

Students

Administration of Medications

Medications will be administered to students during school hours, school activities, athletic activities, and extended day programs, in accordance with state laws and regulations and Department of Education Guidelines.

All medications will be administered by qualified school staff except that parents or guardians may administer medications to their own children on school grounds. In addition, in accordance with the provisions of law and the accompanying regulation, students may possess and/or self-administer medications; students with glycogen storage disease may test their own blood glucose levels; and students diagnosed with asthma or any other allergic condition may carry and use an inhaler or an EpiPen or similar device in the school.

All medications shall be handled, stored, and disposed of in accordance with the provisions of law and the administrative regulation accompanying this policy.

Documentation and record keeping shall be done in compliance with the provisions of law and the administrative regulation accompanying this policy.

Legal Reference: Connecticut General Statutes

10-212a Administration of medications in schools, as amended by Public Act 22-80.

10-220j. Blood glucose self-testing by children.

Connecticut Regulations of State Agencies

10-211a-1 through 10-212a-10, inclusive, as amended.

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CAPITOL REGION EDUCATION COUNCIL

Hartford, Connecticut

Students

Administration of Medications

Definitions

“Authorized prescriber” means a physician, dentist, optometrist, advanced practice registered nurse or physician assistant and, for interscholastic and intramural athletic events only, a podiatrist.

“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.

“Eligible student” means a student who has reached the age of eighteen or is an emancipated minor.

“Error” means:

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

- (i) administer a medication to a student;
- (ii) administer medication within the time designated by the prescribing practitioner;
- (iii) administer the specific medication prescribed for a student;
- (iv) administer the correct dosage of medication;
- (v) administer medication by the proper route; and/or
- (vi) administer the medication according to generally accepted standards of practice; or,

(2) administration of a medication to a student which is not ordered, or which is not authorized in writing by the parent or guardian of such student, except for the administration of epinephrine for the purpose of emergency first aid pursuant to state statute.

“Medication emergency” means a life-threatening reaction of a student to a medication.

“Medication plan” means a documented plan established by the school nurse in conjunction with the parent and student regarding the administration of medication in school. Such plan may be a stand-alone plan, part of an individualized health care plan, an emergency care plan or a medication administration form.

“Opioid antagonist” means naloxone hydrochloride or any other similarly acting and equally safe drug approved by the federal Food and Drug Administration for the treatment of a drug overdose.

“Qualified medical professional” means a licensed physician, a licensed optometrist, an advanced practice registered nurse licensed to prescribe, or a physician assistant licensed to prescribe.

“Qualified personnel” for schools means a qualified school employee who is (i) a full-time employee, or (ii) a coach, athletic trainer, or school paraprofessional.

“Qualified personnel” for school readiness programs and before- and after-school programs, means the director or director’s designee and any lead teachers and school administrators who have been trained in the administration of medication.

“Qualified school employee” means a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist, coach or school paraprofessional.

“School bus driver” means any person who holds a commercial driver's license with a public passenger endorsement to operate a school bus pursuant to state law.

Procedure Development

The CREC Council, with the advice and assistance of the CREC Medical Advisor, Managing Director of Health Services, school nurses and Director of Student Services, will review and may revise the policy and procedures as needed, but at least yearly. Revisions will be forwarded to the Department of Education for review and approval.

All CREC nurses will have access to the CREC Administration of Medications Policy and Procedures. Pertinent sections will be incorporated into the training of staff who are authorized to administer medications in the absence of the nurse. Access to the policy and procedures will be available, at each program that administers or may administer medicines to students.

Written Authorization

Students requiring prescribed medications, including controlled substances, during school hours shall be administered said medication only with specific written orders of an authorized prescriber (“prescriber”) and the written authorization of the parent or guardian or eligible student to have CREC personnel administer medication, as well as permission for the exchange of information between the prescriber and the school nurse as necessary to ensure the safe administration of such medication. The prescriber’s signed order will specify at minimum the name of the drug, the dose, route, time(s) to be administered and the duration of the order.

Prescribed medication shall be administered to and taken only by the person for whom the prescription has been written.

Authorization of a parent, guardian or eligible student is required for the administration of acetaminophen, ibuprofen or substitutes during school hours.

