

Students

Student Health Services

I. Philosophy

The Andover Board of Education believes that every child should realize his/her maximum potential for physical, mental, and social health in order to enhance his/her participation in the educational process.

Objectives

1. To assess, recommend, report, and follow up on the health status and needs of students.
2. To provide consultation and act as a resource for:
 - a. Students and parents
 - b. Administrators and faculty
 - c. School medical and dental advisors
3. To assist in the development of the knowledge and skills needed by students to achieve a healthy body, mind, and environment.
4. To coordinate health services with other community health and welfare agencies.

II. School Medical Advisor

The Board of Education shall appoint annually a physician to be the school Medical Advisor who shall have the following duties and responsibilities:

1. Make a prompt examination of all students referred to him/her by the school nurse, teacher, Principal, or Superintendent of Schools.
2. Interpret to such nurse, teacher, Principal, or Superintendent and to the parents/guardians of the student his/her findings together with recommendations on how the student should be cared for and what provisions, if any, should be made at school for the care and welfare of such students.
3. Make examinations of teachers, custodians, and others in the employment of the Board of Education when he/she is requested to do so by the Board or when he/she considers such examinations to be necessary.

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II. School Medical Advisor (continued)

4. Develop Standing First Aid Orders for this school. These will be reviewed and signed annually.
5. Serve as a consultant to the nurse, teacher, Principal and Superintendent.
6. Interpret to teachers, nurses and other staff members factors dealing with communicable disease control.
7. Make such sanitary inspection of school building, as in his/her opinion, is necessary for the protection of the health of students.
8. Instruct school personnel in the administration of medication as needed.
9. Take steps to preserve and improve the health of students in accordance with the requirements of the public health code of the State of Connecticut.

III. School Nurse

The school nursing services will be provided by a school nurse. The nurse's daily itinerary will be left with the school health aide.

Nurse's Responsibilities

1. The nurse shall interpret all abnormal findings to the parents, counseling them as indicated, and recommending further medical care if needed.
2. The nurse administers first aid and takes care of sudden illness when he/she is in school or is called by the Principal or school health aide as governed by the medical standing orders and policies. When indicated, the school health aide also administers first aid and takes care of sudden illness.
3. The nurse shall plan yearly health appraisal activities.
4. The nurse shall interpret to the teachers any student physical defects which are relevant to school activities, making recommendations as indicated.
5. The nurse shall counsel individual students relative to their health.

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III. School Nurse (continued)

6. The nurse shall review with teachers the symptoms of communicable diseases as they occur and give information on each disease as indicated for children to take home.
7. The nurse shall assist in maintaining a healthful school environment by observing individual and group health hazards and making recommendations to the teacher, the Principal, and/or the Superintendent.
8. The nurse will submit a monthly typed narrative and statistical report to the Superintendent and Principal. A copy of the school report will be available to the school Medical Advisor.
9. The nurse shall keep an inventory of supplies. He/she will requisition health room supplies as needed to comply with medical standing orders and policies.
10. The nurse, through the school administrators, will coordinate the transition of students' health information from elementary school to middle school.
11. The nurse shall meet, when requested and when necessary, with individual teachers to discuss and identify emotional and physical problems relating to the health of students. The nurse shall be a member of the Planning and Placement Team as required.
12. The nurse shall act as a consultant and resource person.

IV. Nurse – Teacher Conferences

The nurse will confer with each teacher as necessary in the beginning of the school year about students with significant health problems. Additional conferences will be held as the need arises.

V. Admission to School

In order to be admitted or continued in school, students must meet immunization and physical examination requirements per State Statute, State Health Department regulations, and School Board policy. The Superintendent, with the Medical Advisor, will develop physical examination and immunization requirements. Transfer students must show proof of immunization and physical examination requirements upon the date of registration for school.

