

**POLICY****Administration of Medications****Statement of Purpose**

The policy and procedures for the administration of medication in schools are written in accordance with Connecticut Education Laws.

Families and physicians are encouraged to develop medication schedules for students which do not interrupt the school day. There are children who could not be maintained in school without medication; therefore, the Departments of Education and Health recognize their responsibility in providing assistance to these children.

We are committed to providing for the administrations of medications under the direction of a school medical advisor. All policies and procedures will be approved by the Waterbury Boards of Education and Health.

General Policies

- (a) The Waterbury Board of Education shall allow for the administration of medications in schools under its jurisdiction by the school nurse and other qualified individuals as set forth below.
 - 1. Medications shall be administered primarily by school nurses when they are on the premises or by other qualified persons properly trained as set forth herein.
 - 2. In the absence of a school nurse, only qualified individuals who have been properly trained may administer medication to students.
 - 3. The Waterbury Board of Education will also authorize students to carry and self-administer certain medications when they have medical and parental consent and a nursing assessment is completed. Controlled drugs are generally not authorized under this section.
 - 4. Parents or Guardians of students are permitted to administer medication on school grounds to their own child.
- (b) The Waterbury Board of Education shall allow for the administration of medications in before and after school programs and school readiness programs which are held at the school the student attends providing they comply with all training and other requirements under this Article.

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- (c) The Waterbury Board of Education allows for the administration of medications in schools within its jurisdiction and therefore the following shall apply:
1. The Waterbury Board of Education, with the advice and assistance of the School Medical Advisor and the Public Health Nursing Administrator, shall establish and maintain specific written policies and procedures concerning the administration of medications by a nurse, or in the absence of a nurse, by qualified individuals to students within the school system.
 2. The Waterbury Board of Education, with the advice and assistance of the School Medical Advisor and the Public Health Nursing Administrator, shall review and revise the policies and procedures concerning the administration of medications annually or more frequently as needed.
 3. The School Medical Advisor and the Public Health Nursing Administrator will provide a medication manual to all schools for nurses, administrators and teachers. The medication manual will be located in each health office.
- (d) No medication may be administered without:
1. The written order of an authorized prescriber (physician, dentist, advanced practice RN, physician assistant, optometrist).
 2. The written authorization of the student's parent or guardian to administer prescribed medication.
 3. A written authorization by the parent or guardian for exchange of information between the school personnel and the authorized prescriber.
 4. The written and/or verbal approval of the School Medical Advisor. See Appendix 1A/MED-1 Authorization of Medication by Qualified School Personnel. Diabetic Management Plans per Yale New Haven Hospital and Connecticut Children's Medical Center are acceptable.
 5. Following the receipt and review of all medication orders, the school nurse (a) will forward the orders to the School Medical Advisor at the Health Department by fax or U. S. Mail; (b) School Medical Advisor will authorize medication orders; and, (c) authorized medication orders will be returned to the school nurse by fax and U. S. Mail.
- (e) Prescribed medication shall be administered to and taken only by the student for whom the prescription has been written. Orders are valid for the requested time period only and long term medications must be renewed annually, beginning each academic year.
- (f) Qualified school personnel, when properly trained, and other qualified individuals, may administer to students:
- oral medications
 - topical medications
 - bronchodilators
 - EpiPens for students medically diagnosed with an allergic condition which may require prompt treatment to protect the student against serious harm or death.

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- (g) Qualified school personnel may not administer investigational drugs, research or study medications.
- (h) The Waterbury Board of Education will:
 - 1. Work with the Waterbury Department of Public Health personnel in providing policies and procedures to be followed in the event of a medication emergency; and,
 - 2. Ensure that the following information is readily available in schools in its jurisdiction:
 - a. The local poison information center telephone number, (see Appendix 1C); and,
 - b. The physician, clinic or emergency room to be contacted in the event of a medication emergency; and,
 - c. 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 through V of the regulations of Connecticut State Agencies, Sections 21a-243-8 through 21a-243-11 (see Appendix 1D) may be administered in schools pursuant to the Waterbury Board of Education Policy on the administration of medications in schools.

