

ATTACHMENT A: 5141.21 Administering medication (a)

Connecticut State Statute

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

(a) All medications, except those approved for self-medication and epinephrine to be used for the purpose of emergency first aid to students who do not have a prior written authorization of a parent or guardian or a prior written order of a qualified medical professional for the administration of epinephrine, 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, except for epinephrine to be used for the purpose of emergency first aid to students who do not have a prior written authorization of a parent or guardian or a prior written order of a qualified medical professional for the administration of epinephrine, 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, except for epinephrine intended for emergency administration to students who do not have a written prior authorization or order.

(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.

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(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.

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Section 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.

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(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] shall be followed by a written order, which may be faxed, and [must] shall 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 Contracted APRN, 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.

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(e) Reporting of the emergency administration of epinephrine.

Following the emergency administration of epinephrine by a qualified school employee to a student who does not have a prior written authorization of a parent or guardian or a prior written order of a qualified medical professional for the administration of epinephrine:

- (1) Such administration shall be reported immediately to
 - (A) the school nurse or the Contracted APRN by the qualified school employee, and
 - (B) the student's parent or guardian by the school nurse or the qualified school employee,and
- (2) a medication administration record shall be
 - (A) submitted to the school nurse by the qualified school employee at the earliest possible time, but not later than the next school day, and
 - (B) filed in or summarized on the student's cumulative health record according to any policy established by the local or regional board of education.

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