

**WESTPORT BOARD OF EDUCATION**

**\*AGENDA**

(Agenda Subject to Modification in Accordance with Law)

**PUBLIC CALL TO ORDER:**

7:00 p.m. Staples High School, Pupil Services Conference Room 333

**ANTICIPATED EXECUTIVE SESSION:** Personnel Matter

**RESUME PUBLIC SESSION:**

**PUBLIC SESSION/PLEDGE OF ALLEGIANCE:**

7:30 p.m. Staples High School, Cafeteria B (Room 301)

**ANNOUNCEMENTS FROM BOARD AND ADMINISTRATION**

**PUBLIC QUESTIONS/COMMENTS ON NON-AGENDA ITEMS** (15 MINUTES)

**MINUTES:** April 11, 2011

**DISCUSSION:**

- |   |        |                           |
|---|--------|---------------------------|
| 1. Health Education Curriculum: Grades 6-12   | (Encl) | Mr. Gusitsch<br>Mr. Fagan |
| 2. Policy P5141.21: Administration of Medications                                       | (Encl) | Ms. Schwab                |
| 3. Budget Reductions To Board of Education's<br>Proposed Budget For 2011-12 School Year |        | Dr. Landon                |

**ADJOURNMENT**

\*A 2/3 vote is required to go to executive session, to add a topic to the agenda of a regular meeting, or to start a new topic after 10:30 p.m. The meeting can also be viewed on cable TV on channel 78.

**PUBLIC PARTICIPATION WELCOME USING THE FOLLOWING GUIDELINES:**

- Comment on non-agenda topics will occur during the first 15 minutes *except* when staff or guest presentations are scheduled.
- Board will not engage in dialogue on non-agenda items.
- Public may speak as agenda topics come up for discussion or information.
- Speakers on non-agenda items are limited to 2 minutes each, except by prior arrangement with chair.
- Speakers on agenda items are limited to 3 minutes each, except by prior arrangement with chair.
- Speakers must give name and use microphone.
- Responses to questions may be deferred if answers not immediately available.
- Public comment is normally not invited for topics listed for action after having been publicly discussed at one or more meetings.

# WESTPORT PUBLIC SCHOOLS

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ELLIOTT LANDON  
*Superintendent of Schools*

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To: Members of the Board of Education

From: Elliott Landon

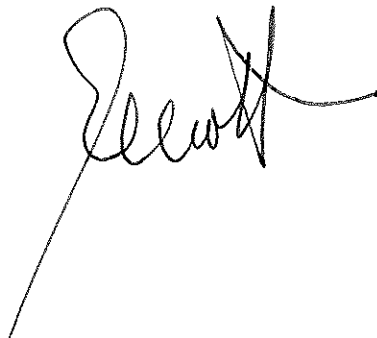
Subject: Health Education Curriculum, Grades 6-12

Date: May 9, 2011

Appended to this memorandum you will find a proposed new Health Education Curriculum, Grades 6-12, for the Westport Public Schools as prepared by a committee of teachers and administrators working under the guidance of David Gusitsch, Department Chair for Physical Education and Health, and Assistant Superintendent Brian Fagan.

Focused on units of study by grade level, the documents representing this health education curriculum appear in two parts; the first of which is organized around the middle school grades, 6-8 and the second, for the high school grades, 9-12. Instruction related to each grade level focuses on the published Connecticut state standards for health education; the Westport objectives responsive to those standards; the resources and activities to be used by certified Westport health education teachers to achieve those standards and objectives; and, the assessment and data collection to be utilized in determining whether the desired health education learning outcomes for students in grades 6-12 have been achieved.

This item appears on the agenda of the meeting of May 9 for staff presentation and discussion with the Board of Education. It will be on the agenda of the Board meeting of May 23 for Board of Education approval.

A handwritten signature in black ink, appearing to read "Elliott Landon", with a long horizontal line extending to the left from the bottom of the signature.



Westport Public Schools

Health Curriculum

Grades 6 – 8

*Presented to the  
Board of Education  
May 9, 2011*

## HEALTH CURRICULUM

### GRADES 6 - 8

#### Units of Study

In Grades 6-8, the Health Curriculum and its Programming is divided into units of study over the course of each school year. Those units are as follows:

#### Grade 6

Unit 1: Human Growth and Development (p2)

Unit 2: Substance Abuse Prevention (p3)

Unit 3: Nutrition (p4)

Unit 4: First Aid and Safety (p5)

Unit 5: Social and Emotional Health (p6)

#### Grade 7

Unit 1: Human Growth and Development (p7)

Unit 2: Substance Abuse Prevention (p8)

Unit 3: Nutrition (p9)

Unit 4: Social and Emotional Health (p10)

#### Grade 8

Unit 1: Human Growth and Development (p11)

Unit 2: Personal Safety (p12)

Unit 3: Substance Abuse Prevention (p13)

Unit 4: Social and Emotional Health (p14)

## GRADE 6: Unit 1 - Human Growth and Development

**State Standard**  
**Standard 1:** Comprehend concepts related to health promotion and disease prevention

**Standard 3:** Demonstrate the ability to practice health-enhancing behaviors to reduce health risks

### Westport Objective

Describe strategies that support positive health behaviors (i.e., sleep, nutrition, exercise...) and prevention of injury & disease

Review the developmental issues associated with puberty

Describe how positive health behaviors contribute to good health

### Resources & Activities

[www.kidshealth.org](http://www.kidshealth.org)

[www.mypyramid.gov](http://www.mypyramid.gov)

School Nurse

Puberty video

American Medical Association:  
(Pediatric and Adolescent Journals)

Discussion

Questions & Answers

**Assessment & Data Collection**  
Writing prompt

**GRADE 6: Unit 2 - Substance Abuse Prevention**

| State Standard  | Westport Objective  | Resources & Activities   | Assessment & Data Collection  |
|---|---|--|---|
| <p><b>Standard 1:</b> Comprehend concepts related to health promotion and disease prevention</p>              | <p>Describe the physical, social, and emotional effects associated with tobacco, alcohol, and other drugs</p> | <p><a href="http://www.drugfreeamerica.org">www.drugfreeamerica.org</a></p>                                      | <p>Poster</p>   |
| <p><b>Standard 5:</b> Demonstrate the ability to use interpersonal communication skills to enhance health</p> | <p>Demonstrate steps that will assist you in refusing tobacco, alcohol, and other drugs and keep friends</p>  | <p><a href="http://www.health.org">www.health.org</a></p>  | <p>Role playing</p>   |
| <p><b>Standard 6:</b> Demonstrate the ability to use decision-making skills to enhance health</p>             | <p>Demonstrate decision making skills to be tobacco, alcohol, and other drugs</p>                             | <p><a href="http://www.ct.gov/ConnecticutSchoolHealthSurvey">www.ct.gov/Connecticut School Health Survey</a></p> | <p>Create letter to future self addressing how tobacco can affect their quality of life</p> |
|   |   | <p><a href="http://www.cdc.gov/dash">www.cdc.gov/dash</a> (Centers for Disease Control &amp; Prevention)</p>     |   |
|   |   | <p>American Heart Association<br/>American Lung Association</p>  |   |
|   |   | <p>Discussion &amp; Question/Answer</p>  |   |
|   |   | <p>Discussion</p>  |   |
|   |   | <p>Role Play</p>   |   |

**GRADE 6: Unit 3 - Nutrition**

| State Standard  | Westport Objective   | Resources & Activities   | Assessment & Data Collection   |
|---|--|--|--------------------------------|
| <p><b>Standard 1:</b> Comprehend concepts related to health promotion and disease prevention</p>                                | <p>Explain the relationship between good nutrition and good health (i.e., 6 essential nutrients, daily requirements)</p> | <p><a href="http://www.mypyramid.gov">www.mypyramid.gov</a></p>  | <p>Individual Food Journal</p> |
| <p><b>Standard 2:</b> Demonstrate the ability to access valid health information and health-promoting products and services</p> | <p>Interpret the information found on food labels</p>  | <p>Food labels: <a href="http://www.fda.gov">www.fda.gov</a><br/>                     (“Spot the Block”)<br/>                     Current literature</p> |                                |
| <p><b>Standard 3:</b> Demonstrate the ability to practice health-enhancing behaviors to reduce health risks</p>                 | <p>Examine the influences of family, friends, advertising, and media on personal food choices</p>                        | <p>American Dietetic Association<br/>                     School Nurse</p>   |                                |
| <p><b>Standard 4:</b> Analyze the influence of culture, media, technology and other factors on health</p>                       | <p>Identify areas of improvement in eating habits</p>  | <p>Analyze Food Labels<br/>                     Discussion<br/>                     Role Play</p>  |                                |

**GRADE 6: Unit 4 – First Aid and Safety**

| State Standard   | Westport Objective  | Resources & Activities  | Assessment & Data Collection   |
|--|---|---|--------------------------------|
| <b>Standard 1:</b> Comprehend concepts related to health promotion and disease prevention                                | Identify situations in which there is a need for emergency medical response   | American Red Cross<br>American Heart Association  | Emergency list<br>Role playing |
| <b>Standard 2:</b> Demonstrate the ability to access valid health information and health-promoting products and services | Discuss strategies to promote personal safety at home, in school, and in the community  | <a href="http://www.westportct.gov">www.westportct.gov</a><br>(Public Safety)<br>School Nurse |                                |
| <b>Standard 3:</b> Demonstrate the ability to practice health-enhancing behaviors to reduce health risks                 | Develop a list of resources to assist people with emergency response<br>Identify strategies to prevent disease transmission in an emergency situation                               | Discussion<br>Role Play   |                                |
| <b>Standard 8:</b> Demonstrate the ability to advocate for personal, family and community health                         | Apply basic first aid techniques (i.e., check situation, 911 call, caring for victim until help arrives, broken bone, shock...)<br>Sun Safety (i.e., consequences of over exposure) |   |                                |



**GRADE 6: Unit 5 - Social and Emotional Health**

| <b>State Standard</b>   | <b>Westport Objective</b>   | <b>Resources &amp; Activities</b>  | <b>Assessment &amp; Data Collection</b> |
|---|---|--|---|
| <b>Standard 1:</b> Comprehend concepts related to health promotion and disease prevention | Describe the characteristics of a mentally and emotionally healthy person | <a href="http://www.kidshealth.org">www.kidshealth.org</a><br>Current literature | Salubrious bag                          |

|  |  |  |  |
|--|--|--|--|
| <b>Standard 3:</b> Demonstrate the ability to practice health-enhancing behaviors to reduce health risks | Identify behaviors associated with social and emotional health<br>List the adults in your support system | <a href="http://www.cdc.gov/dash">www.cdc.gov/dash</a><br><a href="http://www.ct.gov: Connecticut School Health Survey">www.ct.gov: Connecticut School Health Survey</a> |  |
|--|--|--|--|

|  |   |  |  |
|--|---|--|--|
| <b>Standard 4:</b> Analyze the influence of culture, media, technology and other factors on health | Discuss strategies that support mental health and manage stress<br><br>Make a personal commitment to show respect and consideration for others, both in person and through social mediums | Create Health/Wellness Triangle<br>Discussion<br>Role Play |  |
|--|---|--|--|

**GRADE 7: Unit 1 - Human Growth and Development**

| <b>State Standard</b>  | <b>Westport Objective</b>   | <b>Resources &amp; Activities</b>  | <b>Assessment &amp; Data Collection</b> |
|--|---|--|---|
| <b>Standard 1:</b> Comprehend concepts related to health promotion and disease prevention              | Explain the relationship between hormones and puberty   | <a href="http://www.kidshealth.org">www.kidshealth.org</a>   | Written quiz or test                    |
| <b>Standard 5:</b> Demonstrate the ability to use interpersonal communication skills to enhance health | Identify ways in which hormonal changes may affect communication, behavior, and relationships | <a href="http://www.kingcounty.gov">www.kingcounty.gov</a><br>(F.L.A.S.H. Curriculum: Family Life & Sexual Health) |   |
|  | Identify anatomy of male and female reproductive system                                       | American Medical Association: (Pediatric and Adolescent Journals)  |   |

Video

Discussion

**GRADE 7: Unit 2 - Substance Abuse Prevention**

| State Standard   | Westport Objective   | Resources & Activities  | Assessment & Data Collection   |
|--|--|---|--|
| <b>Standard 1:</b> Comprehend concepts related to health promotion and disease prevention                                | Differentiate between over the counter (OTC), prescription and illicit drugs                           | <a href="http://www.teens.drugabuse.gov">www.teens.drugabuse.gov</a>  | Brochure/poster/photo story to demonstrate knowledge dangers of drugs. (Public service announcement) |
| <b>Standard 2:</b> Demonstrate the ability to access valid health information and health-promoting products and services | Define addiction and list the possible effects on well-being   | <a href="http://www.ct.gov">www.ct.gov</a> : Connecticut School Health Survey   |  |
| <b>Standard 5:</b> Demonstrate the ability to use interpersonal communication skills to enhance health                   | Develop and present accurate information on drugs and alcohol (i.e., poster, power point, brochure...) | <a href="http://www.nida.nih.gov">www.nida.nih.gov</a> (National Institute on Drug Abuse: National Institute of Health) |  |
| <b>Standard 8:</b> Demonstrate the ability to advocate for personal, family and community health                         | Describe risks associated with drug use (HIV/AIDS & other diseases)                                    | Connecticut Clearing House  |  |
|  | Analyze the factors that influence a person's decision to use or not use alcohol and other drugs       | Discussion<br>Role Play   |  |