Training of School Personnel

- (a) The Waterbury Board of Education authorizes the Waterbury Department of Public Health to provide annual training to designated authorized school personnel in the safe administration of medications.
- (b) This training shall include, but not be limited to:
 - 1. The procedural and general aspects of safe medication administration, the safe handling and storage of medications and recording of documentation.
 - 2. The medication needs of specific students, and each student's medication plan including the name and generic name of the medication, indications for medication, dosage, routes, time and frequency of administration, therapeutic effects of medication, potential side effects, overdose or missed dose of medication and when to implement emergency interventions.
- (c) On behalf of the Board of Education, the Waterbury Department of Public Health shall maintain and annually update documentation that such training has been provided and successfully completed. The Waterbury Department of Public Health will provide the Board of Education with copies of the dates and content of the training and list of qualified school personnel who successfully completed general and student specific administration of medication training for the current school year and the names and credentials of the nurse or school medical advisor trainers. See Appendix 1E/MED-5 - Record of Training/Supervision for Qualified School Personnel in Medication

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Administration for Individual Students. The individual who has been trained will sign his/her legal signature indicating they have no further questions.

The Department of Health shall maintain and annually update a list of qualified school personnel who have been trained in the administration of medications. See Appendix 1F/MED-6 - Record of Training for Qualified School Personnel in the General Principles of Safe Administration of Medications.

Self-Administration of Medications

The Waterbury Board of Education will allow students to carry and self-administer medication for which they have a verified chronic medical condition and are deemed capable to self administer prescribed emergency medication, including asthma inhalers and cartridge injectors for medically diagnosed allergies, and may permit such students to self-administer other medications excluding controlled drugs as defined under law unless an extraordinary situation occurs, provided:

- (a) an authorized prescriber provides a written medication order including the recommendation for self-administration; and
- (b) there is a written authorization from the student's parent or guardian or eligible student for self-administration of medication; and
- (c) the school nurse has assessed the student's competency for self-administration in the school setting based on the factors set forth under law (See Appendix 1P/MED-11 - Self Medication Nursing Assessment/Medication Plan) and deemed it to be safe and appropriate. The school nurse will document the determination of the student's competency on the Self Medication Nursing Assessment/Medication Plan; and
- (d) in the case for inhalers for asthma and cartridge injectors for medically diagnosed allergies, the school nurse's review of a student's competency to self administer inhalers and cartridge injectors shall not be used to prevent a student from retaining and self-administering inhalers for asthma and cartridge injectors for medically diagnosed allergies. Issues relating to competency will be referred to the School Medical Advisor for review.
- (e) The school nurse has:
 - 1. reviewed the medication order and parental authorization
 - 2. developed an appropriate plan for self-administration, including provisions for general supervision and
 - 3. documented the nursing assessment/medication plan in the student's health record; and

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- (f) the principal and appropriate teachers are informed that the student is self-administering prescribed medication; and
- (g) such medication is transported to the school and maintained under the student's control at all times.

Immunity

State law provides that no authorized individual administering medications pursuant to this procedure in compliance with State law shall be liable to such child or a parent or guardian of such child for civil damages for any personal injuries that result from acts or omissions of such individual in administering such medications which may constitute ordinary negligence. This immunity shall not apply to acts or omissions constituting gross, willful or wanton negligence.

Medication Emergencies

Allergic reaction to medication can happen at any time no matter how long the child has taken the medication. Most common signs and symptoms of an allergic reaction:

- a. Appears – apprehensive, restless, decreased level of consciousness
- b. Feels – itchy, tingling, dizzy, headache
- c. Vital Signs – pulse rapid and faint, blood pressure low, fever
- d. Skin – cool, clammy, pale, blush, swelling, rashes
- e. Pupils – dilated or constricted
- f. Throat – difficulty swallowing, drooling
- g. Lungs – increased respiratory effort, wheezing
- h. Abdomen – nausea, cramps
- i. Incontinence – stool, urine