Standing Orders

The CREC Medical Advisor shall issue a standing order for school nurses to administer epinephrine to students who are not known to have a life-threatening food allergy, do not have their own medication order and have their first anaphylactic reaction in school. This standing order should also include an order to administer a second dose of epinephrine if the symptoms of an anaphylactic reaction have not subsided within a specified number of minutes with the first dose of epinephrine.

The CREC Medical Advisor shall issue a standing order for school nurses, or, in the absence of school nurses, identified qualified school employees, to maintain and administer opioid antagonists as emergency first aid to students who experience an opioid-related drug overdose and who do not have a prior written authorization of a parent/guardian or a prior written order of a qualified medical professional.

These standing orders shall be reviewed and signed by the CREC Medical Advisor on an annual basis.

Medication Administration Personnel

Medications will be administered by a licensed nurse (RN/LPN) or, in the absence of such nurse, by Qualified Personnel for Schools who have been trained to administer medications to students, as delegated by and under the general supervision of the school nurse.

Designated Qualified Personnel for Schools who administer medication in the school nurse's absence will be trained by the school nurse.

Investigational drugs will not be administered by Qualified Personnel for Schools. Investigational drugs for an individual student will be administered only by nurses.

Storage and Emergency Use of Epinephrine Cartridge Injectors

A school nurse or, in the absence of a school nurse, a qualified school employee who has completed the training required by P.A. 14-176 shall maintain epinephrine in cartridge injectors for the purpose of emergency first aid during regular school hours for students who experience allergic reactions, and who were not previously known to have serious allergies and who do not have a prior written authorization of a parent/guardian or a prior written order of a qualified medical professional for the administration of epinephrine.

The school nurse or school principal shall select qualified school employees who voluntarily agree to be trained to administer epinephrine as emergency first aid. There shall be a least one qualified school employee on the grounds of each school/program during regular school hours in the absence of the school nurse. Each school/program must maintain a supply of epinephrine in cartridge injectors for such emergency use.

The school nurse or, in the absence or unavailability of the school nurse, a qualified school employee may administer epinephrine as emergency first aid to a student experiencing a life-threatening undiagnosed allergic reaction, who does not have a prior written authorization from a parent or guardian or a prior written order from a qualified medical professional for the administration of epinephrine.

A qualified school employee must annually complete the required training program in order to be permitted to administer epinephrine. Following the emergency administration of epinephrine, the qualified employee shall report the administration to the school nurse and to the student's parent or guardian. A medication record shall be submitted to the school nurse not later than the next school day and filed in or summarized on the student's cumulative health record.

The parent/guardian of a student may notify, in writing, the school nurse that epinephrine shall not be administered to his/her child as permitted by statute. CREC shall annually notify parents/guardians of the need to provide such written notice if they do not wish epinephrine to be administered to their children as emergency first aid.

Storage and emergency use of opioid antagonists

Opioid antagonists shall be clearly marked and stored in the nurse's office in accordance with the manufacturer's instructions, and the expiration dates checked regularly.

A school nurse, or, in the absence of the school nurse, a qualified school employee, may administer an opioid antagonist.

The school nurse or school principal/program director shall select a sufficient number of qualified school employees to ensure that there is always at least one such employee on the grounds of the school/program during regular school hours who may administer an opioid antagonist in the absence of the school nurse. Staff in each school/program shall be notified of the identity of such qualified school employees.

No school nurse or qualified school employee may administer an opioid antagonist unless they have completed a training program developed by the Department of Education, the Department of Public Health, and the Department of Consumer Protection.

The parent/guardian of a student may submit a written request to the school nurse that an opioid antagonist shall not be administered to the student. The qualified school employees who are authorized to administer an opioid antagonist shall be notified of the parent's/guardian's request.

When responding to a suspected drug overdose, the school nurse or qualified school employee shall:

1. Call for medical help immediately (Dial 911).
2. Check for signs of opioid overdose.
3. Perform initial rescue breathing (or CPR if needed), as instructed in training.
4. Prepare and administer an opioid antagonist, as instructed in training.
5. Continue the rescue breathing (or CPR if needed), as instructed in training.
6. Administer a second dose of opioid antagonist in 3 minutes if no response or minimal breathing or responsiveness.
7. Place in recovery position, as instructed in training.
8. Stay with the individual until emergency medical help arrives.
9. Cooperate with EMS personnel responding to the incident.
10. Notify the building administrator or designee of the incident.

