For permanent regulations
First NOTICED ON AND AFTER
OCTOBER 1, 2014 ONLY

IMPORTANT: Use this form (REGS-1) to submit permanent regulations to the Legislative Regulation Review Committee.
For *emergency regulations*, use form REGS-1-E instead.
For *non-substantive technical amendments and repeals* proposed without prior notice or hearing as permitted by subsection (g) of CGS 4-168 use form REGS-1-T instead.

Please read the additional instructions on the back of the last page (Certification Page) before completing this form. Failure to comply with the instructions may cause disapproval of proposed regulations.

State of Connecticut

REGULATION

of the

Connecticut State Board of Education

NAME OF AGENCY:

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

(Emergency Administration of Epinephrine to Students who do not Have Prior Written Authorization)

Statement of Purpose

Pursuant to CGS Section 4-170(b)(3), "Each proposed regulation shall have a statement of its purpose following the final section of the regulation." The Legislative Regulations Review Committee rules additionally require the following "For each proposed regulation submitted to the Committee, the statement of purpose required by section 4-170 of the Connecticut General Statutes shall be a detailed, plain language narrative that includes: (1) The purpose of the regulation, including the problems, issues or circumstances that the regulation proposes to address, (2) A summary of the main provisions of the regulation, and (3) The legal effects of the regulation, including all the ways the regulation would change existing regulations or other law.

Enter the statement here.

Purpose and Background. The purpose of this amendment to the Connecticut State Board of Education (CSBE) regulations is to comply with the directive in Public Act 14-176 that the CSBE, in consultation with the Department of Public Health, adopt regulations to implement the requirements of Public Act 14-176. To comply with this directive, the CSBE has revised its existing regulations on the administration of medication by school personnel. If this amendment is approved, the requirements of Public Act 14-176 will be incorporated into the CSBE regulations on the administration of medication by school personnel.

Public Act 14-176 amended Connecticut General Statutes (CGS) Section 10-212a to require the administration of epinephrine as emergency first aid to public school students who experience allergic reactions. Epinephrine must be administered on an emergency basis even if the administration of epinephrine has not been authorized by a parent or guardian and there is no prior written order of a qualified medical professional. A parent or guardian may inform the school that emergency epinephrine not be administered.

The emergency administration of epinephrine must be by the school nurse unless the school nurse is absent or unavailable. If the school nurse is absent or unavailable, the epinephrine may be administered by a "qualified school employee" who has received the training required by Public Act 14-176. The Departments of Education and Public Health are required by Public Act 14-176 to develop a training program for school employees as described in the Public Act. This training program has been developed, and, as required by the Public Act, been made available to local and regional boards of education.

Summary of the Main Provisions. This proposed amendment directs boards of education to develop written policies and procedures to implement Public Act 14-176. This approach is consistent with existing CGS Section 10-212a which requires boards of education to have written policies and procedures regarding the administration of medication by school personnel. In this proposed amendment, boards of education are directed to develop policies and procedures for: the administration of epinephrine as emergency first aid by the school nurse or a qualified school employee who has received the necessary training; the determination of the level of nursing services and the number of qualified school employees needed to ensure the availability of personnel to administer epinephrine; the determination of the necessary supply of epinephrine to be maintained; the selection of qualified school employees from those employees who volunteer to receive the training; provision of mechanisms to ensure communication to qualified school employees when the school nurse is absent or unavailable and to ensure that the school nurse or the qualified school employees who will administer epinephrine as emergency first aid are notified of the students whose parents have refused this emergency first aid; and the determination of the regular school hours for each school. The proposed regulations also implement the training requirement, add and revise some definitions and make some other changes to conform to the requirements of Public Act 14-176.

Legal Effects of the Proposed Regulation. The emergency administration of epinephrine without parental authorization and the order of a qualified medical professional had not previously been required by statute. Consequently, Public Act 14-176 has added a new statutory requirement to Connecticut law. The proposed amendment adds requirements to the law only to the extent necessary to implement the Public Act.