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Student Health Services (continued)

VI. Parental Permission

1. Parental permission is assumed for routine screening tests such as vision, hearing, heights, and weights as stated in the student handbooks.
2. Scoliosis screening will be done unless the parent/guardian indicates that he/she does not want the child to be screened. Parent notification is sent home by the school nurse prior to screening.
3. Written permission will be obtained for:
 - (1) Human Growth and Development program

VII. Immunization Requirements

1. Immunization of all students against measles, mumps, rubella, polio, diphtheria-tetanus-pertussis, and Hemophilus Influenza B and varicella is required per State Statute, State Health Department regulations, and school Board policy. The Superintendent, with the school Medical Advisor, will develop written immunization requirements.
2. Exemptions from immunizations
 - a. A note from a physician verifying that the child is in the process of receiving immunizations.
 - b. A note from a exemption form must be completed by the physician stating that the child's physical condition makes immunizations undesirable.
 - c. An exemption form must be completed by the parent or guardian stating the immunizations are contrary to the religious beliefs of the child.
 - d. A note from a physician or laboratory stating that the child has had a confirmed case of the disease. (Hepatitis B, measles, mumps, rubella and varicella)
 - e. In the case of pertussis, if the child is over 7.
 - f. In the case of Hemophilus Influenza B, if the child is over 5 years.
3. Children not meeting immunization requirements will be excluded.

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Student Health Services (continued)

VIII. Student Physical Assessment

1. There shall be health assessments during a student's school career as per the following schedule:
 - a. Prior to public school enrollment
 - b. Updated yearly physicals for pre-k according to calendar year
2. The Board of Education will deny continued school attendance to any child who fails to obtain the health assessments required herein.
3. Health assessments shall be conducted by the student's legally qualified practitioner of medicine, an advanced practice registered nurse, or a registered nurse licensed pursuant to chapter 378, or a physician assistant licensed pursuant to Chapter 370, or by the school Medical Advisor with assistance of the school nurse.

A registered nurse as identified in VIII C performing the health assessment may only update immunizations and perform tests as required by the local or regional board of education pursuant to the written order of a physician, physician assistant, or advanced practice registered nurse.

Each advanced practice registered nurse, registered nurse or physician assistant as described in VIII C performing health assessments and screenings must sign the state form and put any recommendations into writing.

4. The Board encourages parents to have their children examined by a private physician at their own expense.
5. A physical examination form is available at the school nurse's office, and this form should be completed by the examining physician and returned to the school. Physical examinations will also be conducted by the school physician for those students whose parents/guardians choose not to obtain the examination from their private physician due to economic factors. This will be determined by the School Nurse or the Principal.

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VIII. Student Physical Assessment (continued)

6. For examinations done in school:
 - a. Prior to the exam, a notice will be sent to the parent/guardian giving him/her the opportunity to be present.
 - b. The examination must be done in the presence of the parent/guardian or in the presence of a school employee.
7. Health assessments must include the following:
 - a. A physical examination will include hematocrit or hemoglobin tests, height, weight, blood pressure and urinalysis;
 - b. An updating of immunizations;
 - c. Vision, hearing, speech and gross dental screening, postural screening, and
 - d. Such other information, including health and developmental history, as the physician feels is necessary and appropriate.

The assessment shall also include test for sickle cell anemia or Cooley's anemia, and lead paint poisoning where the Board of Education determines after consultation with the school Medical Advisor and the local health department that such tests are necessary.

8. The Record of the Physical Assessment
 - a. Shall be on a special form provided by the state Board of Education.
 - (1) Shall include, in addition to finds, written recommendations concerning the student.
 - (2) Shall be signed by the legally qualified examiner.
 - b. Shall be included in the cumulative health record which is kept on file in the school which the student attends.
 - c. Shall not be open to public inspection.

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VIII. Student Physical Assessment (continued)

9. Follow-up
 - a. The Superintendent of Schools shall ensure that written notice describing the need for further testing or treatment will be given to the student's parents/guardians.
 - b. Within six weeks of such notice, the school nurse will determine whether the parent/guardian has obtained the necessary testing or treatment.
 - c. If the parent/guardian has not obtained necessary follow-up treatment, the Superintendent will be notified.
 - d. Results
 - (1) Shall be recorded on a special form.
 - (2) Shall be reviewed by school health personnel.
10. Exception

Students may be excused from required health assessment on religious grounds if the parent or legal guardian notifies the school in writing.
11. Supplementary Physical Examination
 - a. The content will be determined by the school Medical Advisor according to need.
 - b. When referral is made by nurse or teacher.