**GRADE 7: Unit 3 - Nutrition**

| <b>State Standard</b>  | <b>Westport Objective</b>  | <b>Resources &amp; Activities</b>  | <b>Assessment &amp; Data Collection</b>   |
|--|--|--|---|
| <b>Standard 1:</b> Comprehend concepts related to health promotion and disease prevention                | Explain serving size in relationship to portion control            | Mypyramid.gov<br>American Dietetic Association<br>American Heart Association<br>Zisboombah.com<br>Discussion | Create a food plan with focus on portion size and nutrient intake. (specific profile) |
| <b>Standard 3:</b> Demonstrate the ability to practice health-enhancing behaviors to reduce health risks | Describe how family, community & the media influence eating habits |  |   |
| <b>Standard 4:</b> Analyze the influence of culture, media, technology and other factors on health       | Analyze nutritional needs based on personal growth & development   |  |   |
|  | Apply nutrition information to design a healthy eating plan        |  |   |

**GRADE 7: Unit 4 - Social and Emotional Health**

| State Standard   | Westport Objective   | Resources & Activities  | Assessment & Data Collection                                       |
|--|--|---|--|
| <b>Standard 1:</b> Comprehend concepts related to health promotion and disease prevention                                | Create strategies to improve overall wellness<br><br>Contract for Life   | Current literature<br><br>School handbook   | Create public service announcement to promote positive self esteem |
| <b>Standard 2:</b> Demonstrate the ability to access valid health information and health-promoting products and services | Describe internal/external factors that influence mental and emotional health  | Media sources (Dove Campaign for Real Beauty)   | Create a role play to demonstrate positive communication skills.   |
| <b>Standard 3:</b> Demonstrate the ability to practice health-enhancing behaviors to reduce health risks                 | Analyze how family, school, and peers influence personal health<br><br>Define the term sexual harassment & bullying  | <a href="http://www.healthteacher.com">www.healthteacher.com</a><br><br><a href="http://www.connsacs.org">www.connsacs.org</a> : (Connecticut Sexual Assault Crisis Services) |  |
| <b>Standard 4:</b> Analyze the influence of culture, media, technology and other factors on health                       | Identify techniques for preventing and reporting types of abuse, bullying, & sexual harassment   | Guest speakers<br><br>Discussion  |  |
| <b>Standard 6:</b> Demonstrate the ability to use goal-setting and decision-making skills to enhance health              | Demonstrate the ability to access school and community resources to help with mental and emotional health issues<br><br>Demonstrate healthy ways to deal with conflict | Role Play   |  |
|  | Demonstrate how to communicate clear expectations, boundaries, and personal safety strategies  |   |  |
|  | Discuss why stereotypes can have a negative impact on the mental health of a person  |   |  |

**GRADE 8: Unit 1 - Human Growth and Development**

| <b>State Standard</b>   | <b>Westport Objective</b>  | <b>Resources &amp; Activities</b>  | <b>Assessment &amp; Data Collection</b>                                    |
|---|--|--|--|
| <b>Standard 1:</b> Comprehend concepts related to health promotion and disease prevention                                 | Explain the concept that mature human sexuality develops over a lifetime   | American Medical Association: (Pediatric and Adolescent Journals)<br>Health Education Journal<br><a href="http://www.kingcounty.gov">www.kingcounty.gov</a> (F.L.A.S.H. Curriculum: Family Life & Sexual Health)<br><a href="http://www.ct.gov">www.ct.gov</a> : Connecticut School Health Survey<br>Video<br><a href="http://www.plannedparenthood.org">www.plannedparenthood.org</a> | Written quiz or test<br>Create model of male & female reproductive systems |
| <b>Standard 2:</b> Demonstrate the ability to access valid health information and health promoting products and services. | Describe the anatomy and physiology of the male and female reproductive system<br>Explain the process of the menstruation cycle, ejaculation & conception<br>Discuss the importance of taking responsibility for health of the reproductive system (i.e., self examinations) | <a href="http://www.siecus.org">www.siecus.org</a> (Sexuality Information and Education Council of the U.S.)<br>Discussion   |  |
|   | Define abstinence and methods of contraception<br>Identify adults who can provide accurate information about puberty, sexual health, relationships and responsible sexual behavior.  |  |  |

**GRADE 8: Unit 2 - Personal Safety**

| State Standard   | Westport Objective  | Resources & Activities   | Assessment & Data Collection                                       |
|--|---|--|--|
| <b>Standard 1:</b> Comprehend concepts related to health promotion and disease prevention                                | Identify school policy and community laws regarding sexual conduct  | School handbook<br><a href="http://www.cdc.gov">www.cdc.gov</a><br><a href="http://www.ct.gov">www.ct.gov</a> : Connecticut School Health Survey<br><a href="http://www.advocatesforyouth.org">www.advocatesforyouth.org</a> : Sex Education Resource Center | Create list of local & national agencies for personal safety needs |
| <b>Standard 2:</b> Demonstrate the ability to access valid health information and health-promoting products and services | Discuss prevention strategies for and transmission of HIV/AIDS & STI's  | <a href="http://www.kingcounty.gov">www.kingcounty.gov</a> (F.L.A.S.H. Curriculum: Family Life & Sexual Health) Videos<br><a href="http://www.plannedparenthood.org">www.plannedparenthood.org</a>   |  |
| <b>Standard 5:</b> Demonstrate the ability to use interpersonal communication skills to enhance health                   | Demonstrate refusal skill to resist sexual pressure and sexual assault<br>List local health agencies available to teens and their families<br>Examine how abstaining from sex could positively impact personal goals and healthy lifestyles | <a href="http://www.siecus.org">www.siecus.org</a> (Sexuality Information and Education Council of the U.S.)<br>Discussion<br>Role Play  |  |

**GRADE 8: Unit 3 - Substance Abuse Prevention**

| State Standard   | Westport Objective   | Resources & Activities  | Assessment & Data Collection |
|--|--|---|------------------------------|
| <b>Standard 1:</b> Comprehend concepts related to health promotion and disease prevention        | Predict how not using alcohol or other drugs contributes to positive health outcomes | <a href="http://www.teens.drugabuse.gov">www.teens.drugabuse.gov</a><br><a href="http://www.ct.gov">www.ct.gov</a> : Connecticut School Health Survey | Written quiz or test         |
| <b>Standard 6:</b> Demonstrate the ability to use decision-making skills to enhance health       | Explain family and societal influences on alcohol and other drug use                 | <a href="http://www.nida.nih.gov">www.nida.nih.gov</a> (National Institute on Drug Abuse: National Institute of Health)                               | Writing prompt               |
| <b>Standard 8:</b> Demonstrate the ability to advocate for personal, family and community health | Explain how decisions about alcohol and drug use will affect relationships           | Current Literature  |                              |
|  | Describe consequences associated with binge drinking                                 | Videos  | Discussion                   |
|  | Demonstrate the ability to use refusal skills  |   | Role Play                    |
|  | Identify legal consequences of drug possession & distribution (school & community)   |   |                              |



**GRADE 8: Unit 4 - Social and Emotional Health**

| State Standard   | Westport Objective   | Resources & Activities  | Assessment & Data Collection  |
|--|--|---|---|
| <b>Standard 1:</b> Comprehend concepts related to health promotion and disease prevention              | Identify characteristics of a healthy relationship   | <a href="http://www.dvccct.org">www.dvccct.org</a> : (Domestic Violence Crisis Center)                | Create a dialogue/conversation between two people in a healthy relationship |
| <b>Standard 4:</b> Analyze the influence of culture, media, technology and other factors on health     | Demonstrate communication skills necessary to maintain a healthy relationship  | <a href="http://www.ct.gov">www.ct.gov</a> : Connecticut School Health Survey                         |   |
| <b>Standard 5:</b> Demonstrate the ability to use interpersonal communication skills to enhance health | Describe internal/external factors that influence mental and emotional health  | <a href="http://www.connsacs.org">www.connsacs.org</a> : (Connecticut Sexual Assault Crisis Services) |   |
| <b>Standard 8:</b> Demonstrate the ability to advocate for personal, family and community health       | Describe how power and control differences in relationships (i.e., peers, dating, family) can contribute to aggression or violence | <a href="http://www.elsen.org">www.elsen.org</a> : (Gay, Lesbian and Straight Education Network)      |   |
|  | Demonstrate support and respect to people with differences (cultural, gender, and sexual orientation)                              | <a href="http://www.advocatesforyouth.org">www.advocatesforyouth.org</a>                              | Discussion  |
|  | Demonstrate techniques to ask for help with mental and emotional health problems from trusted adults or friends                    | <a href="http://www.loveisnotabuse.com">www.loveisnotabuse.com</a>                                    | Role Play   |

Note: State and National standards are aligned



Westport Public Schools

Health Curriculum

Grades 9 – 12

*Presented to the  
Board of Education  
May 9, 2011*

## HEALTH CURRICULUM

### GRADES 9 - 12

#### Units of Study

In Grades 9-12, the Health Curriculum and its Programming is divided into units of study over the course of each school year. Those units are as follows:

**Grade 9**  
Unit 1: Substance Abuse Prevention (p2)

Unit 2: Social and Emotional Health (p3)

Unit 3: Sexual Health (p4)  
Unit 4: Mental Health and Stress Management (p4)

Unit 5: Nutrition (p5)

**Grade 10**  
Unit 1: Substance Abuse Prevention (p6)

Unit 2: Social and Emotional Health (p7)

Unit 3: Sexual Health (p8)

Unit 4: Nutrition (p9)

**Grade 11**  
Unit 1: Substance Abuse Prevention (p10)

Unit 2: Social and Emotional Health (p11)

Unit 3: Sexual Health (p12)

Unit 4: Nutrition (p13)

**Grade 12**  
Unit 1: Substance Abuse Prevention (p14)

**GRADE 9: Unit 1 - Substance Abuse Prevention**

| <b>National/State Standard</b>   | <b>Westport Objective</b>  | <b>Resources &amp; Activities</b>  | <b>Assessment &amp; Data Collection</b>   |
|--|--|--|---|
| <b>Standard 1:</b> Comprehend concepts related to health promotion and disease prevention                | Describe the physical, emotional, and social effects of tobacco, alcohol, and other drugs    | Traveling wall graffiti  | Traveling wall graffiti   |
| <b>Standard 3:</b> Demonstrate the ability to practice health-enhancing behaviors to reduce health risks | Explain the relationship between tobacco, alcohol, and other drugs and health consequences   | TAG presentation – peer to peer<br>Power Point presentation<br>CDC resources |   |
| <b>Standard 5:</b> Demonstrate the ability to use interpersonal communication skills to enhance health   | Assess consequences of substance abuse and physical safety                                   | Guest Speaker  | Speaker Questionnaire   |
|  | Demonstrate effective refusal skills when pressured to use tobacco, alcohol, and other drugs | Role play situations   | Article demonstrating consequence of substance abuse and share with the class.<br>Teacher Observation |
|  | Describe options available for help or treatment   |  | Create an Anti-drug advertisement   |

**GRADE 9: Unit 2 - Social and Emotional Health**

| <b>National/State Standard</b>   | <b>Westport Objective</b>  | <b>Resources &amp; Activities</b>  | <b>Assessment &amp; Data Collection</b> |
|--|--|--|---|
| <b>Standard 1:</b> Comprehend concepts related to health promotion and disease prevention                | Identify characteristics of a healthy relationship   | Polleverywhere.com activity  | Speaker questionnaire                   |
| <b>Standard 3:</b> Demonstrate the ability to practice health-enhancing behaviors to reduce health risks | Demonstrate effective communication skills to express feelings in relationships  | Speaker from Domestic Violence Dvccct.org<br>Communication Activity<br>Advocatesforyouth.org<br>AAHPERD    | Speaker questionnaire                   |
| <b>Standard 5:</b> Demonstrate the ability to use interpersonal communication skills to enhance health   | Apply the goal setting skill to improve upon one characteristic of a current relationship (i.e., communication, respect & trust) | Choose one person for whom you would like to set a goal in order to improve an aspect of the relationship. | Written reflection                      |
| <b>Standard 6:</b> Demonstrate the ability to use decision making skills to enhance health               | Sun Safety (i.e., tanning beds)  |  |   |
| <b>Standard 7:</b> Demonstrate the ability to use goal-setting skills to enhance health                  |  |  |   |

**GRADE 9: Unit 3 - Sexual Health**

| National/State Standard  | Westport Objective  | Resources and Activities                | Assessment & Data Collection |
|--|---|---|------------------------------|
| <b>Standard 1:</b> Comprehend concepts related to health promotion and disease prevention                                | Differentiate fact from myth in discussion of human sexuality   | * Myth or Fact activity                 | Teacher observation          |
| <b>Standard 2:</b> Demonstrate the ability to access valid health information and health-promoting products and services | Review abstinence as the best choice for protecting oneself from unintended pregnancy and sexually transmitted infections | STI activity                            | Teacher observation          |
|  | Identify sexually transmitted infections, signs, symptoms, and methods of transmission                                    | cdc.gov/dash<br>teachingsexualhealth.ca |                              |
|  | Describe the different methods of birth control   |   |                              |
|  | Demonstrate the ability to access accurate and reliable information about sexual health                                   |   |                              |

**GRADE 9: Unit 4 - Mental Health and Stress Management**

| National/State Standard  | Westport Objective  | Resources and Activities   | Assessment & Data Collection   |
|--|---|--|--|
| <b>Standard 1:</b> Comprehend concepts related to health promotion and disease prevention                | Explain the body's physical and psychological responses to stress             | "Pop Quiz" stress simulator  | Written reflection of targeted stressor and whether or not applied technique of managing stress was successful or not. |
| <b>Standard 3:</b> Demonstrate the ability to practice health-enhancing behaviors to reduce health risks | Illustrate the effects of stress if left unmanaged (i.e., depression/suicide) | Stress PowerPoint  |  |
|  | Evaluate effective strategies for dealing with stress                         | Write on smart board stressors and different ways to alleviate stress. |  |