STATE OF CONNECTICUT
REGULATION
of
State Department of Education
Name of Agency

Concerning

Subject Matter of Regulations
Administration of Medication by School Personnel and Administration of Medication During Before- and After- School Programs and School Readiness Programs

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 10-212a-10 of the Regulations of Connecticut State Agencies:

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

(2) "Advanced practice registered nurse" means an individual licensed pursuant to 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 athletic events only, a podiatrist;

(4) "Before- and after-school program" means any child care program operated and administered 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. Such programs shall not include public or private entities licensed by the Department of Public Health or board of education enhancement programs and extra-curricular activities;

(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 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 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;

(8) "Commissioner" means the Commissioner of Education or any duly authorized representative thereof;

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

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

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

(12) "Department" means the Connecticut State Department of Education or any duly authorized representative thereof;

(13) "Director" means the person responsible for the operation and administration of any school readiness program or before- and after-school program;

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

(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, <u>except for the administration of epinephrine as emergency first aid as permitted by Section 10-212a of the Connecticut General Statutes and these regulations</u>;

(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;

(17) "Guardian" 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 and includes tryouts, competition, practice, drills, and transportation to and from such events;

(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;

(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;

(23) "Medication emergency" means 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. Such plan may be a stand-alone plan, part of an individualized health care plan, an emergency care plan or a medication administration form;

(25) "Medication order" means the written direction by an authorized prescriber for the administration of medication to a student which shall include the name of the student, the name and generic name of the medication, the dosage of the medication, the route of administration, the time of administration, the frequency of administration, the indications for medication, any potential side effects including overdose or missed dose of the medication, the start and termination dates not to exceed a 12-month period, and the written signature of the prescriber;

(26) "Nurse" means an advanced practice registered nurse, a registered nurse or a practical nurse licensed in Connecticut 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;

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

(32) "Physician assistant" means an individual licensed to prescribe medications pursuant to 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;

(34) "Principal" means the administrator in the school;

(35) "Qualified medical professional," as defined in Section 10-212a of the Connecticut General Statutes, means (i) a physician licensed under chapter 370, (ii) an optometrist licensed to practice optometry under chapter 380, (iii) an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a, or (iv) a physician assistant licensed to prescribe in accordance with section 20-12d.

(36) "Qualified personnel" for schools means (a) a full-time employee who is a "qualified school employee" as defined in section 10-212a-1(37) of the Regulations of Connecticut State Agencies (except that a coach, an athletic trainer, or school paraprofessional need not be a full-time employee), and [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 the administration of medication in accordance with Section 10-212a-3 of these

regulations; (b) a coach and licensed athletic trainer who has been trained in the administration of medication pursuant to Section 10-212a-8 of these regulations; or (c) a paraprofessional who has been trained in the administration of medication pursuant to Section 10-212a- 9 of these regulations](b) for school readiness programs and before- and after-school programs, directors or director's designee, lead teachers and school administrators who have been trained in the administration of medication may administer medications pursuant to Section 10-212a-10 of these regulations;

(37) "Qualified school employee," as defined in Section 10-212a of the Connecticut General Statutes, means a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, coach or school paraprofessional;

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

(39) "School" means any educational program which is under the jurisdiction of a board of education as defined by this section excluding extracurricular activities;

(40) "School medical advisor" means a physician appointed pursuant to Section 10-205 of the Connecticut General Statutes;

(41) "School nurse" means a nurse appointed pursuant to Section 10-212 of the Connecticut General Statutes;

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

(43) "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;

(44) "Self-administration of medication" means the control of the medication by the student at all times and is self managed by the student according to the individual medication plan;

(45) "Supervision" means the overseeing of the process of the administration of medication in a school; and

(46) "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 and has been approved by the school medical advisor and school nurse to be designated to administer medications pursuant to Sections 10-212a-1 through 10-212a-7 of the Regulations of Connecticut State Agencies.
(Effective August 8, 1995)

Section 10-212a-2. Administration of medications

(a) The board of education shall:

(1) determine who shall administer medications in a school—a licensed nurse or, in the absence of such licensed nurse, qualified personnel for schools;

(2) determine the circumstances under which self medication by students is permitted;