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IX. Cumulative Health Record

1. Shall be kept in a locked file in the school which the student attends.
2. The original cumulative record shall be sent to the Chief Administrative Officer of the school system to which the student moves. The school system sending the health record shall retain a true copy.
3. Shall not be open to public inspection and shall be treated as confidential student records in accordance with policy 5125.

X. Emergency Procedures

1. The Principal shall require parents/guardians to provide the school with a signed form listing hospital preference, child's doctor, any special medical problems, and names of at least two (2) responsible friends or relatives who are willing and able to assume care, transportation, and responsibility of an injured or ill child when the parents cannot be reached. This information will be available in the office of the Principal and of the nurse and will be updated annually.
2. Notification
 - a. If the student's condition requires immediate medical attention, the family shall be notified and asked to take appropriate action.
 - b. If a delay is judged to be detrimental to the student's welfare or the parents/guardians cannot be reached, the emergency card will be used.
 - c. In the event that the student's condition is an acute medical emergency, the Principal or, in his/her absence, a delegated staff member or the school nurse will assume responsibility for removing the student by ambulance.
3. Transportation
 - a. Parents/guardians must assume the responsibility for transporting their children home or to medical attention in all instances of accident or illness.
 - b. If parent/guardians cannot be reached or have no means of transporting their child, the emergency card procedure will be followed. If appropriate transportation is not available, the Principal or his/her designee shall have the responsibility of determining the mode of transportation.

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X. Emergency Procedures (continued)

4. First Aid Orders

- a. Standing orders, reviewed and signed by the school physician annually, are to be posted in the health room for the use of school personnel.
- b. Those students needing first aid treatment are to be referred to the school nurse, the health aide, the Principal, or other designated staff member.
- c. The nurse and Principal shall advise each other of all reportable accidents, i.e., those accidents requiring medical attention or exclusion. Children are to be excluded from school for symptoms of acute illness or any condition that appears communicable. The decision to do so shall be made by the nurse who would report to the Principal.

XI. Reporting Accidents

An accident report form shall be completed promptly on all major accidents involving students or staff members which result in injury. The Principal shall report accidents to the Superintendent. School personnel or the school nurse will report accidents to the Principal.

XII. Screening Requirements

1. Minimum Screenings

Vision, audiometric, and postural screening will be performed in accordance with the State Statute and State Regulations.

2. Additional Recommended Screenings

- a. height and weight – annually
- b. vision – annually

Test results or treatment provided as a result of screenings shall be recorded on the appropriate forms.

Written notice will be mailed to the parent/guardian of a child who fails any screening procedure. Within six weeks of referral, the nurse will determine whether the parent/guardian has obtained the necessary follow-up. A reasonable effort will be made to ensure that further testing or treatment is provided.

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XIII. Growth and Development Program

The school nurse will work with the faculty in the implementation of the Human Growth and Development Program.

XIV. Absence From School

1. A copy of the daily absence record shall be available for the nurse.
2. Students who are absent, whose parents have not notified the school, will be contacted by the school nurse to determine the cause of absence.

XV. Administration of Medications in School

1. Definitions

- a. **“Administration of medication”** shall mean the direct application of a medication by inhalation, ingestion, or by any other means to the body of a person.
- b. **“Advanced Practice”**
- c. **“Board of Education”** shall mean 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.
- d. **“Commissioner”** shall mean the Commissioner of the Connecticut Department of Health Services or any duly authorized representative thereof.
- e. **“Controlled drugs”** shall mean those drugs as defined in Section 21a-240, Connecticut General Statutes.
- f. **“Cumulative health record”** shall mean the cumulative health record of a student mandated by Section 10-206, Connecticut General Statutes.
- g. **“Dentist”** shall mean a doctor of dentistry licensed to practice dentistry in Connecticut in accordance with Chapter 379, Connecticut General Statutes, or licensed to practice dentistry in another state.
- h. **“Department”** shall mean the Connecticut Department of Health Services or any duly authorized representative thereof.

