

## Students

### Administration of Medication

1. The policies and procedures for the administration of medications have been developed by the Thomaston Board of Education, the School Medical Advisor and the school nurse of each school.
2. The Board of Education with the advice and assistance of the School Medical Advisor and the school nurses (or Coordinator of Health Services) shall review and revise the policies and procedures concerning the a administration of medications as needed, but at least once per year.
3. The Thomaston Board of Education policy states that all medications, except those approved for transporting by the student shall be delivered to the school nurse or designee by a responsible adult.
  - a) Any student, parent or guardian who wishes the administration or monitoring of oral, topical, inhalant or injectable medications, will abide by the following procedure:
    - i) Medication will be stored by the school nurse, in the original container, clearly labeled, accompanied by a written authorization of the physician or dentist, and the written authorization of the parent or guardian.
    - ii) The medication will be property stored according to Board of Education Policy.
4. The Thomaston Board of Education will designate the school nurse in each school to train the people designated by the Superintendent of Schools in the safe administration of medications.
5. The Thomaston Board of Education will designate the school nurse to train the designated personnel annually and to review and retrain and update as often as deemed necessary.
6. Coaches who have allergic students on their team are authorized to administer medications to students participating in intramural and interscholastic athletics pursuant to the regulations of the State Board of Education.

## Students

### Administration of Medication (continued)

7. The Thomaston Board of Education will allow the self-administration of medication by students at the discretion of the school nurse provided:
  - a. there is written permission from the parent or guardian.
  - b. the school nurse has evaluated the situation and deems it to be safe and appropriate. This must be documented on the student's cumulative record.
  - c. the administration and the teachers are informed that the student is self-administering prescribed medication.
  - d. that such medication is transported to the school and maintained under the student's control in accordance with the Board of Education policy.

8. All medications, except those approved for keeping by the student for self administration by the student shall be delivered to the school by a responsible adult and received by the school nurse or the nurse's designees.

The school nurse will examine on-site any new medication order and permission form and develop a medication administration plan for the student before any medication is given by any school personnel.

9. All medications, except those approved for keeping by the student for self-medication, shall be kept in a designated locked container, cabinet, or closet used exclusively for the storage of medication.
  - a. In the case of controlled substances, they shall be stored separately from other drugs and substances, in a separate, secure substantially constructed, locked metal or wood cabinet.
    - i) All medications, prescription, and non-prescription shall be stored in their original containers, and in such a manner as to render them safe and effective.
    - ii) Medications requiring refrigeration shall be stored in a locked refrigerator at no less than 36 degrees F. and no more than 46 degrees F.
    - iii) No more than a forty-five (45) day supply of a medication for a student shall be stored at the school.

## Students

### Administration of Medication (continued)

10. Access to stored medications shall be limited to persons authorized to administer medications. Each school shall keep a list of those persons so authorized.
11. All unused, discontinued or obsolete medications shall be removed from storage areas and preferably returned to the parent or guardian, or with their permission destroyed in the following manner:
  - a. Non-controlled drugs shall be destroyed in the presence of one (1) witness.
  - b. Controlled drugs shall be destroyed in accordance with part 1307.1 of the Code of Federal Regulations or by surrender to the Commissioner of the Department of Consumer Protection.
12. The Thomaston Board of Education has approved the following procedure for each school on the administration of medications.
  - a. A current written order from a physician or dentist must accompany the medication and be given to the nurse assigned to that building, or to the nurse's designee.
    - i) A physician's verbal order, including a telephone call, for a change in any medication can be received only by a school nurse. Any such verbal order must be followed by a written order within three (3) school days.
    - ii) Acetaminophen shall only be administered by the school nurse with the standing order of the School Medical Advisor, and shall not be administered without the written authorization of the parent or guardian.
13. Controlled medication administration shall be recorded in ink on Form #2 (attached) by the school nurse or the authorized person giving the medication. This form when complete will be placed in the student's cumulative health record.
  - a. The school nurse will perform a monthly review of all documentation pertaining to the administration of medications for students.
  - b. The school nurse will perform work-site observation of medication administration by teachers and principals who have been newly trained.

## Students

### Administration of Medication (continued)

14. In the event of a medication error, the following procedure will be followed:
  - a. Notification of the student's physician.
  - b. Notification of the student's parent or guardian.
  - c. Initiate the procedure for a medication emergency (Procedure 4) if warranted, or follow the directions of the prescribing physician.
  - d. Documentation of the medication error in the student's cumulative health record.
  - e. Documentation on a Medication Error Form which has been adopted for use by the Thomaston Board of Education.
  
