ADMINISTERING MEDICATIONS

The Board of Education allows students to self administer medication and qualified school personnel to administer medication to students in accordance with the established procedures. In order to provide immunity afforded to school personnel who administer medication, the Board of Education, along with the school medical advisor and the school nurse supervisor, shall review and/or revise this policy as required. The District's School Medical Advisor (or other qualified physician) shall approve this policy, its regulations and any changes.

A child with diabetes may test his/her own blood glucose level per the written order of a physician or advance practice nurse stating the need and the capacity of such child to conduct self-testing. Such self-testing shall be pursuant to guidelines promulgated by the Commissioner of Education.

A child diagnosed with asthma or an allergic condition may carry an inhaler or an epipen or similar device in the school at all times if he/she is under the care of a physician, physician assistant, or advanced practice registered nurse (APRN) and such practitioner certifies in writing to the Board of Education that the child needs to keep an asthmatic inhaler or epipen at all time to ensure prompt treatment of the child's asthma or allergic condition and protect the child against serious harm or death. A written authorization of the parent/guardian is also required.

A school nurse may administer medication to any student pursuant to the written authorization of a state licensed physician or a physician or a dentist licensed to practice in another state, an advanced practice registered nurse licensed to prescribe in accordance with C.G.S. 20-94a or a physician licensed to prescribe in accordance with C.G.S. 20-12d and the written authorization of a parent or guardian of such child. In the absence of a school nurse, any other nurse licensed pursuant to the provisions of chapter 378, including a nurse employed by, or providing services under the direction of the Board of Education at a school-based clinic, the principal, any qualified personnel, licensed athletic trainer, licensed physical or occupation therapist of a school upon approval of the school medical advisor and the school nurse may administer medication to any student in the school following the successful completion of specific training in the administration or medication and satisfactory completion of the required criminal history check. Coaches are also authorized to administer emergency medication to student participating in intramural and interscholastic athletics, per the regulations promulgated by the State Board of Education.

A specific paraprofessional, through a plan approved by the school nurse supervisor and school medical advisor, should be designed to administer medication, including medication administered with a cartridge injector, to a particular student diagnosed with an allergy that may require prompt treatment to avoid serious harm or death. The approved plan also requires the written authorization of the student's parent/guardian and be pursuant to the written order from the student's doctor or APRN or physician assistant licensed to prescribe medication.

Approved 4/10/90; Reviewed 2/25/92; Reviewed 3/1/94;
Approved 11/19/96; Revised 1/27/98; Revised/Approved 3/23/99;
Amended/Approved 1/14/03; Reviewed 11/12/03;
Reviewed/Revised/Renumbered/Approved 7/20/2010
Revised/Approved 2/23/2011

ADMINISTERING MEDICATIONS (Continued…)

Directors, or their designees of school readiness programs and before or after school programs that are district-administered or administered by a municipal agency or department and are located in a District public school may give medicine, pursuant to State Board of Education regulations, to children enrolled in these programs.

A child attending any before or after school program, day camp, day care facility, interscholastic athletic event, or intramural athletic event administered by the Board in any building or on the grounds of any district school, upon the request and with the written authorization of the child's parent/guardian and pursuant to the written order from the student's doctor, or advanced practice registered nurse or physician's assistant licensed to prescribe medication, will be provided and supervised by the District staff member trained to administer medication with a cartridge injector. Such administration shall be to a particular student diagnosed with an allergy that may require prompt treatment to avoid serious harm or death.

The selected staff member shall be trained in the use of a cartridge injector by either a licensed physician, physician's assistant, advanced practice registered nurse or registered nurse. The selected staff member is also required to complete a course in first aid/CPR offered by the American Red Cross, the American Heart Association, the National Ski Patrol, the Department of Public Health or any Director of Health.

In compliance with all applicable state statutes and regulations, parents/guardians may administer medications to their own children on school grounds.

