pursuant to Chapter 378[,] of the Connecticut General Statutes;

(27) "Occupational therapist" means an occupational therapist employed full time by the local or regional board of education and licensed in Connecticut pursuant to Chapter 376a of the Connecticut General Statutes;

(28) "Optometrist" means an optometrist licensed to provide optometry pursuant to Chapter 380 of the Connecticut General Statutes;

(29) "Paraprofessional" means a health care aide or assistant or an instructional aide or assistant employed by the local or regional board of education who meets the requirements of such board for employment as a health care aide or assistant or instructional aide or assistant;

(30) "Physical therapist" means a physical therapist employed full time by the local or regional board of education and licensed in Connecticut pursuant to Chapter 376 of the Connecticut General Statutes;

[(17)] (31) "Physician" means a doctor of medicine or osteopathy licensed to practice medicine in Connecticut [in accordance with] pursuant to [Chapters] Chapter 370 [and 371,] of the Connecticut General Statutes, or licensed to practice medicine in another state;

[(18)] (32) "Physician assistant" means an individual licensed to prescribe medications [in accordance with] pursuant to [section] Section 20-12d of the Connecticut General Statutes;

(33) "Podiatrist" means an individual licensed to practice podiatry in Connecticut pursuant to Chapter 375 of the Connecticut General Statutes;

[19] (34) "Principal" means the administrator in the school;

(35) "Qualified personnel" for schools means (a) a full-time employee who meets the local or regional board of education requirements as a principal, teacher, occupational therapist or physical therapist and has been trained in medication administration in accordance with Section 10-212a-3 of these regulations; (b) a coach and licensed athletic trainer pursuant to Section 10-212a-8 of these regulations; or (c) a paraprofessional pursuant to Section 10-212a-9 of these regulations;

(36) "Qualified personnel" for school readiness programs and before- and after-school programs means the director of the program and one other person designated by the director of

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such program who have been trained in medication administration according to Section 10-213a-3 of these regulations;

(37) "Research or study medications" means FDA-approved medications being administered according to an approved study protocol. A copy of the study protocol must be provided to the school nurse along with the name of the medication to be administered and the acceptable range of dose of medication to be administered;

[20] (38) "School" means any educational program which is under the jurisdiction of a board of education as defined by this [section] Section and excludes extracurricular activities;

[21] (39) "School medical advisor" means a physician appointed [in accordance with] pursuant to Section 10-205[,] of the Connecticut General Statutes;

[22] (40) "School nurse" means a nurse appointed [in accordance with] pursuant to Section 10-212[,] of the Connecticut General Statutes;

(41) "School nurse supervisor" means the nurse designated by the local or regional board of education as the supervisor or, if no designation by the board and for the purpose of these regulations, the lead or coordinating nurse assigned by the board;

(42) "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 Department of Public Health pursuant to subdivision (1) of subsection (b) of Section 19a-77 of the Connecticut General Statutes;

[23] (43) "Self administration of medication" means [that a student is able to identify and select the appropriate medication by size, color, amount, or other label identification; knows the frequency and time of day for which the medication is ordered; and consumes the medication appropriately] the control of the medication by the student at all times and is self managed by the student according to the individual medication plan;

[24] (44) "Supervision" means the overseeing of the process of medication administration in a school; and

[25] (45) "Teacher" means a person employed full time by a board of education who has met the minimum standards as established by that board of education for performance as a teacher.

Section 10-212a-2. Administration of medications

(a) [Administration of medications is not required in schools.] The board of education shall determine:

[(1) if medications may be administered in schools under its jurisdiction; and,]

[2] (1) [if so,] who shall [give them] administer medications in a school—a licensed [personnel only or,] nurse or, in the absence of such licensed [personnel] nurse, [principals and teachers] qualified personnel for schools; [and,

3] (2) [whether to allow] the circumstances under which self medication by students is permitted;

[(b) If a board of education chooses to allow the administration of medications in schools within its jurisdiction, the following shall apply:

(1)(3) [The board of education,] with the advice and [assistance] approval of the school medical advisor and the school nurse supervisor, [shall establish] specific written policies and procedures concerning the administration of medications to the students within the school system

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by a nurse, or in the absence of a nurse, by [a principal or teacher] qualified personnel for schools [to students within the school system.]; and

[(2)](4) [The board of education] with the advice and approval of the school medical advisor, [and] the school nurse supervisor or other qualified licensed physician shall review and revise the policies and procedures concerning the administration of medications as needed, but at least biennially. [Whenever revised, these shall be forwarded to the department for review and approval.]

