

Policy for Administration of Medications in the Connecticut Technical High School System

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Medication Administration Policy

The Connecticut Technical High School System (CTHSS) encourages parents/guardians to administer required medications outside of school hours whenever possible. The CTHSS does recognize that students with chronic conditions or acute illness may require medication at school. The Medication Administration Policy addresses medication administration by school staff, the self-administration of medication by students during regular school hours, both on and off campus, and medication administration during work-based learning and extracurricular activities including overnight and international travel.

Prescribed medication shall be handled, stored, administered and disposed of in compliance with CTHSS approved procedures and in accordance with CGS Chapter 169 sec10-212a-10, Connecticut Comprehensive Drug Laws¹, and Connecticut DPH guidelines^{2 3}.

Definitions

For the purposes of this document:

“Medication” includes prescription medications, non-prescription or over-the-counter (OTC) medications, naturopathic and homeopathic remedies and dietary supplements.

“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 of controlled drugs to verify proper administration and use of medication⁴

“Controlled drug, medication or substance” means any drug or therapeutic agent with a potential for abuse or addiction, which is held under strict governmental control, as delineated by the Comprehensive Drug Abuse Prevention & Control Act passed in 1970⁵

“Authorized prescriber” means a physician, dentist, optometrist, advance practice registered nurse or physician assistant and for interscholastic and intramural athletic events only, means a podiatrist⁶.

“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 for administration, the indications for medication, the start and termination dates, not to exceed a 12-month period, and the written signature of the prescriber.⁷

¹ See Connecticut Department of Consumer Protection, Drug Control Division, Connecticut Comprehensive Drug Laws (January 2007)

² See State of Connecticut Department of Public Health Community Nursing and Home Health Division memo re: Revised Regulations on Administration of Medication by School Personnel (April 16,1990)

³ See State of Connecticut Department of Public Health Memo re: Administration of Medication by School Personnel (March 7, 1997)

⁴ As used in Sections 10-212a through 10-212a-10 of the Regulations of Connecticut State Agencies

⁵ <http://medical-dictionary.thefreedictionary.com/controlled+drug+substance> accessed 12/2011

⁶ CGS Chapter 169 sec 10-212a-1

⁷ CGS Chapter 169 sec 10-212a-1

“Standing order(s)” refers the document approved by the district medical advisor containing guidelines, policies, and medical orders for student and staff care in various clinical situations. The standing orders name the condition and prescribe the action to be taken in caring for the patient, including the dosage and route of administration of certain over-the-counter medications.

“Student Specific Order” or “Student specific medication” means those medication orders written and signed by a physician who has examined and prescribed for an individual student and supersedes CTHSS standing medication orders.

“PRN medication” means a medication that is given “as needed” in accordance with a student specific medication order or the CTHSS Standing Medical Orders and Nursing Guidelines.

“Eligible student” means a student who has reached the age of eighteen or is an emancipated minor. An eligible student does not require the permission of a parent for medication administration or for self-administration of medication by standing order or individual order⁸.

“Medication plan” means a documented plan established by the school nurse in conjunction with the parent and student regarding the administration of medication in school. Such plan may be a stand-alone plan, part of an individualized health care plan and/or emergency care plan or may be documented on the medication administration form⁹

“Qualified School Employee” means a full-time employee who is an administrator, teacher, school counselor, school social worker, school psychologist or in some instances, a coach or paraprofessional, who has been trained in the administration of medication, as allowed under the law.

“Good Samaritan law” refers to CGS Chapter 925 section 52-557b and reads, in part: (b) a paid or volunteer firefighter or police officer, a teacher or other school personnel on the school grounds or in the school building or at a school function, a member of a ski patrol, a lifeguard, a conservation officer, patrol officer or special police officer of the Department of Energy and Environmental Protection, or emergency medical service personnel, who has completed a course in first aid offered by the American Red Cross, the American Heart Association, the National Ski Patrol, the Department of Public Health or any director of health, as certified by the agency or director of health offering the course, and who renders emergency first aid to a person in need thereof, shall not be liable to such person assisted for civil damages for any personal injuries which result from acts or omissions by such person in rendering the emergency first aid, which may constitute ordinary negligence...The immunity provided in this subsection does not apply to acts or omissions constituting gross, wilful or wanton negligence

(f) A teacher or other school personnel, on the school grounds or in the school building or at a school function, who has completed both a course in first aid in accordance with subsection (b) of this section and a course given by the medical advisor of the school or by a licensed physician in the administration of medication by injection, who renders emergency care by administration of medication by injection to a person in need thereof, shall not be liable to the person assisted for civil damages for any injuries which result from acts or omissions by the person in rendering the emergency care of administration of medication by injection, which may constitute ordinary negligence. The immunity provided in this subsection does not apply to acts or omissions constituting gross, wilful or wanton negligence.

⁸ CGS Chapter 169 10-212a-1

⁹ CGS Chapter 169 10-212a-1

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

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

Designation of Authority

The superintendent of the Connecticut Technical High School System is authorized to develop administrative procedures regarding of medication administration and to authorize exceptions to those procedures upon valid documentation of need.

Procedures

Medication Authorization, Parent Permission for Medication Administration & Diabetes Management Plans

No medication other than a medication ordered by an authorized prescriber is to be administered by CTHSS personnel to any student.

Written authorization of the parent or eligible student to administer the medication and the written permission of the parent or eligible student for the exchange of information between the prescriber and school nurse are necessary in order to assure safe administration of medication^{10 11}.

The CTHSS Medication Authorization form (Appendix A-Side A) is the preferred method for documentation of medication orders from an authorized provider and parent permission for medication administration, but any form that incorporates all of the required information is acceptable.

Please see [Documentation, Handling, Storage and Disposal of Medications](#), for more information.

The Diabetes Management Plan and School Treatment Authorizations form is the preferred method of documentation of medication and treatment orders for the student with Diabetes. The form is located at: http://www.ctschoolnurses.org/uploads/2/7/5/6/2756298/form_diabetes_management_plan.pdf.

Guidelines for the use of the form are located at:

http://www.ctschoolnurses.org/uploads/2/7/5/6/2756298/school_diabetes_management_plan_2012.pdf.

¹⁰ CGS Chapter 169 sec 10-212a-2

¹¹ Except in the case of a student who has reached 18 years of age or is an emancipated minor.

Standing Orders

The District Medical Advisor may write standing orders for “as needed (PRN)” medications. The School nurse has the final decision on whether or not to institute administration of over-the-counter (OTC) medications that are prescribed by standing order for the school to which the nurse is assigned.

These standing medication orders are reviewed annually by the school nurse supervisor and the district medical advisor and updated when necessary. These orders are written with the student in mind, but apply to both students and staff unless otherwise indicated by the medical advisor. For a standing order, it is not necessary that the medical advisor examine an individual, but it is necessary for the nurse to be aware of the individual’s medical history and any contraindications to the administration of a certain medication to a particular individual.

Medications that may be ordered on an “as needed (PRN)” basis and administered under this policy include acetaminophen, ibuprofen, antacids, diphenhydramine, naphazoline ophthalmic drops, epinephrine auto injectors, topical antibiotic preparations, topical OTC burn preparations, topical anti-itch preparations and OTC topical local mucosal anesthetics.

The written permission of the parent/guardian or eligible student is required each school year in order to administer OTC analgesics, antacids and eye drops prescribed by standing order. Topical antibiotic preparations, topical OTC burn preparations, topical anti-itch preparations and OTC topical local mucosal anesthetics are considered first aid treatments and do not require written parent authorization. Please see the CTHSS Standing Orders and Nursing Guidelines for contraindications to the administration of these medications.

Supervision of Medication Administration

The school nurse is responsible for general supervision of the administration of medications in the school to which that nurse is assigned including:

1. Providing training to qualified school employees on the administration of medications
2. Assessing competency to administer medications
3. Providing appropriate follow-up to ensure the administration

The School nurse Supervisor is responsible for:

1. Overseeing medication administration in the district
2. Overseeing medication policy and procedure development and review
3. Monitoring compliance with CTHSS policy and procedures and applicable state and national statutes.

