Medication Administration in Schools

Last Reviewed November 2005

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**Definition:** Many students require medication during the school day in order to remain in school and participate in learning. National data indicate that 11% percent of children 5 - 11 and 13% of those 12 - 17 have a problem for which medication is taken regularly for at least three months. A school nurse survey conducted in 1999 in Maine found that 5% of students received medication in school on any one day.

Maine statute MRSA Title 20-A § 254(5) requires that school districts develop a policy on medication administration in schools. That policy must address the training of unlicensed school staff that administer medication and must address students who carry and self-administer emergency medication. It is recommended that medication be administered only when it is essential for the student to remain in school.

**School Nurse Responsibility:** The school nurse is responsible to oversee medication administration in schools to ensure that medications are administered safely. These responsibilities are to:

1. Consult with school administration and school boards in the development/revision of a medication administration policy. (See MSMA sample policy.)
2. Develop and update procedures for the administration of medication per Chapter 40 DOE Rule. (See Rule ftp://ftp.maine.gov/pub/sos/cee/rcn/apa/05/071/071c040.doc)
3. Develop and maintain a record keeping system for obtaining parental consent and PCP order, receiving (and counting scheduled drugs) and administering medication, training of unlicensed school staff, documenting medication errors and disposal of medication not retrieved by parents.
4. Assure that medication containers have current and adequate information on the label and that when a medication is given greater than 15 consecutive days, a PCP written order is obtained.
5. Develop and conduct training for unlicensed school personnel who are delegated by school administration to be trained for administering medications. The school nurse is responsible for the training and for determining the competency of the unlicensed staff. The school nurse is also responsible for ongoing supervision of the unlicensed staff in the task of medication administration.
6. Develop clear protocol for the unlicensed staff administering medications.
7. Evaluate a student’s ability to carry and self-administer emergency medication (MRSA Title 20-A § 254(5)).
8. Develop procedure for administering medication on a field trip.
9. Develop a response plan in case of an emergency.
10. Inform the parent that the medication may be administered by a trained unlicensed school personnel.
11. Identify who has access to the medicine cabinet.
12. Obtain standing orders from the school physician, as appropriate.

**Parental Responsibility:** It is the responsibility of the parent to provide the school with the following:

1. To give the first dose of a new medication at home.
2. To provide the school with medication in the original container transported to the school by the parent or adult designee. Obtain duplicate bottle from pharmacy for school.
3. To provide a written PCP order as needed and a PCP order when the PCP order has been changed.
4. To inform the school nurse of changes in the student’s health status.

**Coordination and Oversight of Unlicensed Staff - Responsibilities of Nursing:**
In Maine, RNs can oversee medication administration of an unlicensed school staff. (See Rule ftp://ftp.maine.gov/pub/sos/cec/rcn/apa/05/071/071c040.doc) Maine statute allows for the administration of medication by trained unlicensed staff and the Nurse Practice Act (Chapter 6 ftp://ftp.maine.gov/pub/sos/cec/rcn/apa/02/380/380c006.doc) allows RNs to coordinate and oversee specific tasks of unlicensed personnel. The RN is accountable to verify that the unlicensed staff can safely perform the activity.

The certified school nurse may choose to not oversee some medication administration activities if, in the judgment of the school nurse, the task can not be properly and safely performed by the unlicensed person without jeopardizing the student’s welfare. Oversight of a task carried out by an unlicensed person is determined on a case-by-case basis and is most appropriate when the unlicensed staff is caring for students with routine, repetitive, and ongoing medication administration. When medication administration is not routine and the student’s response to medication is less predictable, nursing oversight should be carefully considered. Some activities that do not require specialized nursing knowledge may be given to unlicensed personnel.

When evaluating if medication administration can be given by an unlicensed staff, the school nurse should assess the situation and consider the following:

1. The school nurse should assess the student’s need and health status. Administering medication should involve little or no modification in the task and should have a predictable outcome.
2. The task should not inherently involve ongoing assessment, interpretation, or decision making.
3. The school nurse should have the ability to provide adequate oversight of the unlicensed staff member’s medication administration activities.
It is the responsibility of the school nurse to inform the school administrator if, in the opinion of the school nurse, the unlicensed staff delegated by the administrator is not competent to carry out the task of administering medication. Furthermore, the school nurse may not provide oversight or coordination of this task when the school nurse is of the opinion that the unlicensed staff is not competent to carry out this task. (Refer to the Decision Tree in the School Health Manual.)

**Training of Unlicensed School Staff:**

Maine Statute provides for the legal authorization of unlicensed school staff to administer medication if they have been trained. It is the responsibility of the school nurse to conduct this training. DOE Rule Chapter 40 defines the components of the training. (See Rule ftp://ftp.maine.gov/pub/sos/cec/rcn/apa/05/071/071c040.doc)

The Department of Education, in collaboration with Amanda Rowe, School Nurse, has produced materials to assist school nurses in training unlicensed staff. These materials consist of a video, an instructor’s manual, and a participant handbook. The training must be conducted by a RN or physician.