Legal Reference: Connecticut General Statutes

52-557b Immunity from liability for emergency medical assistance first aid or medication by injection. School personnel not required to administer or render. (as amended by PA 05-144)
10-212a Administration of medications in schools (as amended by PA 99-2, and June Special Session and PA 03-211, PA 04-181, PA 07-241 and PA 09-155)
20-12d Medical functions performed by physician assistants. Prescription authority.
20-94a Licensure as advanced practical registered nurse.
20-17a Criminal history checks. Procedures. Fees.
PA 07-241 An Act Concerning Minor Changes to the Education Statutes
PA 09-155 An Act Concerning the Use of Asthmatic Inhalers and Epinephrine Auto Injectors While at School

Approved 4/10/90; Reviewed 2/25/92; Reviewed 3/1/94;
Approved 11/19/96; Revised 1/27/98; Revised/Approved 3/23/99;
Amended/Approved 1/14/03; Reviewed 11/12/03;
Reviewed/Revised/Renumbered/Approved 7/20/2010
Revised/Approved 2/23/2011

Regional School District No. 7.

Administrative Regulations to Policy #5141.21
Administration of Medication by School Personnel

PROCEDURE 1: If the administration of prescription medication is necessary during school hours, the following procedures will be followed:

A. All controlled drugs currently listed in Schedules 2 through 5 of the Regulation of Connecticut State agencies, Sections 21a-243-8 through 21a-213-11 may be administered in schools with proper authorization.

B. A written medication order from an authorized prescriber under Section 20-212a and written authorization from parent/guardian will be on file in the Nurse's Office prior to administration (Form SRC-1, Rev. 5/10).

C. Prescription medication is to be delivered by parent/guardian or responsible adult to the School Nurse. The School Nurse will examine the medication, written order and authorized permission and develop a plan for effective administration and follow-up.

D. Medication will be stored in a locked cabinet or equivalent designated for the sole purpose of securing medication.

E. Access to all medication shall be limited to persons authorized to administer medicine.

F. A list of persons authorized to administer medications will be kept in the Nurse's Office.

G. The Board of Education or its designee shall maintain and annually update documentation of training sessions for those authorized persons allowed to administer medication.

H. All medication will be stored in its original container, completely labeled with student's name, name and strength of medication, name of physician, date dispensed by pharmacist, and directions for administration.

I. Medication needing refrigeration will be stored between 36-46 degrees F.

J. All unused, expired or unauthorized medication shall be destroyed in the presence of one witness with notification to the parent/guardian or the parent/guardian may personally retrieve the medication from the Nurse's Office within a seven (7) school day period.

K. Controlled drugs shall be destroyed in accordance with 1307-21 Code of Federal Regulations and surrendered to the Commissioner of the Department of Consumer Protection.

Approved 4/10/90; Reviewed 2/25/92; Reviewed 3/1/94;
Approved 11/19/96; Revised 1/27/98; Revised/Approved 3/23/99;
Amended/Approved 1/14/03; Reviewed 11/12/03;
Reviewed/Revised 7/20/2010
Revised 2/23/2011

Regional School District No. 7.

Administrative Regulations to Policy #5141.21
Administration of Medication by School Personnel

PROCEDURE 1: (Continued…)

L. Prescription medicine will not be stored without the completed authorization form.

M. No more than a 45 school-day supply will be kept at school.

PROCEDURE 2: Documentation of prescription medicine and non-prescription medicine administered during school hours will be recorded on Form SRC-1, Rev. 5/10). This form will be kept in the Nurse's Office and shall include such data as:

A. Name of student

B. Name, dosage, and amount of medication

C. Route and frequency of administration

D. Name of physician

E. Date medication was ordered and quantity received

F. Date medication needed to be re-ordered

G. Known allergies/pre-existing medical concerns/problems

H. Side effects to be observed

I. Date and time of administration

J. Date and time of omission and reason for omission when appropriate

K. Full legal signature of person administering medication

All data shall be recorded in ink and become part of the student's individualized cumulative health record.

Administrative Regulations to Policy #5141.21
Administration of Medication by School Personnel

PROCEDURE 3: A physician's verbal order can be received only by the School Nurse. A physician's written order must be received within three (3) school days of the verbal order.

PROCEDURE 4: In the event of a medication emergency, the School Nurse (or in his/her absence, an Administrator) will notify as appropriate, parent/guardian, prescribing physician, School Medical Advisor, and Administration.

