New York State Education Department

GUIDELINES FOR MEDICATION MANAGEMENT IN SCHOOLS

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The Regents of the University of the State of New York
Office of Student Support Services

THE UNIVERSITY OF THE STATE OF NEW YORK

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Foreword

Guidelines for Medication Administration in Schools provides local educational agencies with a framework for developing policy and procedures that meet the requirements for medication administration in a school setting, both public and non-public, defined in state law and regulation. The document explains the various laws impacting administration of medication in a school, and provides guidelines for developing an effective program including planning, implementation, and follow-up procedures. This document is intended for use by administrators and licensed school health professionals. Every attempt has been made to ensure that the information and resources contained in this document reflect best practice in the field of school nursing and school health services. Local educational agencies (LEAs) should review these guidelines with their counsel as necessary, to incorporate the guidance with district policy.

Introduction

Students may need to take medication(s) during school hours in order to attend school, participate fully in the education program, and maintain an optimal state of health. This applies to medications ***medically*** necessary for the student to take while in school or at school sponsored events; this does not apply to medications that may be taken at another time of day. In order to ensure that students can take medications consistent with these goals, both public and non-public schools should develop and implement written medications policies and protocols that conform to applicable Federal and State laws.

New York State Education Law only permits appropriately licensed health professionals to administer medication to students in a school, with limited exceptions. Under Title Eight of Education Law, such professionals include but are not limited to: physicians, nurse practitioners (NP), physician assistants (PA), registered professional nurses (RN), and licensed practical nurses (LPN) under the direction of an RN.

Boards of education, or other governing bodies, should develop policies in collaboration with their school medical director or school nurse (RN) for the administration of all medications including nonprescription/over-the-counter (OTC) drugs which are administered to students during regular school hours and at school-sponsored activities, such as field trips or after school activities.

Legislative Background

A number of laws address various aspects of medication administration in schools. These include both Education Laws, and Public Health Laws. Article 19 of Education Law requires district boards of education to protect the health and safety of students.

Education Law permits the following licensed health professionals to ***prescribe and administer*** medications within their respective scopes of practice: physicians, physician assistants, specialist assistants, midwives, nurse practitioners, dentists, ophthalmologists, and podiatrists. These health professionals are referred to as “authorized prescribers”, and are commonly called medical or private providers in schools. In addition, Education Law 131 §6526 allows, in limited circumstances, physicians licensed in bordering states, military physicians, and hospital residents to prescribe and administer medications in New York State. Details on these exemptions are available at: Board for Medicine Article 131

Education Law allows the following licensed health professionals to ***administer*** medications within their respective scopes of practice, as prescribed, also referred to ordered, by an authorized prescriber: registered professional nurses, licensed practical nurses, respiratory therapists and respiratory therapy technicians. In addition, New York Law allows dental hygienists to apply fluoride treatments to their patients’ teeth under the supervision of a dentist, or in some cases pursuant to a collaborative relationship with a dentist or dental clinic.

Article 19, §902 of Education Law limits the title of school nurse to a registered professional

nurse (RN), and requires all public schools to employ a director of school health services (commonly referred to as the medical director) who is a physician or nurse practitioner to coordinate the provision of health services in public schools.

Article 19 §907 of Education Law states that the board of education or trustees of each school district and board of cooperative educational services, and the governing body of each private elementary, middle and secondary school, shall allow students to carry and use topical sunscreen products approved by the federal Food and Drug Administration for over-the-counter use for the purpose of avoiding overexposure to the sun and not for medical treatment of an injury or illness, with the written permission of the parent or guardian of the student. A record of such permission shall be maintained by the school. A student who is unable to physically apply sunscreen may be assisted by unlicensed personnel when directed to do so by the student, if permitted by a parent or guardian and authorized by the school.