Emergency Treatment

If any compromise:

- 1. Airways – difficulty swallowing
- 2. Breathing – wheezing
- 3. Circulation – rapid, weak pulse or low blood pressure
- 4. Decreased level of consciousness

CALL 911

In all reactions:

Loosen clothing
Allow student to remain in position of comfort
Reassure
Encourage relaxation breathing

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Contact parent

Contact student's physician

Advise medical treatment

Application of emergency medical techniques by properly trained and/or certified personnel such as cardiopulmonary resuscitation

Notify school administrator

Handling, Storage and Disposal of Medication

- (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, principal or designated trained personnel 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.
- (b) All medications, except those approved for keeping by students for self-medication and those designated as emergency medications, shall be kept in a 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. Emergency medications, unless otherwise determined by a student's emergency care plan, 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, the principal or the principal's designee who has been trained in the administration of medication. Emergency medications will be locked beyond the regular school day except as otherwise determined by a student's emergency care plan.
- (c) Access to all stored medications shall be limited to persons authorized to administer medication. Each school shall maintain a current list of those qualified individuals to administer medications. See Appendix 1F/MED-6 - Record of Training for Qualified School Personnel in the General Principles of Safe Administration of Medications.
- (d) All medications, prescription and nonprescription shall be stored in their original containers and in such a manner as to render them safe and effective. No more than a 45 day supply will be allowed for each medication ordered.
- (e) At least two sets of keys for the medication containers or cabinets shall be maintained for each school building. One set of keys shall be maintained under the direct control of the school nurse and an additional set shall be under the direct control of the principal.
- (f) Medications requiring refrigeration shall be stored in a refrigerator at no less than 36 degrees F. and no more than 46 degrees F.

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A refrigerator must be available to store medication which requires refrigeration. It is recommended, but not required, that the refrigerator be used exclusively for the storage of medications, and that it be located in a limited access area, e.g. an area where access is limited to persons designated by the school nurse.

1. In a refrigerator used exclusively for the storage of medications and located in a limited access area (health room):
 - A. Non-controlled drugs may be stored in a locked container directly on the shelf.
 - B. Controlled drugs must be stored in a locked container which is affixed to the refrigerator shelf.
 2. In a refrigerator which is shared (used for food storage as well as medication storage) and/or located in a multiple access area (such as the teachers' lounge):
 - A. Non-controlled drugs must be stored in a separate locked container. This container may be placed on the shelf, but need not be affixed to it.
 - B. Controlled drugs must be stored in a locked container and locked within a second container which is affixed to the shelf.
- (g) All unused, discontinued or obsolete medications shall be removed from storage areas and either returned (see Appendix G/MED-7a - Letter to Parent: Medication Pick-up) to the parent or guardian or destroyed.
1. Non-controlled drugs shall be destroyed in presence of at least one (1) witness.
 2. Controlled drugs shall be destroyed in accordance with part 1307.21 of the Code of Federal regulations or by surrender to the Drug Control Unit of the Department of Consumer Protection, 860 713-6065
- (h) If a controlled drug is lost (e.g., falls into the sink and dissolves) verify the incident in the presence of a second person. Have the second person confirm the presence/absence of a residue. Jointly document the event, noting the presence/absence of residue. Notify the Drug Control Unit, Department of Consumer Protections, at 860- 713-6065, for direction.
- (i) Controlled drug count:
1. Controlled drugs will be counted by the school nurse or designee in the presence of a witness upon receipt/initial examination. (See Appendix 1I/MED-4 – Controlled Substance Record)
 2. Following initial examination, it is acceptable for only one person to count controlled drugs. Count is conducted each school day and witnessed once a week. (See Appendix 1H/MED-3 – Controlled Substance Audit Record)