PROCEDURE 5: In the event of a medication error, the School Nurse (or in his/her absence, an Administrator) will notify as appropriate, parent/guardian, prescribing physician, School Medical Advisor, and Administration. A medication error report (Form 2-A) is to be completed and placed in the student's health record.

PROCEDURE 6: Training of qualified school personnel in the administration of medications will include: safe storage and handling, documentation, medication needs of specific students, medication idiosyncrasies, desired effects, side effects, and untoward reactions. Training will be provided by the School Nurse and documented annually and kept on file.

A. Trained qualified personnel may administer injectable medication (i.e., Epipen) to those students having a severe reaction to a diagnosed allergy who need prompt treatment. This training session is annual and documented and kept on file (with standing orders).

PROCEDURE 7: The Board of Education shall require the School Nurse to maintain and annually update documentation of those administrators/teachers and school personnel trained to administer medication in school. (See Form 3-A).

PROCEDURE 8: Students may self-administer certain medications (Epipens, metered dose inhalers, insulin preparations) provided there is written authorization to do so by the authorized prescriber and parent/guardian each school year (Form SRC-1). The student will be responsible for the transportation and safe use of medication. The School Nurse will evaluate each case and develop a plan to insure compliance and safety. The School Nurse will inform appropriate school personnel.

Regional School District No. 7.

Administrative Regulations to Policy #5141.21
Administration of Medication by School Personnel

PROCEDURE 9: The School Nurse will be responsible to review written medication orders for changes, update school personnel as needed, and develop a plan to administer medication to ensure compliance with written orders. The School Nurse will provide and arrange for training for school personnel in the administration of medication in school and assist in their needs relating to the administration of student specific medications. The School Nurse will adhere to policies and procedures for administration of medication, supervise newly trained personnel, and review periodically with appropriate personnel information regarding the student receiving medication in school.

Administration of Narcan/Opioid Antagonists Without Written Authorization

1. For purposes of this subsection, the following definitions apply:

   a) "opioid antagonist" means naloxone hydrochloride (e.g., "Narcan") or any other similarly acting and equally safe drug approved by the U.S. Food and Drug Administration for the treatment of a drug overdose,

   b) "qualified school employee" means a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, coach or school paraprofessional, and

   c) "qualified medical professional" means (i) a duly licensed physician, (ii) an optometrist duly licensed to practice optometry, (iii) an advanced practice registered nurse duly licensed to prescribe in accordance with state law, or (iv) a physician assistant duly licensed to prescribe in accordance with state law.

2. A school nurse or, in the absence of a school nurse, a qualified school employee may maintain opioid antagonists for the purpose of emergency first aid to students

   a) who experience an opioid-related drug overdose, and

   b) 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 such opioid antagonist.

3. A school nurse or a school principal shall select qualified school employees to administer such opioid antagonist.

4. There shall be at least one such qualified school employee on the grounds of a school during regular school hours in the absence of a school nurse.

5. A school nurse or, in the absence of such school nurse, such qualified school employee may administer such opioid antagonist, in accordance with these regulations, along with such regulations or guidelines governing the storage and administration of opioid antagonists that may be developed by the State Board of Education, the Connecticut Department of Public Health and/or the Connecticut Department of Consumer Protection, or other competent authority.

6. In the absence of such state regulations and guidelines, those provisions of these regulations, shall govern the storage and administration of any opioid antagonist.

7. Each school may maintain such records with respect to the storage, distribution, use, and administration of an opioid antagonist, in accordance with these regulations and applicable state regulations and guidance.

8. No school nurse or qualified school employee shall administer such opioid antagonist under this subsection unless such school nurse or qualified school employee completes a training program in the distribution and administration of an opioid antagonist developed by the Connecticut Department of Education, Department of Public Health and Department of Consumer Protection, or under an agreement entered by the school district with a prescribing physician or pharmacist, as permitted by law.

9. The administration of an opioid antagonist by a qualified school employee shall be limited to only those situations when the school nurse is absent or unavailable.

10. The parent or guardian of a student may submit a request, in writing, to the school nurse and school medical advisor that an opioid antagonist shall not be administered to said student.