**GRADE 9: Unit 5 - Nutrition**

| <b>National/State Standard</b>   | <b>Westport Objective</b>  | <b>Resources and Activities</b>  | <b>Assessment &amp; Data Collection</b>                      |
|--|--|--|--|
| <b>Standard 1:</b> Comprehend concepts related to health promotion and disease prevention                | Review Food Pyramid components   | Guest Speaker  |  |
| <b>Standard 3:</b> Demonstrate the ability to practice health-enhancing behaviors to reduce health risks | Describe how the body converts nutrients to energy                                       |  | Individual nutrition pre and post calculation and reflection |
| <b>Standard 6:</b> Demonstrate the ability to use decision making skills to enhance health               | Interpret nutritional information to plan a healthy balanced meal from school cafeteria. | Print out nutrition info from school website and calculate nutrition information based on previous days lunch. |  |

**GRADE 10: Unit 1 - Substance Abuse Prevention**

| National/State Standard  | Westport Objective  | Resources and Activities           | Assessment & Data Collection                                    |
|--|---|------------------------------------|---|
| <b>Standard 1:</b> Comprehend concepts related to health promotion and disease prevention                | Distinguish fact from myth in regards to tobacco, alcohol, and other drugs    | Drug handouts and class discussion | Alcohol and Drunk Driving written assessment                    |
| <b>Standard 3:</b> Demonstrate the ability to practice health-enhancing behaviors to reduce health risks | Review negative effects of substance use on all areas of health               |                                    |   |
| <b>Standard 5:</b> Demonstrate the ability to use interpersonal communication skills to enhance health   | Define gateway drugs  |                                    |   |
|  | Describe potential consequences of substance use on relationships and the law | Student demonstration              | Class assessment of student demo                                |
|  | Assess refusal skills used when pressured to use drugs or alcohol             | Student/teacher examples           | Written refusal skill responses                                 |
|  | Describe the effects/impact of supplemental use on health                     | Current Event Activity             | Student Verbal Assessment/Teacher Verbal and Written Assessment |



**GRADE 10: Unit 2 - Social and Emotional Health**

| <b>National/State Standard</b>   | <b>Westport Objective</b>   | <b>Resources and Activities</b>  | <b>Assessment &amp; Data Collection</b>  |
|--|---|--|--|
| <b>Standard 1:</b> Comprehend concepts related to health promotion and disease prevention          | Compare and contrast characteristics of a healthy relationship                                  | Students will list daily and long term decisions. The class will have a discussion on the positive and negative influences society plays in these decisions. | Oral Teacher Evaluation  |
| <b>Standard 4:</b> Analyze the influence of culture, media, technology and other factors on health | Analyze the influence of family, teachers, peers, and media on personal health behaviors        | In groups, students will collaboratively use decision making skills to come to a solution of a difficult life problem.                                       | Students will make a choice on an important life decision when faced with several options. They will also present what they feel are their most important influences when making such an important decision. |
|  | Identify how decisions influence your personal situation in a relationship                      |  |  |
|  | Demonstrate respect for all people without bias (i.e., gender, religion, or sexual orientation) | Students will view a movie and discuss how characters did or did not display aspects of positive relationships.  | Students will watch a movie and respond to a list of questions in order to display their ability to relate to positive aspects of relationships.   |
|  | Sun Safety (i.e., skin care; correlation with long term consequences)                           |  |  |

**GRADE 10: Unit 3 - Sexual Health**

| <b>National/State Standard</b>   | <b>Westport Objective</b>  | <b>Resources and Activities</b>   | <b>Assessment &amp; Data Collection</b>                   |
|--|--|-----------------------------------|---|
| <b>Standard 1:</b> Comprehend concepts related to health promotion and disease prevention                | Review abstinence and other methods of contraception   | Class Discussion and STD Handouts | Verbal assessment of the group's knowledge of the subject |
| <b>Standard 3:</b> Demonstrate the ability to practice health-enhancing behaviors to reduce health risks | Communicate the benefits of protecting oneself from unintended pregnancy and infection from HIV and other STDs | Group Awareness Activity          | Class Discussion of Group Answers                         |
|  | Demonstrate how to set clear limits on sexual behaviors  |                                   |   |
|  | Analyze the power of personal responsibility and decision making in regard to human sexuality                  |                                   |   |
|  | Discuss resources in the community for STD testing   |                                   |   |

**GRADE 10: Unit 4 - Nutrition**

| <b>National/State Standard</b>   | <b>Westport Objective</b>  | <b>Resources and Activities</b>             | <b>Assessment &amp; Data Collection</b>   |
|--|--|---|---|
| <b>Standard 1:</b> Comprehend concepts related to health promotion and disease prevention                | Describe the relationship between nutrition, physical activity, physical fitness, and sport  | Chartwells packet and discussion            | Pre-unit assignment – using listed websites to set nutritional goals based on current fitness level, activity level, and personal schedule                                      |
| <b>Standard 3:</b> Demonstrate the ability to practice health-enhancing behaviors to reduce health risks | Develop criteria in meal planning dependent upon their current fitness level, activity level, and personal schedule.                                     | Student presentation of pre-unit assignment |   |
| <b>Standard 6:</b> Demonstrate the ability to use decision making skills to enhance health               | Describe how good nutrition can improve academic performance.<br><br>Examine the consequences of poor nutrition (lack of eating, eating junk food, etc.) |   | Post-unit assessment – Use the school lunch website to provide one breakfast, lunch, and dinner that is suitable to you based upon criteria of meal planning and activity level |

**GRADE 11: Unit 1 - Substance Abuse Prevention**

| National/State Standard  | Westport Objective   | Resources and Activities  | Assessment & Data Collection |
|--|--|---|------------------------------|
| <b>Standard 1:</b> Comprehend concepts related to health promotion and disease prevention                                | Apply goal-setting skills to describe withdrawal experience  | Students choose one thing to abstain from for one week to simulate withdrawal.                          | Written reflection           |
| <b>Standard 2:</b> Demonstrate the ability to access valid health information and health-promoting products and services | Articulate the legal consequences of tobacco, alcohol, and other drug use  | Guest Speaker from the Westport Police Department   | Speaker Questionnaire        |
| <b>Standard 3:</b> Demonstrate the ability to practice health-enhancing behaviors to reduce health risks                 | Explain how chemical dependency is a family disease  | Westport Police Department PowerPoint<br>School handbook<br>Video clip resources (i.e., "Intervention") | Video Response               |
| <b>Standard 6:</b> Demonstrate the ability to use decision making skills to enhance health                               | Demonstrate the ability to access school and community resources for preventing and treating substance abuse   | Research local substance abuse facilities/programs  | Worksheet                    |
| <b>Standard 7:</b> Demonstrate the ability to use goal-setting skills to enhance health                                  | Discuss how personal goals can be affected by alcohol and other drug use<br>Identify alternative options to drug and alcohol use (i.e., movies & yoga) | Situation cards- small groups and class discussion<br>Connecticut school health survey<br>CDC           | Teacher observation          |
| Express personal responsibility for not using alcohol and drugs  |  | Youth Risk Behavior Survey  |                              |

**GRADE 11: Unit 2 - Social and Emotional Health**

| <b>National/State Standard</b>  | <b>Westport Objective</b>  | <b>Resources and Activities</b>  | <b>Assessment &amp; Data Collection</b> |
|---|--|--|---|
| <b>Standard 1:</b> Comprehend concepts related to health promotion and disease prevention | Differentiate the types of depression  | Video Clip   |   |
| <b>Standard 7:</b> Demonstrate the ability to use goal-setting skills to enhance health   | Define and discuss the physical and psychological effects as a result of depression. (i.e. disease, suicide) | Advocates for youth<br>Connecticut school health survey<br>Town of Westport Youth Services | Writing Prompt                          |
|   | Identify strategies to avoid or manage signs of depression within themselves or others                       |  |   |
|   | Assess how mental and emotional health can effect health-related behaviors                                   |  |   |

**GRADE 11: Unit 3 - Sexual Health**

| National/State Standard  | Westport Objective   | Resources and Activities                  | Assessment & Data Collection  |
|--|--|---|---|
| <b>Standard 1:</b> Comprehend concepts related to health promotion and disease prevention                                | Investigate different methods of contraception and rationale for personal choice                                       | Contraception Resource Sheet              | Creating and presenting medically accurate contraception information to peers |
| <b>Standard 2:</b> Demonstrate the ability to access valid health information and health-promoting products and services | Demonstrate the decision making process between people in a responsible dating relationship                            | Role play                                 | Teacher observation/check sheet   |
| <b>Standard 6:</b> Demonstrate the ability to use decision-making skills to enhance health                               | Demonstrate ways to communicate the benefits of protecting oneself from pregnancy and infection from HIV or other STDs | Teachingsexualhealth.ca                   | Teacher observation   |
| <b>Standard 8:</b> Demonstrate the ability to advocate for personal, family and community health                         |  | Advocates for Youth<br>Planned Parenthood |   |

**GRADE 11: Unit 4 - Nutrition**

**Assessment & Data Collection**  
 Healthy Alternative Proposal

| National/State Standard  | Westport Objective  | Resources and Activities  |
|--|---|---|
| <b>Standard 1:</b> Comprehend concepts related to health promotion and disease prevention                | Analyze the relationship between nutritional choices and weight management  | Cafeteria Food Choice Analysis/Alternative<br><br>School dietitian  |
| <b>Standard 3:</b> Demonstrate the ability to practice health-enhancing behaviors to reduce health risks | Assess offerings in cafeteria and compare and contrast healthy alternatives | Mypyrmid.gov<br><br><a href="http://fnic.nal.usda.gov/">http://fnic.nal.usda.gov/</a><br><br><a href="http://www.eatright.org">www.eatright.org</a>   |
| <b>Standard 8:</b> Demonstrate the ability to advocate for personal, family and community health         |   | <a href="http://www.fitness.gov/faq.pdf">http://www.fitness.gov/faq.pdf</a><br><br><a href="http://www.extension.iastate.edu/publications/pm1980.pdf">http://www.extension.iastate.edu/publications/pm1980.pdf</a><br><br><a href="http://www.smallstep.gov/portion_control.html">http://www.smallstep.gov/portion_control.html</a> |

**GRADE 12: Unit 1 - Human Growth and Development**

| <b>National/State Standard</b>   | <b>Westport Objective</b>   | <b>Resources</b>  | <b>Assessment &amp; Data Collection</b><br>Writing Prompt |
|--|---|---|---|
| <b>Standard 1:</b> Comprehend concepts related to health promotion and disease prevention                | Demonstrate strategies to establish and maintain an alcohol and drug free lifestyle.                        | Local and/or national speakers in an assembly type format.  |   |
| <b>Standard 3:</b> Demonstrate the ability to practice health-enhancing behaviors to reduce health risks | Illustrate examples of persuasion, encouragement, and support for friends and family who choose not to use. | Work collaboratively with Teen Awareness Group to coordinate a dynamic drug and alcohol education experience. |   |
| <b>Standard 5:</b> Demonstrate the ability to use interpersonal communication skills to enhance health   |   |   |   |

Note: State and National standards are aligned



# WESTPORT PUBLIC SCHOOLS

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To: Members of the Board of Education

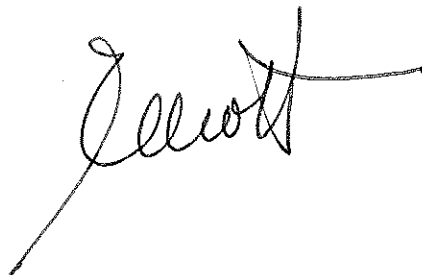
From: Elliott Landon

Subject: Policy P 5141.21: Administration of Medications

Date: May 9, 2011

In accordance with Connecticut General Statutes and Regulations of Connecticut State Agencies, the Board of Education is required to adopt a policy related to the above-referenced subject. Nadine Schwab, the Supervisor of Health Services for the Westport Public Schools, has prepared the attached policy for Board of Education review and adoption. It is applicable to students and staff during the school day and in before- and after-school programs.

This item is on the agenda for discussion at our meeting of May 9, with approval anticipated for the meeting of May 23. Ms. Schwab will be joining us for our discussion and to answer any questions that members of the Board and the public may have with regard to its content.

A handwritten signature in cursive script, appearing to read "Elliott", with a long horizontal flourish extending to the right.

## ADMINISTRATION OF MEDICATIONS

Purpose: To promote the safe administration of medications to students in order to maintain their health, support their learning, and intervene in medical emergencies.

The Westport Board of Education shall adopt written policies and procedures, in accordance with C.G.S., Section 10-212a and Connecticut regulations, Section 10-212a-1 through Section 10-212a-10. Pursuant to the regulations, Section 10-212a-2 (a) (4), the Board, with the advice and approval of the school medical advisor and health services supervisor, shall review and revise the policy and procedures concerning medication administration in school as needed, but at least biennially, except that the policy and procedures specific to Before and After School Programs shall be reviewed on an annual basis. Once so approved, administration of medication in Westport Public Schools shall be in accordance with the policy, procedures and health services protocols of Westport Public Schools for the administration of medications.