After the administration of an opioid antagonist the CREC reporting protocols shall be followed; appropriate student services shall be contacted; and substance abuse prevention resources shall be provided to the student and family, as appropriate.

All administration of opioid antagonists must be documented in the same manner as the administration of other medications under non patient-specific orders, and must be reported to the CREC Medical Advisor, principal/program director, and Superintendent.

The Superintendent or designee will immediately report incidents involving the use of controlled substances on school property to the local police department in accordance with state law and regulations and CREC policies.

Administration of medications by coaches during intramural and interscholastic events

During intramural and interscholastic athletic events, a coach or licensed athletic trainer may administer (1) inhalant medications prescribed to treat respiratory conditions; and/or (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, to students for whom self-administration plans are not viable options, as determined by the school nurse, provided the following conditions are met:

1. The coach or licensed athletic trainer must be trained in:

- (a) the general principles of the administration of medication applicable to receiving, storing and assisting with inhalant medications or cartridge injector medications, and documentation;
 - (b) student-specific needs for assistance according to the individualized medication plan.
2. The school nurse must provide a copy of the authorized prescriber's order and the parental permission form to the coach or athletic trainer.
3. The parent or guardian must provide to the coach or licensed athletic trainer the medication, such as the inhaler or cartridge injector, which shall be separate from the medication stored in the school health office for use during the school day.
4. The coach or licensed athletic trainer must agree to the administration of emergency medication and shall implement the emergency care plan.
5. Medications to be used in athletic events must be stored:
 - (a) in containers for the exclusive use of holding medications;
 - (b) in locations that preserve the integrity of the medication;
 - (c) under the general supervision of the coach or licensed athletic trainer trained in the administration of medication; and
 - (d) in a locked secure cabinet when not in use at athletic events.
6. Errors in the administration of medication shall be addressed as required by this regulation, 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 school day; and
7. Documentation of any administration of medication by a coach or licensed athletic trainer shall be completed, and the school nurse shall be notified as follows:
 - (a) a separate medication administration record for each student shall be maintained in the athletic area;
 - (b) 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;
 - (c) 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;
 - (d) 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.

Administration of medications by school paraprofessionals

In the absence of a school nurse, a school paraprofessional may administer medications necessary for the prompt treatment of an allergic reaction, including, but not limited to, a cartridge injector, to a specific student in order to protect that student from harm or death due to a medically diagnosed allergic condition:

- (a) with approval by the CREC Medical Advisor and the school nurse, in conjunction with the school nurse supervisor, and under the supervision of the school nurse;
- (b) with a proper medication authorization from the authorized prescriber;
- (c) with parental permission to administer the medication in school;
- (d) and after having received proper training and supervision from the school nurse, as required by state laws and regulations.

Self-Administration

Students who have a verified chronic medical condition and are deemed capable to self-administer prescribed emergency medication, including rescue asthma inhalers and cartridge injectors for medically-diagnosed allergies, will be allowed to possess and/or self-administer these and other medications, provided that:

1. An authorized prescriber provides a written medication order, including the recommendation for self-administration;
2. A parent or guardian or the eligible student provides written authorization for self-administration of medications, as well as written authorization for the exchange of information between the prescriber and the school nurse as necessary to ensure the safe administration of the medication.
3. The school nurse has assessed the student's competency for self-administration in the school setting and deemed it to be safe and appropriate, including that the student:
 - a. is capable of identifying and selecting the appropriate medication by size, color, amount and other label identification;
 - b. knows the frequency and time of day for which the medication is ordered;
 - c. can identify the presenting symptoms that require medication;
 - d. administers the medication appropriately;
 - e. maintains safe control of the medication at all times;

- f. seeks adult supervision whenever warranted; and
 - g. cooperates with the established medication plan.
4. The school nurse has reviewed the medication order and parental authorization, developed an appropriate plan for self-administration, including provision for general supervision, and documented the medication plan in the student's health record.
 5. The principal/program director and appropriate staff are informed that the student is self-administering prescribed medication.
 6. Such medication is transported by the student to the school/program and maintained on the student's person or under the student's immediate control and supervision at all times.

