

THIS IS THE SAMPLE POLICY ON MEDICATION ADMINISTRATION IN SCHOOLS DEVELOPED BY THE MAINE SCHOOL MANAGEMENT ASSOCIATION.

RESOLVE CH. 11, RESOLVE REGARDING LEGISLATIVE REVIEW OF CHAPTER 40: MEDICATION ADMINISTRATION IN MAINE SCHOOLS, A MAJOR SUBSTANTIVE RULE OF THE DEPARTMENT OF EDUCATION

By this Resolve, the Legislature approved the final adoption of Rule Chapter 40, Medication Administration in Maine Schools. This rule provides direction to public and approved private schools in the administration of medication to students while at school, on field trips or during other off-campus school activities. It is also intended to assist schools in implementing the provisions of the medication statute, 20-A M.R.S.A. § 254(5)(A-C), which mandates that schools have a written local policy requiring the training of unlicensed school personnel in the administration of medication before they are authorized to do so, and a policy that allows for student self-administration of emergency medication from asthma inhalers and epinephrine pens (EpiPens). Because of the emergency preamble, this Resolve is effective as of the date of approval (May 5, 2005) rather than 90 days after adjournment of the Legislature.

MSMA has revised its sample policy JLCD, Administration of Medication to Students, to assist school units in complying with this rule. Readers will note a reference in this policy to the “Department of Education’s Procedure for Medication Administration on Field Trips.” This “procedure” refers to the document titled “Policy for Medication Administration on School Field Trips,” a document adopted October 29, 2001 as an agreement between the Board of Pharmacy, the Board of Nursing and the Department of Education (DOE). Questions concerning the content of this document should be directed to Nancy Dube, the DOE’s School Nurse Consultant at nancy.dube@maine.gov. We have included this procedure for informational purposes rather than as an item to be approved by the Board. For the convenience of our readers, we have coded it as an exhibit, JLCD-E. It follows the sample policy in this bulletin.

MSMA SAMPLE POLICY

NEPN/NSBA Code: JLCD

ADMINISTRATION OF MEDICATION TO STUDENTS

Although the Board discourages the administration of medication to students during the school day when other options exist, it recognizes that in some instances a student’s chronic or short-term illness, injury, or disabling condition may require the administration of medication during the school day. The school will not deny educational opportunities to students requiring the administration of medication in order to remain in attendance and participate in the educational program.

The intent of this policy is to promote the safe administration of medications to students by school personnel and to provide for authorization of student emergency self-administration of medication from asthma inhalers and epinephrine pens. The Board encourages collaboration between parents/guardians and the schools in these efforts. The Board disclaims any and all responsibility for the diagnosis, prescription of treatment, and administration of medication for any student, and for any injury arising from a student's self-administration of medication.

DEFINITIONS

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

“Health care provider” means 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” means the supervision of an unlicensed school staff member when the school nurse or other health care provider is not physically available on site but immediately available by telephone.

“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.

“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” means a registered professional nurse with Maine Department of Education certification for school nursing.

“Self-administration” is when the student administers medication independently to him/herself under indirect supervision of the school nurse.

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

ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

Parental Request

In the event that no reasonable alternative exists, the parent/guardian may request in writing that medication be administered to the student during the school day. The written request must include an acknowledgement and agreement that unlicensed personnel may

administer the medication as per the health care provider's instructions. In addition, the request shall indicate that information regarding the student's medication may be shared

with appropriate school personnel. Parents may provide the reason (diagnosis) requiring the administration of medication.

Requests shall be valid for the current school year only.

Health Care Provider's Order

All parental requests must be accompanied by a written order from the student's health care provider substantiating the fact that the administration of a particular medication during the school day is necessary for the student's health and attendance in school. Such order must include:

- A. The student's name;
- B. The name of the medication;
- C. The dose;
- D. The route of administration (e.g., tablets, liquid, drops); and
- E. Time intervals for administration (e.g., every four hours, before meals);

[NOTE: According to DeEtte Hall, School Nurse Consultant at the Maine Department of Education, it is the generally accepted medical standard that medication may be safely administered within one-half hour before or after time scheduled for administration. Because the school unit cannot guarantee that parents should be urged to give medication at home whenever possible rather than expect to have it done at school, and boards and school administrators should be aware of the need for appropriate disclaimers in policy and in the design of request/permission forms.]

- F. Any special instructions; and
- G. The name of the prescribing health care provider.

It is the responsibility of the school nurse to clarify any medication order that he/she believes to be inappropriate or ambiguous. In accordance with Department of Education Rule Chapter 40 § 2(B), the school nurse may decline to administer a medication if he/she believes such administration would jeopardize student safety. In this case, the school nurse must notify the parent, the student's health care provider and the school administrator (i.e., building principal or designated administrator).