In accordance with Connecticut General Statutes, Section 10-212a, no school nurse or other nurse, principal, teacher, licensed physical or occupational therapist employed by a school district, coach or school paraprofessional administering medication pursuant to subsection (d) of the statute shall be liable to a student, or a parent or guardian of such student, for civil damages for any personal injuries which result from acts or omissions of a school nurse or other nurse, principal, teacher, licensed physical or occupational therapist employed by a school district, coach or school paraprofessional administering medication pursuant to subsection (d) of the statute in administering such preparations which may constitute ordinary negligence. This immunity shall not apply to acts or omissions constituting gross, willful or wanton negligence.

For the administration of medication in Before- and After- School Programs, as defined in Connecticut regulations, Section 10-212a-1, the Westport Board of Education shall develop procedures for administration of medication in these programs, with input from the school medical advisor or a licensed physician and school nurse supervisor. Once so approved, administration of medication in Before- and After- School Programs shall be in accordance with this policy, and the procedures and protocols for the administration of medications of the health services program of Westport Public Schools.

### Legal

#### Connecticut General Statutes

- Section 10-206
- Section 10-212
- Section 10-212a
- Section 19a-900
- Section 20-87a
- Section 21a-240
- Section 21a-262

#### Regulations of Conn. State Agencies

- Sections 10-212a-1 through 10-212a-10, inclusive
- Section 21a-254 (f) and (h)

Section 21a-262-1, 2, 3 and 8 and 9

Code of Federal Regulations  
Title 21 Part 1307.21

**Other**

- American Academy of Pediatrics. (2009). *Policy Statement—Guidance for the Administration of Medication in School*. Author: Elk Grove Village, IL. Available online on September 29, 2010, at <http://aappolicy.aappublications.org/cgi/reprint/pediatrics;124/4/1244.pdf>
- American Academy of Pediatrics, Committee on Bioethics. (2009). Pediatrician-family-patient relationships: Managing the boundaries. *Pediatrics* 124:1685-1688. Available online September 29, 2010, at <http://www.pediatrics.org/cgi/content/full/124/6/1685>
- American Academy of Pediatrics, Committee on School Health.. (2006). *School health: Policy and practice*, 6<sup>th</sup> ed. Author: Elk Grove Village, IL.
- American Academy of Pediatrics and National Association of School Nurses. (2005). *Health, mental health, and safety guidelines for schools*. Authors: Elk Grove Village, IL.
- American Medical Association. 1993. *Code of Medical Ethics*, Opinion 8.19 - Self-Treatment or Treatment of Immediate Family Members. Available online September 29, 2010, at <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion819.shtml>
- Johnson, PE, Hayes, JM, Reinstein, VF, Simmons, SM, and Benson, JM. (2003). *Medication in schools*. Tallahassee: Florida Society of Health-System Pharmacists.
- Healthy Child Care Connecticut, Medication Administration Committee. (1999). *Medication administration training manual: an instructional program for teaching child care providers to give medications*. Transferred in 2004 to the CT Nurses Association, Meriden, CT
- National Association of School Nurses. (2003) *Position statement: Medication administration in the school setting*. Available online September 29, 2010, at <http://www.nasn.org/Portals/0/positions/2003psmedication.pdf>

ADOPTED: \_\_\_\_\_  
REVISED: \_\_\_\_\_

**ADMINISTRATION OF MEDICATIONS – PROCEDURES**

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## ADMINISTRATION OF MEDICATIONS – PROCEDURES

### I. GENERAL PROCEDURES

#### **The following general procedures apply to all instances of medication administration in Westport Public Schools**

Medicinal preparations (medications), including such controlled drugs as the Commissioner of Consumer Protection designates by regulation, shall be administered to children in the Westport Public Schools by qualified school nurses according to the policy and procedures of the district when such medication is required during the school day in order to (a) maintain a student's health, (b) support student learning, or (c) intervene in a medical emergency. Circumstances in which competent students may self-administer medication and qualified personnel other than a school nurse may administer medication to a student are delineated in the sections below *Self Administration of Non-Controlled Drugs* and *Administration of Medications in Special Circumstances*, respectively.

1. Administration of medication by school personnel includes any one of the following activities: handling, storing, preparing or pouring of the medication; conveying it to the student according to the order; if indicated, observing the student inhale, apply, swallow, or self-inject the medication; documenting that the medication was administered; and counting remaining doses to verify proper administration and use of the medication.
2. No medication shall be administered in school or self administered by a student until the school nurse has (a) reviewed the medical order for safety parameters according to pediatric practice standards, as published in a text such as the Physician Desk Reference, (b) reviewed the medical necessity for administering the medication during school hours, and (c) established the medication or self-administration of medication plan. Experimental, investigational and "off-label" medications that are not recommended or approved for children or orders for medications that provide the student with a single or cumulative daily dosage beyond recommended pharmacological parameters will be reviewed by the health services supervisor and school medical advisor to determine whether it is safe and appropriate for the medication to be administered in school as ordered by the prescriber. See also Section IV.
3. Nothing in this policy shall be construed to prohibit a parent/guardian from administering a medication in school to his or her own child in an emergent or urgent situation, or as an alternate plan if the school district believes that school personnel cannot safely administer the medication or prescribed dosage to the student.
4. Medications shall be administered to a student, and self administration of medication shall be permitted, only pursuant to
  - a. the written medication order, as defined in C.G.S. Sec. 10-212a-1, of a physician licensed to practice medicine or a dentist licensed to practice dental medicine in this or another state, an advanced practice registered nurse licensed under chapter 378, a physician assistant licensed under chapter 370, an optometrist licensed under chapter

## Health Services Procedures

- 380 or, for interscholastic and intramural events only, a podiatrist licensed under chapter 375;
- b. the written authorization of a parent/guardian of such child and
  - c. the written permission of the parent/guardian for the exchange of information between the prescriber and the school nurse necessary to ensure the safe administration of medication in school.
  - d. If necessary in a given situation, a verbal order from an authorized prescriber, including a telephone order, for a change in 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 within three (3) school days.
5. The written medication order of the prescriber, the written authorization of the parent/guardian, and the written permission of the parent/guardian for the exchange of information between the prescriber and the school nurse, as in 4.c. above, shall be:
    - a. valid for no more than one full year between July 1 of a given year and June 30<sup>th</sup> of the following year, and must indicate both the start and end dates, and
    - b. provided on the Westport Public Schools form, *Authorization for the Administration of Medication by School Personnel* (see Appendix A).
  6. Prescribed medication shall be administered to and taken by only the person for whom the prescription has been written.
  7. Prescriptions written by a legal prescriber who is also the parent/guardian of the student for whom the prescription is intended will not be accepted.
  8. Self administration or carrying of any medication including over-the-counter medications, except as permitted in the Section II, *Self Administration of Medication*, is not permitted in Westport Public Schools or in any school district program or activity. In a rare a circumstance as part of a Section 504 plan or IEP, a student who is unable to self administer a medication may be permitted to carry it on his or her person for life-saving reasons.
  9. Medicinal preparations administered by injection to children in the Westport Public Schools shall be consistent with provisions of the Needlestick Safety Act and OSHA regulations. For the purposes of this policy, cartridge injector means an automatic pre-filled cartridge injector, such as an EpiPen or similar automatic injectable equipment that is easy to administer and is used to deliver epinephrine in a standard dose for emergency first aid response to anaphylactic reactions.
  10. Standing orders for medication shall be developed by the school medical advisor and health services supervisor in keeping with medical and nursing standards of practice for community-based interventions in medical emergencies and management of certain routine health problems. The purpose of such orders in an emergency is to prevent harm or death, and stabilize the individual until emergency transport to the hospital is available. The purpose of such orders for the management of routine health complaints is to keep students, who are not acutely ill, in school and available for learning. These orders, which shall be kept at a minimum, must be reviewed and authorized at least annually by the school medical

## Health Services Procedures

advisor. Administration of acetaminophen and ibuprofen under standing orders of the school medical advisor requires written parental permission which shall be valid for twelve months.

## II. SELF ADMINISTRATION OF MEDICATION

1. Westport Public Schools promotes the self-administration of non-controlled drugs (medications) by mature students with a verified chronic health condition who demonstrate the requisite knowledge, skills and behaviors necessary for the safety of themselves and others in the school setting pursuant to:
  - a. authorization for self-administration by the prescriber, the parent/guardian and the school nurse, except that authorization by the school nurse is not required for the self-administration of asthma inhalers and epinephrine auto injectors;
  - b. review of the medication order and parent/guardian authorization;
  - c. completion of a nursing assessment to determine if the student has the requisite knowledge, skills and behaviors necessary to safely administer medication in school, using the form, *Self-Medication Assessment* (see Appendix B);
  - d. notification of the principal and appropriate staff that the student is self-administering prescribed medication; and
  - e. development and implementation of an individualized self-administration medication plan.
2. Self administration means that the student brings the medication to and from home each day, keeps it on or with his or her person at all times during the school day, including during extra curricular activities and in before and after school and school readiness programs, and is capable of independently administering the medication to himself or herself. This opportunity is generally, but not exclusively, available to middle and high school students who have asthma, severe food allergy, and other chronic health conditions for which students require immediate access to their medication for emergency purposes or for proper medical management of their condition.
3. If the nurse's assessment of a student authorized by the prescriber and parent/guardian to self administer an asthma inhaler or epinephrine auto injector does not support that the student is safe to self administer the medication in the school setting, the school nurse will share the assessment results with the health services supervisor, principal, parent/guardian and prescriber, and will provide recommendations for helping the student attain the requisite knowledge and skills for a school setting. If the prescriber and parent/guardian want the student to self administer the inhaler or autoinjector nonetheless, and the school nurse and administrators agree that this poses a safety concern for the student or others, then the school nurse and principal will document the school's concern in writing to the parent/guardian and prescriber.
4. Self-administration of controlled drugs is never permitted during school or extra curricular activities. In an extraordinary circumstance, such as an international field trip, self administration of a controlled drug may be considered with an appropriate plan approved by the Health Services supervisor and School Medical Advisor in advance of the situation or event.



### III. DELEGATION OF MEDICATION ADMINISTRATION TO OTHER STAFF

1. When judged appropriate by the school nurse, the school nurse may delegate the administration of a specific medication for a specific student to another nurse licensed pursuant to the provisions of chapter 378, or to the principal, a full time teacher, or a full time licensed physical or occupational therapist who works with the student as an employee of the school district, for example, to accommodate student medication needs on field trips.
2. With the approval of the school nurse supervisor and school medical advisor, the school nurse may in rare circumstances, if judged appropriate and necessary for a safe emergency medication plan, delegate the administration of a specific medication for a specific student to a certified athletic trainer or coach of the student in intramural or interscholastic athletics according to the requirements of C.G.S. Sec. 10-212a(c) and its regulations, and school district policy and procedures. During intramural and interscholastic athletic events, a coach or licensed athletic trainer may administer (1) inhalant medications prescribed to treat respiratory conditions and (2) medication administered with a cartridge injector for students with a medically diagnosed allergic condition to a specific student when a plan for self-administration of medication is not a viable option, as determined by the school nurse, provided the following requirements have been met:
  - a. The coach or licensed athletic trainer has been trained according to the requirements in # 12 below as pertinent to receiving, storing and assisting with inhalant medications or cartridge injector medications.
  - b. The school nurse has provided a copy of the authorized prescriber's order and the parental permission form to the coaches.
  - c. The parent/guardian or guardian has provided to the coach or licensed athletic trainer the medication in accordance with the provisions for safe handling and storage in Section VI below.
  - d. The medication provided to the coach or licensed athletic trainer, such as the inhaler or cartridge injector, is maintained separately from the medication stored in the school health office for use during the school day.
  - e. The coach or licensed athletic trainer has agreed to the administration of emergency medication and is prepared to implement the emergency care plan.
  - f. Medications to be used in athletic events are stored:
    - in containers for the exclusive use of holding medications;
    - in locations that preserve the integrity of the medication;
    - under the general supervision of the coach or licensed athletic trainer trained in the administration of medication; and
    - in a locked secure cabinet when not in use at athletic events.
  - g. Errors in the administration of medication are addressed in the same manner as Section 10-212a-6 of the Regulations of Connecticut State Agencies, 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.
  - h. Documentation of any administration of medication by a coach or licensed athletic trainer shall be completed on forms provided by the school nurse, and the school nurse shall be notified as follows:

## Health Services Procedures

- a separate medication administration record for each student shall be maintained in the athletic area (see Appendix C);
  - 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;
  - 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;
  - 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 according to Section 10-206 of the Regulations of Connecticut State Agencies of each sport season and filed in the student's cumulative health record according to Section 10-212a-6 of the Regulations of Connecticut State Agencies.
3. With the approval of the school nurse supervisor and school medical advisor, the school nurse may, in rare instances and if judged appropriate and necessary for a safe emergency medication plan, delegate to an identified paraprofessional employee, including a contracted employee of the district, the administration of a specific medication for a specific student who has a medically diagnosed allergic condition that requires prompt treatment in order to protect the student against serious harm or death. Such medication may include, but is not limited to, medication administered with a cartridge injector. For example, it may be appropriate to delegate the administration of medication to a paraprofessional when a student who has a medically-diagnosed allergic condition is unable to self-administer the medication when the student travels into the community for educational program purposes with a paraprofessional who has one-to-one responsibility for the student during the community-based learning activity.
4. When a school nurse delegates medication administration according to the provisions in #1-3 above, the school nurse will provide medication administration training to the delegate(s) at least annually, and more frequently if indicated. The school nurse will maintain documentation of such training for each school year, including dates, content, individuals who have completed training, and the name and credentials of the school nurse who provides the training. Such training will be documented on Westport Public Schools forms developed for such purposes, *General Principles of Medication Administration* and *Student Specific Principles of Medication Administration* (see Appendix D and E), and will include the following content:
- a. General principles of safe medication administration;
  - b. Procedural aspects of medication administration, including the safe handling and storage of medications, and documentation; and
  - c. Specific information related to each student's medication(s) and medication plan(s) including the type of medication, indications for medication, routes and time of administration, therapeutic effects and, potential side effects or untoward reactions, and when to implement emergency interventions.
5. When a school nurse delegates medication administration according to the provisions in #1-3 above, the school nurse shall be responsible to provide and document ongoing general supervision to the delegate(s). The school nurse shall provide general supervision by:

## Health Services Procedures

- a. Establishing a plan and schedule to ensure that medications are administered properly. This plan may be the same as or an adaptation of the student's IECP and medication plan during the school day.
- b. Reviewing orders and changes in orders and communicating these to personnel designated and trained to administer the medication.
- c. Periodic observation and review of the delegate's performance in handling and administering the medication.
- d. Consultation by telephone or other means on an as-needed basis.