Summer Programs: School Readiness Programs, Summer School and Camp^{12 13}

All policies and procedures put forth in this document shall apply to school readiness programs, summer school and day camps operated by the CTHSS. This does not apply to programs operated by an outside agency where the program is required to be licensed by the DPH or an agency is renting space in a CTHSS building. The summer program registered nurse shall supervise medication administration in this setting.

¹² CGS Chapter 169 sec.10-212a-1

¹³ CGS Chapter 169 sec 10-212a-10

In the absence of the summer program nurse, only a medication administration trained program director, lead instructor or school administrator may administer medications to students as delegated by a registered nurse in conjunction with the school nurse supervisor. A separate medication administration record for any student who does not self-administer medication shall be maintained in this setting and a copy shall be provided to the regular school nurse to be maintained in the health office files at the end of the program. This may be an electronic or paper record.

No OTC medications shall be given by standing order to students in school readiness and camp programs. The summer school nurse may administer OTC medications by standing order to summer school students provided the required documentation is in place.

Students may only self-administer a medication when it is medically necessary for the participant to be able to access the program and maintain their health status while attending the program.

A medication authorization obtained during the regular school year is valid as long as the dates of the summer program fall within the dates specified on the medication authorization.

The nurse shall maintain an emergency card including health history for each student participating in the program. For current CTHSS students this may be the emergency card used during the school year immediately preceding the summer program.

Self-Administration of Medications by Students

Self-administration of medication by students with chronic health conditions is strongly advocated by health care experts. The major short-term goal of self-administration of medication is immediate treatment of symptoms in order to minimize effects of the disease and prevent unnecessary progression of an acute episode, and may be a lifesaving strategy. The long term goals of medication self-administration, in addition to optimal treatment outcomes are student independence, competence in self-care and enhanced self-image.¹⁴ For these reasons, the CTHSS supports self-administration of medication in certain situations.

CTHSS students may carry and self-administer diabetic medications, asthma medications, epinephrine auto injectors and other medications for chronic conditions, as deemed appropriate by the school nurse, and approved by a parent and an authorized prescriber, on a case by case basis. The student must transport the medication to school and maintain the medication in his/her possession at all times.

The school nurse shall assess the student's competency for self-administration of medication in school. If a student is deemed not competent to self-administer medication, the parent and prescriber shall be notified, and a plan shall be developed in conjunction with the prescriber and parent. The school nurse, however, cannot block the self-administration of a life-saving medication that for which self-administration has been authorized by the parent and prescriber.¹⁵

Self-administration of medication may take place once the nurse has¹⁶

1. Reviewed the medication order and obtained written parental permission for self-administration.

¹⁴ Legal Issues in School Health; Schwab, N and Gelfman, M, 2005

¹⁵ CGS Chapter 169 sec. 10-212a-4

¹⁶ CGS Chapter 169 sec. 10-212a-4

2. Reviewed the skills and knowledge necessary for safe self-administration of medication with the student.
3. Evaluated the student's competency to carry and self-administer the medication.
4. Documented the student's competency to carry and self-administer in the medication administration plan.

Students are not allowed to carry or self-administer a controlled medication (appendix I) in school or on a school sponsored activity occurring during regular school hours.

Authorization for self-administration of medications shall be documented on the CTHSS Medication Authorization form (Appendix –Side A) or comparable form containing all of the required information.

A parent/guardian's consent is not required for the nurse to administer or for a student to carry and self-administer medications protected under state confidentially provisions regarding reproductive rights, HIV treatment or treatment of sexually transmitted disease¹⁷. However, the authorization of the student's health care provider is necessary for the nurse to administer or the student to carry and self-administer these medications during school hours.

A parent/guardian's consent is not required to carry and self-administer a medication for an eligible student¹⁸ who has an authorized prescriber's order to do so.

A student attending a school sponsored off-campus activity during regular school hours may carry and self-administer medication as outlined above or alternatively a medication administration trained staff person, as noted previously, may carry and administer the medication.

Please refer to the Medication Administration during Extracurricular Activities including Overnight and International Travel as it pertains to self-administration of medication.

Self-Testing of Blood Glucose and Carrying of Diabetes Care Supplies

Parents are responsible for supplying the school health office with blood glucose and ketone monitoring supplies, insulin administration/pump supplies, routine and PRN medications ordered for the student during the school day and a glucose source to be used in the treatment of hypoglycemia. Students are allowed to carry their own diabetes test supplies with the proper documentation in place. Parents of students who are independent with their diabetes care are encouraged to provide extra supplies to be kept in the health office.

In accordance with Connecticut Public Act No. 12-198, the CTHSS permits students with the required documentation to self-test blood glucose levels anywhere on school grounds and during off campus school sponsored activities. Students who self-test and self-manage their diabetes are encouraged to check in periodically with the school nurse and to report abnormally low or high blood glucose levels.

¹⁷ Adolescent Health Care: The Legal Rights of Teens, Center for Children's Advocacy 2010

¹⁸ See definitions, page 5

Medication Administration by School Administrators and Staff

Athletic Trainers

Athletic trainers are not employees of the CTHSS and are not permitted to administer medication to a CTHSS student.

Administrators, School Counselors, School Psychologists, School Social Workers and Instructors

Full time administrators, school counselors, school psychologists, school social workers and teachers, who have received training in the safe administration of medications from the school nurse, shall on a voluntary basis be allowed to administer oral, topical, inhalant, and injectable medications that delivered through an auto-injector such as an EpiPen™, to a student with a medically diagnosed allergic condition which may require emergency treatment. Public Act 12-198 allows the qualified school employee¹⁹ to, in some cases, administer glucagon by intramuscular injection to treat severe hypoglycemia, provided the conditions identified below (see Glucagon Administration) are met.

The school nurse shall provide the qualified school employee with an emergency care plan, when applicable and copies of the Medication Authorization and MAR forms necessary for safe medication administration.

Coaches

Coaches, who have received training in the safe administration of medications by the school nurse, may on a voluntary basis, administer medication during intramural and interscholastic athletic events (including try-outs, competition, practice, drills and transportation to and from such events), to a select student for whom a self-administration plan is not a viable option, as determined by the school nurse. This is limited to the administration of inhaled medication to treat respiratory conditions or an EpiPen™, to treat an anaphylactic reaction²⁰. A coach who is a qualified school employee may also, in some cases, administer glucagon by intramuscular injection to treat severe hypoglycemia, provided the conditions identified below (see Glucagon Administration) are met.

The school nurse shall provide the coach with an emergency care plan, and copies of the Medication Authorization and MAR forms to be maintained by the coach. The parent or guardian shall provide to the coach the medication in accordance with CTHSS medication administration policies and procedures and applicable State of Connecticut statutes. This medication shall be separate from the medication stored in the school health office during the school day. The coach must agree to the administration of emergency medication and shall implement the emergency care plan when indicated²¹. Please see Procedures for Documentation, Handling, Storage and Disposal of Medications for information on storage of medications used in athletic events.

Paraprofessionals

A student's parent/guardian, the prescribing healthcare provider, district medical advisor, school nurse supervisor and school nurse may jointly approve and provide general supervision to an identified, medication administration trained full time school paraprofessional to administer medication including but not limited to

¹⁹ See definition page 5,

²⁰ CGS Chapter 169 sec 10-212a-8

²¹ CGS Chapter 169 sec 10-212a-8

injectable medications delivered through an auto-injector, such as an EpiPen™, to a specific student with a medically diagnosed allergic condition²². In this instance, the paraprofessional must agree to serve in this role on a voluntary basis and undergo training in the safe administration of medications. Permission from all involved must be documented in writing. The school nurse shall provide the paraprofessional with an emergency care plan and a copy of the Medication Authorization and MAR forms and the medication to be administered.

Glucagon Administration

The school nurse has primary responsibility for planning and implementing care for the student with diabetes, including the development of an individualized health care plan (IHCP) and emergency care plan (ECP) in conjunction with the student, the student's parent, the student's health care provider, and student support personnel.