Education Law Articles 131 and 139 permit a physician, and a nurse practitioner to write non-patient specific orders for an RN to follow for the following only:

a. administrating immunizations.

b. the emergency treatment of anaphylaxis.

c. administering purified protein derivative (PPD) tests.

d. administering tests to determine the presence of the human immunodeficiency virus.

e. administering tests to determine the presence of the hepatitis C virus.

f. The urgent or emergency treatment of opioid related overdose or suspected opioid related overdose

Article 139 §6909 states a registered professional nurse may execute a non-patient specific regimen prescribed or ordered by a licensed physician or certified nurse practitioner, pursuant to regulations promulgated by the commissioner.

Education Law Article 19 §921 permits schools in accordance with Public Health Law § 3000c to purchase, acquire, possess and use epinephrine auto-injector devices. Such schools may permit an unlicensed person to administer epinephrine via auto-injector to any student or staff member on site having anaphylactic symptoms whether or not there is a previous history of severe allergic reaction, if they have successfully completed a training course in the use of epinephrine auto-injector devices approved by the New York State Department of Health (NYSDOH).

Effective July 1, 2015 schools must permit students who have a provider order that attests the provider has confirmed the student has demonstrated he or she can self-administer their medications effectively, and written parent/guardian consent to carry and self-administer their medications on school property and at any school function:

1. inhaled rescue medications for respiratory symptoms (Education Law Article 19 §916); or

2. epinephrine auto-injector to treat allergies (Education Law Article 19 §916-a); or
3. insulin, glucagon, and other diabetes supplies to manage their diabetes (Education Law Article 19 §916-b).

Education Law Article 19 §902b states that unlicensed personnel may be trained by a registered professional nurse(RN), nurse practitioner(NP), physician assistant (PA), or a physician to administer emergency epinephrine via auto-injector to a student with a patient specific order and written parent/guardian consent for such medication.

Education Law Article 19 §902a states that unlicensed personnel may be trained by a registered professional nurse(RN), nurse practitioner(NP), physician assistant(PA), or a physician to administer emergency glucagon to a student with a patient specific order and written parent/guardian consent for such medication.

Education Law Article 19 §922, permits any school in NYS to choose to provide and maintain in instructional facilities opioid antagonists to ensure ready and appropriate access for use during an emergency to any student or staff suspected of having an opioid overdose regardless of history of opioid abuse. School employees who volunteer to be trained to administer an opioid antagonist must be trained by a program approved under Public Health Law §3309. Additionally, the trained employees must comply with all requirements of Public Health Law §3309 including, but not limited to, appropriate clinical oversight, and record keeping.

Education Law §6509-d provides protection from liability for professional misconduct to a person who is licensed to practice a profession under title eight of the Education Law, if the person would otherwise be prohibited from prescribing or administering drugs and the person administers an opioid antagonist in an emergency. For information on licensed professionals under title eight of the Education Law, visit the NYSED's Office of Professions website –Office of Professions- Title VII

Public Health Law §3309 and 10NYCRR §80.138 establish the framework for regulated community access to opioid antagonists. This law permits schools to participate in or become an opioid overdose program.

Districts and schools should be knowledgeable about and ensure compliance with applicable Federal laws, including, but not necessarily limited to, the Americans with Disabilities Act (ADA) and the Individuals with Disabilities Education Act (IDEA). Schools are strongly encouraged to review their policies with legal counsel to ensure compliance with such laws when developing medication policies.

School Medication Management Policy

Medication management at **all** schools, both public and nonpublic, in the state must be in accordance with state laws and regulations. Public schools, and non-public schools receiving federal financial assistance from the US Department of Education, must provide aids, benefits or services, inclusive of medication administration, to students with disabilities as defined in federal laws. Each district's board of education or the school's governing body, and administration is responsible for their school medication management program. An effective program requires planning, implementation, and evaluation. Policy development should be a joint collaboration between the board of education or governing body, school administrators, and school health services personnel. Policies regarding administration of medications should state that medications administered to or taken by students, must only be those medications that must be administered or taken during school hours- inclusive of district transportation, or at school sponsored events. Medications that can be given at other times of the day should not be administered or taken at school.