[(c)](b) No medication may be administered without:

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

[(d)](c) Prescribed medication shall be administered to and taken by only the person for whom the prescription has been written.

[(e)](d) In the absence of a licensed nurse, only qualified personnel for schools [principals and teachers] who have been properly trained may administer medications to students as delegated by the school nurse, specifically:

(1) Qualified personnel for schools [Principals and teachers,] may administer oral, topical, intranasal or inhalant medications. [Injectable medications]

(2) Medications with a cartridge injector may be administered by qualified personnel for schools [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.

(3) Investigational drugs or research or study medications may not be administered by qualified personnel for schools. [principals or teachers]

(4) Coaches and licensed athletic trainers during intramural and interscholastic events may administer medications per Section 10-212a-8 of these regulations.

(5) Paraprofessionals, if approved by the local or regional board of education, may administer medications, including medication administered with a cartridge injector to a specific student with a medically diagnosed allergic condition that may require prompt treatment in order to protect the student against serious harm or death pursuant to Section 10-212a-9 of these regulations.

[(f)] (e) Each Board of Education [which allows medications to be given] shall:

- (1) establish policies and procedures to be followed in the event of a medication emergency; and
- (2) ensure that the following information is readily available in schools in its jurisdiction:
 - (A) the local poison information center telephone number; and
 - (B) the procedure to be followed in the event of a medication emergency or error and the individuals or facilities to be contacted in such event; and[,]
 - (C) the name of the person responsible for decision making in the absence of the school nurse.

[(g)](f) All controlled drugs currently listed in schedules II through V of the Regulations of Connecticut State Agencies, Section 21a-243-8 through 21a-243-11, may be administered in schools pursuant to board of education policy.

(Effective August 8, 1995)

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Section 10-212a-3. Training of school personnel

(a) Each Board of Education which allows qualified personnel for schools, [principals and teachers], in the absence of a school nurse, to [give] administer medications to students shall provide training to designated qualified personnel for schools [principals and, teachers] in the safe administration of medications at least annually.

(b) Only qualified personnel for schools [principals or teachers] who have received such annual training from the school nurse or [physician] school medical advisor shall be allowed to administer medications to students. This training shall include, but not be limited to:

(1) The general principles of safe medication administration;

[1] (2) The procedural aspects of medication administration, including the safe handling and storage of medications, and [recording] documentation; and[,]

[2] (3) [The medication needs of specific students,] Specific information related to each student's medication and each student's medication plan including the medication, indications for medication, routes and time of administration, therapeutic effects and [medication] idiosyncrasies [and desired effects] of the medication, potential side effects or untoward reactions, and when to implement emergency interventions.

(c) The Board of Education shall maintain [, and annually update] documentation [that] of such medication administration training [has been provided and successfully completed] as follows:

(1) dates of general and student-specific trainings;

(2) content of the training;

(3) individuals who have successfully completed general and student-specific medication administration training for the current school year; and

(4) name and credentials of the nurse or school medical advisor trainer(s).

[(d) The Board of Education shall maintain, and annually update, a list of principals and teachers who have been trained in the administration of medication.

(e) The Board of Education shall provide for a review and informational update to be done, at least annually, for principals and teachers trained in the administration of medications.]

[(f)] (d) Licensed practical nurses may administer medications to students under Board of Education policy if they 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.

(e) Licensed practical nurses shall not train or delegate medication administration to another individual.

(f) Licensed practical nurses shall only administer medications after the medication plan has been established by the school nurse.