Public Act No. 12-198 (HB 5348), an Act Concerning the Administration of Medicine to Students with Diabetes, the Duties of School Medical Advisors, the Availability of CPR and AED Training Materials for Boards of Education and Physical Exercise During the School Day, allows a qualified school employee²³, selected by the school nurse or principal to administer an emergency glucagon injection to a student with diabetes, under certain conditions and with a written authorization from the student's parent and the written authorization from the student's Connecticut-licensed physician stating the specific conditions.²⁴ When glucagon is ordered for use during the school day the parent must supply one glucagon emergency kit to be kept in the school health office. A student may carry his/her own glucagon emergency kit with written authorization from the his/her health care provider and parent. When a student has an order for glucagon and the order is not suspended for field trip or other off campus activity, the glucagon emergency kit and a school nurse or qualified school employee²⁵ who is trained in the administration of glucagon must accompany the student off campus. When the school nurse is absent or unavailable, a qualified school employee may administer glucagon to a student with diabetes who may require prompt treatment in order to protect the student against serious harm or death. **The school qualified school employee must have successfully completed the CTHSS general medication administration training.**

Additional requirements include:

- Completion of training in the administration medication with the injectable equipment used to administer glucagon.
- Completion of training diabetes management and emergencies.
- The school nurse and school medical advisor (or designee) must attest in writing that such qualified school employee has completed such training.
- The qualified employee voluntarily agrees to administer medication.
- Note: No one other than a qualified school employee, with the exception of the school nurse shall administer glucagon.

The school nurse supervisor and district medical advisor are responsible for determining the standards and content of the annual medication administration training (including glucagon administration training) and

²² CGS Chapter 169 sec 10-212d

²³ See definition, page 5

²⁴ Connecticut State Department of Education, Learning and Diabetes: A Resource Guide for Connecticut Schools and Families. September 2012

²⁵ See definition page 5

insuring that the training is conducted by a qualified individual, either from within the CTHSS school system or from an outside agency. The medication administration training plan is approved by the superintendent of schools.

Coverage of the School Health Office for Medication Administration in the Absence of the School Nurse

An administrator or a designated qualified employee may be assigned to **cover the school health office in the absence of the school nurse** and shall be trained in the general administration of scheduled medications and physician-ordered student-specific PRN medications.

Off Campus Medication Administration

The School nurse may also train a qualified employee, who will accompany a student off-campus in student-specific medication²⁶ administration.

Documentation of Medication Administration Training

A log documenting the medication administration training of staff shall be maintained (Appendix B) for at least six (6) years following the completion of the training.

The School nurse shall maintain a list of medication administration trained administrators and staff.

Refer to Procedure for Medication Administration Training of CTHSS Administrators and Staff for more information.

Standing PRN Medication Orders

Standing PRN medications authorized by the District Medical Advisor may be administered only by a school nurse or substitute school nurse and may not be administered by medication administration trained staff.

Medication Administration during Extracurricular Activities including Overnight and International Travel

The parent/guardian or eligible student is responsible for supplying any non-prescription or prescription medication that is required for an extracurricular activity or trip. It is recommended that the student carry the amount of medication necessary for timeframe of the activity. In the event of overnight travel, it is recommended that the student carry a few additional doses to be used in the event of a travel delay. The student is responsible for transporting and maintaining possession and self-administration of the medication (including controlled medication) at all times. All medications carried during an extra-curricular activity must be in their original container and labeled with the student's name.

CTHSS staff takes no responsibility for medication administration under these circumstances, (with the exceptions noted below) although if notified early enough, the school nurse may be able to provide some assistance with a self-administration plan for the student or help to determine if a student is capable of self-administering a medication.

If a student is unable to self-administer his/her own medication in this situation, then the parent/guardian is responsible for contacting the prescriber to determine the best course of action.

²⁶ See definition page 5

Medications not in their original container or not labeled with the student's name may be confiscated and the situation handled according to the CTHSS discipline policy.

The student shall be held responsible for any action taken in violation of the CTHSS discipline policy or local, state, national or international law.

The Overnight or International Travel Medical Information/Contact Form (Appendix H, Sides A & B) may be used by staff organizing the trip to notify parents of policy and obtain necessary medical and emergency contact information.

Exceptions:

- Coaches who have received training in the safe administration of medications from the school nurse, may, during intramural and interscholastic athletic events (including try-outs, competition, practice, drills and transportation to and from such events), administer medication to a select student for whom a self-administration plan is not viable option, as determined by the school nurse. This is limited to the administration of inhaled medication to treat respiratory conditions or an EpiPen™, to treat an anaphylactic reaction and glucagon to treat severe hypoglycemia.
- If a student's 504 Plan or Individualized Education Plan prescribes participation in an extracurricular activity and the student requires medication that he/she is unable to self-administer, then then the 504 plan will specifically describe the accommodations to be made

Medication Administration for Students Participating in Work-Based Learning Experiences

The CTHSS provides a work based learning program in order to expand and enhance the student's learning with actual job site experiences, and to facilitate the transition from school to work. The program is available to qualified students who have demonstrated readiness to benefit from a work based learning program.

Due to the nature of the work based learning program, the CTHSS staff takes no responsibility for medication administration during the work based learning experience. If notified early enough, the school nurse may be able to provide some assistance with a self-administration plan for the student or help to determine if a student is capable of self-administering a medication. School staff does not accompany students to work based learning sites and therefore are not available to administer routine or emergency medications. Students are encouraged to self-advocate and make work-based learning employers aware of any medical concerns that may require emergency management.

Access to Epinephrine Auto Injectors, Inhalers and other Emergency Medications during Lockdowns, Lockouts, Fire Drills and Evacuations

Due to difficulty or inability to safely access emergency medication during a fire drill, evacuation, lockdown or lockout, the CTHSS encourages students to carry and be prepared to self-administer their prescribed emergency medication. The School nurse shall assist the student in obtaining authorization to self-administer and review the procedure for self-administration with the student as needed. Staff should become familiar with the student's individual emergency care plan (IECP) prior to an emergency occurring.

If easily assessable at time of a fire drill or evacuation, the School nurse shall carry an emergency bag containing first aid supplies, an epinephrine Auto-injector, glucose monitor/supplies and a glucose source.

Documentation, Handling, Storage and Disposal of Medications

Documentation of Medication Orders

1. Medication stored at or administered in school requires a current written order from an authorized prescriber. This order shall contain²⁷:
 - a. Name of the student
 - b. Date of birth of student
 - c. Name of the medication
 - d. Strength of the medication
 - e. Dosage to be administered
 - f. Route of administration
 - g. Frequency of administration
 - h. Name of the authorized prescriber
 - i. Dates for initiating and terminating the administration of medication including extended year programs (not to exceed 12 months)
 - j. Student allergies to food, medicine or latex
 - k. Written authorization of the student's parent for medication administration
 - l. Written authorization of the parent for the exchange of information between prescriber and the school nurse
 - m. Written authorization of the parent to self-administer the medication (when applicable)
 - n. Full written or electronic legal signature of the nurse receiving the order.

The CTHSS Medication Authorization form (Appendix A-Side A) meets these criteria and is the preferred method for documentation of medication orders, but other forms are acceptable provided they include the required information.

2. The medication order shall be transcribed into the school health office electronic documentation system.
3. The school nurse may accept a facsimile (fax) medication authorization form/order that is of good quality and legible. This form may be accepted as the original order form for medication administration purposes.
4. The School nurse may accept a verbal order (including order clarifications) from an authorized prescriber by phone. The verbal order shall be documented on the CTHSS Medication Authorization form and in the school health office electronic documentation system. Verbal orders for non-controlled medications shall be followed up with a written order within three (3) school days. Verbal orders for controlled medications must be followed up with a written order within 24 hours in compliance with CGS Chapter 169 Sec. 21a-251.
5. The acceptance of verbal authorization from a parent/guardian to administer a medication that has been ordered by an authorized prescriber is at the school nurse's discretion. Verbal authorization given by a parent/guardian shall be documented and followed up with written authorization from the parent/guardian within 3 school days.