The self-administration plan will be reviewed as needed, and may be altered or terminated by the school nurse in conjunction with the student's medical provider, parent or guardian or eligible student, as appropriate.

No nurse, administrator, or teacher will be liable to such student or a parent or a guardian of such student for civil damages for any personal injuries which result from acts or omissions of such school nurse, administrator, or teacher in administering such preparations which may constitute ordinary negligence. This immunity will not apply to acts or omissions constituting gross, willful or wanton negligence. All CREC programs will adhere to the state regulations for administration of medications by school personnel in accordance with Connecticut General Statutes 10-212a and Connecticut State Regulations Section 10-212a-1 to 10.

Students may possess and/or self-administer inhalers for asthma and cartridge injectors for medically diagnosed allergies with only the written authorization of an authorized prescriber and written authorization from a parent/guardian or eligible student.

Parents/guardians may administer medications to their own children on school grounds.

Students with glycogen storage disease who have written authorization from a parent or guardian and a written order from a physician or an advanced practice registered nurse stating that they have a need and are capable of conducting self-testing on school grounds, may test their own blood glucose levels. CREC does not restrict the time and location of such blood glucose self-testing.

Students who are six years of age or older may possess and self-apply an over-the-counter sunscreen product while in school prior to engaging in any outdoor activity, provided a written authorization signed by the student's parent/guardian is submitted to the school nurse.

Medication Emergency

- a. Medication emergency information posted on the telephone closest to the medicine storage area in each geographic location where medication is administered will include contact information, including telephone numbers, for:
 - (1) Poison Information Center
 - (2) The Managing Director of Health Services and CREC Medical Advisor
 - (3) The name of the person responsible for decision making in the absence of the school nurse
 - (4) Staff certified in first aid/CPR
 - (5) Emergency medical services
 - (6) Ambulance
 - (7) Program/school administrator

- b. The cumulative health records of students receiving medication and a separate emergency file (if such exists) will have the following information readily available:
 - (1) Home, cell, parental employment and emergency telephone numbers;
 - (2) Prescribing medical provider's name(s) and telephone number(s);
 - (3) Hospital of Choice. In an emergency, students will be taken to the nearest emergency room.

Training School Personnel

- a. The school nurse and Program Director/Principal will determine appropriate Qualified Personnel for Schools to be trained to administer medications to students in the absence of the school nurse. The school nurse will provide such training in the safe administration of medications at least annually.

- b. Only Qualified Personnel For Schools who have received such annual training shall administer medications to students. The training shall include, but not be limited to:
 - (1) The general principles of safe administration of medications,
 - (2) The procedural aspects of medication administration, including the safe handling and storage of medications and documentation;
 - (3) Review of state statute and school regulations regarding administration of medication by school personnel.

- (4) The specific information related to each student's medication 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 the medication, potential side effects, overdose or missed dose of the medication and when to implement emergency interventions.
- c. Documentation of such annual training, including dates of general and student-specific trainings, content of the training, individuals who have successfully completed general and student-specific administration of medication training for the current school year and the name and credentials of the nurse or trainer or trainers will be maintained by the Managing Director of Health Services and the school nurse.
- d. Training in the administration of cartridge injectors will be done yearly by the CREC nurse for all Qualified Personnel For Schools who will administer medication.
- e. Training in the distribution and administration of an opioid antagonist shall be in accordance with the guidelines developed by the Department of Education, the Department of Public Health, and the Department of Consumer Protection.
- f. A current list of those authorized to give medication shall be maintained in the school/program.

School Bus Drivers Training

By June 30, 2019, CREC shall require all of its school transportation staff and all contracted school transportation carriers to receive training, including instruction on (1) identifying the signs and symptoms of anaphylaxis, (2) administering epinephrine by a cartridge injector ("EpiPen"), (3) notifying emergency personnel, and (4) reporting an incident involving a student's life-threatening allergic reaction, in accordance with the requirements of state law.

All school transportation staff must receive, and each such contracted transportation carrier must provide, the training (1) upon hiring, and (2) annually thereafter.