#### IV. ERRORS IN MEDICATION ADMINISTRATION

1. Medication error means:
  - a. Failure to do any of the following as ordered is considered an error in medication administration:
    - (1) administer a medication to a student;
    - (2) administer medication within the time designated by the prescribing practitioner;
    - (3) administer the specific medication prescribed for a student;
    - (4) administer the correct dosage of medication;
    - (5) administer medication by the proper route; and
    - (6) administer the medication according to generally accepted standards of practice;
  - b. Administration of a medication to a student which is not ordered, or which is not authorized in writing by the parent/guardian of such student; and
  - c. Inadvertent destruction, theft or loss by other means of medication stored in school or in a child care program (refer to Section VI, #16-18 of these procedures for handling the loss, by any means, of controlled drugs in school).
2. If an error in medication administration (as defined in 1.a. and 1.b. above) occurs or is suspected, the school nurse or substitute nurse shall immediately assess the student and:
  - a. Determine error and potential for emergency
  - b. Call 911 if applicable
  - c. Implement Standing Orders if applicable
  - d. Call Poison Control if applicable (1-800-222-1222)
  - e.
  - f. Follow directions of Poison Control - note who you spoke to, time call was made, what directions were given, and what actions you took
  - g. Call prescribing practitioner – follow prescriber’s directions, if applicable
  - h. Notify health services supervisor
  - i. Notify student’s parent/guardian
  - j. Notify principal/administrator
  - k. Monitor student and provide interventions as directed by Poison Control, student’s physician, Standing Orders or nursing protocols, as applicable, until EMS or parent/guardian arrives.
  - l. Complete Medication Error Report form (see Appendix F)
  - m. Document the incident in the student’s electronic health record (SNAP). Describe the error and sequence of events thereafter, including nursing assessment and interventions, medical treatment, and exchanges of information; print and attach SNAP “Event Form II” to the Medication Error Report form. Send the completed Report and Event Form II to the health services supervisor.
3. If qualified personnel other than the school or substitute nurse make or recognize a medication error, the personnel shall immediately notify the school nurse. If the school nurse is not available, the qualified personnel shall:

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- a. in a true emergency call EMS, then Poison Control if applicable;
  - b. If not an immediate emergency, follow the sequence of steps in 2.a., and 2.d.-i. above and consult, as applicable with the school nurse if available by phone;
  - c. Monitor the student and provide first aid care as directed by Poison Control, the student's physician, or the school nurse or school nurse supervisor, as applicable, until EMS or parent/guardian arrives.
  - d. Document the incident, including all details, on the *Medication Error Report* form; use and attach an additional page to complete the documentation as needed..
  - e. Send the completed form to the health services supervisor.
  - f. Provide a copy of the completed *Medication Error Report* to the school nurse who shall file it in the student's CHR. If the incident occurs in a child care program, instead provide a copy of the *Medication Error Report* form to the program Director for filing in the child care program file.
4. The health services supervisor shall investigate the incident, review the Event form II, as applicable, and the Medication Error Report form (see Appendix F), and shall document any corrective action taken in the Follow up section of the Medication Error Report form, following review with the Pupil Services Director.
  5. The health services supervisor will send a copy of the completed Medication Error Report and Event Form II to the Assistant Superintendent for Business.

## V. MEDICATION EMERGENCIES

Definition: Medication emergency means a life-threatening reaction of a student to a medication.

1. Each health office shall post in a prominent location on or near the medication cabinet the following information:
  - a. The Poison Control information center telephone number (1-800-222-1222);
  - b. This section of the medication procedures (managing emergencies) and Section IV, Medication Errors; and
  - c. The name of the building administrator responsible for decision making in the absence of a school or substitute nurse.
2. If qualified personnel other than the school or substitute nurse recognize a potential medication emergency, the qualified individual shall immediately notify the school nurse.
3. In a medication emergency, the school nurse shall proceed as in Section IV, Medication Errors, 2.a. through 2.j., as indicated by the circumstances.
4. After managing and documenting in SNAP the medication emergency, the school nurse shall generate a report using Westport Public Schools' Event Forms I and II according to standard district procedures.
5. In the absence of a school or substitute nurse, the building administrator responsible for decision making, the qualified individual off site, such as a teacher on a field trip, or the Director of a child care program shall proceed as in Section IV, Medication Errors, 3..a. through 3.f., as indicated by the circumstances.

## VI. HANDLING, STORAGE AND DISPOSAL OF MEDICATIONS

1. All medications, prescription and nonprescription, except those approved for transport by students for self-administration, shall be delivered by the parent/guardian or other responsible adult, and shall be received by the responsible school nurse or substitute nurse.
2. The school nurse or in the absence of the school nurse, a substitute nurse shall receive and review every medication order and supply of medication before the medication can be administered by school personnel.
3. No medication for a student shall be stored at school without a current written order from an authorized prescriber.
4. Upon receipt of a new medication order, the school nurse or substitute nurse will review the medication order for completeness:
  - a. Each medical order for the administration of medication in school must be written by the prescriber on an original Westport Public Schools *Authorization for the Administration of Medication by School Personnel* form. A properly executed and signed faxed copy of the order constitutes a legal order in Connecticut.
  - b. The order form must be completely filled in by an authorized prescriber as defined in Section I. General Procedures (#4.) and must include:
    - the name of the student
    - name and generic name of the medication
    - dosage
    - time, route and frequency of administration
    - known allergies
    - indications for the medication
    - relevant side effects or untoward reactions
    - start and end dates that the medication is to be administered (between July 1 and June 30 of a school year).
    - name/title of the authorized prescriber, as well as his/her **written signature**. A prescriber's stamped signature is not acceptable.
    - date the order was written.
5. The medication order must meet safety parameters (see General Procedures, #2). The school nurse will consult with the school nurse supervisor if the medication is an investigational, experimental or "off-label" drug, a research or study medication, or the dosage ordered provides the student with a single or cumulative daily dosage beyond recommended pharmacological parameters. The nursing supervisor and school medical advisor will determine whether it is safe and appropriate for the medication to be administered in school as ordered by the prescriber.
6. If the medication is a research or study medication (an FDA-approved medication being administered according to an approved study protocol), a copy of the study protocol must be provided to the school nurse along with the name and acceptable range of dose of the medication to be administered.

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7. The Parent/Guardian Authorization section must be completed by the parent/guardian of students under the age of 18 years. An eligible student, one who is 18 years or older, is eligible to complete this section on his/her own behalf. If the school nurse questions the competency of an eligible student, he/she should consult with the nursing supervisor. This section of the form must be completed before a medication may be administered in school.
  - a. If the form contains a request for self-administration, please see *Section II, Self Administration of Medication*.
  - b. If the school nurse needs clarification from the parent/guardian or eligible student regarding the medication order, the school nurse should seek such clarification from the parent/guardian or eligible student.
  - c. Once the parent/guardian authorization section has been signed, the school nurse may consult with the authorized prescriber if she/he has any questions regarding the order.
8. The school nurse or in the absence of the school nurse, a substitute nurse shall examine the medication on-site:
  - a. Each prescribed medication must be in the original, properly labeled container and dispensed by a physician/pharmacist.
  - b. Over-the-counter medications must be delivered in an unopened, properly labeled container.
  - c. If the medication is a controlled drug as defined in Section 21a-240 of the Connecticut General Statutes and in Section 10-212a-2 (f) of the Regulations of Connecticut State Agencies, the school nurse shall conduct a medication count in the presence of the person delivering the medication. If the medication is in liquid form, the amount of fluid in the container should be confirmed with the person delivering the medication to the school nurse.
  - d. No more than a three month supply of a medication for a student shall be stored at school.
9. The school nurse or in the absence of the school nurse, a substitute nurse shall sign receipt of medication:
  - a. Once the medication order and medication have been reviewed and approved by the school nurse, the school nurse shall sign and date the bottom of the *Authorization for the Administration of Medication* form, side two (2) (see Appendix A).
  - b. In the case of a controlled medication, the number of pills or the fluid volume shall be noted at the bottom of the *Authorization for the Administration of Medication* form, side two (2), and both the adult delivering the medication and the school nurse receiving the medication shall sign and date the form beside the count.
10. The school nurse or in the absence of the school nurse, a substitute nurse shall establish a plan for medication administration, except that, if a substitute nurse establishes the plan, the plan will be reviewed and revised as needed by the school nurse on the next day that the school nurse is available, as follows:
  - a. Obtain input, as appropriate, from the prescriber, parent/guardian, teacher, and student.
  - b. Record the medication order in SNAP according to SNAP procedures (see Appendix G or pages 30 – 35 in the SNAP Manual).



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- c. Document the medication plan which shall consist of the medication order as specified in SNAP or, when indicated, both the order as specified in SNAP and medication administration planning included in the student's IHCP or IECP.
11. The school nurse or in the absence of the school nurse, a substitute nurse shall document the order transcription process in the SNAP daily log as a visit under Indirect Care, Medication Management. See the section *Documentation* for additional direction about record keeping.
12. When a parent/guardian or other responsible adult delivers an additional supply of a medication, follow the steps in # 8 and # 9 above. In addition:
  - a. The school nurse or substitute nurse will review all medication refills with the original medication order and parent/guardian authorization
  - b. In the case of a controlled medication, document the new total medication count in SNAP on the medication order according to SNAP instructions.
  - c. Document the process in the SNAP daily log as a visit under Indirect Care, Medication Management.
13. Store medications in appropriate manner:
  - a. Store all emergency medications in an unlocked, clearly labeled and readily accessible cabinet in the health office. The emergency medications cabinet should be locked outside of regular school hours, unless there is an exception made pursuant to a student's medication and individualized emergency care plan.
  - b. All other non-controlled medications shall be stored in a designated locked container, cabinet or closet used exclusively for the storage of medications.
  - c. Controlled medications must be stored separately from other medications in a separate, secure, substantially constructed, locked metal or wood cabinet, pursuant to Section 21a-262-8 of the Regulations of Connecticut State Agencies.
  - d. Medications requiring refrigeration shall be stored in a refrigerator in the health office with limited access at no less than 36°F and no more than 46°F. Non-controlled medications may be stored directly on the shelf with no further protection needed. Controlled medications must be stored in a locked box which is affixed to the refrigerator shelf.
14. 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 or nurses, and an additional set shall be maintained under the direct control of the principal who has been trained in the general principles of medication administration. If necessary, as agreed with the Supervisor of Health Services, the director or lead teacher of a before- or after- school or readiness program shall also have a set of keys.
15. All unused, discontinued or obsolete medications shall be removed from storage areas and either returned to the parent/guardian or, if the medication cannot be returned to the parent/guardian, the medication shall be destroyed, as follows:
  - a. If medications are returned to the parent/guardian, "Returned to parent/guardian," the date, and the parent/guardian and nurse's signatures should be written at the bottom of page two (2) of the *Authorization for the Administration of Medication* form. If a

- controlled medication is returned, the exact number of pills or amount of liquid medication returned shall also be noted.
- b. If the medication cannot be returned to the parent/guardian, non-controlled medications may be destroyed in the presence of at least one (1) witness. "Destroyed," the date, the nurse and the witness' signatures should be written on page two (2) of the *Authorization for the Administration of Medication* form (Appendix A).
  - c. If a controlled drug cannot be returned to the parent/guardian, the remaining medication must be destroyed in accordance with the requirements of Section 21a-262-3 of the Regulations of Connecticut State Agencies. Destruction and disposal of a controlled drug requires consultation with the Commissioner of Consumer Protection or his/her designee unless otherwise indicated herein. "Destroyed," the date, the exact number of pills or amount of liquid medication destroyed, and the nurse and the witness' signatures should be written on page two (2) of the *Authorization for the Administration of Medication* form (Appendix A).
  - d. The school nurse shall enter a note on the medication order in SNAP and document a visit in SNAP under Medication Management, recording that the medication was returned to the parent/guardian or how the medication was destroyed, including the name of the witness.
16. Accidental destruction or loss of controlled drugs must be verified in the presence of the health services supervisor, Pupil Services Director, or designee, including confirmation of the presence or absence of residue and jointly documented on the student medication administration record and on a medication error form to include a detailed list of any controlled substance(s) lost, destroyed or stolen, the kind and quantity of such substances and the date of the discovery of such loss, destruction or theft. The medication error report must be made available to the Commissioner of Consumer Protection or his/her authorized agents.
17. If a loss of controlled drugs is discovered, the school nurse or substitute nurse shall immediately notify the health services supervisor who will:
- a. gather relevant information and review with the school nurse available documentation and known facts;
  - b. consult with the Pupil Services Director; and
  - c. notify the Superintendent of Schools.
18. If the loss of controlled drugs cannot be explained by accidental destruction or loss, and theft is a possibility, the Superintendent or his/her designee shall notify the Westport police and the Commissioner of Consumer Protection or his/her authorized agent.