(3) develop with the advice and approval of the school medical advisor, if any, or other qualified licensed physician, and the school nurse supervisor, specific written policies and procedures concerning the administration of medications to the students within the school system by a nurse, or in the absence of a nurse, by qualified personnel for schools, for students who have

a written order from a physician, dentist, optometrist, advanced practice registered nurse, or physician assistant, and the written authorization of a parent or guardian;

(4) develop with the advice and approval of the school medical advisor, if any, or other qualified licensed physician, and the school nurse supervisor, specific written policies and procedures for the administration of epinephrine as emergency first aid to students who experience allergic reactions and who do not have a prior written authorization of a parent or guardian or prior written order of a qualified medical professional for the administration of epinephrine, such policies and procedures to include provision for:

(A) the administration of epinephrine as emergency first aid by the school nurse or, when the school nurse is absent or unavailable, by a qualified school employee who has completed the training required by Section 10-212a of the Connecticut General Statutes;

(B) the determination of the level of nursing services and number of qualified school employees needed to ensure that there is a school nurse or at least one such qualified school employee who has completed the training required by Section 10-212a of the Connecticut General Statutes on the grounds of each school in the district during regular school hours in the absence of a school nurse;

(C) the determination of the supply of epinephrine in cartridge injectors that shall be available in each school in the district;

(D) the selection of qualified school employees by a school nurse or a school principal from employees who voluntarily agree to complete the training required by Section 10-212a of the Connecticut General Statutes and to administer epinephrine as emergency first aid;

(E) a mechanism to ensure communication to one or more qualified school employees and other staff that the school nurse is absent or unavailable and that a qualified school employee shall be responsible for the emergency administration of epinephrine;

(F) a mechanism to ensure that persons who will administer epinephrine as emergency first aid to students who experience allergic reactions but who do not have a prior written authorization of a parent or guardian or prior written order of a qualified medical professional for the administration of epinephrine, are notified of the students whose parents have refused the emergency administration of epinephrine;

(G) the determination of the regular school hours for each school within its jurisdiction; and

(5) review and revise, with the advice and approval of the school medical advisor, if any, or other qualified licensed physician and the school nurse supervisor, the policies and procedures concerning the administration of medications as needed, but at least biennially.

(b) Except as provided in subsection (e) of this section, no medication may be administered without:

(1) the written order of an authorized prescriber;

(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.

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

(d) Except as provided in subsection (e) of this section, in the absence of a licensed nurse, only qualified personnel for schools who have been properly trained may administer medications to students as delegated by the school nurse, specifically:

(1) Qualified personnel for schools may administer oral, topical, intranasal or inhalant medications.

(2) Except as provided in subsection (e) of this section, medications with a cartridge injector may be administered by qualified personnel for schools 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.

(4) Coaches and licensed athletic trainers who have been trained in the administration of medication pursuant to Section 10-212a-8 of these regulations may, during intramural and interscholastic events, administer medications pursuant to Section 10-212a-8 of these regulations.

(5) Paraprofessionals who have been trained in the administration of medication pursuant to Section 10-212a-9 of these regulations, 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 the Regulations of Connecticut State Agencies.

(e) Qualified school employees who have completed the training required by Section 10-212a of the Connecticut General Statutes may administer epinephrine to students who experience allergic reactions but do not have a prior written authorization of a parent or guardian or the written order of a qualified medical professional for the purpose of emergency first aid as set forth in Section 10-212a of the Connecticut General Statutes and section 10-212a-1 through 10-212a-10, inclusive, of these regulations.

(1) The parent or guardian of a student may submit, in writing, to the school nurse or school medical advisor, if any, a notice that epinephrine shall not be administered to such student. The school district shall annually notify parents or guardians of the need to provide such written notice.

(f) Each Board of Education 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) 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)

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

(a) Each Board of Education which allows qualified personnel for schools, in the absence of a school nurse, to administer medications to students who have a written order from a physician, dentist, optometrist, advanced practice registered nurse, or physician assistant, and the written authorization of a parent or guardian, shall provide training to designated qualified personnel for schools in the safe administration of medications at least annually.