Handling, Storage, Disposal and Recall of Medications

- a. All medications, except those approved for self-administration and epinephrine to be used for the purpose of emergency first aid to students who do not have prior written authorization of a parent/guardian or a prior written order of qualified medical professional, shall be delivered by the parent/guardian or other responsible adult to the school nurse or, in the absence of the school nurse, to other Qualified Personnel For Schools who are trained in the administration of medication and assigned to that school, who will lock up medications upon receipt.

- b. The school nurse must examine on-site any new medication, medication order and parent/guardian or eligible student authorization, and, except for epinephrine to be used for the purpose of emergency first aid to students who do not have prior written authorization of a parent/guardian or a prior written order of qualified medical professional, develop a medication administration plan for the student before any medication is given by Qualified Personnel For Schools.
- c. The school nurse shall review all medication refills with the medication order and parent/guardian or eligible student written authorization prior to the administration of medication, except for epinephrine intended for emergency administration to students without a prior written authorization order.
- d. All medications to be administered must be delivered in their original containers with pharmacy labels that include:
 - (1) name of student;
 - (2) name and strength of the medication;
 - (3) prescription number, date ordered, duration if indicated;
 - (4) name of prescriber;
 - (5) name of pharmacy;
 - (6) directions for administration.
- e. All medications shall be properly stored, as follows:
 - (1) Except as otherwise determined by a student's emergency care plan, emergency medications shall be stored in an unlocked, clearly labeled and readily accessible cabinet or container in the health room during school hours under the general supervision of the school nurse, or, in the absence of the school nurse, the principal/program director or designee who has been trained in the administration of medications.
 - (2) Except as otherwise determined by a student's emergency care plan, emergency medications will be locked after regular school/program hours.
 - (3) All other non-controlled medications, except those approved for self-medication, shall be kept in a designated, immobile, locked container, cabinet or closet used exclusively for the storage of medication.
 - (4) Controlled drugs shall be stored separately from other medications in a separate, secure, cabinet, in accordance with state regulation.

- f. Controlled drugs must be counted after administration, and the amount of the controlled drug remaining after each administration must be recorded and co-signed by the administrator or administrator's designee.
- g. Access to stored medications shall be limited to persons authorized to administer medications. Each school/program or before and after school program and school readiness program shall maintain a current list of those persons authorized to administer medications.
- h. All medications, prescription and nonprescription, shall be stored in their original containers.
- i. At least two sets of keys for the medication containers or cabinets shall be maintained for each school/program building or before and after school program and school readiness program. Keys shall be maintained as directed by state regulation.
- j. Medications requiring refrigeration shall be stored in a refrigerator at no less than 36 F and no more than 46 F. The refrigerator shall be located in a health office that is maintained for health services purposes with limited access; non-controlled medications may be stored directly on the shelf of the refrigerator with no further protection needed; and controlled medications shall be stored in a locked box which is affixed to the refrigerator shelf.
- k. Medications to be used in athletic events shall be stored in containers used exclusively for holding medications, under the general supervision of the coach or licensed athletic trainer; and in a locked secure cabinet when not in use at athletic events.
- l. All unused, discontinued, or obsolete medications shall be removed from storage areas and either returned to the parent/guardian or eligible student, or, if the medication cannot be returned to the parent/guardian or eligible student, the medication shall be destroyed or surrendered in collaboration with the school nurse:
 - (1) Non-controlled drugs shall be destroyed in the presence of at least one witness who shall co-sign a document indicating the drugs were destroyed.
 - (2) Controlled drugs cannot be destroyed and shall be surrendered to the drug control section of the Consumer Protection Department.
 - (3) Accidental destruction or loss of controlled drugs must be verified in the presence of a second person, including confirmation of the presence or absence of residue and jointly documented on the student medication administration record and a medication error form. If no residue is present, notification must be made to the Department of Consumer Protection.

- m. No more than a three-month supply of a medication for a student shall be stored at the school.
- n. No medication for a student shall be stored at school without a current written order from an authorized prescriber.
- o. Medication Recall - when a manufacturer or state agency recalls medication, program nurses will check lot numbers and contact the manufacturer for replacements.