## VII. DOCUMENTATION OF MEDICATION ADMINISTRATION

1. The school nurse shall maintain an electronic medication administration record for each student who receives medication during school hours. Such electronic records shall be completed according to Section VI, # 10-12 and Appendix G (same as the SNAP Manual directions, pages 30-35).
2. The electronic medication administration record shall include:
  - a. name of the student;
  - b. name of the medication;
  - c. dosage ordered by the prescriber;
  - d. route of administration;
  - e. frequency of administration;
  - f. name of the authorized prescriber;
  - g. dates for initiating and terminating the administration of the medication within the school year July 1, 20XX through June 20, 20XX, including extended school year programs;
  - h. quantity received, which shall be verified by the adult delivering the medication;
  - i. any student allergies to food or medicine;
  - j. date and time of administration or omission including the reason for the omission;
  - k. dose or amount of drug administered, including a dose administered by other qualified school personnel, for example, on a field trip, noted as such;
  - l. the legal electronic signature of the nurse indicated by the SNAP pin number; and
  - m. for controlled drugs, a medication count which shall be the automatic count generated by SNAP, based on the original number of pills or volume of fluid delivered to the school and so documented in setting up the administration plan, and the record of actual administrations.
3. For controlled drugs, three additional types of records shall be kept in a file folder for the school year labelled "Controlled Drugs – 20XX" in a locked cabinet or drawer in the health office:
  - a. The record of a count of each controlled drug maintained in the school which shall be conducted at least once a week and co-signed in ink by the school nurse and a witness who may be another nurse, or in the absence of a second nurse, a principal or assistant principal who has been trained in the general principles of medication administration. The weekly count form (see Appendix H) may be destroyed in keeping with #8.d. below.
  - b. The annual plan for conducting the weekly counts including the responsible school nurse(s) and administrator, as applicable, and the day of the week that the counts will be accomplished.
  - c. A copy of the full electronic record of daily or PRN administrations of a controlled drug over a school year (July 1 through June 30) for any student who is administered a controlled medication in school, which shall be maintained in the school **for three years** following the year in which the drug was administered.
4. In the absence of the school nurse or substitute nurse, qualified personnel for schools (Section III) or qualified personnel for programs (Section VIII) who administer a medication

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to a student shall document the administration of medication in ink on a form provided by the school nurse which shall include the SNAP generated order information with dose, route, time, frequency, the date and time of actual administration or omission, the printed name of the qualified individual administering the medication and the written legal signature of the qualified individual. The school nurse shall provide qualified personnel for schools or for programs a copy of the original written order of the authorized prescriber, the written authorization of the parent/guardian to administer the medication and the written authorization of the parent/guardian for the exchange of information by the prescriber and school nurse to ensure the safe administration of such medication along with the medication administration documentation form.

5. Documentation of transactions shall be recorded in an electronic record which cannot be altered, such as SNAP, or in ink which shall not be altered.
6. The original written order of the authorized prescriber, the written authorization of the parent/guardian to administer the medication and the written authorization of the parent/guardian for the exchange of information by the prescriber and school nurse to ensure the safe administration of such medication shall be filed in the student's cumulative health record, or for a before or after- school program, in the child's program record. During the school year, the school nurse may maintain all original medication orders in a readily accessible, organized binder. At the end of the school year, or if the medication is discontinued, the original order shall be filed in the student's CHR.
7. A true copy of the written order of the authorized prescriber and the written authorization of the parent/guardian to administer the medication and the written authorization of the parent/guardian for the exchange of information by the prescriber and school nurse to ensure the safe administration of such medication shall at all times be stored in the container with the student's medication.
8. Medication administration records shall be made available to the Connecticut State Department of Education or any duly authorized representative upon request until destroyed pursuant to Section 11-8a and Section 10-212a(b) of the Connecticut General Statutes for controlled medications, as follows:
  - a. A summary of the electronic record of medications administered to a student during the school year, which is part of the "Transfer Record," shall be printed from SNAP and included in the CHR at the end of each school year.
  - b. Any medication administration records for non-controlled medications that are *in writing* may be destroyed at the end of the school year after the records have been summarized on the student's CHR.
  - c. Records for controlled medications shall be maintained the same as non-controlled drugs except that, in addition to the summary of the electronic record in (or on) the CHR, a copy of the full electronic (or written) record of daily and PRN administrations of a controlled drug over a school year (July 1 through June 30) for any student who is administered a controlled medication in school, shall be maintained in the school **for three years** following the year in which the drug was administered. See also # 3.c. above and Section VI.

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- d. The weekly count form may be destroyed at the end of each school year so long as no discrepancy in counts was identified during that school year and a note indicating that there were no discrepancies over the year is entered in the student's SNAP record or on the CHR. If a discrepancy occurred at any time during the year, the weekly count record shall be permanently maintained in the student's CHR.

### VIII. MEDICATION ADMINISTRATION IN BEFORE- AND AFTER- SCHOOL PROGRAMS

1. Administration of medication in school readiness programs and before- and after-school programs shall be in keeping with Connecticut Regulations section Sec. 10-212a-10. On an annual basis, the health services supervisor, in collaboration with the Superintendent or the Superintendent's designee(s), will review the policy and procedures as pertinent to medication administration in before- and after-school programs and will determine what programs, if any, meet the definition of before- and after-school programs as defined in Connecticut Regulations section Sec. 10-212a-10 for that specific year. For those programs that meet the definition, the health services supervisor or his/her designee shall determine:
  - a. If administration of medications is medically necessary for any participant(s) to access the program and maintain their health status while attending the program;
  - b. the level of nursing services needed to ensure the safe administration of medication within each program, e.g., medication and emergency care plan development, pre-program training of delegates, and periodic supervision; availability of telecommunications with school nurse during the program; or on-site availability of a nurse;
  - c. who may administer medication in the given program;
  - d. whether students with self-administration plans in place during the school day require any adaptation of those plans for use in before and after school programs;
  - e. whether students with emergency and individualized health care plans in place during the school day require adaptation of those plans for use in before and after school programs;
  - f. 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
  - g. the person responsible for decision making in the absence of the nurse.

In addition:

- a. Local poison control center information shall be readily available in each program.
- b. No medication shall be administered in these programs without:
  - (1) then written order of an authorized prescriber, and
  - (2) the written authorization of a parent/guardian or an eligible student
- c. 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 hired by the district to provide services to the before- and after-school or school readiness programs.
- d. Training for directors or directors' designees, lead teachers or school administrators in the administration of medications will be provided according to subsections (a) to (c), inclusive, of Section 10-212a-3 of the Regulations of Connecticut State Agencies and #12 of these procedures.
- e. Directors or director's designee, lead teachers and school administrators may administer oral, topical, intranasal or inhalant medications, and may administer cartridge injector medications only to a student with a medically-diagnosed allergic condition which may require prompt treatment to protect the student against serious harm or death.

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- f. Investigational drugs or research or study medications may not be administered by directors or director's designee, lead teachers, or school administrators; and
- g. 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 if necessary in order for the student to attend the program and determined appropriate by the health services supervisor or designee.
- h. Self medication, when determined appropriate by the health services supervisor or designee, shall follow the procedures in Section 10-212a-4 of the Regulations of Connecticut State Agencies and #7 of these procedures.
- i. All medications in before- and after-school and school readiness programs shall be handled, stored and disposed of in accordance with the provisions of subsection (a) to (k), inclusive, of the Regulations of Connecticut State Agencies and # 20 in these procedures.
- j. A separate supply of medication shall be stored at the site of the before- or after-school program. In the event that it is not possible for the parent/guardian to provide a separate supply of medication, then a plan shall be developed to ensure the timely transfer of the medication from the school to the program and back on a daily basis.
- k. Documentation shall be completed and maintained on form, provided by the school nurse supervisor or designee, as follows:
  - (1) a separate administration of medication record for each student shall be maintained in the program;
  - (2) 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.
- l. Communication with the school nurse:
  - (1) 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.
  - (2) 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 a monthly basis.
- m. Supervision of the administration of medication in before- and after-school programs shall be the responsibility of the health services supervisor or designee who has been assigned responsibility for delegating to, training and supervising appropriate personnel in the administration of medication for before- and after-school programs and will be conducted in accordance with the provisions of subdivision (1) to (6), inclusive, of Section 10-212a-7 of the Regulations of Connecticut State Agencies and #?? of these procedures.

## XI. DEFINITION OF TERMS

The following definitions are derived from Sections 10-212a-1 through 10-212a-10 of the Regulations of Connecticut State Agencies, plus two acronyms used in the procedures, and apply to terms used in Westport Public Schools' Policy and Procedures on the Administration of Medication.

1. **Administration of medication** means any one of the following activities: handling, storing, preparing or pouring of medication; conveying it to the student according to the medication order; observing the student inhale, apply, swallow, or self-inject the medication, when applicable; documenting that the medication was administered; and counting remaining doses to verify proper administration and use of the medication.
2. **Advanced practice registered nurse** means an individual licensed pursuant to Section 20-94a of the Connecticut General Statutes.
3. **Authorized prescriber** means a physician, dentist, optometrist, advanced practice registered nurse or physician assistant and, for interscholastic and intramural athletic events only, a podiatrist.
4. **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 pursuant to subdivision (1) of subsection (b) of Section 19a-77 of the Connecticut General Statutes. Such programs shall not include public or private entities licensed by the Department of Public Health or board of education enhancement programs and extra-curricular activities.
5. **Board of education** means a local or regional board of education, a regional educational service center, a unified school district, the regional vocational-technical school system, an approved private special education facility, the Gilbert School, the Norwich Free Academy, Woodstock Academy or a non-public school whose students receive services pursuant to Section 10-217a of the Connecticut General Statutes.
6. **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.
7. **CHR or CHR-1** refers to the cumulative health record (see below).
8. **Coach** means an athletic coach as defined in Section 10-222e of the Connecticut General Statutes.
9. **Commissioner** means the Commissioner of Education or any duly authorized representative thereof.
10. **Controlled drugs** means controlled drugs as defined in Section 21a-240 of the Connecticut General Statutes.
11. **Cumulative health record** means the cumulative health record of a pupil mandated by Section 10-206 of the Connecticut General Statutes.
12. **Dentist** means a doctor of dentistry licensed to practice dentistry in Connecticut pursuant to Chapter 379 of the Connecticut General Statutes, or licensed to practice dentistry in another state.
13. **Department** means the Connecticut State Department of Education or any duly authorized representative thereof.
14. **Director** means the person responsible for the operation and administration of any school readiness program or before- and after-school program.
15. **Eligible student** means a student who has reached the age of eighteen or is an emancipated minor.



16. **Error** means:

- a. failure to do any of the following as ordered:
  - administer a medication to a student;
  - administer medication within the time designated by the prescribing practitioner;
  - administer the specific medication prescribed for a student;
  - administer the correct dosage of medication;
  - administer medication by the proper route; and/or
  - administer the medication according to generally accepted standards of practice; or,
- b. administration of a medication to a student which is not ordered, or which is not authorized in writing by the parent/guardian of such student.

17. **Extracurricular activities** means activities sponsored by local or regional boards of education that occur outside of the school day, are not part of the educational program, and do not meet the definition of before- and after-school programs and school readiness programs.

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

- b. the obligation of care and control; and
- c. the authority to make major decisions affecting the minor's welfare, including, but not limited to, consent determinations regarding marriage, enlistment in the armed forces and major medical, psychiatric or surgical treatment.

19. **Intramural athletic events** means tryouts, competition, practice, drills, and transportation to and from events that are within the bounds of a school district for the purpose of providing an opportunity for students to participate in physical activities and athletic contests that extend beyond the scope of the physical education program.

20. **Interscholastic athletic events** means events between or among schools for the purpose of providing an opportunity for students to participate in competitive contests which are highly organized and extend beyond the scope of intramural programs and includes tryouts, competition, practice, drills, and transportation to and from such events.

21. **Investigational 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 has not yet received FDA approval.

22. **Licensed athletic trainer** means a licensed athletic trainer employed by the school district pursuant to Chapter 375a of the Connecticut General Statutes.

23. **Medication** means any medicinal preparation including over-the-counter, prescription and controlled drugs, as defined in Section 21a-240 of the Connecticut General Statutes.

24. **Medication emergency** means a life-threatening reaction of a student to a medication.

25. **Medication plan** means a documented plan established by the school nurse in conjunction with the parent/guardian 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.

26. **Medication order** means the written direction by an authorized prescriber for the administration of medication to a student which shall include the name of the student, the name and generic name of the medication, the dosage of the medication, the route of administration, the time of administration, the frequency of administration, the indications for medication, any potential side effects including overdose or missed dose of the medication, the start and termination dates not to exceed a 12-month period, and the written signature of the prescriber.

27. **Nurse** means an advanced practice registered nurse, a registered nurse or a practical nurse licensed in Connecticut pursuant to Chapter 378 of the Connecticut General Statutes.