11. The school district may purchase opioid antagonists in accordance with the law.

Approved 4/10/90; Reviewed 2/25/92; Reviewed 3/1/94;
Approved 11/19/96; Revised 1/27/98; Revised/Approved 3/23/99;
Amended/Approved 1/14/03; Reviewed 11/12/03;
Reviewed/Revised 7/20/2010

Regional School District No. 7.

MEDICATION ERROR OR INCIDENT REPORT

Date of Report_____ School_____ Prepared By_____

Name of Student_____ Grade_____

Home Address_____ Phone_____

Date error occurred_____ Time Noted_____

Person Administering Medication_____

Prescribing Practitioner_____

Reason Medication was prescribed_____

Date of Order_____ Instructions for Administration_____

Medication(s) Dose Route Sched. Time Dispens.Pharm. Presciption No.

_____

_____

_____

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

Sec. 52-557b. "Good samaritan law". Immunity from liability for emergency medical assistance, first aid or medication by injection. School personnel not required to administer or render. (a) A person licensed to practice medicine and surgery under the provisions of chapter 370 or dentistry under the provisions of section 20-106 or members of the same professions licensed to practice in any other state of the United States, a person licensed as a registered nurse under section 20-93 or 20-94 or certified as a licensed practical nurse under section 20-96 or 20-97, a medical technician or any person operating a cardiopulmonary resuscitator or an automatic external defibrillator, or a person trained in cardiopulmonary resuscitation or in the use of an automatic external defibrillator in accordance with the standards set forth by the American Red Cross or American Heart Association, who, voluntarily and gratuitously and other than in the ordinary course of such person's employment or practice, renders emergency medical or professional assistance to a person in need thereof, shall not be liable to such person assisted for civil damages for any personal injuries which result from acts or omissions by such person in rendering the emergency care, which may constitute ordinary negligence. The immunity provided in this subsection does not apply to acts or omissions constituting gross, willful or wanton negligence. Nothing in this subsection shall be construed to exempt paid or volunteer firefighters, police officers or emergency medical services personnel from completing training in cardiopulmonary resuscitation or in the use of an automatic external defibrillator in accordance with the standard set forth by the American Red Cross or American Heart Association. For the purposes of this subsection, "automatic external defibrillator" means a device that: (1) Is used to administer an electric shock through the chest wall to the heart; (2) contains internal decision-making electronics, microcomputers or special software that allows it to interpret physiologic signals, make medical diagnosis and, if necessary, apply therapy; (3) guides the user through the process of using the device by audible or visual prompts; and (4) does not require the user to employ any discretion or judgment in its use.

(b) A paid or volunteer firefighter or police officer, a teacher or other school personnel on the school grounds or in the school building or at a school function, a member of a ski patrol, a lifeguard, a conservation officer, patrol officer or special police officer of the Department of Environmental Protection, or emergency medical service personnel, who has completed a course in first aid offered by the American Red Cross, the American Heart Association, the National Ski Patrol, the Department of Public Health or any director of health, as certified by the agency or director of health offering the course, and who renders emergency first aid to a person in need thereof, shall not be liable to such person assisted for civil damages for any personal injuries which result from acts or omissions by such person in rendering the emergency first aid, which may constitute ordinary negligence. No paid or volunteer firefighter, police officer or emergency medical service personnel who forcibly enters the residence of any person in order to render emergency first aid to a person whom such firefighter, police officer or emergency medical service personnel reasonably believes to be in need thereof shall be liable to such person for civil damages incurred as a result of such entry. The immunity provided in this subsection does not apply to acts or omissions constituting gross, willful or wanton negligence.

(c) An employee of a railroad company, including any company operating a commuter rail line, who has successfully completed a course in first aid, offered by the American Red Cross, the American Heart Association, the National Ski Patrol, the Department of Public Health or any director of health, as certified by the agency or director of health offering the course, and who renders emergency first aid or cardiopulmonary resuscitation to a person in need thereof, shall not

be liable to such person assisted for civil damages for any personal injury or death which results from acts or omissions by such employee in rendering the emergency first aid or cardiopulmonary resuscitation which may constitute ordinary negligence. The immunity provided in this subsection does not apply to acts or omissions constituting gross, wilful or wanton negligence.