²⁷ CGS Chapter 169 sec 10-212a-2

Documentation of Medication Administration

1. The School nurse must examine any new medication and medication and enter it into the school health office electronic documentation system before it may be administered.
2. The Medication Authorization Record (MAR) shall contain:
 - a. Name of student
 - b. Date of birth of student
 - c. Name of the medication
 - d. Strength of the medication
 - e. Dosage to be administered
 - f. Route of administration
 - g. Frequency of administration
 - h. Dates for initiating and terminating the administration of medication including extended year programs (not to exceed 12 months)
 - i. Student allergies to food, medicine or latex
 - j. Full written or electronic legal signature of the nurse administering the medication.
 - k. Documentation of controlled drug receipt and count (CGS Sec 21a-254 f) and space for documentation of errors or omissions including the reason for omission.
8. All MAR documentation for medications administered by the school nurse shall be maintained in the health office electronic documentation system.
9. Documentation on the electronic MAR should be completed immediately after medication administration, except in extenuating circumstances when it may be recorded on paper (Appendix A-Side B), and entered by the nurse into the electronic MAR at a later time.
10. Medication not administered due to a student's refusal, late arrival, early dismissal or other factor shall be documented on the electronic MAR.
11. Current original medication authorization forms are maintained in a binder, that is easily available to substitute school nursing staff or medication administration trained staff, through the end of the school year or upon expiration of the order.
12. Expired original controlled medication authorization forms and MARs are to be kept in a health office file separate from the student's Cumulative Health Record (CHR) for a period of at least three years from the last transaction recorded (CGS Sec 21a-254 f). A copy of controlled medication authorization form is also kept in the student's CHR.
13. Expired non-controlled medication authorization forms and mars are filed directly in the CHR.
14. Controlled medications are counted daily (on days that school is in session) by the individual administering the medication and monthly by the school nurse with a trained administrator or teacher. The count is maintained on the electronic MAR. The nurse indicates that the daily count of controlled meds is correct when she enters her electronic PIN on the MAR. Medication trained staff who administer a controlled medication shall document that the count is correct by signing a paper record

indicating the count is correct (Appendix A Side B).

15. Any discrepancy in the count shall be reported by the school nurse or medication trained staff to a school administrator and the school nurse supervisor.
16. The nurse shall provide the medication administration trained coach a copy of a student's medication authorization form and MAR to be maintained by the coach.
17. Administration of inhalation medications by a coach shall be reported at least monthly (or more frequently if required by the student's medication plan) to the school nurse.
18. Administration of an EpiPen™ or glucagon by a coach or medication administration trained staff must be reported to a school administrator immediately and to the school nurse as soon as possible after administration, but not later than the next school day.
19. At the end of each athletic season, the coach shall return the medication to the parent/guardian, and the parent/guardian shall sign the back of the MAR acknowledging receipt of the medication. Medication not picked up by the last day of the sports session shall be given to the school nurse for disposal.
20. Medication authorization and MAR forms must be returned by the coach to the school nurse at the end of each sports season and shall be filed in the student's health record.
21. When epinephrine is administered for a suspected or actual anaphylactic reaction by the school nurse or any medication trained staff member, the Connecticut Statewide School Health Services Report: Report of Epinephrine Administration (Appendix C) shall be completed by the school nurse and forwarded to the school nurse supervisor within the following two school days. The school nurse supervisor shall maintain a copy of the report on file and submit the original report to the school nurse consultant for the State Department of Education.
22. Medication related documentation is maintained in accordance with the CTHSS destruction of educational records schedule.
23. Medication related documentation is completed in black ink or electronically, and is subject to the standards for legal documentation.

Documentation of Medication Refusal

Carrying out the prescriber's order for medication administration is the responsibility of the school nurse or a medication trained staff person in the absence of the school nurse.

1. If a student does not arrive as scheduled at the health office for a routine medication, the school nurse or medication administration trained staff person must call the student out of class, unless another plan for handling refusals is documented in the student's medication plan
2. When a student does not report for the scheduled medication after being called out of class or outright refuses to take the medication, the school nurse or medication administration trained staff person shall notify the parent/guardian.

3. The medication trained staff person shall notify the school nurse of a medication refusal, as soon as possible after the refusal.
4. The school nurse or medication administration trained staff person shall notify the prescriber of the medication of any refusal, unless another plan for handling refusals is documented in the student's medication plan.
5. All refusals shall be documented on the MAR. Repeated refusals by a student should be addressed and documented in the student's Cumulative Health Record (CHR), Individualized Health Care Plan (IHCP), Section 504 plan, Individualized Emergency Plan (IEP) or Student Assistance Team (SAT) plan, as applicable.

Definition of a Medication Error

1. Administering the wrong medicine
2. Administering a medication to the wrong student
3. Administering an incorrect dose of a medicine
4. Failing to administer a prescribed medication without acceptable reason for omission (medication refused by student, no supply, early dismissal, late arrival, etc.).
5. Failing to administer the medicine at the correct time (within 30 minutes before or after the scheduled time)
6. Failing to administer the medication by the correct route.
7. Failing to administer the medication according to generally accepted standards of practice.
8. Administering a medication that has not been authorized by the parent/guardian.
9. Administering a medication that has not been ordered by a licensed prescriber by either student specific order or standing order.
10. Failure to store a medication in accordance with state regulations and statutes.
11. Accidental destruction or loss of controlled drugs

Documentation and Handling of a Medication Error made by a Medication Administration Trained Staff, Administrator or Coach

1. If life threatening symptoms occur following a medication error, the staff person must call 911 immediately
2. The error should be reported immediately to the school nurse and an administrator. If a school nurse is not in the building, an administrator must be notified immediately, and the school nurse notified on the next school day.
3. The Poison Control Center is to be called for first aid and referral recommendations when applicable.
4. The staff person shall follow the recommendations of the Poison Control Center, prescriber, school nurse or administrator as applicable.
5. The administrator may contact the school nurse supervisor for consultation, when the school nurse is not available and additional guidance is needed.
6. The school nurse shall notify the parent and when applicable, the authorized prescriber of the medication error. In the absence of a school nurse, the school nurse supervisor or a school administrator shall make the notifications²⁸.
7. The school nurse shall document the error on the student's electronic MAR as soon as possible after the incident.
8. A Report of Medication Error Form (Appendix D) shall be completed by the person who made or discovered the error. The school nurse may assist school staff with completion of the form as needed.
9. A copy of the Medication Authorization form shall be attached to the Report of Medication Error form
10. The school nurse shall forward a copy Report of Medication Error Form to the principal and school nurse supervisor as soon as possible after the incident.
11. The school nurse shall maintain a copy of the Report of Medication Error form and attached medication authorization record in the health office files. The report is not to be filed in the student's CHR.
12. The school nurse shall enter a narrative note into the student's electronic record documenting the error, an assessment of the student's condition follow the error, nursing interventions, and notifications made, as applicable²⁹.
13. The school nurse supervisor shall document any remediation or other action that takes place following the error.

²⁸ CGS Chapter 169 sec 10-212a-6 (d))(1)(B)

²⁹ CGS Chapter 169 sec. 10-212a-6 (d)(3)

Documentation and Handling of a Medication Error made by a School Nurse

1. The school nurse shall make a full assessment of the student's condition.
2. The school nurse shall activate EMS when indicated
3. The school nurse shall call the Poison Control Center or prescribing health care provider for first aid and referral recommendations when applicable.
4. The school nurse shall notify an administrator, parent, the school nurse supervisor and, when indicated, the prescriber of the medication of the error, as soon as possible after the incident.
5. The school nurse shall document the error on the student's electronic MAR as soon as possible after the incident.
6. A Report of Medication Error Form (Appendix D) shall be completed by the person who made or discovered the error. A copy of the Medication Authorization Form shall be attached to the Report of Medication Error Form.
7. The school nurse shall forward a copy Report of Medication Error Form to the principal and school nurse supervisor as soon as possible after the incident.
8. The school shall maintain a copy of the Report of Medication Error form and attached medication authorization record in the health office files. The report is not to be filed in the student's CHR.
9. The school nurse shall enter a narrative note into the student's electronic record documenting the error, an assessment of the student's condition follow the error, nursing interventions, and notifications made, as applicable³⁰.
10. The school nurse supervisor shall document any remediation or other action that takes place following the error.