(Effective June 26, 1989)

Sec. 10-212a-4. Self administration of medications

[If approved by the board of education, the students who are able to self administer medication may do so provided:] The Board of Education shall permit students who have a

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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, and may permit such students to self administer other medications, excluding controlled drugs as defined in Section 10-212a-1 above, provided:

(a) An authorized prescriber provides a written medication order including the recommendation for self administration; [and,]

(b) [there is written authorization from the student's parent or guardian] The student's parent or guardian or eligible student provides written authorization for self administration of medications; [and,]

(c) (1) the school nurse has [evaluated the situation] assessed the student's competency for self administration in the school setting and deemed it to be safe and appropriate including that a student:

(A) is capable of identifying and selecting the appropriate medication by size, color, amount, or other label identification;

(B) knows the frequency and time of day for which the medication is ordered;

(C) can identify the presenting symptoms that require medication;

(D) administers the medication appropriately;

(E) maintains safe control of the medication at all times;

(F) seeks adult supervision whenever warranted; and

(G) cooperates with the established medication plan [has documented this on the student's cumulative health record; and has developed a plan for general supervision; and].

(2) in the case of inhalers for asthma and cartridge injectors for medically-diagnosed allergies, the school nurse's review of the 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 the student from retaining and self-administering inhalers for asthma and cartridge injectors for medically-diagnosed allergies. 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;

(d) the school nurse has:

(1) reviewed the medication order and parental authorization;

(2) developed an appropriate plan for self administration, including provisions for general supervision; and

(3) documented the medication plan in the student's or participant's health record;

[(d)] (e) the principal and appropriate staff [teachers] are informed that the student is self administering prescribed medication; [and,]

[(e)] (f) such medication is transported by the student to the school and maintained under the student's control in accordance with the board of education's policy on self medication by students and the individual student plan;[.]

and

(g) self-administration of controlled medication, as defined in Section 10-212a-1 above, may be considered for extraordinary situations, such as international field trips, and must be approved by the school nurse supervisor and the school medical advisor in advance and an appropriate plan must be developed.

(Effective August 8, 1995)

Sec. 10-212a-5. Handling, storage and disposal of medications

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(a) All medications, except those approved [for transporting by students] for self medication, shall be delivered by the parent or other responsible adult [and shall be received by the nurse] to the school nurse or, in the absence of such nurse, other qualified personnel for schools trained in medication administration and assigned to the school.

(b) The nurse must examine on-site any new medication, medication order and [permission form] parent authorization and develop a medication administration plan for the student before any medication is administered [given] by any school personnel.

(c) The school nurse shall review all medication refills with the medication order and parent authorization prior to any medication administration.

(d) All medications shall be properly stored as follows:

(1) Except as otherwise determined by a student's emergency care plan, emergency medications shall be stored in an unlocked, clearly labeled and readily accessible cabinet or container in the health room during school hours under the general supervision of the school nurse, or in the absence of the school nurse, the principal or the principal's designee who has been trained in medication administration;

(2) Emergency medications will be locked beyond the regular school day or program hours, except as otherwise determined by a student's emergency care plan;

[b] (3) All other non-controlled medications, except those approved [for keeping by students] for self medication, shall be kept in a designated locked container, cabinet or closet used exclusively for the storage of medication;

(4) In the case of controlled substances, they shall be stored separately from other [drugs and substances] medications in a separate, secure, substantially constructed, locked metal or wood cabinet.

[(c)] (e) Access to all stored medications shall be limited to persons authorized to administer medications. Each school or before- and after-school program and school readiness program shall maintain a current list of those persons authorized to administer medications.

[d] (f) All medications, prescription and nonprescription, shall be delivered and stored in their original containers [and in such a manner as to render them safe and effective].

(g) At least two sets of keys for the medication containers or cabinets shall be maintained for each school building or before- and after-school program and school readiness program. One set of keys shall be maintained under the direct control of the school nurse(s) and an additional set shall be under the direct control of the principal and, if necessary, the program director or lead teacher who has been trained in the general principles of medication administration shall also have a set of keys.

[(e)] (h) Medications requiring refrigeration shall be stored as follows:

(1) in a refrigerator at no less than 36°F and no more than 46°F;

(2) the refrigerator shall be located in a health office that is maintained for health services purposes with limited access;

(3) non-controlled medications may be stored directly on the shelf of the refrigerator with no further protection needed; and

(4) controlled medications shall be stored in a locked box which is affixed to the refrigerator shelf.