**Laws and Rules:**

**MRSA Title 20-A § 254(5)**

Medication. The Commissioner shall provide for the administration of medication within schools as follows:

A. The Commissioner shall adopt rules for the administration of medication in public or approved private schools, including the training of unlicensed personnel to administer medication. The rules for training must describe how the department will provide training at the local level directly to unlicensed personnel in school administrative unit or approved private school in the State. Rules adopted pursuant to this section are major substantive rules pursuant to Title 5, Chapter 375, subchapter II-A.

B. Any public or approved private school shall have a written policy and procedure for administering medication. The written local policy must include the requirement that all unlicensed personnel who administer medication receive training before receiving authorization to do so. Compliance with the provisions of this subsection is a requirement for basic school approval pursuant to sections 2902 and 4502.

C. A public school or a private school approved pursuant to section 2902 must have a written local policy authorizing students to possess and self-administer emergency medication from an asthma inhaler or an epinephrine pen. The written local policy must include the following requirements.

   1. A student who self-administers an asthma inhaler or an epinephrine pen must have the prior written approval of the student’s primary health care provider and, if the student is a minor, the prior written approval of the student’s parent or guardian.

   2. The student’s parent or guardian must submit written verification to the school from the student’s primary health care provider confirming that the student has the
knowledge and the skills to safely possess and use an asthma inhaler or an epinephrine pen in school.

(3) The school nurse shall evaluate the student’s technique to ensure proper and effective use of an asthma inhaler or an epinephrine pen in school.

**MRSA Title 20A §4009.** “Emergency medical treatment. Notwithstanding any other provision of any public or private and special law, any non-licensed agent or employee of a school or school administrative unit who renders first aid, emergency treatment or rescue assistance to a student during a school program may not be held liable for injuries alleged to have been sustained by that student or for the death of that student alleged to have occurred as a result of an act or omission in rendering such aid, treatment or assistance. This subsection does not apply to injuries or death caused willfully, wantonly or recklessly or by gross negligence on the part of the agent or employee.”

**Nurse Practice Act MRSA Title 32 § 2102**

http://janus.state.me.us/legis/statutes/32/title32sec2102.html

2. “Professional nursing. The practice of "professional nursing" means the performance, by a registered professional nurse, for compensation of professional services defined as follows: ……………

F. Administration of medications and treatment as prescribed by a legally authorized person. Nothing in this section may be construed as limiting the administration for medication by licensed or unlicensed personnel as provided in other laws.”

A certified school nurse is licensed by the Maine Board of Nursing and certified as a school nurse by the Department of Education.
SUMMARY: This rule provides directions to public and private schools approved pursuant to 20-A MRSA 2902 in the administration of medication to students during the students’ attendance in school programs. It is to assist school administrative units in implementing the provision of the medication statute [20-MRSA § 254 (5) (A - C)] that provides direction for training of unlicensed school personnel in the administration of medication, and requires that students be allowed to carry and self-administer prescribed emergency medications, specifically, asthma inhalers or epinephrine auto-injectors with health care provider approval and school nurse assessment demonstrating competency.

1. Definitions

**Administration:** Administration means the provision of prescribed medication to a student according to the orders of a health care provider.

**Asthma inhaler:** An asthma inhaler is a device for the delivery of prescribed asthma medication which is inhaled. It includes metered dose inhalers, dry powder inhalers and nebulizers.

**Epinephrine auto injector:** An epinephrine auto injector is a device to deliver the correct epinephrine dose parenterally and is used as a treatment for symptoms of an allergic reaction.

**Health Care Provider:** A health care provider is a medical/health practitioner who has a current license in the State of Maine with a scope of practice that includes prescribing medication.

**Indirect Supervision:** Indirect supervision means the supervision of an unlicensed school staff member when the school nurse or other health provider is not physically available on site but immediately available by telephone.

**Medication:** Medication means prescribed drugs and medical devices that are controlled by the U.S. Food and Drug Administration and are ordered by a health care provider. It includes over-the-counter medications prescribed through a standing order by the school physician or prescribed by the student’s health care provider.

**Medication Error:** A medication error occurs when a medication is not administered as prescribed. This includes when the medication prescribed is not given to the correct
student, at the correct time, in the dosage prescribed, by the correct route, or when the medication administered is not the correct medication.

**Parent:** Parent means a natural or adoptive parent, a guardian, or a person acting as a parent of a child with legal responsibility for the child’s welfare.

**School Nurse:** School nurse means a registered professional nurse with Maine Department of Education certification for school nursing.

**Self-Administration:** Self-administration is when the student administers medication independently to him or her self under indirect supervision of the school nurse.

**Training for Unlicensed School Personnel:** Training for unlicensed school personnel means the organized and systematic education of unlicensed school personnel who will administer medications to students.

**Unlicensed School Personnel:** Unlicensed school personnel are persons who do not have a professional license that allows them, within the scope of that license, to administer medication.

2. **ADMINISTERING MEDICATIONS IN A SCHOOL SETTING.**

A. The school nurse will provide direction and oversight for the administration of medication in the school.

B. School nurses are responsible for their own actions in the administration of medication. It is the school nurse’s responsibility to clarify any medication order which he or she believes to be inappropriate or ambiguous. The school nurse has the right and responsibility to decline to administer a medication if he/she believes it jeopardizes student safety. In this case, the nurse must notify the parent, the student’s health care provider and the school administrator.