Delivery of Medication to School

All medications, except those approved for self-administration, shall be delivered by a parent, eligible student or other responsible adult to the school nurse or medication trained administrator. When there are extenuating circumstances that prevent a parent or other responsible adult from delivering a medication to school, an exception to this rule may be made by the school nurse, on a case by case basis. This exception does not apply to controlled medications. The parent must contact the school nurse to discuss alternate arrangements for medication delivery which may include allowing the student to transport the medication to school provided:

- The extenuating circumstance and plan for the student to transport his/her medication to school is documented in the student's medication plan.
- The parent and school nurse agree that the student is capable of safe transport of the medication to school.

³⁰ CGS Chapter 169 sec. 10-212a-6 (d)(3)

- The parent informs the school nurse of the date that the student will transport the medication to school.
- The medication is transported in its original container, labeled with the student's name and prescribing information.
- The student keeps the medication in his/her possession at all times during travel to school.
- The student brings the medication to the school health office immediately upon arrival to school.

Handling of Medication:

1. The school nurse or medication trained administrator shall document the time and date of receipt of all medication on the written and/or electronic MAR. In the case of a controlled-medication, the count shall be verified with the parent/other responsible adult and documented on the paper and the electronic versions of the MAR.
2. When there are extenuating circumstances and it is jointly approved by a parent/guardian and the school nurse, a student may carry a non-controlled medication to school for immediate delivery to the school nurse or a medication trained administrator upon arrival at school. This shall be documented in the student's medication plan.
3. All non-prescription medications must be in their original, unopened container and labeled with the student's name. All prescription medications must be in the original pharmacy labeled container.
4. Except as otherwise designated in a student's emergency care plan, emergency medications must be stored in an unlocked, clearly labeled and readily accessible cabinet or container in the health office during regular school hours under the supervision of the school nurse, or in the absence of the school nurse a medication trained administrator or designee³¹.
5. All other medications except those approved for self-administration by a student shall be kept in a designated locked cabinet.
6. Controlled medications shall be stored separately from other drugs and substances in a substantially constructed, non-portable double locked cabinet³².
7. Each lock of the controlled medication cabinet shall have a separate key which shall be kept on two separate key rings.
8. One set of keys to the medication cabinets shall be maintained under the direct control of the school nurse. One set of duplicate keys for the medication cabinet(s) shall exist and shall be under the direct control of the principal³³ or his/her designee. No more than two sets of keys shall exist.
9. Only medication trained administrators and designated staff members who are responsible for covering the school health office in the absence of the school nurse may have access to the medication cabinet keys.

³¹ CGS Chapter 169 sec 10-212a-5 (d)

³² CGS Chapter 169 sec 21a-262-9

³³ CGS Chapter 169 sec 10-212a-5 (g)

10. Medications requiring refrigeration shall be stored in a refrigerator at 36°F to 46°F.
11. The refrigerator must be located in the health office with limited access³⁴
12. Non-controlled medications may be stored directly on refrigerator shelf with no further protection needed³⁵.
13. Controlled medications must be stored in a locked box affixed to the refrigerator self.
14. When a refrigerator is used to store medication, the school nurse or designee shall maintain a daily log (Appendix E) of the refrigerator temperature on each day that school is in session.
15. No more than three month supply of a medication for a student shall be stored at the school³⁶
16. A coach who has not received training from the school nurse on medication administration for a specific student unable to self-medicate, may not accept or administer any medication.
17. The parent/guardian must provide the medication to be used during athletics directly to the medication administration trained coach. The medication must be in its original pharmacy labeled container, complete with the student's name. The medication trained coach must not accept expired medication.
18. Medication to be administered to a designated student unable to self-medicate during an athletic events must be stored:
 - a. In containers for the exclusive use of holding medications
 - b. In a location that preserves the integrity of the medication (not in bright sunlight or excessively hot environment such as a vehicle)
 - c. Under the general supervision of the coach
 - d. In a locked secure cabinet when not in use at athletic events
 - e. All medications must be returned to the parent/guardian at the end of the season.
19. A student who self-administers an EpiPen™ or inhaler may not place his medication in the coach's medication storage box. It is imperative that the self-administering student keep his or her EpiPen™ or inhaler in a safe location, easily accessible at all times, such as a personal athletic bag kept on the sideline.
20. Coaches may not hold EpiPens™ or inhalers for students who self-medicate for the reason that failure to return a medication at the end of practice/play could result in the student not having a life-saving medication available to him/her in the event of an emergency occurring outside of a practice/game.

³⁴ CGS Chapter 169 sec 10-212a-5 (h)

³⁵ CGS Chapter 169 sec 10-212a-5(h)

³⁶ CGS Chapter 169 sec 10-212a-5 (j)

Destruction of Medication

1. All unused, discontinued or obsolete non-controlled medications shall be returned to the parent/guardian, eligible student or in extenuating circumstances to the student less than 18 years of age when jointly approved by the parent/guardian and school nurse.
2. All unused, discontinued or obsolete controlled medications shall be returned only to a parent/guardian, eligible student or a responsible adult designated by the parent/guardian.
3. Non-controlled medications not picked up within 7 days of being discontinued or three days of the student's last day of school shall be destroyed in the presence of a witness³⁷ and in accordance with State of Connecticut Department of Environmental Protection recommendations (Appendix F) and documented on the electronic MAR.
4. The destruction of controlled medication shall be done in the presence of a Drug Control Agent from the State of Connecticut Department of Consumer Protection, Drug Control Division and be recorded on the Controlled Substance Destruction Form (Appendix G) and the MAR.
5. Accidental destruction or loss of controlled drugs must be verified in the presence of a second person, including the confirmation of the presence or absence of residue and jointly documented on the electronic medication administration record and on a medication error form pursuant to CGS sec. 10-212a(b). If no residue is present notification must be made to the Department of Consumer Protections (DCP) pursuant to section 21a—262-3 of the regulations of Connecticut State Agencies³⁸
6. Expired, unwanted and used EpiPens™ shall be disposed of in a puncture resistant biohazard sharps container in compliance with the CTHSS Exposure Control Plan

³⁷ CGS Chapter 169 sec 10-212a-5 (i)

³⁸ CGS Chapter 169 sec. 10-212 a-5 (i)

Procedure for Medication Administration Training of CTHSS Administrators and Staff including Glucagon Administration

Design of the course and specific course content shall vary depending on whether staff shall be responsible for covering the health office in the absence of the nurse or whether staff shall be responsible only for administering a specific medication to a specific student.

General Content:

1. A review of the CTHSS medication policies and procedures and relevant state statutes and regulations
2. A review of medication(s) administered during school hours including indications for use, evaluation of desired effect and observation of the student for side effects or adverse reaction
3. The proper procedures for handling storing and administering medication(s).
4. When to institute emergency interventions.
5. Procedures for record keeping and error reporting.

Documentation of Training including Glucagon Administration Training

See appendix B

1. Dates of general and student specific training
2. Dates of annual reviews and information updates
3. Contents of the training
4. Documentation of return demonstration by the trainee to the School nurse
5. Periodic review regarding the needs of specific students—which may be covered individually in person or by phone.
6. Name and credentials of the nurse conducting the training

Outline for Medication Administration Course

Instructor

The school nurse or school nurse supervisor

Objective

1. To familiarize participants with CTHSS and individual school medication administration policies and procedures.
2. To familiarize participants with state law and regulations pertaining to administration of medication.
3. To acquaint participants with the expected and untoward effects of medication(s) administered during school hours.
4. To teach procedures for safe medication administration
5. To teach recording and reporting procedures for medications administered.