[(f)] (i) All unused, discontinued or obsolete medications shall be removed from storage areas and either returned to the parent or guardian or, [with the permission of the parent or guardian,] if the medication cannot be returned to the parent or guardian, the medication shall be destroyed in collaboration with the school nurse:

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(1) non-controlled drugs shall be destroyed in the presence of at least one (1) witness;

(2) controlled drugs shall be destroyed [in accordance with part 1307.21 of the Code of Federal Regulations or by surrender to the commissioner of the department of consumer protection] pursuant to Section 21a-262-3 of the Regulations of the Connecticut State Agencies;

(3) accidental destruction or loss of controlled drugs must be verified in the presence of a second person, including confirmation of the presence or absence of residue and jointly documented on the student medication administration record and on a medication error form. If no residue is present notification must be made to Department of Consumer Protection (DCP) pursuant to Section 21a-262-3 of the Regulations of the Connecticut State Agencies.

[(g)] (j) No more than a [forty-five (45) school day] three-month supply of a medication for a student shall be stored at the school.

[(h)] (k) No medication for a student shall be stored at a school without a current written order from an authorized prescriber.

[(i)] (l) Repealed, March 31, 1992.
(Effective August 8, 1995)

Sec. 10-212a-6. Documentation and record keeping

In addition to those records required for controlled drugs, the following shall apply:

(a) Each school or before- and after-school program and school readiness program where medications are administered shall maintain [a] an individual medication administration record for each student who receives medication during school or program hours.

(1) Such record shall include:

(A) the name of the student;

(B) the name of the medication;

(C) the dosage of the medication;

(D) the route of administration;

(E) the frequency of administration;

(F) the name of the authorized prescriber;

(G) the [date the medication was ordered] dates for initiating and terminating the administration of the medication including extended year programs;

(H) the quantity received which shall be verified by the adult delivering the medication;

[(I)] the date the medication is to be reordered;]

[(J)] (I) any student allergies to food and/or medicine;

[(K)] (J) the date and time of administration or omission including the reason for the omission;

[(L)] (K) the dose or amount of drug administered;

[(M)] (L) the full written or electronic legal signature of the nurse[, principal] or qualified personnel for schools [teacher] administering the medication;

(M) for controlled medications, a medication count which should be conducted and documented at least once a week and co-signed by the assigned nurse and a witness.

(2) Transactions shall either be recorded in ink and shall not be altered or shall be recorded electronically in a record that can not be altered.

(3) The medication administration record shall be made available to the department [upon request] for review until destroyed pursuant to the Section 11-8a of the Connecticut General Statutes and Section 21a-254-f of the Regulations of Connecticut State Agencies for controlled medications.

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(A) The completed medication administration record for non-controlled medications, at the discretion of the school district, may be destroyed in accordance with the Education Record Retention Schedule so long as it is superseded by a summary on the student health record;

(B) The completed medication administration record for controlled medications shall be maintained in the same manner as the non-controlled medications. In addition, a separate medication administration record needs to be maintained in the school for three years pursuant to Section 21a-254-f of the Regulations of Connecticut State Agencies.

(b) The written order of the authorized prescriber, the written authorization of the parent or guardian to administer the medication, and [the completed medication administration record for each student] the written parental permission for the exchange of information by the prescriber and school nurse to ensure the safe administration of such medication shall be filed in the [student's cumulative] student health record or, for before- and after-school programs and school readiness programs, in the child's program record.

(c) An authorized prescriber's verbal order, including a telephone order, for a change in any medication order can be received only by a school nurse. Any such verbal order must be followed by a written order, which may be faxed, and must be received within three (3) school days.

(d) Errors in medication administration

(1) The local board of education shall have a policy regarding notification and documentation of such errors. Such policy shall state:

(A) the manner in which persons are notified of errors in medication administration;

(B) that any such error shall be reported immediately to the school nurse [and], the school nurse supervisor, the authorized prescriber, and the parent or guardian; and

(C) the procedure to be followed in obtaining medical treatment when required as the result of such error.

(2) A report shall be completed using [the accident/incident] a medication error report form authorized by the board of education. The report shall include any corrective action taken.