(b) Only qualified personnel for schools who have received such annual training from the school nurse or school medical advisor shall be allowed to administer medications to students who have a written order from a physician, dentist, optometrist, advanced practice registered

nurse, or physician assistant, and the written authorization of a parent or guardian. This training shall include, but not be limited to:

(1) The general principles of safe administration of medication;

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

(3) Specific information related to each student's medication and each student's medication plan including the name and generic name of the medication, indications for medication, dosage, routes, time and frequency of administration, therapeutic effects of the medication, potential side effects, overdose or missed dose of the medication, and when to implement emergency interventions.

(c) Qualified school employees who administer epinephrine as emergency first aid to students who experience allergic reactions and who do not have a prior written authorization of a parent or guardian or written order of a qualified medical professional for the administration of epinephrine must, annually, complete the training program developed by the Departments of Education and Public Health, in consultation with the School Nurse Advisory Council, pursuant to Section 10-212g of the Connecticut General Statutes and training in cardiopulmonary resuscitation (CPR) and first aid.

(d) The Board of Education shall maintain documentation of such administration of medication training 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 administration of medication training for the current school year; and

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

(e) 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 the administration of medication while employed in a health care facility.

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

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

(Effective June 26, 1989; amended October 7, 2010)

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

The Board of Education shall permit 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 medication, and may permit such students to self- administer other medications, excluding controlled drugs as defined in Section 10-212a-1 of the Regulations of Connecticut State Agencies, provided:

(a) An authorized prescriber provides a written medication order including the recommendation for self-administration;

(b) a parent or guardian or eligible student provides written authorization for self-administration of medications;

(c) (1) the school nurse has 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.

(2) 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 medication with only the written authorization of an authorized prescriber and written authorization from a 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;

(e) the principal and appropriate staff are informed that the student is self- administering prescribed medication;

(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 of the Regulations of Connecticut State Agencies, may be considered for extraordinary situations, such as international field trips, and shall be approved by the school nurse supervisor and the school medical advisor in advance and an appropriate plan shall be developed.

(Effective August 8, 1995)

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

(a) All medications, except those approved for self medication, <u>and epinephrine intended for emergency administration to students who do not have a written prior authorization or order</u>, shall be delivered by the parent or other responsible adult to the school nurse or, in the absence of such nurse, other qualified personnel for schools trained in the administration of medication and assigned to the school.

(b) The nurse shall examine on-site any new medication, medication order and parent authorization and<u>, except for epinephrine intended for emergency administration to students who do not have a written prior authorization or order</u>, develop an administration of medication plan for the student before any medication is administered by any school personnel.

(c) The school nurse shall review all medication refills with the medication order and parent authorization prior to the administration of medication<u>, except for epinephrine intended for emergency administration to students who do not have a written prior authorization or order</u>.

(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 the administration of medication;

(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;

(3) All other non-controlled medications, except those approved 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 medications in a separate, secure, substantially constructed, locked metal or wood cabinet pursuant to Section 21a-262-8 of the Regulations of Connecticut State Agencies.

(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.

(f) All medications, prescription and nonprescription, shall be delivered and stored in their original containers.

(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 or nurses 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 the administration of medication shall also have a set of keys.

(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.

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

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

(2) controlled drugs shall be destroyed 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 pursuant to Section 10-212a(b) of the Connecticut General Statutes. 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.

(j) No more than a three-month supply of a medication for a student shall be stored at the school.

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

(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 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 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) any student allergies to food or medicine;

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

(K) the dose or amount of drug administered;

(L) the full written or electronic legal signature of the nurse or qualified personnel for administering the medication; and

(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 for review until destroyed pursuant to the Section 11-8a and Section 10-212a(b) of the Connecticut General Statutes for controlled medications.

(A) The completed medication administration record for non-controlled medications, at the discretion of the school district, may be destroyed in accordance with Section M8 of the Connecticut Municipality 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 10-212a(b) of the Connecticut General Statutes.

(b) The written order of the authorized prescriber, the written authorization of the parent or guardian to administer the medication, and 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 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 not later than three (3) school days.

(d) Errors in the administration of medication

(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 the administration of medication;

(B) any such error shall be reported immediately to the school nurse, the school nurse

supervisor, the authorized prescriber or, if none, the medical advisor, 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 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.