[NOTE: The paragraph immediately above is consistent with the rule. We suggest that if a medication order appears to be inappropriate or ambiguous, or if the school nurse declines to administer (or declines to allow administration by unlicensed staff) on the basis of student safety, or if the student's health care provider indicates that he/she does not want a medication administered by unlicensed personnel that a meeting or telephone conference be held involving the school nurse, the building administrator, the parent(s), and appropriate professionals to discuss alternative options for administration of medication to the student.]

Renewal of Parent Permission Requests/Forms and Health Care Provider Orders

Written parental permission requests/forms and health care provider orders must be renewed at least annually. Health care provider orders must be renewed whenever there are changes in the order.

Delivery and Storage of Medication

The student's parents shall deliver any medication to be administered by school personnel to the school in its original container. In the event that this is not practical, the parent must contact the school to make alternate arrangements.

No more than a 20-day (one month) supply of medication shall be kept at school, excluding inhalers and epinephrine pens. The parent is responsible for the replenishment of medication kept at school.

If the health care provider's order/prescription is for a medication regulated by the Federal Narcotics Act, no more than a [one week] **OR** [one day] supply shall be kept at school.

[NOTE: The paragraph immediately above has been added as an attempt to discourage break-ins by individuals hoping to acquire prescription drugs for personal use or further distribution.]

The parent is responsible for notifying the school of any changes in or discontinuation of a prescribed medication that is being administered to the student at school. The parent must remove any medication no longer required or that remains at the end of the school year.

The [school nurse **OR** principal **OR** designated school official] shall be responsible for developing and implementing procedures for the appropriate and secure storage of medications kept at school, and all medications shall be stored in accordance with this procedure.

Recordkeeping

School personnel and the student's parent shall account for all medication brought to school. The number of capsules, pills or tablets, and/or the volume of other medications brought to school shall be recorded.

School staff administering medication shall document each instance the medication is administered including the date, time, and dosage given.

The **[school nurse OR principal OR designated school official]** shall maintain a record including the parent's request, physician's order, details of the specific medications (including dosage and timing of medication), and documentation of each instance the medication is administered.

Records shall be retained according to the current State schedules pertaining to student health records.

Confidentiality

To the extent legally permissible, staff members may be provided with such information regarding medication and its administration as may be in the best interest of the student.

Administration of Medication

Medication may be administered during the school day by licensed medical personnel acting within the scope of their licenses.

The school nurse, under the administrative supervision of the Superintendent, will provide direction and oversight for the administration of medication to students.

All unlicensed personnel (principals, teachers, education technicians, school secretaries, coaches, bus drivers, etc.) who administer medication must receive training before being authorized to do so.

Based upon the documentation of training and competency in the administration of medication, the school nurse will make recommendations to the Superintendent/designee pertaining to authorization of unlicensed persons to administer medication. Training that shall be acceptable for the purpose of authorization of unlicensed personnel is addressed under the section of this policy titled "Required Training of Unlicensed Personnel to Administer Medication."

Administration of Medication During Off-Campus Field Trips and School-Sponsored Events

The school will accommodate students requiring administration of medication during field trips or school-sponsored events as follows:

The school nurse, principal, and, as appropriate, the school unit's Section 504 Coordinator and/or PET, will determine whether an individual student's participation is contraindicated due to the unstable/fragile nature of his/her health condition, the distance from emergency care that may be required, and/or other extraordinary circumstances. The student's parent and primary care provider will be consulted in making this determination. The decision will be made in compliance with applicable laws, including the IDEA, § 504 and the Americans with Disabilities Act (ADA).

The parent must provide the appropriate number of doses needed for the duration of the field trip or school-sponsored event.

When there are no contraindications to student participation, an appropriately trained staff member will be assigned to administer medication. The parent will be encouraged to accompany the student, if possible, to care for the student and administer medication. All provisions of this policy shall apply to medications to be administered during off-campus field trips and school-sponsored events. As practicable, the DOE's "Policy for Medication Administration on School Trips" will be followed.

Student Self-Administration of Asthma Inhalers and Epinephrine Pens

Students with allergies or asthma may be authorized by the building principal, in consultation with the school nurse, to possess and self-administer emergency medication from an epinephrine pen (EpiPen) or asthma inhaler during the school day, during field trips, school-sponsored events, or while on a school bus. The student shall be authorized to possess and self-administer medication from an epinephrine pen or asthma inhaler if the following conditions have been met.

- A. The parent (or student, if 18 years of age or older) must request in writing authorization for the student to self-administer medication from an epinephrine pen or asthma inhaler.
- B. The student must have the prior written approval of his/her primary health care provider and, if the student is under the age of 18, the prior written approval of his/her parent/guardian. The written notice from the student's primary care provider must specify the name and dosage of the

medication, frequency with which it may be administered, and the circumstances that may warrant its use.