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

(Effective August 8, 1995)

Sec. 10-212a-7. Supervision

The school nurse is responsible for general supervision of administration of medications in the schools to which that nurse is assigned. This shall include, but not be limited to:

(a) availability on a regularly scheduled basis to:

(1) review orders [or] and changes in orders, and communicate these to the personnel designated to give medication [for appropriate follow-up];

(2) set up a plan and schedule to ensure medications are [given] administered properly;

(3) provide training to qualified personnel for schools [principals, teachers] and other licensed nursing personnel in the administration of medications and assess that the qualified personnel for schools are competent to administer medication;

(4) support and assist other licensed nursing personnel, and qualified personnel for schools [principals and teachers,] to prepare for and implement their responsibilities related to the administration of specific medications during school hours;

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(5) provide appropriate follow-up to ensure the medication administration plan results in desired student outcomes;

[(5)] (6) provide consultation by telephone or other means of telecommunication. In the absence of the school nurse, [a licensed physician] an authorized prescriber or other nurse may provide this consultation.

(b) implement policies and procedures regarding [receipt, storage, and] all phases of administration of medications;

(c) [monthly] periodic review of all documentation pertaining to the administration of medications for students;

(d) [work-site observation of medication administration] observe competency to administer medications by qualified personnel for schools[teachers and principals who have been newly trained];

(e) periodic review, as needed, with licensed nursing personnel, and all qualified personnel for schools [principals and teachers] regarding the needs of any student receiving medication.

(Effective June 26, 1989)

The Regulations of Connecticut State Agencies are amended by adding Sections 10-212a-8 to 10-212a-10 inclusive, as follows:

(NEW) Sec. 10-212a-8 Administration of Medications by Coaches and Licensed Athletic Trainers during intramural and interscholastic events.

During intramural and interscholastic athletic events, a coach or licensed athletic trainer may carry out the medication administration for select students for whom self administration plans are not viable options as determined by the school nurse for (1) inhalant medications prescribed to treat respiratory conditions and (2) medication administered with a cartridge injector for students with a medically diagnosed allergic condition which may require prompt treatment to protect the student against serious harm or death, if all of the requirements laid out in subsections (a) to (g), inclusive, of this Section have been met.

(a) The coach or licensed athletic trainer shall be trained in:

- (1) the general principles of medication administration applicable to receiving, storing and assisting with inhalant medications or cartridge injector medications, and documentation;
- (2) student specific needs for assistance according to the individualized medication plan.

(b) The school nurse shall provide a copy of the authorized prescriber's order and the parental permission form to the coaches;

(c) The parent or guardian shall provide to the coach or licensed athletic trainer the medication and necessary equipment according to Section 10-212a-5(a)-(d). The equipment and medication provided to the coach or licensed athletic trainer, such as the inhaler or cartridge injector, shall be separate from the medication and necessary equipment stored in the school health office for use during the school day;

(d) The coach or licensed athletic trainer shall agree to the administration of emergency medication and shall implement the emergency care plan;

(e) Medications to be used in athletic events must be stored:

- (1) in containers for the exclusive use of holding medications;
- (2) in locations that preserve the integrity of the medication;

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(3) under the general supervision of the coach or licensed athletic trainer trained in medication administration;

(4) in a locked secure cabinet when not in use at athletic events.

(f) Errors in medication administration shall be addressed in the same manner as Section 10-212a-6 except that if the school nurse is not available, under Section 10-212a-6(d)(1)(B), a report may be submitted by the coach or licensed athletic trainer to the school nurse on the next school day; and

(g) Documentation of any medication administration by a coach or licensed athletic trainer shall be completed on forms provided by the local school board and the school nurse will be notified as follows:

(1) a separate Medication Administration Record for each student shall be maintained in the athletic area;

(2) administration of a cartridge injector medication shall be reported to the school nurse at the earliest possible time but not later than the next school day;

(3) all other instances of medication administration shall be reported to the school nurse at least monthly or more frequently according to the individual student plan;

(4) the medication administration record shall be submitted to the school nurse at the end of each sport season and filed in the student's cumulative health record according to Section 10-212a-6.

(NEW) Section 10-212a-9 Administration of medications by paraprofessionals pursuant to Section 10-212a(d) of the Connecticut General Statutes.