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Student Health Services

XV. Administration of Medications in School (continued)

1. Definitions

i. **“Error”** shall mean:

(1) Failure to do any of the following as ordered:

- (a) Administer a medication to a student;
- (b) Administer medication within the time designated by the prescribing practitioner;
- (c) Administer the specific medication prescribed for a student;
- (d) Administer the correct dosage of medication;
- (e) Administer medication by the proper route; and/or
- (f) Administer the medication according to general accepted standards of practice.

(2) Administration of a medication to a student which is not ordered or in the case of aspirin, ibuprofen or an aspirin substitute containing acetaminophen, administration to a student which is not authorized in writing by the parent or guardian of such student.

j. **“Guardian”** means one who has the authority and obligations of guardianship of the person of a minor, and includes:

(1) The obligation of care and control; and

(2) 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.

k. **“Investigational drug”** shall mean 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.

l. **“Legally qualified examiner”** shall mean a physician, dentist, advanced practice registered nurse or physician assistant, as defined in Section XV of this policy and a registered nurse licensed pursuant to chapter 378.

m. **“Medication”** shall mean any medicinal preparation including controlled drugs, as defined in Sections 21a-240, Connecticut General Statutes.

n. **“Medication emergency”** shall mean an untoward reaction of a student to a medication.

Students

Student Health Services

XV. Administration of Medications in School (continued)

1. Definitions (continued)

- o. **“Medication order”** shall mean the authorization by a physician or dentist for the administration of a medication to a student during school hours for no longer than the current academic year.
- p. **“Nurse”** shall mean a registered nurse or a practical nurse licensed in Connecticut in accordance with Chapter 378, Connecticut General Statutes.
- q. **“Physician”** shall mean a doctor of medicine or osteopathy licensed to practice medicine in Connecticut in accordance with chapters 370 and 371, Connecticut General Statutes, or licensed to practice medicine in another state.
- r. **“Physician Assistant”** shall mean a physician assistant licensed pursuant to chapter 370, Connecticut General Statutes.
- s. **“Advanced Practice Registered Nurse”** shall mean a nurse licensed pursuant to chapter 378, Connecticut General Statutes.
- t. **“Principal”** shall mean the administrator in the school.
- u. **“School”** shall mean any educational program which is under the jurisdiction of a Board of Education as defined by these regulations.
- v. **“School Medical Advisor”** shall mean a physician appointed in accordance with Section 10-205, Connecticut General Statutes.
- w. **“School nurse”** shall mean a nurse appointed in accordance with Section 10-212, Connecticut General Statutes.
- x. **“Self administration of medication”** shall mean 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.
- y. **“Supervision”** shall mean the overseeing of the process of medication administration in a school.
- z. **“Teacher”** means a person employed full time by a board of education who has met the minimum standards as established by the 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.

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Student Health Services

XV. Administration of Medications in School (continued)

2. Administration of Medication by School Personnel

- a. Medication should not be administered during school hours if it is possible to achieve the desired effects by home administration during other than school hours.
- b. All medications, except for those approved for transporting by students for self-medication, shall be delivered by the parent/guardian or other responsible adult and shall be received by the nurse assigned to the school. The nurse must examine on-site any new medication, medication order and permission form and develop a medication administration plan for the student before any medication is given by any school personnel. It is recommended that the first dose of any new medication be given at home.
- c. Medications may not be transported or possessed by students, except those approved for transporting by students for self-medication. Students found possessing unauthorized medication will be referred to the school nurse and/or Principal. Any member of the school staff observing a student carrying or taking unauthorized medication shall report the student to the school nurse or designated person.
- d. Pursuant to Connecticut General Statutes 10-212a-2 Administration of Medication, the licensed school nurse, or if absent, a Principal or teacher, who has been properly trained, may administer medicinal preparations to students if the following criteria are met:
 - (1) There shall be a written order from a licensed physician, an advanced practice registered nurse licensed to prescribe in accordance with section 20-90a as amended of the Connecticut General Statutes, a physician assistant licensed to prescribe in accordance with section 20-12d of the Connecticut General Statutes, or a dentist. The order shall include the following:
 - (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 prescribing physician;
 - (g) The date the medication was ordered;
 - (h) The date the medication is to be reordered or the duration of the order;
 - (i) And the order shall be renewed each year, if indicated.