The planning process should include, but is not limited to:

- Development of a written medication policy to guide the program and personnel, consistent with State and Federal Laws;
- Written medication administration protocols and procedures. The protocols and procedures should be detailed to ensure consistency of practice within the district, and should include addressing student medication needs on the bus, field trips, school sponsored events, etc;
- The following if applicable:
    - A policy regarding stocking albuterol for students with provider orders;
    - A policy regarding possession and use of epinephrine auto-injectors pursuant to Public Health Law 3000c and Education Law §921;
    - A policy to provide and maintain opioid antagonists pursuant to Public Health Law 3309 and Education Law §922; and
    - A policy for possession and use of potassium iodide.
- Policy, protocols, and procedures should be evaluated, reviewed and revised periodically at a rate necessary to keep them up-to-date with current best practice;
- Identification of school personnel roles and responsibilities;
- Identification and provision of professional development and education needs for both licensed and unlicensed personnel; and
- Communication to students, parent/guardians, and the community about district policy and protocols, along with any required forms.

Elements of a School Medication Administration Program

Protocols

Medication protocols developed by the medical director in collaboration with the school nurse (RN) should specify the steps school personnel are to take in implementing the medication administration program, and how frequently such protocols are to be reviewed. Medication protocols should be specific to ensure consistency throughout the school or district. Protocols should address the following areas:

- Delivery of medications to school
- Medication orders, including verbal orders
- Medication administration
- Specify the time frame around which the prescribed medication can be administered. Best practice is generally considered to be 30-60 minutes before or after the prescribed time.
- Medication storage
- Documentation
- Non-patient specific orders
- Stock medications, including albuterol, epinephrine auto-injectors, opioid antagonists, and/or potassium iodide if applicable
- Medication errors
- Transportation and/or school sponsored events
- Training of unlicensed personnel
- Medication disposal

This document addresses each area listed above, and provides information that can assist in medication protocol development.

Staffing

Licensed Health Professionals

Protocols should ensure that licensed health professionals administer medications consistent with their profession's scope of practice. LPNs may only administer medications ***under the direction of*** an RN or other appropriate licensed health professional. Additionally, LPNs may not assess so medications requiring an assessment in order to decide whether or not to administer the medication may not be administered by an LPN until they consult with the RN or medical director for direction. "***Under the direction of"*** *means* the directing practitioner must provide an appropriate degree of direction to the LPN, which is determined by the care needs of the students, and the skill and ability of the LPN. In general, the directing practitioner should be on premises when the LPN provides nursing care. The directing practitioner does not necessarily have to be on premises to

direct an LPN where the directing practitioner is available to direct the LPN by telephone and can personally intervene within 15 minutes to ensure timely and appropriate care.
(see #8 under RN and LPN, Board for Nursing FAQ)

All medications administered at school by licensed school health professionals, or taken by a student at school who is able to self-administer their own medication must have a licensed medical provider order. This is necessary for both prescription and non-prescription medications, with the exception of sunscreen pursuant to Article 19 §907 of Education Law, and alcohol based hand sanitizers.
(see Hand Sanitizer Memo)
The provider writing the order must be duly licensed to practice in New York State or qualifies for an exemption under Article 131 § 6526.
(see Board for Medicine Article 131)

A provider order must be renewed annually or when there is a change in the order. A provider order is valid for 12 months unless stated otherwise. Additionally, school medication administration protocols should state how medication administration and related information is to be documented by the administering licensed health professional, consistent with NYSED Regents Rules Part 29.
(see Regents Rules Part 29)

Please Note: Instructions should be left for substitute nurses that are clear and concise on all aspects of medication acceptance, handling and administration, documentation, and storage.