If approved by the local or regional board of education, paraprofessionals, in the absence of a school nurse, may only administer medications to a specific student in order to protect that student from harm or death due to a medically diagnosed allergic condition according to the following:

(a) only with approval by the school medical advisor and school nurse, in conjunction with the school nurse supervisor, and under the supervision of the school nurse;

(b) with a proper medication authorization from the authorized prescriber, according to Section 10-212a of the Connecticut General Statutes;

(c) with parental permission to administer the medication in school, according to Section 10-212a of the Connecticut General Statutes;

(d) only medications necessary for prompt treatment of an allergic reaction, including, but not limited to, a cartridge injector; and

(e) the paraprofessional shall have received proper training and supervision from the school nurse which shall include all of the elements outlined in Section 10-212a-3 and Section 10-212a-7 of these regulations.

(NEW) Section 10-212a-10. Administration of medication in school readiness programs and before- and after-school programs.

For school readiness programs and before- and after-school programs run by local boards of education and municipalities which are exempt from licensure by the Department of Public Health pursuant to subdivision (1) of subsection (b) of Section 19a-77 of the Connecticut General Statutes:

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(a) the local board of education shall develop policies and procedures, to be reviewed on an annual basis, for administration of medication in these programs, with input from the school medical advisor or a licensed physician and school nurse supervisor. These policies shall include:

- (1) determination of the level of nursing services needed to ensure safe medication administration within these programs including additional school nurse staffing required based on the needs of the program and the program's participants;
- (2) who may administer medication and whether a licensed nurse is required on-site;
- (3) the circumstances under which self medication by students is permitted;
- (4) the policies and procedures to be followed in the event of a medication emergency or error;

(5) a requirement that local poison control center information is readily available at these programs;

(6) the procedure to be followed in the event of a medication emergency or error and the individuals or facilities to be contacted in such event; and

(7) the person responsible for decision making in the absence of the nurse.

(b) Administration of medications shall be provided only when it is medically necessary for participants to access the program and maintain their health status while attending the program.

(c) No medication shall be administered in these programs without:

- (1) the written order of an authorized prescriber; and
- (2) the written authorization of the student's parent or guardian or eligible student.

(d) In the absence of a licensed nurse, only directors, 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. Training for directors, lead teachers or school administrators in the administration of medications will be provided according to Section 10-212a-3 (a) through (c).

(1) Directors, lead teachers and school administrators may administer oral, topical, intranasal or inhalant medications;

(2) 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;

(3) Investigational drugs or research or study medications may not be administered by directors, lead teachers, or school administrators; and

(4) All controlled drugs currently listed in schedules II through V of the Regulations of Connecticut State Agencies, Section 21a-243-8 through 21a-243-11, may be administered in school readiness programs and before- and after-school programs pursuant to the local or regional board of education policy.

(e) If, according to the local or regional board of education procedures, self medication is allowed in the programs, then the programs must follow the procedures in Section 10-212a-4 of these regulations.

(f) All medications in before- and after-school and school readiness programs must be handled and stored according to Section 10-212a-5 (a) through (k) of these regulations. Where possible, a separate supply of medication should be stored at the site of the before- or after-school or school readiness program. In the event that it is not possible for the parent or guardian to provide a separate supply of medication, then a plan must be in place to ensure the timely transfer of the medication from the school to the program and back on a daily basis.

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(g) Documentation shall be completed and maintained on forms provided by the local school board, as follows:

(1) a separate Medication Administration Record for each student shall be maintained in the program;

(2) administration of a medication with a cartridge injector shall be reported to the school nurse at the earliest possible time but not later than the next school day;

(3) all other medication administration shall be reported to the school nurse according to the student's individual plan or at least on a monthly basis;

(4) the medication administration record shall be submitted to the school nurse at the end of each school year and filed in or summarized on the student's Cumulative Health Record according to local or regional board of education policy.

(h) supervision of medication administration in before- and after-school and school readiness programs shall be conducted in accordance with Section 10-212a-7(a)1 through 6.

EFFECTIVE DATE: Upon filing with the Secretary of State.