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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. See Appendix 1-K/MED-2 - Individual Medication Administration Record and DB-2 Diabetic Medication Administration Flow sheet.
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 prescribing physician; the name of the parent or guardian authorizing that the medication be given.
 - G. the date the medication was ordered and the dates for initiating and terminating the administration of medication including extended year programs
 - H. the quantity ordered, the quantity received which is verified by the adult delivering the medication
 - I. any student allergies to food and/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 legal signature of the nurse, or qualified school personnel administering the medication
 2. Transactions shall be recorded in ink and shall not be altered.
 3. The medication administration record shall be made available to the State Department of Public Health upon request.
- (b) The written order of the authorized prescriber, the written authorization of the parent or guardian, and the completed medication administration record for each student shall be filed in the student's cumulative health record.
- (c) Controlled substance records and a copy of the medication authorization must be retained for 3 years by the school that administered the medication.
- (d) An authorized prescriber's telephone order, for a change in any medication can be received only by a school nurse. Any such telephone order must be followed by a written order within three (3) school days and approved by the School Medical Advisor. See Appendix 1M/MED-8: Physician's Telephone Orders.

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- (e) Whenever any error in medication administration occurs, the following procedures apply:
1. All errors shall be reported by phone or in person immediately to the school nurse and the prescribing physician
 2. The school nurse will notify the school medical advisor and the nurse administrator of any and all errors
 3. The school nurse or in her absence the principal or designee will notify the child's parent of the error.
 4. Medical treatment as a result of medication error
 - A. Contact student's physician and describe medication error
 - B. Relate to the physician the student's condition
 - C. Obtain orders, if given
 - D. Contact School Medical Advisor and describe error with course of action
 5. A report shall be completed using the accident/incident report form and a copy shall be provided to the nursing administrator and placed in the student's health record. See Appendix 1N/MED-10 - Medication Error or Incident Report Form.

Supervision

The school nurse is responsible for general supervision of administration of medications in the school to which that nurse is assigned. This shall include:

- (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 properly.
 3. provide training to qualified school personnel and other licensed nursing personnel in the administration of medications and assess that the qualified personnel for schools are competent to administer medicine as reviewed by the School Medical Advisor. See Appendix 1E/MED-5 - Record of Training/Supervision for Qualified School Personnel in Medication Administration and Appendix 1F/MED-6 - Record of Training for Qualified School Personnel in General Principles of Safe Administration of Medications.

Training of school personnel on oral, topical, inhalant medications, and EpiPens will include: review of student's medication authorization, review of content and location of the Medication Policy, correct documentation and storage of medication and location within health room, including keys for access.

The procedure of safe administration practice includes:

- A. instruction on hand washing before giving medication,

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- B. identification of student,
 - C. identification of correct drug, dose, route and time as per medication authorization,
 - D. instruction on careful observation of student to verify medication has been taken,
 - E. instruction on completion of appropriate documents,
 - F. instruction to contact a nursing supervisor prior to administering any medication which is in question.
- 4. support and assist qualified school personnel and other licensed nursing personnel to prepare for and implement their responsibilities related to the administration of specific medications during school hours.
 - 5. provide appropriate follow-up to ensure the administration of medication plan results in desired student outcomes.
 - 6. provide consultation by telephone. In the absence of the School Nurse, the School Medical Advisor, or Nursing Administrator may provide this consultation.
- (b) Implementation of policies and procedures regarding receipt, storage, and administration of medications.
 - (c) Periodic review of all documentation pertaining to the administration of medications for students.
 - (d) Work site observation of medication administration by authorized school personnel to ensure competency.
 - (e) Periodic review as needed with authorized school personnel regarding the needs of any student, receiving medication.

Coaches and Licensed Trainers

During intramural and interscholastic athletic events, a coach or licensed athletic trainer may administer medication for select students for whom self-administration plans are not viable options as determined by the school nurse for (1) inhalant medications prescribed to treat respiratory conditions and (2) medication administered with a cartridge injector for students with a medically diagnosed allergic condition which may require prompt treatment to protect the student against serious harm or death, provided the following requirements have been met.