15. A child with diabetes may test his/her own blood glucose level per the written order of a physician or APRN stating the need and capacity of such child to conduct self-testing. Such self-testing shall be pursuant to guidelines promulgated by the Commissioner of Education.

Legal Reference: Connecticut General Statutes

10-212a Administration of medicines by school personnel.

52-557b Immunity from liability for emergency medical assistance, first and or medication by injection. School personnel not required to administer or render.

Connecticut Regulations of State Agencies 10-21 2a-1 through 10-21 2a-7

PA 03-211 An Act Concerning the Provision of Medical Care for Student's Health Care Needs

Regulation approved: December 10, 2007

THOMASTON PUBLIC SCHOOLS  
Thomaston, Connecticut

**THOMASTON PUBLIC SCHOOLS**

\_\_\_ Controlled Substance Record                          \_\_\_ Individual Student Prescription Record

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_

Received by: \_\_\_\_\_ Quantity \_\_\_\_\_  
*signature*

Received from: \_\_\_\_\_  
*signature*

**Medication Information**

Drug:	Form	Dosage/Time	Pharmacy/Prescription #	Side Effects
Strength	Route	Dates Administered (from and to)	Quantity	Student Allergies

Date	Time Given	Dose Given	Nurse's/Staff Signature	Amount Remaining (Controlled drugs only)

*If medication is not given, record the date, time, including the reason for omission.  
\*\*\*Maintain this record for no less than 3 years\*\*\**

**AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINES  
BY SCHOOL PERSONNEL**

Connecticut State Law and Regulation require a physician's or dentist's written order and parent's or guardian's authorization for a nurse to administer medications or in her absence, the principal or teacher to administer medications. Medications must be in pharmacy prepared containers and labeled with name of child, name of drug, strength, dosage, frequency, physician's or dentist's name and date of original prescription.

**PHYSICIAN OR DENTIST'S ORDER**

Name of Child \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

Condition for which drug is being administered during school hours \_\_\_\_\_

**DRUG:** name, dose and method of administration \_\_\_\_\_

Time of administration \_\_\_\_\_

Medication shall be administered from \_\_\_\_\_ to \_\_\_\_\_  
(Date) (Date)

Relevant side effects to be observed, if any \_\_\_\_\_

If there are side effects, plan for management \_\_\_\_\_

Is this a controlled drug? \_\_\_\_\_ If yes, DEA number \_\_\_\_\_

Physician's/Dentist's Name \_\_\_\_\_ Tel. \_\_\_\_\_  
(Type or print)

Address \_\_\_\_\_

Physician's or Dentist's Signature \_\_\_\_\_ Date \_\_\_\_\_

Nurse/Principal/Teacher \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION BY PARENT/GUARDIAN FOR THE ADMINISTRATION OF THE ABOVE  
MEDICATION BY SCHOOL PERSONNEL:**

Date: \_\_\_\_\_

**TO SCHOOL PERSONNEL:**

I hereby request that the above medication, order by the physician/dentist for my child \_\_\_\_\_ be administered by school personnel. I understand that I must supply the school with the prescribed medication in the original container dispensed and properly labeled by a physician or pharmacist and will provide no more than a 45 school day supply of said medication.

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

Name : \_\_\_\_\_

(Type or Print)

Signature: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

THOMASTON PUBLIC SCHOOLS  
Thomaston, Connecticut

Record of Training of School Personnel in the Administration of Medicines

\_\_\_\_\_  
School Building

\_\_\_\_\_  
Responsible School Nurse

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

\*Directions: Check (x) when completed.

**MEDICATION ERROR OR INCIDENT REPORT**

Date or Report \_\_\_\_\_ School \_\_\_\_\_ Prepared by \_\_\_\_\_

Name of Student: \_\_\_\_\_ Grade \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone \_\_\_\_\_

Date error occurred: \_\_\_\_\_ Timed noted: \_\_\_\_\_

Person Administering Medication \_\_\_\_\_

Prescribing Practitioner: \_\_\_\_\_

Reason medication was prescribed: \_\_\_\_\_

Date of Order: \_\_\_\_\_ Instructions for Administration: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action Taken:

Prescribing practitioner notified: Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Parent notified Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Outcome: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Print or Type

Signature

Title

Date