Statement of purpose: To revise existing regulations concerning the administration of medications by school personnel and administration of medications during before-and after-school programs and school readiness programs in order to align with new statutes and practice, in particular Section 10-212a of the Connecticut General Statutes and Public Act 09-155, An Act Concerning the Use of Asthmatic Inhalers and Epinephrine Auto-injectors While at School. The procedures for medication administration in schools, during interscholastic and intramural activities, before- and after-school programs, and school readiness programs are complex. Therefore, regulations are required to provide sound guidance to personnel managing and administering medications to students. These regulations will guide the development and adoption of sound medication administration policies and procedures by local and regional boards of education; and serve to ensure that safe procedures are in place to protect both the children receiving medications as well as those persons administering medication.

CERTIFICATION

Be it known that the foregoing (check one) Regulations Emergency Regulations
 are (check all that apply) Adopted Amended as hereinabove stated Repealed
 by the aforesaid agency pursuant to section(s) 10-212a(c) of the *General Statutes* as amended by
 and/or Public Act number(s) 09-155

(If applicable) after publication of notice of intent in the *Connecticut Law Journal* on September 1, 2009
 (If applicable) and the holding of an advertised public hearing on September 22, 2009;

WHEREFORE, the foregoing regulations are hereby (check all that apply)
 Adopted Amended as hereinabove stated Repealed

EFFECTIVE: (check one, and complete as applicable)
 When filed with the Secretary of the State
 OR (insert date) _____

In Witness Whereof:	DATE	SIGNED (Head of Board, Agency or Commission)	OFFICIAL TITLE, DULY AUTHORIZED
		<i>M. M. [Signature]</i>	<i>Commissioner</i>

APPROVED by the Attorney General as to legal sufficiency in accordance with CGS Section 4-169, as amended

DATE	SIGNED (Attorney General or AG's designated representative)	OFFICIAL TITLE, DULY AUTHORIZED
<u>5/6/10</u>	<i>[Signature]</i>	

Or DEEMED APPROVED by the Attorney General in accordance with CGS Section 4-169, as amended, due to failure to give notice to the agency of any legal insufficiency within thirty (30) days of the receipt of the proposed regulation.

DATE	SIGNED (Head of Board, Agency or Commission)	OFFICIAL TITLE, DULY AUTHORIZED
		ASSOC. ATTY. GENERAL

(For Regulation Review Committee Use ONLY)

Approved Rejected without prejudice
 Approved with technical corrections Disapproved in part, (Indicate Section Numbers disapproved only)
 Deemed approved pursuant to CGS 4-170(c) as amended

By the Legislative Regulation Review Committee in accordance with CGS Section 4-170, as amended	DATE	SIGNED (Administrator, Legislative Regulation Review Committee)

Two certified copies received and filed and one such copy forwarded to the Commission on Official Legal Publications in accordance with CGS Section 4-172, as amended.

DATE	SIGNED (Secretary of the State)	BY

INSTRUCTIONS

- All regulations proposed for adoption, amendment or repeal, except emergency regulations, must be presented to the Attorney General for his/her determination of legal sufficiency. (See CGS Section 4-169.)
- After approval by the Attorney General, original and eighteen (18) copies of all regulations proposed for adoption, amendment or repeal must be presented to the standing Legislative Regulation Review Committee for its action. (See CGS Section 4-170.)
- Each proposed regulation must be in the form intended for publication and each section must include the appropriate regulation section number and section heading. (See CGS Section 4-172.)
- New language added to an existing regulation must be in underlining or CAPITAL LETTERS, as determined by the Regulation Review Committee. (See CGS 4-170(b).)
- Language to be deleted must be enclosed in brackets []. (See CGS 4-170(b).)
- A new regulation or new section of a regulation must be preceded by the word "(NEW)" in capital letters. (See CGS Section 4-170(b).)
- The proposed regulation must have a statement of its purpose following the final section of the regulation. (See CGS Section 4-170(b).)
- Additional information regarding rules and procedures of the Legislative Regulation Review Committee can be found on the Committee's web site: <http://www.cga.ct.gov/lrr/>.
- A copy of the Legislative Commissioners' Regulations Drafting Manual is located on the LCO website at <http://www.cga.ct.gov/lco/LCODraftRegu.asp>.