(d) A railroad company, including any commuter rail line, which provides emergency medical training or equipment to any employee granted immunity pursuant to subsection (c) of this section shall not be liable for civil damages for any injury sustained by a person or for the death of a person which results from the company's acts or omissions in providing such training or equipment or which results from acts or omissions by such employee in rendering emergency first aid or cardiopulmonary resuscitation, which may constitute ordinary negligence. The immunity provided in this subsection does not apply to acts or omissions constituting gross, wilful or wanton negligence.

(e) (1) For purposes of this subsection, "cartridge injector" means an automatic prefilled cartridge injector or similar automatic injectable equipment used to deliver epinephrine in a standard dose for emergency first aid response to allergic reactions.

(2) Any volunteer worker associated with, or any person employed to work for, a program offered to children sixteen years of age or younger by a corporation, other than a licensed health care provider, that is exempt from federal income taxation under Section 501 of the Internal Revenue Code of 1986, or any subsequent corresponding internal revenue code of the United States, as from time to time amended, who (A) has been trained in the use of a cartridge injector by a licensed physician, physician assistant, advanced practice registered nurse or registered nurse, (B) has obtained the consent of a parent or legal guardian to use a cartridge injector on his or her child, and (C) uses a cartridge injector on such child in apparent need thereof participating in such program, shall not be liable to such child assisted or to such child's parent or guardian for civil damages for any personal injury or death which results from acts or omissions by such worker in using a cartridge injector which may constitute ordinary negligence. The immunity provided in this subsection does not apply to acts or omissions constituting gross, wilful or wanton negligence.

(3) A corporation, other than a licensed health care provider, that is exempt from federal income taxation under Section 501 of the Internal Revenue Code of 1986, or any subsequent corresponding internal revenue code of the United States, as from time to time amended, which provides training in the use of cartridge injectors to any volunteer worker granted immunity pursuant to subdivision (2) of this subsection shall not be liable for civil damages for any injury sustained by, or for the death of, a child sixteen years of age or younger who is participating in a program offered by such corporation, which injury or death results from acts or omissions by such worker in using a cartridge injector, which may constitute ordinary negligence. The immunity provided in this subsection does not apply to acts or omissions constituting gross, wilful or wanton negligence.

(f) A teacher or other school personnel, on the school grounds or in the school building or at a school function, who has completed both a course in first aid in accordance with subsection (b) of

this section and a course given by the medical advisor of the school or by a licensed physician in the administration of medication by injection, who renders emergency care by administration of medication by injection to a person in need thereof, shall not be liable to the person assisted for civil damages for any injuries which result from acts or omissions by the person in rendering the emergency care of administration of medication by injection, which may constitute ordinary negligence. The immunity provided in this subsection does not apply to acts or omissions constituting gross, willful or wanton negligence.

(g) The provisions of this section shall not be construed to require any teacher or other school personnel to render emergency first aid or administer medication by injection.

(h) Any person who has completed a course in first aid offered by the American Red Cross, the American Heart Association, the National Ski Patrol, the Department of Public Health or any director of health, as certified by the agency or director of health offering the course, or has been trained in the use of a cartridge injector by a licensed physician, physician assistant, advanced practice registered nurse or registered nurse, and who, voluntarily and gratuitously and other than in the ordinary course of such person's employment or practice, renders emergency assistance by using a cartridge injector on another person in need thereof, or any person who is an identified staff member of a before or after school program, day camp or day care facility, as provided in section 19a-900, and who renders emergency assistance by using a cartridge injector on another person in need thereof, shall not be liable to such person assisted for civil damages for any personal injuries which result from acts or omissions by such person in using a cartridge injector, which may constitute ordinary negligence. The immunity provided in this subsection does not apply to acts or omissions constituting gross, willful or wanton negligence. For the purposes of this subsection, "cartridge injector" has the same meaning as provided in subdivision (1) of subsection (e) of this section.