- (a) The coach or licensed athletic trainer shall be trained in:
 - 1. the general principles of the administration of medication applicable to receiving, storing and assisting with inhalant medications or cartridge injector medications, and documentations;

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2. student specific needs for assistance according to the individualized medication plan.
- (b) The school nurse shall provide a copy of the authorized prescriber's order and the parental permission form to the coaches;
- (c) The parent or guardian shall provide to the coach or licensed trainer the medication. The medication provided to the coach or licensed athletic trainer, such as the inhaler or cartridge injector, shall be separate from the medication stored in the school health office for use during the school day;
- (d) The coach or licensed athletic trainer shall agree to the administration of emergency medication and shall implement the emergency care plan;
- (e) Medications to be used in athletic events shall be stored:
 1. in containers for the exclusive use of holding medications;
 2. in locations that preserve the integrity of the medication;
 3. under the general supervision of the coach or licensed athletic trainer trained in the administration of medication; and
 4. in a locked secure cabinet when not in use at athletic events.
- (f) Errors in the administration of medication shall be addressed in the same manner set forth for qualified school personnel except that if the school nurse is not available, a report may be submitted by the coach or licensed athletic trainer to the school nurse on the next day; and
- (g) Documentation of any administration of medication by a coach or licensed athletic trainer, together with any other information needed by the school nurse, shall be completed on forms provided by the local school board and the school nurse shall be notified as follows:
 1. a separate medication administration record for each student shall be maintained in the athletic area;
 2. administration of a cartridge injector medication shall be reported to the school nurse at the earliest possible time, but not later than the next school day;
 3. all other instances of the administration of medication shall be reported to the school nurse at least monthly or as frequently as required by the individual student plan
 4. the administration of medication record shall be submitted to the school nurse at the end of each sport season and filed in the student's cumulative health record.

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School readiness programs and before and after school programs

For school readiness programs and before and after school programs run by local or regional boards of education and municipalities which are exempt from licensure by the Department of Public Health:

- (a) the local or regional board of education shall develop policies and procedures, to be reviewed on an annual basis, for administration of medication in these programs, with input from the school medical advisor or a licensed physician and school nurse supervisor. These policies shall include:
 - 1. determination of the level of nursing services needed to ensure the safe administration of medication within these programs including additional school nurse staffing required based on needs of the program and the program's participants;
 - 2. who may administer medication and whether a licensed nurse is required on-site;
 - 3. the circumstances under which self-medication by students is permitted;
 - 4. the policies and procedures to be followed in the event of a medication emergency or error;
 - 5. a requirement that local poison control center information is readily available at these programs;
 - 6. the procedure to be followed in the event of a medication emergency or error and the individuals or facilities to be contacted in such event; and
 - 7. the person responsible for decision making in the absence of the nurse.
- (b) Administration of medications shall be provided only when it is medically necessary for participants to access the program and maintain their health status while attending the program.
- (c) No medication shall be administered in these programs without:
 - 1. The written order of an authorized prescriber; and
 - 2. The written authorization of a parent or guardian or an eligible student.
- (d) In the absence of a licensed nurse, only directors or directors' designees, lead teachers or school administrators who have been properly trained may administer medications to students as delegated by the school nurse or other registered nurse. Training for directors or directors' designees, lead teachers or school administrators in the administration of medications will be provided as set forth under law.
 - 1. Director's or director's designee, lead teachers and school administrators may administer oral, topical, intranasal or inhalant medications;