(e) Reporting of the emergency administration of epinephrine.

(1) Following the emergency administration of epinephrine by a qualified school employee to a student without a prior authorization or medication order:

(A) such administration shall be reported immediately to the school nurse or school medical advisor and the student's parent or guardian; and

(B) a medication record shall be submitted to the school nurse at the earliest possible time but not later than the next school day and filed in or summarized on the student's cumulative health record according to local or regional board of education policy.

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 and changes in orders, and communicate these to the personnel designated to give medication;

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

(3) provide training to qualified personnel for schools 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 to prepare for and implement their responsibilities related to the administration of specific medications during school hours;

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

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

(b) implementation of policies and procedures regarding all phases of administration of medications;

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

(d) observe competency to administer medications by qualified personnel for schools;

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

(Effective June 26, 1989)

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 administer medication 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, provided the requirements 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 the administration of medication 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 in accordance with the provisions of subsections (a) to (d), inclusive, of Section 10-212a-5 of the Regulations of Connecticut State Agencies. The medication provided to the coach or licensed athletic trainer, such as the inhaler or cartridge injector, shall be separate from the medication 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 shall be stored:

(1) in containers for the exclusive use of holding medications;

(2) in locations that preserve the integrity of the medication;

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

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

(f) Errors in the administration of medication shall be addressed in the same manner as Section 10-212a-6 of the Regulations of Connecticut State Agencies, except that if the school nurse is not available, 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 administration of medication by a coach or licensed athletic trainer shall be completed on forms provided by the local school board and the school nurse shall 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 the administration of medication shall be reported to the school nurse at least monthly or as frequently as required by the individual student plan;

(4) the administration of medication 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 of the Regulations of Connecticut State Agencies.

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

Except as authorized in Section 10-212a-2(e) of the Regulations of Connecticut State Agencies, 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 Sections 10-212a-3 and 10-212a-7 of the Regulations of Connecticut State Agencies.

(Adopted effective October 7, 2010)

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 or regional 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:

(a) the local or regional 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 the safe administration of medication 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) Except as authorized in Section 10-212a-2(e) of the Regulations of Connecticut State Agencies, no medication shall be administered in these programs without:

(1) the written order of an authorized prescriber; and

(2) the written authorization of a parent or guardian or an eligible student.

(d) In the absence of a licensed nurse, only directors or directors' designees, lead teachers or school administrators who have been properly trained may administer medications to students as delegated by the school nurse or other registered nurse. Training for directors or directors' designees, lead teachers or school administrators in the administration of medications will be provided according to subsections (a) to (c), inclusive, of Section 10-212a-3 of the Regulations of Connecticut State Agencies.

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

(2) Cartridge injector medications may be administered by a director or director's designee, 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 or director's designee, lead teachers, or school administrators; and

(4) All controlled drugs currently listed in schedules II through V of the Regulations of Connecticut State Agencies, Sections 21a-243-8 to 21a-243-11, inclusive, of the Regulations of Connecticut State Agencies 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 10-2121-4 of the Regulations of Connecticut State Agencies.

(f) All medications in before- and after-school and school readiness programs shall be handled and stored in accordance with the provisions of subsection (a) to (k), inclusive, of the Regulations of Connecticut State Agencies. Where possible, a separate supply of medication shall 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 shall be in place to ensure the timely transfer of the medication from the school to the program and back on a daily basis.

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

(1) a separate administration of medication 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 instances of the administration of medication shall be reported to the school nurse according to the student's individual plan or at least on a monthly basis;

(4) the administration of medication 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 the administration of medication in before- and after-school and school readiness programs shall be conducted in accordance with the provisions of subdivision (1) to (6), inclusive, of Section 10-212a-7 of the Regulations of Connecticut State Agencies.

(Adopted effective October 7, 2010)

Statement of purpose: To revise existing regulations concerning the administration of medications by school personnel to incorporate the requirements of Public Act 14-176 regarding the administration of epinephrine as emergency first aid to students who do not have the authorization of a parent or guardian or the written order of a qualified medical professional for the administration of epinephrine and required training.