- C. The student's parent/guardian must submit written verification to the school from the student's primary care provider confirming that the student has the knowledge and the skills to safely possess and use an epinephrine pen or asthma inhaler.
- D. The school nurse shall evaluate the student's technique to ensure proper and effective use of an epinephrine pen or asthma inhaler [**Optional: taking into account the maturity and capability of the student and the circumstances under which the student will or may have to self-administer the medication.**]
- E. The parent will be informed that the school cannot accurately monitor the frequency and appropriateness of use when the student self-administers medication, and that the school unit will not be responsible for any injury arising from the student's self-medication.

Authorization granted to a student to possess and self-administer medication from an epinephrine pen or asthma inhaler shall be valid for the current school year only and must be renewed annually.

A student's authorization to possess and self-administer medication from an epinephrine pen or asthma inhaler may be limited or revoked by the building principal after consultation with the school nurse and the student's parents if the student demonstrates inability to responsibly possess and self-administer such medication.

To the extent legally permissible, staff members may be provided with such information regarding the student's medication and the student's self-administration as may be in the best interest of the student.

Sharing, borrowing, or distribution of medication is prohibited. The student's authorization to self-administer medication may be revoked and the student may be subject to disciplinary consequences for violation of this policy.

Required Training of Unlicensed Personnel to Administer Medication

Unlicensed school personnel who administer medication to students in a school setting (at school, on school transportation to or from school, on field trips, or during school-sponsored events) must be trained in the administration of medication before being authorized to carry out this responsibility. [**NOTE: "School setting" is a term used in Section 3(A) of Rule Chapter 40, but it is not specifically defined in statute or rule.**] Such training must be provided by a registered professional nurse or physician and include the components specified in Department of Education Rules Chapter 40 and other

applicable Department of Education standards, recommendations, programs, and/or methodologies.

The trainer shall document the training and competency of unlicensed school personnel to administer medication. Based upon a review of the documentation of training and competency in the administration of medication, the school nurse will make recommendations to the Superintendent/designee pertaining to authorization of such unlicensed personnel pertaining to authorization to administer medication.

[NOTE: While it is anticipated that most training will be done by the school nurse, there may be situations in which training is done by the school physician, Department of Education staff or others. Therefore, we have used the phrase “review of the documentation of training and competency.” In order to ensure the competency of an unlicensed person to administer medication when training has been done by someone other than the school nurse, it may be appropriate for the school nurse to confirm the individual’s competency through direct observation before making a recommendation to the superintendent/designee in regard to authorization to administer medication.]

Following the initial training, a training review and information update must be held at least annually for those unlicensed school personnel authorized to administer medication.

Delegation and Implementation

The Superintendent/designee shall be responsible for developing administrative procedures and/or protocols to implement or supplement this policy.

Such procedures/protocols shall include direction regarding:

1. Safe transport of medication to and from school;
2. Administration of medication during field trips and school-sponsored events;

[NOTE: Section 3(D)(ii) of the rule expresses this as “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.” DeEtte Hall, the DOE’s School Nurse Consultant has stated that this “procedure” refers to the document titled “Policy for Medication Administration of School Field Trips”, a document adopted October 29, 2001 as an agreement between the Board of Pharmacy, the Board of Nursing and the Department of Education. This agreement was a response to licensing issues related to the transfer of medication from its original container to another.]

3. Accountability for medications, particularly those regulated by the Federal Narcotics Act;
4. Proper storage of medication at school;
5. Training of appropriate staff on administration of emergency medications;
6. The procedure to follow in the event of a medication reaction;
7. Access to medications in case of a disaster;

[NOTE: DeEtte Hall, the DOE’s School Nurse Consultant, advises that this means planning for access to life-sustaining medication during a school lockdown, removal of students to another location (bomb threat, for example) and other “disasters.” This could be addressed through the school unit’s Crisis Response Plan.]

8. The process for documenting medications given and medication errors; and

[NOTE: In the rule, “medication error” occurs when a medication is not administered as prescribed, e.g., 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.]

9. The proper disposal of medications not retrieved by parents.

[NOTE: Items 1 through 9 above reflects the list of required components that appears in the rule.]

Legal Reference: 20-A M.R.S.A. §§ 254; 4009(4)
Ch. 40 (Me. Dep’t. of Educ. Rule)
28 C.F.R. Part 35 (Americans with Disabilities Act of 1990)
34 C.F.R. Part 104 (Section 504 of the Rehabilitation Act of 1973)
34 C.F.R. Part 300 (Individuals with Disabilities Education Act)

Adopted:

PLEASE NOTE MSMA sample policies and other resource materials do not necessarily reflect official Association policy. They are not intended for verbatim replication. Sample policies should be used as a starting point for a board’s policy development on specific topics. Rarely does one board’s policy serve exactly to address the concerns and needs of all other school units. MSMA recommends a careful analysis of the need and purpose of any policy and a thorough consideration of the application and suitability to the individual school system.

MSMA sample policies and other resource materials may not be considered as legal advice and are not intended as a substitute for the advice of a board's own legal counsel.

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