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Student Health Services

XV. Administration of Medications in School (continued)

2. Administration of Medication by School Personnel (continued)

- (2) There must be written authorization from the child's parent/guardian.
 - (3) The prescribed medication shall be administered to and taken by only the person for whom the prescription has been written.
 - (4) The medication shall be delivered in the original manufacturer's or pharmacy-labeled container.
- e. Tylenol or acetaminophen products may be administered by the school nurse, or if absent, a trained Principal or teacher:
 - (1) With written authorization of a parent/guardian and
 - (2) According to the standing orders of the school physician; or
 - (3) With the written order of a physician, advanced practice registered nurse, physician assistant, or a dentist.
- f. In the absence of a licensed nurse, only principals and teachers who have been properly trained may administer medications to students. Principals and teachers may administer oral, topical, or inhalant medications. Injectable medications may be administered by a principal or teacher only to a student with a medically diagnosed allergic condition which may require prompt treatment to protect the student from serious harm or death. Investigational drugs may not be administered by principals or teachers.
- g. Procedures in medication emergencies are the following:

In the event of a medication emergency, i.e. untoward reaction of a student to a medication, the following procedure shall be followed:

 - (1) The emergency shall be reported immediately to the school nurse and to the prescribing physician by telephone or to the school physician if the prescribing physician cannot be reached. If the telephone line is busy, the operator shall be notified of the emergency and requested to break in on the conversation. In the event neither physician is immediately available the emergency shall be reported to the Poison Center (1-800-343-232-1222.)

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Student Health Services

XV. Administration of Medications in School (continued)

2. Administration of Medication by School Personnel (continued)

- (2) If transportation to an Emergency Room is recommended, the ambulance shall be called to take the student to the hospital of the parent's choice as indicated on the student's emergency medical card.
 - (3) The Principal shall be responsible for decision making in the absence of the school nurse.
 - (4) The parent/guardian shall be notified by telephone of any medication emergency.
- h. The following information shall readily be available in the Health Room and in the Main Office:
 - (1) The local poison information center telephone number;
 - (2) The physician, clinic, or ER to be contacted in the event of a medication emergency; and
 - (3) The name of the person responsible for decision making in the absence of the school nurse.
- i. All controlled drugs currently listed in schedules II-V of regulations of Connecticut State Agencies – sections 21a -243 -8 through 21a -243 -11, may be administered in schools according to section B4 of this policy.

3. Training of School Personnel

- a. The Board of Education shall provide training annually to designated principals and teachers in the safe administration of medications.
- b. Any Principal or teacher giving a medicinal preparation to a student shall have received annual training in safe administration of medications from the school nurse and/or school physician. Only principals or teachers who have received such training from the school nurse or physician shall be allowed to administer medications to students. This training shall include, but not be limited to:
 - (1) The procedural aspects of medication administration, the safe handling and storage of medications, and recording; and
 - (2) The medication needs of specific students, medication idiosyncracies, and desired effects, potential side effects or untoward reactions.

Students

Student Health Services

XV. Administration of Medications in School (continued)

3. Training of School Personnel (continued)

- c. The school nurse shall maintain and annually update documentation that such training has been provided and successfully completed.
- d. The school nurse shall, under the direction of the Superintendent, maintain and annually update a list of principals and teachers who have been trained in the administration of medications.
- e. Licensed practical nurses (licensed in Connecticut) 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 medication 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.

4. Self-administration of Medicines in Schools

Students may self-administer medications in school if the following requirements are met:

- a. The medication must be stored in the health room or with the teacher unless otherwise specified by the physician or dentist.
- b. Oral medication may be self-administered by a student during school hours if the following conditions are met:
 - (1) A physician/dentist provides a written order for self-administration (see attached form) and;
 - (2) There is written authorization from the student's parents or guardians. The statement will be kept on file in the student's cumulative health record; and
 - (3) The school nurse shall evaluate the situation with the student relative to the student's understanding of his/her diagnosis, medication and importance of taking medication as prescribed (this shall be documented on the student's cumulative health record); and the nurse shall develop a plan for general supervision; and