(1963, P.A. 205; 1967, P.A. 282; 878; 1969, P.A. 785; 1971, P.A. 729; P.A. 75-132; 75-456, S. 1, 2; P.A. 77-225; 77-349, S. 3; 77-614, S. 323, 610; P.A. 78-122, S. 1, 2; P.A. 82-160, S. 224; 82-286; P.A. 83-375, S. 2; P.A. 84-546, S. 119, 173; P.A. 86-237, S. 1, 2; P.A. 87-589, S. 34, 87; P.A. 89-149; P.A. 93-381, S. 9, 39; P.A. 95-257, S. 12, 21, 58; P.A. 98-62, S. 1; P.A. 99-181, S. 13; P.A. 00-196, S. 36; June Sp. Sess. P.A. 01-4, S. 37, 58; P.A. 03-211, S. 10; P.A. 04-221, S. 27; P.A. 05-144, S. 1; 05-259, S. 6; P.A. 06-196, S. 181, 182.)

History: 1967 acts added registered nurses, firemen, policemen and ambulance personnel; 1969 act applied provisions to persons certified as licensed practical nurses under Sec. 20-96 or 20-97; 1971 act added reference to completion of first aid course offered by American Heart Association; P.A. 75-132 applied provisions to members of ski patrols; P.A. 75-456 applied provisions to lifeguards, conservation officers and patrolmen or special policemen of environmental protection department; P.A. 77-225 clarified licensees under chapter 370 as persons licensed "to practice medicine and surgery", and applied provisions to dentists and to teachers and other school personnel while on school grounds, in school building or at school function; P.A. 77-349 applied provisions to medical technicians, persons operating cardiopulmonary resuscitator and persons trained in cardiopulmonary resuscitation pursuant to standards of American Red Cross or **Sec. 52-557b.**

"Good samaritan law". Immunity from liability for emergency medical assistance, first aid or medication by injection. School personnel not required to administer or render. (continued)

American Heart Association; P.A. 77-614 substituted department of health services for department of health where appearing, effective January 1, 1979; P.A. 78-122 referred to first aid courses offered by directors of health rather than those offered by municipal health departments and added Subsec. (b) re teachers and school personnel who have completed recognized first aid course; P.A. 82-160 redesignated part of former Subsec. (a) as a new Subsec. (b) and relettered the remaining Subsecs. accordingly and rephrased the section; P.A. 82-286 amended Subsec. (a) to provide immunity from civil damages for any fireman or policeman who forcibly enters residence to render emergency first aid; P.A. 83-375 amended Subsec. (a), providing that ambulance personnel who enter residences to render emergency aid shall be immune from liability for civil damages resulting from entry; P.A. 84-546 made technical change, moving provisions re firemen's and policemen's immunity from Subsec. (a) to Subsec. (b); P.A. 86-237 granted immunity to railroad companies and employees for ordinary negligence committed while rendering aid and granted immunity to railroad companies for ordinary negligence committed while training employees to render aid; P.A. 87-589 made technical change in Subsec. (b); P.A. 89-149 amended Subsec. (b) to include a course in first aid offered by the National Ski Patrol; P.A. 93-381 replaced department of health services with department of public health and addiction services, effective July 1, 1993; P.A. 95-257 replaced Commissioner and Department of Public Health and Addiction Services with Commissioner and Department of Public Health, effective July 1, 1995; P.A. 98-62 amended Subsec. (a) to include persons trained in the use of an automatic external defibrillator and added a definition thereof; P.A. 99-181 amended Subsec. (c) by allowing an employee to take a course in first aid offered by the American Heart Association, the National Ski Patrol, the Department of Public Health or any certified director of public health, in addition to a course offered by the American Red Cross, and by making technical changes; P.A. 00-196 made technical changes in Subsecs. (a), (b) and (e); June Sp. Sess. P.A. 01-4 amended Subsec. (b) by changing "fireman" to "firefighter", "policeman" to "police officer", "patrolman" to "patrol officer" and "ambulance personnel" to "emergency medical service personnel"; P.A. 03-211 added new Subdiv. (e) re immunity for use of a cartridge injector by volunteer workers and for corporations that provide training in the use of cartridge injectors and redesignated existing Subsecs. (e) and (f) as new Subsecs. (f) and (g), effective July 1, 2003; P.A. 04-221 amended Subsec. (e)(2) by adding "or any person employed to work for"; P.A. 05-144 added Subsec. (h) re immunity from civil liability for rendering emergency assistance by using a cartridge injector; P.A. 05-259 amended Subsec. (a) to extend immunity to any person who operates an automatic external defibrillator during an emergency and to specify that such immunity does not exempt paid or volunteer firefighters, police officers or emergency medical services personnel from completing training in cardiopulmonary resuscitation or in the use of an automatic external defibrillator, effective July 13, 2005; P.A. 06-196 made technical changes in Subsecs. (e)(2) and (h), effective June 7, 2006.