Documentation and Recordkeeping

Each school, program, before and after school program and school readiness program where medications are administered shall maintain an individual medication administration record for each student who receives medication during school or program hours.

Such record shall include:

- (1) the name of the student;
- (2) the name of the medication;
- (3) the dosage of the medication;
- (4) the route of administration;
- (5) the frequency of administration;
- (6) the name of the authorized prescriber, or in the case of ibuprofen, or acetaminophen being given to a student, the name of the parent or guardian requesting the medication to be given;
- (7) the dates for initiating and terminating the administration of the medication, up to June 30th of the school year, unless the student is enrolled in an extended year program. A new order will be obtained for summer school programs;
- (8) the quantity received, which shall be verified by the nurse, or, in the absence of the nurse, by a qualified CREC employee, along with the adult delivering the medication;
- (9) any student allergies to food and/or medicines;
- (10) the date and time of administration or omission including the reason for the omission;
- (11) the dose or amount of drug administration;
- (12) the full written or electronic legal signature of the nurse or qualified personnel for schools administering the medication.
- (13) For controlled medications, a medication count which should be conducted and documented at least once a week and co-signed by the assigned nurse and a witness.

Transactions shall either be recorded in black ink and shall not be altered or shall be recorded electronically in a record that cannot be altered. If an incorrect recording is made, a line shall be drawn through the mistake and the correct data entered immediately following. Both entries must be signed by the person giving the medication. The medication administration record shall be made available to the State Health department for review until destroyed upon request.

The completed medication administration record for non-controlled medications shall be stored in the student's cumulative health record.

The completed medication administration record for controlled medications shall be maintained in the same manner as the non-controlled medication record. In addition, a separate medication administration record will be maintained in the school/program for three years.

The written order of the authorized prescriber, the written authorization of the parent / guardian or eligible student to administer the medication and the written permission for the exchange of information between the prescriber and school nurse to ensure the safe administration of such medication shall be filed in the student's cumulative health record or, for before and after school programs and school readiness programs, in the child's program record.

An authorized prescriber's verbal order, including a telephone order, for any medication can be received only by a school nurse. Any such verbal order must be followed by a written order, which may be faxed, and must be received not later than three (3) school days.

When a student leaves or completes a CREC program, the cumulative health record, including all medication administration forms, will be returned to the sending school district.

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

- (1) After such administration, a 911 call will be initiated, the school nurse or school medical advisor shall be notified by the qualified school employee, and the student's parent or guardian shall be notified by the school nurse or the qualified school employee; and
- (2) a medication administration record shall be submitted to the school nurse by the qualified school employee at the earliest possible time, but not later than the next school day, and filed in or summarized on the student's cumulative health record

Errors in Medication Administration

- a. If an error in the administration of a medication is made, the person making the error will immediately contact the school nurse, the Assistant Director of Health Services, the authorized prescriber and the parent or guardian or eligible student.

- b. Based on the information received from the above contacts, appropriate action will be taken if medical treatment is required as a result of such error.
- c. A medication error incident report will be completed, forwarded to the Managing Director of Health Services and CREC Central Office and a copy placed in the student's cumulative health record or for before and after school programs and school readiness programs, in the child's program record.

Supervision

The nurse assigned to each program/school is responsible for general supervision of administration of medications in that program/school. This responsibility 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 Qualified Personnel For Schools 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 Personnel for Schools and other licensed nursing personnel in the administration of medications and assess that the Qualified Personnel For Schools are competent to administer medications;
 - (4) support and assist other licensed nursing personnel and Qualified Personnel for Schools to prepare for and, implement their responsibilities related to the administration of specific medications during school hours;
 - (5) provide appropriate follow-up to ensure that administration of medication plans result in desired student outcomes;
 - (6) provide consultation by telephone or other means of telecommunication. In the absence of the school nurse, an authorized prescriber or other nurse may provide consultation.
- b. Implementation of policies and procedures regarding all phases of administration of medication;
- c. Regular and on-going review of all documentation pertaining to the administration of medications for students;
- d. Observation of competency to administer medications by qualified personnel for schools;

- e. Annually, or as needed, review with licensed nursing personnel, and all qualified personnel for schools regarding the needs of any student receiving medication.

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