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28. **Occupational therapist** means an occupational therapist employed full time by the local or regional board of education and licensed in Connecticut pursuant to Chapter 376a of the Connecticut General Statutes.
29. **Optometrist** means an optometrist licensed to provide optometry pursuant to Chapter 380 of the Connecticut General Statutes.
30. **Paraprofessional** means a health care aide or assistant or an instructional aide or assistant employed by the local or regional board of education who meets the requirements of such board for employment as a health care aide or assistant or instructional aide or assistant.
31. **Physical therapist** means a physical therapist employed full time by the local or regional board of education and licensed in Connecticut pursuant to Chapter 376 of the Connecticut General Statutes.
32. **Physician** means a doctor of medicine or osteopathy licensed to practice medicine in Connecticut pursuant to Chapters 370 and 371 of the Connecticut General Statutes, or licensed to practice medicine in another state.
33. **Physician assistant** means an individual licensed to prescribe medications pursuant to Section 20-12d of the Connecticut General Statutes.
34. **Podiatrist** means an individual licensed to practice podiatry in Connecticut pursuant to Chapter 375 of the Connecticut General Statutes.
35. **Principal** means the administrator in the school.
36. **Qualified personnel for schools** means (a) a full-time employee who meets the local or regional board of education requirements as a principal, teacher, occupational therapist or physical therapist and has been trained in the administration of medication in accordance with Section 10-212a-3 of these regulations; (b) a coach and licensed athletic trainer who has been trained in the administration of medication pursuant to Section 10-212a-8 of these regulations; or (c) a paraprofessional who has been trained in the administration of medication pursuant to Section 10-212a-9 of these regulations.
37. **Qualified personnel for school readiness programs and before- and after-school programs**, means directors or director's designee, lead teachers and school administrators who have been trained in the administration of medication may administer medications pursuant to Section 10-212a-10 of these regulations.
38. **Research or study medications** means FDA-approved medications being administered according to an approved study protocol. A copy of the study protocol shall be provided to the school nurse along with the name of the medication to be administered and the acceptable range of dose of such medication to be administered.
39. **School** means any educational program which is under the jurisdiction of a board of education as defined by this section excluding extracurricular activities.
40. **School medical advisor** means a physician appointed pursuant to Section 10-205 of the Connecticut General Statutes.
41. **School nurse** means a nurse appointed pursuant to Section 10-212 of the Connecticut General Statutes.
42. **School nurse supervisor** means the nurse designated by the local or regional board of education as the supervisor or, if no designation has been made by the board, the lead or coordinating nurse assigned by the board.
43. **School readiness program** means a program that receives funds from the State Department of Education for a school readiness program pursuant to subsection (b) of Section 10-16p of the Connecticut General Statutes and exempt from licensure by the Department of Public Health pursuant to subdivision (1) of subsection (b) of Section 19a-77 of the Connecticut General Statutes.

## Health Services Procedures

44. **Self-administration of medication** means the control of the medication by the student at all times and is self managed by the student according to the individual medication plan.
45. **SNAP** means the electronic student health record system known as SNAP Health Center.
46. **Supervision** means the overseeing of the process of the administration of medication in a school.
47. **Teacher** means a person employed full time by a board of education who has met the minimum standards as established by that board of education for performance as a teacher and has been approved by the school medical advisor and school nurse to be designated to administer medications pursuant to Sections 10-212a-1 through 10-212a-7 of the Regulations of Connecticut State Agencies.

## REFERENCES

### Legal

#### Connecticut General Statutes

Section 10-206  
Section 10-212  
Section 10-212a  
Section 19a-900  
Section 20-87a  
Section 21a-240  
Section 21a-262

#### Regulations of Conn. State Agencies

Sections 10-212a-1 through 10-212a-10, inclusive  
Section 21a-254 (f) and (h)  
Section 21a-262-1, 2, 3 and 8 and 9

#### Code of Federal Regulations

Title 21 Part 1307.21

### Other

- American Academy of Pediatrics. (2009). *Policy Statement—Guidance for the Administration of Medication in School*. Author: Elk Grove Village, IL. Available online on September 29, 2010, at <http://aappolicy.aappublications.org/cgi/reprint/pediatrics;124/4/1244.pdf>
- American Academy of Pediatrics, Committee on Bioethics. (2009). Pediatrician-family-patient relationships: Managing the boundaries. *Pediatrics* 124:1685-1688. Available online September 29, 2010, at <http://www.pediatrics.org/cgi/content/full/124/6/1685>
- American Academy of Pediatrics, Committee on School Health.. (2006). *School health: Policy and practice*, 6<sup>th</sup> ed. Author: Elk Grove Village, IL.
- American Academy of Pediatrics and National Association of School Nurses. (2005). *Health, mental health, and safety guidelines for schools*. Authors: Elk Grove Village, IL.
- American Medical Association. 1993. *Code of Medical Ethics*, Opinion 8.19 - Self-Treatment or Treatment of Immediate Family Members. Available online September 29, 2010, at <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion819.shtml>
- Johnson, PE, Hayes, JM, Reinstein, VF, Simmons, SM, and Benson, JM. (2003). *Medication in schools*. Tallahassee: Florida Society of Health-System Pharmacists.
- Healthy Child Care Connecticut, Medication Administration Committee. (1999). *Medication administration training manual: an instructional program for teaching child care providers to give medications*. Transferred in 2004 to the CT Nurses Association, Meriden, CT
- National Association of School Nurses. (2003) *Position statement: Medication administration in the school setting*. Available online September 29, 2010, at <http://www.nasn.org/Portals/0/positions/2003psmedication.pdf>

WESTPORT PUBLIC SCHOOLS

July 1, 2011 – June 30, 2012

School: Choose School Grade: \_\_\_\_\_

**AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINE BY SCHOOL PERSONNEL**

*Connecticut State Law 10-212a and Regulations 10-212a-1 through 10-212a-9 require a written medication order from an authorized prescriber, (physician, dentist, advanced practice registered nurse, physician's assistant, optometrist and, for athletic events only, a podiatrist) and parent/guardian written authorization, for school nurses, or in the absence of a nurse, other designated personnel to administer medication, including over-the-counter drugs. Medications must be in the original, properly labeled container and dispensed by a physician/pharmacist. Over-the-counter medications must be delivered in an unopened, properly labeled container. ALL medications must be delivered to school by a responsible adult.*

Prescriber's Authorization

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Indication(s) for medication \_\_\_\_\_

Drug Name: \_\_\_\_\_ Generic Name: \_\_\_\_\_ Dose: \_\_\_\_\_

Route: \_\_\_\_\_ Time of Administration: \_\_\_\_\_ If PRN, frequency: \_\_\_\_\_

Relevant side effects:  None expected  Specify: \_\_\_\_\_

ALLERGIES:  NO  YES (specify): \_\_\_\_\_

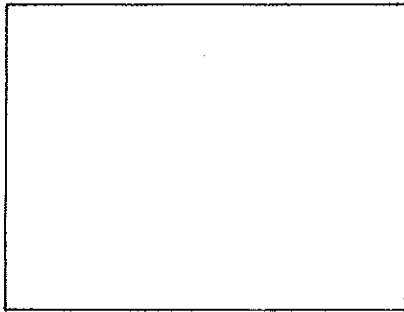
Medication shall be administered from: \_\_\_\_\_ to \_\_\_\_\_  
(up to 12 months from July 1 to June 30) Month / Day / Year Month / Day / Year

Prescriber's Name/Title: \_\_\_\_\_  
(type or 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 and consent to communications between the school nurse and the prescriber that are necessary to ensure safe administration of this medication. I understand that I must provide the school with no more than a 3 month 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, unless the student will be attending an extended school year (ESY) program.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

**SELF-ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL**

*For capable students with a chronic medical condition, self-administration of emergency and some other non-controlled medications may be authorized by the prescriber and parent/guardian. School nurse approval may be required according to CT State Regulations, Section 10-212a-4, and Board policy.*

Prescriber's authorization for self administration:  Yes  No \_\_\_\_\_  
Signature Date

Parent/Guardian authorization for self administration:  Yes  No \_\_\_\_\_  
Signature Date

School nurse approval for self administration:  NR\*  Yes  No \_\_\_\_\_  
Signature Date

\*NR means not required Received by \_\_\_\_\_ Date of Receipt \_\_\_\_\_

WESTPORT PUBLIC SCHOOLS

SCHOOL HEALTH SERVICES

July 1, 2011 – June 30, 2012

Health Office – (203) Choose number

**PROCEDURE FOR REQUESTING MEDICATION ADMINISTRATION**

If your child requires a prescription or over-the-counter medication during the school day or during intramural or interscholastic athletic events, you must follow the procedures required by Westport Public Schools, Connecticut General Statutes, Sec. 10-212a, and Connecticut Administrative Regulations, Sec. 10-212a-1 through 10-212a-9. These procedures promote safe practices for students and staff. Please read them carefully.

1. For each medication that must be administered daily or on an as-needed basis, the parent must obtain the written order of an authorized prescriber (physician, dentist, advanced practice registered nurse, physician assistant or optometrist) using Westport Public Schools' form, *Authorization for the Administration of Medicine by School Personnel* (see over). A new order is required each year and, if so prescribed, may be effective from July 1<sup>st</sup> through June 30<sup>th</sup> of the given year. A medical order dated July 1 of a year will cover summer programs *and* the upcoming school year.
2. The authorized prescriber must fill in the information requested on the form:
  - a. Name of medication, the generic name of the medication (NEW), and strength of the medication;
  - b. Indication(s) for the administration of this medication in school (condition, diagnosis);
  - c. Amount (dosage) of the medication to be administered and route of administration
  - d. Potential side effects of the medication;
  - e. Time of day that the medication is to be administered; and frequency for PRN (as-needed) medications
  - f. Duration of the order for administration of the medication (up to 12 months from July 1 through June 30<sup>th</sup> of the same school year).
  - g. If applicable, authorization for self-administration in school.
3. A parent or guardian must sign the "Parent/Guardian Authorization" portion of the form and, if applicable, provide authorization for self-administration in school.
4. The medication must be packaged in the **ORIGINAL PHARMACY CONTAINER**, clearly labeled with the student's name, the authorized prescriber's name, and the prescription.
5. The medication and completed authorization form **must be delivered to the school nurse by a responsible adult**, except that, once the nurse has reviewed the medical order and developed a plan for self-administration, the student is responsible to carry the medication to/from school each day and maintain its safe control at all times.
6. Self administration plans approved for the school day also extend to extra curricular activities and athletics.
7. Self administration of controlled medication is not permitted.
8. No more than a three (3) month supply may be stored at school. Except for students attending an ESY program, **unused medication must be destroyed** if not picked up by a responsible adult by the end of the last day of school.

It may be helpful to take this authorization form (side one) with you to your healthcare provider in case medication is prescribed for your child.

Thank you for your cooperation. Please contact the school nurse if you have any questions.

Record of medication received

| DATE | COUNT | PARENT/ADULT SIGNATURE | SCHOOL NURSE SIGNATURE |
|------|-------|------------------------|------------------------|
|      |       |                        |                        |
|      |       |                        |                        |
|      |       |                        |                        |
|      |       |                        |                        |
|      |       |                        |                        |
|      |       |                        |                        |
|      |       |                        |                        |

**WESTPORT PUBLIC SCHOOLS  
SELF-MEDICATION ASSESSMENT**

Student: \_\_\_\_\_ School: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Physical/behavioral limitations: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Parent authorization on file:  Yes  No Prescriber authorization on file:  Yes  No

**Self-Medication Criteria**

A. Student is capable of identifying individual medication.  Yes  No

Comments: \_\_\_\_\_

B. Student is knowledgeable of purpose for specific medication.  Yes  No

Comments: \_\_\_\_\_

C. Student is able to identify specific symptoms with need for medication.  Yes  No

Comments: \_\_\_\_\_

D. Student is knowledgeable of medication dosage.  Yes  No

Comments: \_\_\_\_\_

E. Student is knowledgeable about method and frequency of medication administration.

Yes  No

Comments: \_\_\_\_\_

F. Student is able to state side effects/adverse reactions to medication.  Yes  No

Comments: \_\_\_\_\_

G. Student is capable of self-administering the medication.  Yes  No

Comments: \_\_\_\_\_

\_\_\_\_\_

H. Student knows how to access assistance for self in an emergency.  Yes  No

Comments: \_\_\_\_\_

\_\_\_\_\_

I. The student or parent/guardian has provided back up medication for school (required for all rescue/emergency medications, such as albuterol inhalers and EpiPens).

Yes  No

J. An individualized health care plan has been developed to provide for monitoring and communications regarding the student's treatment regime and changes in health status.

Yes  No

**Student agrees to:**

- keep the medication on or with his/her person at all times;
- never leave the medication in a locker or back pack or other container that is not immediately available to the student;
- never permit another student to use or handle his/her medication;
- follow the individualized health/emergency care plan(s); and
- take responsibility for having own medication on his/her person for field trips and extra curricular activities.

Yes  No

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Nursing assessment:**

- The student is not a candidate for a self-medication program at this time.
- The student is a candidate for a self-medication program with supervision.
- The student has successfully completed self-medication training and demonstrated appropriate knowledge and skills for a self-medication plan in school.

Comments: \_\_\_\_\_

\_\_\_\_\_

Principal and teacher(s) notified: Date: \_\_\_\_\_

School Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_













## ERROR IN MEDICATION ADMINISTRATION

### 10-212a-1 Definition of Medication Error. Medication error means:

1. Failure to do any of the following as ordered is considered an error in medication administration:
  - (1) administer a medication to a student;
  - (2) administer medication within the time designated by the prescribing practitioner;
  - (3) administer the specific medication prescribed for a student;
  - (4) administer the correct dosage of medication;
  - (5) administer medication by the proper route; and
  - (6) administer the medication according to generally accepted standards of practice;
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; and
3. Inadvertent destruction, theft or loss by other means of medication stored in school or in a child care program (refer to Section VI, #16-18 of the Medication Administration Procedures for handling the loss, by any means, of controlled drugs in school).