Policy, Procedure and Statute Review

- Review of CGS Chapter 169 Sec. 10-212a. Administration of Medications in Schools, at Athletic Events and to Children in School Readiness Programs, located at: http://www.cga.ct.gov/current/pub/chap_169.htm#sec_10-212a.
- Review of CGS Chapter 925 section 52-557b. "Good Samaritan Law" (see appendix J). Immunity from Liability for Emergency Medical Assistance, First Aid or Medication by Injection, located at: http://www.cga.ct.gov/current/pub/chap_925.htm#sec_52-557b.

Review of Policies and Procedures

(as appropriate for the type of training)

- Policy for Administration of Medications by Connecticut Technical High School System Personnel
- Policy for Self-Administration of Medications by Students
- Policy on Medication Administration by School Administrators and Staff
- Procedures for Documentation, Handling Storage and Disposal of Medications
- Procedure for Teachers or Other Authorized Medication Administration Trained Staff for Student Specific Medication Administration when Off-Campus during Regular School Hours
- Policy on Medication Administration during Extracurricular Activities including Overnight and International Travel.
- Procedure for Administrator or Other Designated Medication Administration Trained Staff Person Assigned to Cover the Health Office for Medication Administration in the Absence of the School Nurse.
- Procedures for administration of oral, topical, inhalation medications and emergency medications delivered by auto-injector (when training is for student specific medication administration the nurse may choose to review the procedure only for one route).

“Rule of 3”

Check the bottle label/medication three times before giving the drug

- When you pick up the medication and remove it from medication cabinet
- When you are preparing to administer the medication
- When you administer the medication

“5 Rights” of Medication Administration

- Right Student
- Right Medication
- Right Dose
- Right Time
- Right Route

Review of Medications

- Medications commonly given during school hours or student specific medication(s)
- Indication(s) for use
- Evaluation of desired effect
- Observation of the student for side effects or adverse reaction.

Additional Requirements for Staff Being Trained in Glucagon Administration

- Review of the Care of the Student with Diabetes Type I including:
 - Review of Public Act No. 12-198 (HB 5348), An Act Concerning the Administration of Medicine to Students with Diabetes
 - Review of CGS Sec. 10-220j, Blood Glucose Self-Testing by Children.
 - Completion of prescribed training class(es) covering:
 - Overview of Diabetes Type I
 - Essentials of Blood Glucose Monitoring
 - Overview of insulin delivery systems
 - Recognition and treatment of hypoglycemia
 - Recognition and treatment of hyperglycemia
 - Storage, handling and administration of oral glucose
 - Storage, handling and administration of glucagon
- Review of student specific IHCP and IECP
- Hands-on practicum on reconstituting, drawing up and administering glucagon by IM injection.

Procedure for Teachers or Other Authorized Medication Administration Trained Staff for *Student Specific Medication Administration when Off-Campus during Regular School Hours*

Note: In this section “school nurse” also indicates a medication trained administrator or medication trained staff who is designated to cover the health office in the absence of the school nurse.

1. On the day of the off-campus activity report to the Health Office to obtain the medication.
2. Under the supervision of the school nurse or a medication trained administrator, locate the medication to be given.
3. Remove the medication from the cabinet.
4. Compare the medication label with the Medication Administration Record (MAR).
5. Use the “Rule of 3” and the “5 Rights” to prevent errors.
6. Label a medication envelope or other envelope with student name, medication dose and time to be administered.
7. Place the medication into labeled envelope. For liquid medications, draw the medication up into an oral syringe and place in labeled envelope. For an inhaler, EpiPen or Glucagon kit, place the entire unit in envelope (do not remove from case until immediately before administration).
8. Review the procedure for the specific medication to be administered with the school nurse or a medication trained administrator, noting any special instructions such as “keep refrigerated” or “take with food”.
9. Carry medication in a secure location along with a copy of the Medication Authorization form and MAR (Appendix A, Sides A & B).
10. Positively identify the student and directly observe student taking medication or administer the medication as directed.
11. Oral medications should be followed by a full glass of water
12. Call 911 immediately after administering an EpiPen or Glucagon.
13. Document date, time, amount remaining (if controlled medication) and sign the MAR.
14. If an error in documentation occurs draw a single line through the entry and sign it. Record the correct information on the next line.
15. Observe for signs of reaction. If student complains of side effects notify the parent and the school nurse or a medication administration trained administrator. If symptoms of a severe medication reaction occur call 911 and notify parent.

16. If a student refuses a medication, notify the school nurse or a medication administration trained administrator immediately. Appropriate action shall be taken by the school nurse.
17. If a medication error occurs refer to Documentation of Medication Errors & Handling a Medication Error
18. Return any medication not administered to the school nurse or a medication trained administrator upon return to School.

Procedure for Administrator or Designated Medication Administration Trained Staff Person assigned to cover the Health Office for Medication Administration in the Absence of the School Nurse

1. Check medication administration schedule.
2. Obtain keys to Medication Cabinet.
3. Locate the medication to be given and remove the medication from the cabinet.
4. Compare the medication label with the Medication Administration Record (MAR).
5. Use the "Rule of 3" and the "5 Rights" to prevent errors.
6. When applicable pour the prescribed dose into a medication cup. Remove inhaler, EpiPen or Glucagon Kit from case immediately before administration.
7. Positively identify the student and directly observe student taking medication or administer the medication as directed
8. Oral medications should be followed by a full glass of water.
9. Call 911 immediately after administering an EpiPen or Glucagon
10. Return the medication to the cabinet and lock the cabinet.
11. Document date, time, amount remaining (if controlled medication) and sign the MAR.
12. If an error in documentation occurs draw a single line through the entry and sign it. Record the correct information on the next line.
13. Observe for signs of reaction. If student complains of side effects notify the parent immediately. If symptoms of a severe medication reaction occur call 911 and notify parent. Notify the school nurse upon her return to the Health Office.
14. If a student refuses a medication, notify the parent/guardian immediately and the school nurse upon return her return to the health office.
15. In the event of a medication error refer to Documentation of Medication Errors & Handling a Medication Error

Authorization for Administration of Medication by
Connecticut Technical High School Personnel

School: _____ Grade _____ Shop: _____ Date Received: _____

Ct State Law and Regulations 10-212(a) require a written medication order of an authorized prescriber (physician, dentist, optometrist, advanced practice registered nurse, or physician's assistant) and written permission from the parent/guardian for the nurse, or in the absence of the nurse, a trained staff member to administer medication. **All non-prescription medications must be in their original, unopened container labeled with the student's name. All prescription medications must be in the original pharmacy labeled container. An adult must bring controlled medications (Ritalin, Concerta, etc.) To the school and hand them directly to an administrator or the school nurse.**

Prescriber's authorization

Name of Student _____ Date of Birth: _____

Address _____ City _____ State: _____ Zip _____

Condition for which medication is being administered _____.

Name of Medication: _____ Dose: _____ Route _____

Schedule for Administration: _____ PRN for: _____.

Side Effects: None expected Specify _____ . Administer from: _____ to _____
Month/Day/Year Month/Day/Year

Allergies: None Yes (specify): _____

Order for field trips or off campus activities: Give medication Omit medication.
Student has prescriber's permission to carry and self-administer: EpiPen Inhaler Diabetic Medications

Prescriber's Signature _____ **Date:** _____

Name/Title _____

Address _____

Phone _____ Fax _____

A verbal order for the above medication was taken on _____

Prescriber's Stamp

From _____ **by** _____ **RN, School nurse**

PARENT/GUARDIAN AUTHORIZATION

I authorize the School nurse or other medication administration trained school personnel to administer the medication ordered above. I understand that I must supply the school with no more than a 45 day supply of the medication and that the medication will be destroyed if not picked up within one week of being discontinued, or the last day of school, whichever comes first. I authorize the School nurse to communicate with the prescriber regarding medication ordered for the condition noted above. **I give permission for my child to carry and self-administer this medication (this is only for medications that the prescriber has checked off to be self-administered above).**

Parent/Guardian's Signature: _____ **Date:** _____

Phone Numbers: _____ (home#) _____ (work#) _____ (cell #)

Medication order was reviewed by School nurse. Self-administration was evaluated by the school nurse & documented in SNAP
 Medication plan: as above see emergency care plan other—please specify on back of this form & in electronic record

School nurse's Signature: _____, RN **Date:** _____

School, Street, City, CT Zip Phone: _____, Fax: _____

Connecticut Technical High School System Medication Administration Record

All medication administration records (mars) are now maintained electronically.