Students

Student Health Services

XV. Administration of Medications in School (continued)

4. Self-administration of Medicines in Schools (continued)

- (4) The Principal and appropriate teachers are informed that the student is self-administering prescribed medication, and;
- (5) The physician, advanced practice registered nurse, physician assistant, or dentist shall indicate if the medication shall be stored in the health room or carried by the student, and;
- (6) The parent shall be responsible for breakage, student misuse and his/her ability to self-administer the medication, and;
- (7) If self-administered oral medications are taken in the nurse/Principal /teacher presence the following apply:
 - (a) The student shall be identified;
 - (b) The dosage, route, frequency of the medication shall be identified;
 - (c) the medication shall be ingested/inhaled in the presence of the nurse/Principal/teacher;
 - (d) The guidelines for recording of medication administration, including Schedule II control drugs, shall be followed (see policy); and
 - (e) Errors and/or adverse reactions shall be reported and documented according to policy.
- (8) Such medication shall be transported to school and maintained under the student's control in accordance with the order of the physician/dentist and with parental permission.

5. Handling, Storage and Disposal of Medications

- 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 assigned to the school. The nurse shall examine on-site any new medication, medication order and permission form and develop a medication administration plan for the student before any medication is given by any school personnel.
- b. All medications, except those approved for keeping by students for self-medication, shall be kept in designated locked container, cabinet or closet used exclusively for the storage of medication. In the case of controlled substances, they shall be stored separately from other drugs and substances in a separate, secure, substantially constructed, locked metal or wood cabinet.

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Student Health Services

XV. Administration of Medications in School (continued)

5. Handling, Storage and Disposal of Medications (continued)

- c. Access to all stored medications shall be limited to persons authorized to administer medications. Each school shall maintain a current list of those persons authorized to administer medications.
- d. 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.
- e. Medications requiring refrigeration shall be stored in a refrigerator at no less than 36 degrees F and no more than 46 degrees F.
- f. All unused, discontinued or obsolete medications shall be removed from storage areas and either returned to the parent/guardian or, within one week after the parent/guardian, has been notified the medication will be disposed of by the school nurse:
 - (1) Non-controlled drugs shall be destroyed in the presence of at least one witness;
 - (2) Controlled drugs, if not picked up by the parent/guardian, 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, State Office Building, Hartford, CT 06115. Telephone – 566-4490.
- g. No more than a forty-five school day supply of a medication for a student shall be stored at the school, unless otherwise stated by the physician or dentist;
- h. No medication for a student shall be stored at a school without current written order from a physician or dentist except as noted in subsection E9.
- i. Aspirin, ibuprofen, or an aspirin substitute containing acetaminophen shall not be administered at school without the written request and authorization of a parent or guardian of such student on file and in accordance with the school's standing orders.

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XV. Administration of Medications in School (continued)

6. Documentation and Record Keeping

- a. Each school where medications are administered shall maintain a medication administration record for each student who receives medication during school 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 physician, advanced practice registered nurse, physician assistant, dentist, or school Medical Advisor (physician) for standing orders;
 - (g) The date the medication was ordered;
 - (h) The quantity received;
 - (i) The date the medication is to be reordered;
 - (j) Any student allergies to food and/or medicine;
 - (k) The date and time of administration or omission including the reason for the omission;
 - (l) The dose or amount of the drug to be administered;
 - (m) The full legal signature of the nurse, Principal or teacher administering the medication.
- b. Transactions shall be recorded in ink and shall not be altered. If an error is made when recording, a pen line shall be run through the entry and the correct data recorded on the next line and signed. The medication administration record shall be made available to the Department of Health Services upon request.
- c. Controlled substances: In addition to the above, records of controlled substances shall be maintained separately from other medication records and duplicate copies shall be kept and show:
 - (1) Name and address from whom the drug was received.
 - (2) Quantity of controlled substance received.
 - (3) Current and daily count of medication.
 - (4) Record of kind and quantity of controlled substance lost, destroyed, or stolen and date of discovery of such loss, destruction, or theft.