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2. Cartridge injector medications may be administered by a director or director's designee, lead teacher or school administrator only to a students with a medically-diagnosed allergic condition which may require prompt treatment to protect the student against serious harm or death;
 3. Investigational drugs or research or study medications may not be administered by directors or director's designee, lead teachers, or school administrators; and
 4. All controlled drugs currently listed in schedules II through V of the Regulations of Connecticut State Agencies, Sections 21a-243-8 to 21a-243-11, inclusive, of the Regulations of Connecticut State Agencies may be administered in school readiness programs and before- and after-school programs pursuant to the local or regional board of education policy.
- (e) If, according to the local or regional board of education procedures, self-medication is allowed in the programs, then the programs must follow the procedures set forth under law.
- (f) All medications in before- and after-school and school readiness programs shall be handled and stored in accordance with the law. Where possible, a separate supply of medication shall be stored at the site of the before- and after-school or school readiness program. In the event that is not possible for the parent or guardian to provide a separate supply of medication, then a plan shall be in place to ensure the timely transfer of the medication from the school to the program and back on a daily basis.
- (g) Documentation shall be completed and maintained on forms provided by the local or regional board of education, as follows:
1. a separate administration of medication record for each student shall be maintained in the program;
 2. administration of a medication with a cartridge injector shall be reported to the school nurse at the earliest possible time, but not later than the next school day;
 3. all other instances of the administration of medication shall be reported to the school nurse according to the student's individual plan or at least on monthly basis;
 4. the administration of medication record shall be submitted to the school nurse at the end of each school year and filed in or summarized on the student's cumulative health record according to local or regional board of education policy.
- (h) Supervision of the administration of medication in before- and after-school and school readiness programs shall be conducted as set forth under law.

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Definitions

- (a) “Administration of medication” means, the direct application of medication by inhalation, ingestion, or by any other means to the body of a person as approved by the Board of Education Policy.
- (b) “Before and After School Program” means any child care program operated and administered by a local or regional board of education or municipality exempt from licensure by the Department of Public Health. Such programs shall not include public or private entities licensed by the Department of Health or Board of Education enhancement programs and extra-curricular activities.
- (c) “Board of Education” means, a local board of education, whose students receive services pursuant to Section 10-217a of the Connecticut General Statutes.
- (d) “Controlled drugs” means, those drugs as defined in Section 21a-240, Connecticut General Statutes.
- (e) “Cumulative health record” means, the cumulative health record of a pupil mandated by Section 10-206, Connecticut General Statutes.
- (f) “Dentist” means, a doctor of dentistry licensed to practice dentistry in Connecticut in accordance with Chapter 379, Connecticut General Statutes, or a licensed to practice dentistry in another state.
- (g) “Department” means, the Connecticut Department of Public Health or any duly authorized representative thereof.
- (h) “Investigation drug” means, any medication with an approved investigational new drug (IND) application on file with the Food and Drug Administration (FDA) which is being scientifically tested and clinically evaluated to determine its efficacy, safety and side effects and which have not yet received FDA approval. Research or study medications means FDA approved medications being administered according to an approved study protocol.
- (i) “Medication” means, any medicinal preparation including controlled drugs, as defined in Sections 21a-240, Connecticut General Statutes.
- (j) “Medication emergency” means, an untoward reaction of a student to a medication.
- (k) “Medication order” means, 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.
- (l) “Nurse” means, a registered nurse licensed in Connecticut in accordance with Chapter 378, Connecticut General Statutes.

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- (m) “Physician” means, 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.
- (n) “Principal” means the administrator of the school.
- (o) “Qualified School Personnel” means a nurse, principal, teacher, paraprofessional, athletic coach or licensed athletic trainer employed by the District.
- (p) “Qualified Individuals” includes qualified school personnel as well as directors or director’s designee, lead teachers and school administrators for school readiness programs and before and after school programs
- (q) “School” means, any education program which is under the jurisdiction of a board of education as defined under law excluding extracurricular activities.
- (r) “School Readiness Program” means a program that receives funds from the State Department of Education for a school readiness program and exempt from licensure by the Department of Public Health.
- (s) “School Medical Advisor” means, a physician appointed in accordance with Section 10-205, Connecticut General Statutes.
- (t) “School Nurse” means, a nurse appointed in accordance with Section 10-212, Connecticut General Statutes.
- (u) “Self Administration of Medication” means, 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. The Student is in control of the medication at all times and is self-managed by the student according to the individual medication plan
- (v) “Supervision” means, the overseeing of the process of medication administration in a school.
- (w) “Teacher” means, a professional employee below the rank of superintendent, employed by a Board of Education in a position requiring a certificate issued by the State Board of Education in accordance with Section 10-151, Connecticut General Statutes; or, employed as a teacher by the parochial /private school system.

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