### Procedures to follow in the event of a medication error as defined in 1. and 2. above:

1. If an error in medication administration occurs or is suspected, the school nurse or substitute nurse shall immediately assess the student and:
  - a. Determine error and potential for emergency
  - b. Call 911 if applicable
  - c. Implement Standing Orders if applicable
  - d. Call Poison Control if applicable (1-800-222-1222)
  - e. Follow directions of Poison Control - note who you spoke to, time call was made, what directions were given, and what actions you took
  - f. Call prescribing practitioner – follow prescriber’s directions, if applicable
  - g. Notify health services supervisor
  - h. Notify student’s parent/guardian
  - i. Notify principal/administrator
  - j. Monitor student and provide interventions as directed by Poison Control, student’s physician, Standing Orders or nursing protocols, as applicable, until EMS or parent/guardian arrives.
  - k. Complete Medication Error Report form
  - l. Document the incident in the student’s electronic health record (SNAP) per medication administration procedures, section IV.
2. If qualified personnel other than a nurse make or recognize a medication error, the personnel shall immediately notify the school nurse. If the school nurse is not available, the qualified personnel shall:
  - a. in a true emergency call EMS, then Poison Control if applicable;
  - b. If not an immediate emergency, follow the sequence of steps in 2.a., and 2.d.-i. above and consult, as applicable with the school nurse if available by phone;
  - c. Monitor the student and provide first aid care as directed by Poison Control, the student’s physician, or the school nurse or school nurse supervisor, as applicable, until EMS or parent/guardian arrives.
  - d. Document the incident, including all details, on the *Medication Error Report* form; use and attach an additional page to complete the documentation as needed.
  - e. Provide original and copy to the Health Services Supervisor and school nurse or Program director according to WPS Medication Procedures, Section IV, Medication Errors.

## PROCEDURES FOR DOCUMENTING MEDICATIONS AND TREATMENTS IN SNAP

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### Documenting Medical Orders for Medications and Treatments

1. All medical orders for scheduled medications shall be entered **as a Medication**. Under “Type” check one box for “Scheduled.” Complete all other required information as in SNAP Manual. For entering an order for scheduled insulin by sliding scale, see attached SNAP article #B107.
2. All medical orders for PRN medications shall be entered in the Medication Log **as a Medication**. Under “Type”, check one box for “PRN.” Complete all other required information as in SNAP Manual. For entering an order for PRN insulin by sliding scale, see attached.
3. All medical orders for scheduled treatments or procedures shall be entered in the Medication Log **as a Treatment**. Under “Type”, check **two** boxes: “Scheduled” and “Treatment.” Under “Class” choose “Treatment/procedures.” Complete all other required information as in SNAP Manual. For setting up an order for scheduled blood glucose monitoring tests, see attached.
4. All medical orders for PRN treatments shall be entered in the Medication Log **as a Treatment**. Under “Type”, check **two** boxes: “PRN” **and** “Treatment.” Under “Class”, choose “Treatment/procedures.” Complete all other required information as in SNAP Manual. For setting up an order for PRN blood glucose monitoring tests, see attached.

### Documenting Scheduled and PRN Medication and Treatment Administrations

1. Document **scheduled<sup>1</sup> medication** administrations in the SNAP Medication/ Treatment Log only. Do not make any entry on the student Visit Log. Document pertinent notes in the Medication/Treatment Log “Comment” box, including
  - Amount of time the student was in the health office if more than a couple of minutes (e.g., when phone call to parent required or intervention needed);
  - Call to the parent if such a call is a routine part of the student’s plan of care.
2. Document **scheduled treatment** administrations in the SNAP Medication/ Treatment Log only.
  - a. Document pertinent notes in the Medication/Treatment Log “Comment” box, including
    - Amount of time the student was in the health office if more than a couple of minutes (e.g., when phone call to parent required or intervention needed);
    - Call to the parent if such a call is a routine part of the student’s plan of care.
  - b. Do not make any entry on the student Visit Log. For scheduled blood glucose monitoring, see attached SNAP article #B107.
  - c. If the treatment is blood glucose testing, document a SNAP office visit when the student’s BG result is outside desired parameters and the student is kept in the health office for interventions, supervision and reevaluation.
3. Documenting **PRN<sup>2</sup> medication and treatment** administrations

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<sup>1</sup> *Scheduled* refers to **specific times** each day that a medication or treatment is administered according to the medical orders, e.g., “QD at 11 am” or “daily before lunch” or “QD at 10 am and 2 pm.”

a. **Non-diabetic concerns**

- Medication administrations: Document the student's visit to the health office (complaint, assessment, interventions and outcome) on the student Visit log and enter "medication administration" as a nursing intervention. In the "Comment" column next to "Medication Administration" write "See Medication Log." Then, with the student's current Visit note open, click on the "PRN Med" button and document administration of the PRN medication in the SNAP Medication/Treatment Log. Write "See Visit Log" in the "Comment" box as appropriate.
  - Treatment administration: Document the student's visit to the health office (complaint, assessment, interventions and outcome) on the student Visit Log with "treatment administration" or preferably a more specific action (e.g., "peak flow monitoring") listed as a nursing intervention. With the student's Visit Log open, click on the "PRN Med" button and document administration of the PRN treatment in the SNAP Medication/Treatment Log.
  - If an information exchange occurs as part of the student's visit to the health office, document it as part of the visit.
- b. **Diabetic concern – General:** use the "Diabetes concern" template and keep all appropriate interventions, including "blood glucose testing."
- c. **Diabetic concern – hyperglycemia:** If the student is hyperglycemic, use the "Diabetes Concern" template and document (keep in) "Diabetes Management – medication administration insulin," an option in the Interventions section. Delete "Diabetes Management – carb/food administration and Diabetes Management – hypoglycemic." Then go to the medication log and document the administration of insulin according to SNAP instructions in the attached SNAP article #B107. If an information exchange occurs as part of the student's visit to the health office, it should be documented as part of the visit.
- d. **Diabetic concern – hypoglycemia:** If the student is hypoglycemic, use the "Diabetes Concern" template and document (keep in) "Diabetes Management – carb/food administration," an option in the Interventions section. Delete "Diabetes Management – medication administration insulin" and Diabetes Management – hyperglycemia." Then go to the medication/treatment log and document the carbs administered with the blood glucose result. If an information exchange occurs as part of the student's visit to the health office, it should be documented as part of the visit.
- e. **Diabetic carb adjustment immediately after snack/lunch:**
- Use the template "Diabetes Carb Adjustment"
  - If student immediately reports that his/her intake was greater than planned, keep "Diabetes Management – medication administration insulin" OR "...self administration by insulin pump" and delete one of the other, plus delete "Diabetes Management – carb/food administration." Keep in "Diabetes Management – See details" and document the details on the medication log.
  - If student immediately reports that his/her intake was lower than planned, delete "Diabetes Management – medication administration insulin" AND "...self administration by insulin pump." Keep in "Diabetes Management – carb/food administration." AND "Diabetes Management – See details," and document the details on the medication/treatment log.

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<sup>2</sup> *PRN* refers to times when a medication or treatment is administered as **needed**, based on the assessment of the nurse and parameters of the medical order, e.g., "PRN blood sugar >350".



f. **Blood Glucose Testing:**

- Document the PRN administration of a blood glucose (BG) monitoring test according to the instructions on the attached SNAP article #B107.
- Document a BG test that is administered as a follow up to a scheduled visit because the initial result was out of desired parameters on the Medication/ Treatment Log as a new treatment. In the comment box, enter the BG result and write “See also Visit Log.”

4. **PRN information exchanges:** If there is another reason to have an information exchange with a parent or other person, and the exchange is not directly related to an unscheduled visit made to the health office (as in # 3), then that exchange of information should be documented as a separate visit. In diabetes care, this might be when the nurse periodically touches base with a parent who does not request an information exchange for routine blood glucose testing.

See also SNAP Manual, pages 11-13 and 25-26 for Medication/Treatment documentation.

**Title:** Documenting Blood Glucose Monitoring and Insulin Sliding Scale in the Medication Log in version 4.1.4 and higher

**Article #:** B107

**Last reviewed on:** 01-24-08

**Product:** SNAP Health Center

**Key words:** Medication Log, Blood Glucose, Testing, Insulin, sliding scale

**Relevant to Version:** 4.1.4 and higher

**Referenced articles:**

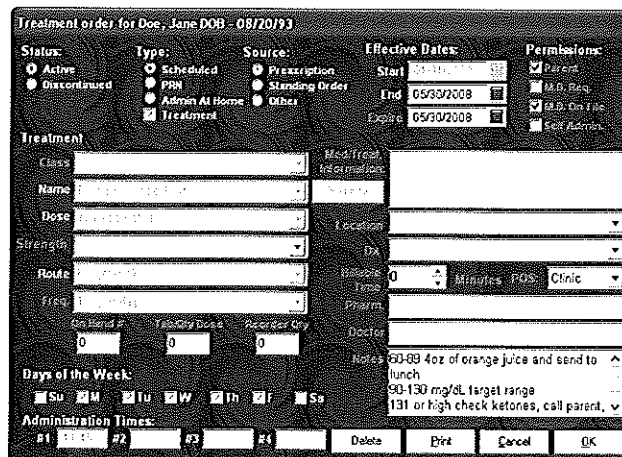
**In SNAP Manual, pages 32 – 34**

**Background:**

This article explains how to create and administer a medication/treatment order for scheduled and PRN blood glucose testing and insulin in version 4.1.4 of SNAP Health Center.

**Instructions:**

1. To create a scheduled Blood Glucose Test treatment order, go to the student's health record, click on **Tab 9 Medications**
2. Click **New** and a blank Medication Order window will appear



3. Fill out the medication order form paying special attention to the following fields:

- **Type:** place a check mark next to Treatment and Scheduled
- **Name:** You must use the Treatment named Blood Glucose Test that came with your SNAP Health Center Program.
- **Dose:** enter n/a see notes
- **Notes:** Enter your blood glucose parameters and corresponding treatment in the Notes field
- Complete remaining order details and click **OK**

4. To create a PRN Blood Glucose Test order, single click on the scheduled Blood Glucose Test order you just created and click **Copy** (at the bottom of the screen). A copy of your scheduled treatment order will appear. Modify it to create a PRN Blood Glucose Test treatment order by doing the following:
  - Remove the scheduled times from the order.
  - **Type:** Put a bullet next to PRN (instead of Scheduled)
  - **Frequency:** select "as needed"
  - **Effective Dates:** double check the effective dates to make sure they are accurate.
  - Click **OK** to save and close the order.
  
5. If the student has an insulin order, repeat steps 1-3 above to create a scheduled (if appropriate) and PRN insulin medication order paying special attention to the following fields:
  - **Dose:** Enter "See sliding scale"
  - **Notes:** Enter your sliding scale here
  
6. When documenting a **blood glucose tests** in the Medication Log or the Visit log, the Medication Administration window will appear (see below). Notice the blood glucose parameters and corresponding treatment you entered in the Medication Order Notes field show in the Med Notes window.

The screenshot displays a software window titled "DOL, JANL - D.O.B: 08/20/1993". It contains the following information:

- Teacher:** J11, **Grade:** 08, **D.O.B:** 08/20/93
- Treatment Log for:** 02/08/2008
- Treatment:** Blood Glucose Test, **Med/Inst. Information:** 1309 2.50
- Route:** Fingerstick
- Admin Time:** 11:45, **Sched. Time:** 11:45
- Dosage:** n/a see notes
- Strength:** [Dropdown menu]
- Med. Notes:** 60-89 4oz of orange juice and send to lunch, 90-130 mg/dL target range
- Administration:**
  - Given:** Admin Qty: 0
  - Field Trip:** Qty Left: 0, **Billable Time:** 0 min, **Place Of Service:** Clinic, **Nurse PIN:** [Field]
  - Absent:** Discontinued
  - Refused:** No Supply
  - Hold:** Comments
- Glucose Level:** [Field], **Ketones Level:** [Field]
- Actions Taken / Comments:** [Text area]
- Buttons:** View Order, New Nurse, Cancel, OK

Fill out the medication administration window paying special attention to the following fields:

- **Glucose Level** – enter your blood glucose reading here
- **Ketones Level** – enter your ketone reading here (or leave blank)
- **Comments:** Enter your treatment here. Use the Insulin medication order to document any insulin correction doses

7. When documenting an **insulin administration** in the Medication Log or the Visit log, the Medication Administration window will appear (see below).

The screenshot shows a software window titled 'Medication Administration' for a student named JANI (DOB: 08/20/93). The medication is Humalog, administered intramuscularly at 11:45 AM. The dosage is 2 units. The comments field contains 'glucose reading 180'. The medication notes field shows a sliding scale for blood glucose levels: 'blood glucose 150-200 mg/dL', 'administer 2 units with 2 unit increments for each 50 mb/dL'. The window includes buttons for 'Given', 'Field Trip', 'Absent', 'Refused', 'Hold', 'View Order', 'New Nurse', 'Cancel', and 'OK'.

Notice the sliding scale you entered in the Medication Order Notes field show in the Med Notes window. **Be sure you enter the actual dose given in the dose field.**

8. In **Tab 9 Medications** of the student's Health Record if you click on the **Current Year** button you will have a concise summary of each test, including the notes you made in the comments field of the medication administration window. This information is also available from the Medication Log by clicking once on the student's name and then clicking the History icon. Clicking on the Medication Name column header will sort the history by medications, so all Blood Glucose readings and Insulin administrations will be grouped together.
9. In **Tab 4. Charts** of the student's Health Record, if you click on the Blood Glucose tab you can view your tests and data in a graphical format. To print this information, click Details and click the Printer icon in the lower left. You can choose to print the current range or the entire history.