Use this form to record medication administration when it is not possible to do so electronically.

All entries on this form must be transcribed to the electronic record as soon as possible after administration, by the school nurse

Student's Name: _____ DOB: _____ Grade: _____ Trade/Technology: _____ Prescriber: _____

Medication Name/Strength/Form: _____ Dose: _____ Route: _____ Allergies: _____

Schedule: _____ daily, PRN for _____ (indications), other: _____ (specify)

Date Administered	Time Administered	Signature of person administering medication. If not administered as scheduled, please indicate why: i.e. Refused no supply, etc.	Date Administered	Time Administered	Signature of person administering medication. If not administered as scheduled, please indicate why: i.e. Refused no supply, etc.
1.			8.		
2.			9.		
3.			10.		
4.			11.		
5.			12.		
6.			13.		
7.			14.		

Receipt of Controlled Medication

Date: _____ # Received: _____ Received by: _____ Parent's signature: _____

Date: _____ # Received: _____ Received by: _____ Parent's signature: _____

Date: _____ # Received: _____ Received by: _____ Parent's signature: _____

Medication Plan/Notes:

Medication returned to: _____ by _____ RN, School Nurse on _____ # returned: _____
(date) (controlled meds only)

Medication Administration Training Record

*SafeSchools training must be completed for these modules prior to classroom training.

Appendix B

Name:	*Medication Admin Training	Return Demo Oral Med Administration	*Return Demo Auto- injector Administration	Return Demo Inhaler Administration	Return Demo Topical Medication Application	Return Demo Eye drop Administration	*Diabetes emergencies	*Glucagon Admin Training	Trainer's Signature
Indicate dates of completion → Med Admin Training									
Yearly Update & Review									
Yearly Update & Review									
Yearly Update & Review									
Yearly Update & Review									
Yearly Update & Review									
Yearly Update & Review									
Student Specific Training: (indicate student name here)									
Student Specific Training: (indicate student name here)									
Student Specific Training: (indicate student name here)									
Student Specific Training: (indicate student name here)									

Connecticut
Statewide School Health Services Report
Report of Epinephrine* Administration

*Please mail or fax form to: CTHSS School nurse Supervisor (860) 807-2196 (fax). School nurse Supervisor will forward to:
Cheryl Resha, Connecticut State Department of Education, 25 Industrial Park Road, Middletown, CT 06457
Fax number: (860) 807-2127*

School District: _____ Name of school: _____ Public Non Public
Student/Staff DOB: _____ Gender: M F Ethnicity: Spanish/Hispanic/Latino: Yes No
Race: American Indian/Alaskan Native African American Asian Native Hawaiian/other Pacific Islander White
Diagnosis/history of asthma: Yes No History of anaphylaxis: Yes No Previous Epinephrine use: Yes No

Incident:

Date/Time of occurrence: _____ Known allergen(s): _____

Trigger that precipitated this allergic episode: _____

Symptoms: _____

Location of individual when symptoms developed: _____

Location of individual when epinephrine administered: _____

Location of epinephrine storage: _____

Epinephrine administered by: RN Other If other, please specify: _____If other than an RN, was this person formally trained? Yes No Date of training: _____

If Epinephrine was self-administered by an individual at school or a school-sponsored function, did the individual follow school protocols to notify school personnel and activate EMS? Yes No NA

Approximate time between onset of symptoms and administration of Epinephrine: _____

Was Epinephrine administered under a patient specific order for a particular student? Yes No Does school district have non-patient specific standing orders/protocols in place for Anaphylaxis? Yes No Individual Health Care Plan (IHCP) in place? Yes No School Physician notified? Yes No Written school district policy on management of life-threatening allergies in place? Yes No **Disposition:**Transferred to ER: Yes No Discharged after _____ hours. Biphasic reaction: Yes No Unknown Hospitalized: Yes No Discharged after _____ days.**Outcome:****Recommendations for changes/improvements to current policy or procedures:** Debriefing meeting? Yes No

Form completed by: _____ Date: _____

(please print)

Title: _____ Phone number: _____

Address: _____

*EpiPen™®, or EpiPen™® Jr. Or Twinject™

CTHSS Report of Medication Error Form

Attach a copy of medication order and forward a this form to Principal and School nurse Supervisor
As soon as possible after the incident. The original is to be maintained in Health Office.

A medication error is defined as:

- Administering the wrong medicine ● Administering medication to the wrong student ● Administering an incorrect dose of a medicine
- Failing to administer a prescribed medication without acceptable reason for omission ● Failing to administer the medicine at the correct time (within 30 minutes before or after the scheduled time) ● Failing to administer the medication by the correct route ● Failing to administer the medication according to generally accepted standards of practice ● Administering a medication that has not been authorized by the parent/guardian ● Administering a medication that has not been ordered by a licensed prescriber ● Failure to store a medication in accordance with state regulations and statutes ● Accidental destruction or loss of a controlled medication.

Date of Report: _____ Date Error Occurred: _____ Time Error Occurred: _____ AM PM

Name of Person Completing this Report: _____ Title: _____

Name of Person Who Made the Error: _____ Title: _____

Student Name: _____ DOB: _____ Grade: _____

Error Occurred While: on school grounds on a field trip on a production job Other _____

- Type of Error:** Wrong medication administered Wrong dose administered Medication administered to the wrong student
 Medication omitted Medication administered at the wrong time Medication given by the wrong route Improper administration technique Medication not authorized by parent/guardian Medication not ordered by licensed prescriber.
 Failure to store a medication in accordance with state regulations/statutes. Accidental destruction or loss of a controlled med.

Description of error: _____
(continue on reverse if necessary)

Action Taken:

School nurse notified _____ by _____ Administrator notified _____ by _____
(Date and time) (Date and time)

Parent/Guard. Notified _____ by _____ School nurse Supervisor notified _____ by _____
(Date and time) (Date and time)

Student's emergency contact notified: _____, _____ by _____
(name of contact) (Date and time)

CT DCP Drug Control Division notified _____ by _____
(Date and time)

Prescriber/Healthcare Provider notified: _____, _____ by _____
(Name of HCP) (Date and time)

Recommendations: _____

Poison Control Center contacted: _____ by _____ Recommendations: _____
(Date and time)

District Medical Advisor notified: _____ by _____ Recommendations: _____
(Date and time)

Student's Disposition: n/a Observed in School Health Office Returned to class/activity Released in care of parent/guardian/emergency contact Advised to call MD/healthcare provider today Advised to see HCP today EMS activated at _____ (time) by _____ Other interventions/recommendations: _____

Outcome: No obvious ill effects Unknown Other: _____

Signature of person completing the report: _____ Date: _____

Signature of person who made the error: _____ Date: _____

For Administrator's/School nurse Supervisor's use only

Refrigerator Temperature Log

		January		February		March		April		May		June		July		August		Sept		October		November		December		Action Codes:	
Day	Temp	Action	Temp	Action	Temp	Action	Temp	Action	Temp	Action	Temp	Action	Temp	Action	Temp	Action	Temp	Action	Temp	Action	Temp	Action	Temp	Action			
1																										N = No action required ↑ = Temp adjusted up ↓ = Temp adjusted down M = Maintenance called X = No School	
2																											
3																											
4																											
5																											
6																											
7																											
8																											
9																											
10																											
11																											
12																										Signature(s) of individual(s) conducting checks:	
13																											
14																											
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Acceptable Temperature Range is 36°F to 46°F. Maintenance must be called for refrigerator temperature out of range for 3 consecutive days

How to Safely Dispose of Medications

Flushing medications down the toilet or sink affect drinking water and have adverse effects on septic systems, fish and other aquatic wildlife. The safest way to dispose of medications is to alter them and put them in the trash. Here's how:

1. *Keep the medication in its original container.* Cross out the patient's name with a permanent marker or duct tape or remove the label. (Chemotherapy drugs may require special handling. Work with your healthcare provider on proper disposal options.)
2. *Modify the medications to discourage any person or animal from ingesting them.*
 - For solid medications such as pills or capsules: add a small amount of water to at least partially dissolve them.
 -
 - For liquid medications: add enough table salt, flour, charcoal, or nontoxic powdered spice, such as turmeric or mustard to make a pungent, unsightly mixture.
 -
 - For blister packs: wrap the blister packages containing pills in multiple layers of duct tape or other opaque tape.
3. *Seal and conceal.*
 - Tape the medication container lid shut.
 - Place it inside a container such as an empty yogurt or margarine tub to ensure that the contents cannot be seen.
 - Don't conceal medicines in food items, because animals could inadvertently consume them.
4. *Discard the container in your trash can -- NOT in your recycling bin.*

For more information, please contact:

Connecticut [Department of Energy and Environmental Protection](#)
Office of Pollution Prevention
79 Elm Street, Hartford, CT 06106
(860) 424-3297

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Connecticut Technical High School System

_____ Technical High School

Overnight or International Travel Medical Information/Contact Form

Trip Destination: _____ Trip dates: _____

Student's Name: _____ Date of birth: _____

Name of Healthcare Provider (HCP): _____ HCP's Phone #: _____

Please list all insurance information to assist the trip leader in obtaining prompt medical or dental treatment for your child.

Insurance company: _____ Policy Number: _____

Phone Number: _____

Emergency Contact Information: Please include information for at least one parent/guardian

1) Name: _____ 2) Name: _____

Relationship: _____ Relationship: _____

Contact Number(s): _____ Contact Number(s): _____

Email: _____ Email: _____

Does your child have allergies? No Yes Allergic to: _____

Allergic reaction is: mild moderate severe Usual treatment: Benadryl EpiPen inhaler

My student carries: Benadryl EpiPen inhaler

List any medical conditions/health problems/special needs: _____

List all medications your student takes either daily or as needed: _____

If necessary, may your child receive a blood transfusion? yes, no, explain: _____

Immunizations (dates) Last tetanus (Td, DTP, DTap, or Tdap): _____ Hepatitis A: #1 _____ #2: _____

Hepatitis B: #1 _____ #2: _____ #3 _____

*Medication Administration during School Sponsored
International or Overnight Travel Activities--Parent Acknowledgement*

If your child is taking medication, your child may carry and self-administer any medication that has been recommended or prescribed by a licensed healthcare provider. It is the parent/guardian's responsibility to plan for and manage medication for overnight and/or travel. Please contact your student's school nurse if you need assistance in planning for medication administration during this trip.

Please refer to the below guidelines if your child needs to self-administer medication:

1. Parent/guardian is responsible for supplying the amount of medication required in the original container (including over the counter medications) labeled with student's name and medication dose to be given. Please plan on sending extra doses in case of travel delay.
2. The student is responsible for self-medication including transporting and maintaining possession of his/her medication (including controlled medication) and medical supplies at all times.
3. The CTHSS takes no responsibility for medication administration during overnight or international travel
4. If a student is unable to self-administer his/her own medication, then the parent/guardian is responsible for contacting the student's health care provider, prior to the trip, to determine the best course of action. Please contact your student's school nurse if you need assistance in planning for medication administration during this trip.
5. Medications not in their original container or not labeled with the student's name may be confiscated and disciplinary action may be taken.
6. We recommend that you check with airline personnel regarding specific medication policies and regulations prior to the trip.

I have read and understand the CTHSS medication policy concerning overnight and international travel.

Parent/Guardian Signature: _____ Date: _____

Print Parent/Guardian Name: _____

Student Signature: _____ Date: _____

I give the chaperone(s)/leaders(s) of this trip permission to authorize emergency Medical/Dental care for my student, _____ for the duration of this trip.

Parent/Guardian Signature: _____ Date: _____

Name (please print): _____

Controlled Substances Information

Schedule I Controlled Substances

Substances in this schedule have a high potential for abuse, have no currently accepted medical use in treatment in the United States, and there is a lack of accepted safety for use of the drug or other substance under medical supervision.

Some examples of substances listed in schedule I are: heroin, lysergic acid diethylamide (LSD), marijuana (cannabis), peyote, methaqualone, and 3,4-methylenedioxymethamphetamine (“ecstasy”).

Schedule II Controlled Substances

Substances in this schedule have a high potential for abuse which may lead to severe psychological or physical dependence.

Examples of single entity schedule II narcotics include morphine and opium. Other schedule II narcotic substances and their common name brand products include: hydromorphone (Dilaudid®), methadone (Dolophine®), meperidine (Demerol®), oxycodone (OxyContin®), and fentanyl (Sublimaze® or Duragesic®). Examples of schedule II stimulants include: amphetamine (Dexedrine®, Adderall®), methamphetamine (Desoxyn®), and methylphenidate (Ritalin®). Other schedule II substances include: cocaine, amobarbital, glutethimide, and pentobarbital.

Schedule III Controlled Substances

Substances in this schedule have a potential for abuse less than substances in schedules I or II and abuse may lead to moderate or low physical dependence or high psychological dependence.

Examples of schedule III narcotics include combination products containing less than 15 milligrams of hydrocodone per dosage unit (Vicodin®) and products containing not more than 90 milligrams of codeine per dosage unit (Tylenol with codeine®). Also included are buprenorphine products (Suboxone® and Subutex®) used to treat opioid addiction. Examples of schedule III non-narcotics include benzphetamine (Didrex®), phendimetrazine, ketamine, and anabolic steroids such as oxandrolone (Oxandrin®).

Schedule IV Controlled Substances

Substances in this schedule have a low potential for abuse relative to substances in schedule III.

An example of a schedule IV narcotic is propoxyphene (Darvon® and Darvocet-N 100®). Other schedule IV substances include: alprazolam (Xanax®), clonazepam (Klonopin®), clorazepate (Tranxene®), diazepam (Valium®), lorazepam (Ativan®), midazolam (Versed®), temazepam (Restoril®), and triazolam (Halcion®).

Schedule V Controlled Substances

Substances in this schedule have a low potential for abuse relative to substances listed in schedule IV and consist primarily of preparations containing limited quantities of certain narcotics. These are generally used for antitussive, antidiarrheal, and analgesic purposes.

Examples include cough preparations containing not more than 200 milligrams of codeine per 100 milliliters or per 100 grams (Robitussin AC® and Phenergan with Codeine®).

From the U.S. Department of Justice, Drug Enforcement Control Administration, Office of Diversion Control,
<http://www.deadiversion.usdoj.gov/schedules/> accessed December 2011

"Good Samaritan Law"**Immunity from liability for emergency medical assistance, first aid or medication by injection.****School personnel not required to administer or render.****Immunity from liability re automatic external defibrillators.**

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

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

(c) An employee of a railroad company, including any company operating a commuter rail line, who has successfully completed a course in first aid, offered by the American Red Cross, the American Heart Association, the National Ski Patrol, the Department of Public Health or any director of health, as certified by the agency or director of health offering the course, and who renders emergency first aid or cardiopulmonary resuscitation to a person in need thereof, shall not be liable to such person assisted for civil damages for any personal injury or death which results from acts or omissions by such employee in rendering the emergency first aid or cardiopulmonary resuscitation which may constitute ordinary negligence. The immunity provided in this subsection does not apply to acts or omissions constituting gross, wilful or wanton negligence.

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

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

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

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

(f) A teacher or other school personnel, on the school grounds or in the school building or at a school function, who has completed both a course in first aid in accordance with subsection (b) of this section and a course given by the medical advisor of the school or by a licensed physician in the administration of medication by injection, who renders emergency care by administration of medication by injection to a person in need thereof, shall not be liable to the person assisted for civil damages for any injuries which result from acts or

omissions by the person in rendering the emergency care of administration of medication by injection, which may constitute ordinary negligence. The immunity provided in this subsection does not apply to acts or omissions constituting gross, wilful or wanton negligence.

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

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