Cited. 10 CA 86.

Liability for gross negligence was not abolished by Good Samaritan Law. 48 CS 10.

Northwestern Regional Schools
Regional School District No. 7

Grade_____

Authorization for the administration of prescription and non-prescription medicine by school personnel

Connecticut State Law and Regulations 10-212(a) require a written order of an authorized prescriber, (physician, dentist, advanced practice registered nurse or physician's assistant) and parent/guardian written authorization, for the school nurse to administer medication. Medication must be in the original properly labeled container and dispensed by a physician/pharmacist. Non-prescription medication also must be in original container and labeled. In the school nurse's absence, the principal or designated certified teacher may administer medication.

Prescriber's Authorization

Name of Student:_____ Date of Birth:_____

Address:_____

*Condition for which drug is being administered:_____

Drug Name:_____ Dose:_____ Route:_____

Time of Administration:_____ If PRN, frequency:_____

Relevant side effects: ☐ None expected ☐ Specify"_____

Allergies: ☐ No ☐ Yes (specify):_____

Medication shall be administered from _____ to _____
Month/Day/Year Month/Day/Year

Prescriber's Name/Title:_____
Please Print

Telephone:_____ Fax:_____

Address:_____

_____

Prescriber's Signature:_____ Date:_____ Use for Prescriber's Stamp

PARENT/GUARDIAN AUTHORIZATION

I hereby request that the above ordered medication be administered by school personnel. I understand that I must supply the school with no more than a 45 day supply of medication. I understand that this medication will be destroyed if not picked up within one week following termination of the order or the last day of school, whichever comes first.

Parent/Guardian Signature: _____ Date:_____

Parents' Home Phone #:_____ Work #_____ Cell #_____

SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the school nurse in accordance with Board policy. Only metered dose inhalers (MDIs), EpiPens, and insulin injections are approved.

Prescribers' authorization for self medication: ☐ Yes ☐ No_____
Signature Date

Parent/Guardian authorization for self medication: ☐ Yes ☐ No_____
Signature Date

School Nurse approval for self medication: ☐ Yes ☐ No_____
Signature Date

Form SRC-1 (Rev. 7/10)

**For School Use Only

STUDENT MEDICATION RECORD

Student's Name **Grade/Home Room** **Pharmacy** **Prescription #**

Medication **Received from** **Date Received**

Dose/Route **Time Ordered** **Received & Checked by** **Quantity**

Date Mo/Day/Year	Time Given AM PM	Dose Given	Legal Signature of Nurse/Administrator/Teacher Administering Medication	Comments	Amount Remaining

STANDING ORDER FOR ANAPHYLAXIS/EPIPEN USE

A severe life-threatening reaction occurring from an insect bite, drug or food allergy.

1. SIGNS AND SYMPTOMS OF AN ALLERGIC REACTION.

- Anxiety, restlessness, irritability
- Flushed skin, generalized hives, itching of skin.
- Swelling of lips and tongue.
- Swelling of throat causing difficulty in swallowing, cough, voice changes, shortness of breath.
- Sweaty, clammy moist skin.

******SHOCK: Confusion, loss of consciousness, respiratory distress, rapid and weak pulse.**

2. INITIATE 911 CALL----"Student having a known allergic (or appears to be having an allergic) reaction to an insect, a drug or a food."