C. Any public or private school approved pursuant to 20-A MRSA 2902 shall have a written local policy for administering medication. The policy must include the following:

   i. All unlicensed school personnel who administer medication must be trained before receiving authorization to do so.

   ii. Before medication is administered to a student there must be:

      1. A current written request from the parent for any medication administered to a student.
2. A current written order from the prescribing health care provider for any medication administered at school. The order must include the student’s name, the name of the medication, the dose, the route of administration, time intervals to be given, any special instructions, and the name of the prescribing licensed health care provider. A medication label that provides sufficient information may be used in lieu of a written order unless the medication is to be administered for more than 15 consecutive days.

3. Written parental permission forms and physician orders must be renewed at least annually. Physician orders must be renewed if there are changes in the order.

   iii. It is recommended that the first dose of a newly prescribed medication be given at home.

   iv. The medication must be delivered to school in its original container, properly labeled.

   v. Students may possess and self-administer emergency medication of an inhaled asthma medication or an epinephrine auto-injector under the following conditions:
      — Written approval is received from the student’s health care provider stating that the student has the knowledge and skills to safely possess and use an inhaled asthma medication or an epinephrine auto-injector. The Maine School Asthma Plan is preferred for students who have been prescribed an asthma inhaler.
      — Written approval is received from the parent indicating that his/her child may carry and self-administer the medication.
      — The student demonstrates to the school nurse their ability to properly and responsibly carry and use the inhaled asthma medication or epinephrine auto-injector.

D. Procedures/protocols for medication administration (when not included in the school’s policy) must be developed for:

   i. How medications are to be safely transported to and from school.

   ii. Medication administered on field trips and other off campus activities that is in compliance with the Department of Education’s Procedure for Medication Administration on Field Trips.
iii. Accountability of medications, particularly those regulated by the Federal Narcotics Act.

The proper storage of medication at school.
The training of appropriate staff on administration of emergency medications.

vi. The process to use should a medication reaction occur.

vii. Access to medications in case of a disaster.

viii. The process for documenting medications given and medication errors.

ix. The proper disposal of medications not retrieved by the parents.

3. REQUIRED TRAINING OF UNLICENSED SCHOOL PERSONNEL TO ADMINISTER MEDICATION.

A. Any unlicensed school personnel who administers medication to a student in a school setting must be trained in the administration of medication before being authorized to carry out this responsibility. Following the initial training, a training review and information update must be held at least annually for those staff members authorized to administer medications.

B. The training must be provided by a registered professional nurse or physician.

C. The training on administration of medication must include the following components:

i. Current laws and school policies related to medication administration,

ii. Resources available to staff regarding medication administration,

iii. Basic anatomy of routes of medication (ex. gastro-intestinal route, lung, ear, eye, and nose),

Basic classification of medications,
Common medications with side effects,

vi. How to read a medication label,
vii. How to document medications administered and medication errors,

viii. The five rights of medication administration (right student, right medication, right dose, right time, and right route),

Procedure/protocols for administering medication(s),
Signs and symptoms of adverse effects,

xi. Responding to emergencies,

xii. Working with parents, and

xiii. Protecting the confidentiality of student health information.

D. The trainer shall document the training and the competency of school personnel trained. Based upon the documentation of training and competency of unlicensed personnel to administer medication, the school nurse shall make a recommendation to the Superintendent concerning the authorization of such persons to administer medication to students.

E. School personnel trained in the administration of fluoride as part of the Oral Health Program in the Bureau of Health, are exempt from this rule for the administration of fluoride.

STATUTORY AUTHORITY: 20-A M.R.S.A.
§254(5)(A-C), Resolve 2005 c. 11

EFFECTIVE DATE: June 24, 2005 – filing 2005-186 (major substantive)

ftp://ftp.maine.gov/pub/sos/cec/ren/apa/05/071/071c040.doc

Federal Laws
Federal laws emphasize (1) the rights of students with special needs, medical or otherwise, to
have access to and to be educated in public schools, and (2) the sensitive topic of records, including family access to education and health records in schools.

- Americans with Disabilities Act (ADA) (42 U.S.C. § 12101 et seq.) and regulations promulgated by the Department of Justice
- Drug and Alcohol Treatment Records (D&A) (42 USCS § 290dd, 42 CFR 2.1 et seq.)
- Family Educational Right to Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 C.F.R. Part 99)
- Health Insurance Portability and Accountability Act (HIPAA), and regulations adopted under it (45 C.F.R. chapters 160 and 164)
- Individuals with Disabilities Education Improvement Act (IDEIA), (Public Law 108-446) previously IDEIA
  - Individuals with Disabilities Education Act (IDEA) (20 U.S.C. § 1400 et seq.)
  - OSHA Blood-borne Pathogen Standard 29 of C.F.R. 1930.1030
- Proposed New Drug, Antibiotic, and Biological Drug Product Regulations (21 C.F.R. 312.3 (b))

**Resources:**

MSMA Sample Policy


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