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Student Health Services

XV. Administration of Medications in School (continued)

6. Documentation and Record Keeping (continued)

- d. The original copy of the medication record shall be kept in the health room for a period of three years from the date of the last transaction recorded on the medication record and shall be available to the State Department of Health.
- e. The specific written order of the physician, dentist, advanced practice registered nurse, physician assistant, the written authorization of the parent/guardian, and the copy of the completed medication administration record for each student shall be filed in the student's cumulative health record.
- f. A physician's, dentist's, advanced practice nurse's, or physician's assistant's verbal order, including a telephone order, for a change in any medication shall be received only by a school nurse. Any such verbal order shall be followed by a written order within three school days.
- g. Errors in medication administration –
 - (1) Any such error in medication shall be reported immediately to the school nurse and the person prescribing the medication via telephone or reported to the school physician if the prescribing physician cannot be reached.
 - (2) The parent/guardian shall be notified via telephone of any such error in medication administration.
 - (3) If treatment is required following a medication error that said treatment shall be carried out by the parent/guardian or authorized school personnel.
 - (4) A report shall be completed using the authorization accident/incident report form.
 - (5) Any error in the administration of a medication shall be documented in the student's cumulative health record.

7. Emergency Care by Administration of Medications by Injection

Injectable medications may be administered by a Principal or teacher only to a student with a condition which may require prompt treatment to protect the student from serious harm or death and if the following criteria are met:

- a. The teacher or Principal shall have proof of current certification of completion of a course in first aid offered by the American Red Cross, the American Heart Association, the State Department of Health Services, or any Director of Health.

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XV. Administration of Medications in School (continued)

7. Emergency Care by Administration of Medications by Injection (continued)

- b. The teacher or Principal shall have completed a course in the administration of medication by injection given by the school Medical Advisor, school nurse, or by a licensed physician.

8. Supervision

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

- a. Availability on a regularly scheduled basis to:
 - (1) Review orders or 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;
 - (3) Provide training to principals, teachers and other licensed nursing personnel in the administration of medications;
 - (4) Support and assist other licensed nursing personnel, principals, and teachers to prepare for and implement their responsibilities related to the administration of specific medications during school hours;
 - (5) Provide consultation by telephone or other means of telecommunication. In the absence of the school nurse, a licensed physician or nurse may provide this consultation.
- b. Implementation of policies and procedures regarding receipt, storage, and administration of medications.
- c. Monthly review of all documentation pertaining to the administration of medications for students.
- d. Work-site observation of medication administration by teachers and principals who have been newly trained.
- e. Periodic review, as needed, with licensed nursing personnel, principals and teachers regarding the needs of any student receiving medication.

Students

Student Health Services

XV. Administration of Medications in School (continued)

9. Administration of Medication on School Trips

- a. All policies for administration of medication in school shall be followed for administration of medication on school trips.
- b. Emergency medication – follow policy delineated in G. - “Emergency Care by Administration of Medication by Injection.” If no teacher or other trained school personnel going on the school trip is qualified to administer emergency medication by injection, the parent/guardian of students with orders for emergency injectable medication must sign a release form or the student will be unable to attend the school trip. The release shall state that the parent/guardian is aware that there will be no school personnel available to administer emergency injectable medication.

Legal Reference: Connecticut General Statutes

- 10-203 Sanitation.
- 10-204 Vaccination.
- 10-204a Required immunizations.
- 10-204c Immunity from liability
- 10-205 Appointment of school medical advisors.
- 10-206 Health assessments.
- 10-206a Free health assessments.
- 10-207 Duties of medical advisers.
- 10-208 Exemption from examination or treatment.
- 10-208a Physical activity of student restricted; boards to honor notice.
- 10-209 Records not to be public.
- 10-210 Notice of disease to be given parent or guardian.
- 10-212 School nurses and nurse practitioners.
- 10-212a Administration of medicines by school personnel.
- 10-213 Dental hygienists.
- 10-214 Vision, audiometric and postural screening: When required; notification of parents re defects; record of results. (As amended by PA 96-229 An Act Concerning Scoliosis Screening)
- 10-214b Compliance report by local or regional board of education.

Policy adopted: February 10, 2010
 Policy revised: December 12, 2012

ANDOVER PUBLIC SCHOOLS
 Andover, Connecticut