3. ADMINISTER EPIPEN (EPINEPHRINE) PER INSTRUCATION:

- If known allergic response.
- Signs and symptoms of shock/respiratory distress.
- If student states history of severe allergic response to an allergen.
- If student states signs and symptoms of severe allergic reaction.

4. NOTE TIME.

*** In the event the student is in a remote locality such as an athletic event or field trip, transport student immediately with two adults and second Epipen.

5. MONITOR STUDENT

- Keep airway open.
- Shock position: Lie flat, prevent loss of body heat (no additional heat), elevate legs (if no insect bite on lower extremities).
- Prepare for possible CPR.

6. ADMINISTER SECOND DOSE OF EPIPEN AFTER 10 MINUTES IF NO IMPROVEMENT OR CONDITION DETERIORATES AND AMBULANCE HAS NOT ARRIVED.

*****OTHER STEPS TO CONSIDER.**

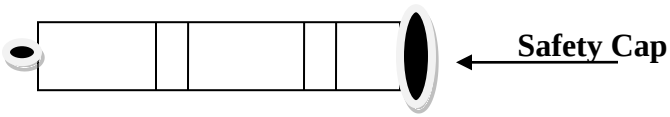
1. Insect Bite: Look for stinger and carefully **SCRAPE OUT.** Do not squeeze with tweezers or fingernails to pull out. Keep affected part below level of heart.
2. Drug Reaction: Try to ascertain name of medication, quantity, route, etc.
3. Children may experience a **delayed allergic reaction** up to two hours after insect sting, food Ingestion, etc.

7/20/2010

DIRECTIONS FOR USING EPIPEN

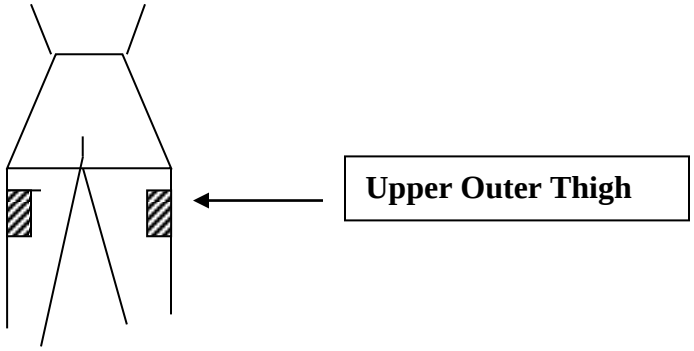
(Check expiration date)
(Do not use if medication is not clear and colorless)

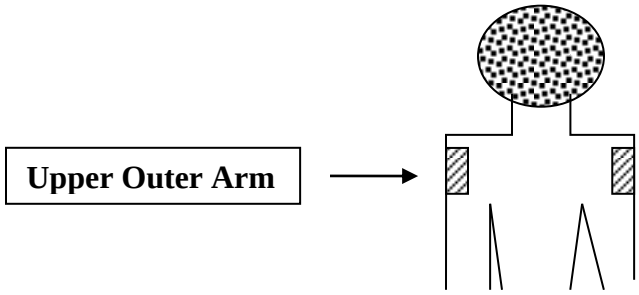
1. **Pull off gray safety cap (Illustration Below).**



2. **Place black tip on upper-outer thigh at right angle to leg (Illustration Below). Apply to thigh regardless of what part of the body has been stung. Upper outer arm may also be used.**

3. **Press hard into thigh until auto-injection mechanism functions, and hold in place for several seconds. The Epipen unit should then be removed and discarded. Massage the injection area for 10 seconds.**





4. **CALL 911 and transport to nearest Emergency Room.**

5. **Repeat injection in ten (10) minutes is necessary.**

RECORD OF TRAINING OF SCHOOL PERSONNEL IN THE ADMINISTRATION OF MEDICATION
NORTHWESTERN REGIONAL HIGH/MIDDLE SCHOOLS OF REGIONAL SCHOOL DISTRICT NO. 7

_____ _____
Nurse School Year

Name	Date of General Instruction Administering Medication	Storage Handling Recording	Student Specific: Side Effects Desired Effects	Instr./Tech. for Injection in Known Allergy	First Aid	CPR	Instr./Tech. for Unknown Allergic Reaction

Form 3-A
10/96