Unlicensed Personnel

Unlicensed school personnel may be trained to assist students to take their own medications, or in limited circumstances may administer certain emergency medications in the absence of a licensed health professional. Medication protocols should specify the following regarding unlicensed personnel:

- Specify how unlicensed personnel are to be trained by an appropriate licensed health professional (RN, physician, NP, or PA.) to administer epinephrine auto-injector or glucagon to a student with a patient specific order for such. Protocols should state how often such training or refresher training is to occur, along with how training is documented.

- Specify if unlicensed staff member may be trained by an appropriate licensed health professional to assist students who are able to take their own medications.

- Schools should also develop protocols related to unlicensed personnel if they choose to permit unlicensed personnel to administer epinephrine auto-injectors in accordance with Public Health Law 3000c, or opioid antagonists in accordance with Public Health Law §3309. See pages 19 and 33 for details.

Schools should develop emergency communication plans for unlicensed staff members to have communication access to a school nurse (RN) (or medical director if there is no school nurse) as needed if they are not in the building at all times. This may be accomplished with a telephone, cell phone, hand held portable 2-way radios etc. Nonpublic schools not employing licensed health professionals will need to develop plans to contact the student's provider and parent/guardian for questions and guidance related to student medication.

Student Functional Categories

There are three functional categories of students when it comes to medication administration. They are ***Nurse Dependent Students*** (formerly known as nonself-directed), ***Supervised Students*** (formerly known as self-directed) and ***Independent Students*** (formerly known as self-administer and/or self-carry).

Nurse Dependent Students

Students, who cannot self-administer their own medication and cannot be considered in need of supervision according to the criteria for Supervised Students(listed below), are therefore dependent on another person administering the medication to them. Such Nurse Dependent Students must have their medication administered to them by an appropriate licensed health professional.

Supervised Students

Students who have been determined to need supervision (formerly known as self-directed) either by the school nurse or the student's provider, may be assisted by trained unlicensed personnel to self-administer their own medication. The assistance from unlicensed personnel is limited to assistance with tasks **only at the direction of the student**. This may include opening the bottle; removing from the bottle the number of tablets as directed by the student, or pouring the amount of liquid as directed by the student if the student is unable to do so independently due to dexterity issues; assembling nebulizer tubing as directed by the student; verifying math calculation done by student at the student's request; and/or verifying for the student that a number entered into the pump insulin pump) by the student is the number the student desired to enter. If the student becomes unable to direct the unlicensed person, the unlicensed person may not proceed and must request a licensed school health professional assist the student, notify the parent/guardian of inability to administer medication dose, or contact emergency medical services in accordance with school policy if deemed necessary.

Whether a student should be considered a Supervised Student should be based on the student's cognitive and/or emotional development rather than age or grade. A student may be considered a Supervised Student only if he/she is **consistently able to do all of the following**:

- Administer the medication to him/herself via the correct route;
- Identify the correct medication (e.g. color, shape);
- Identify the purpose of the medication (e.g. improves attention);
- Identify the correct dosage is handed to them if they cannot pour own medication for dexterity issue (e.g. one tablet, 2 puffs, 3 units, etc.);
- Identify the time the medication is needed during the school day (e.g. lunch time, before/after recess, etc.);
- Know the parameters or condition(s) under which the medication is to be taken, and will refuse to take the medication if the parameters or condition(s) are not met (e.g. blood glucose or vital sign ranges that are acceptable to take medication, or taken only for headache, shortness of breath, etc.);
- Describe what will happen if medication is not taken (e.g., unable to complete school work, blood glucose will elevate, etc.); and
- Refuse to take medication if the student has any concerns about its appropriateness.

Determining whether a student is a Supervised Student should also take into account the student's particular diagnosis and the type of medication prescribed. A student may only need supervision to take a pain reliever such as acetaminophen, but cannot consistently be considered such to administer their own epinephrine given the fact that symptoms of anaphylaxis may render the student unable to self-administer. In such cases, schools should ensure that appropriate personnel will be available to meet the needs of the student for that medication.

Independent Students

Students who can self-administer their own medications without any assistance are considered Independent Students. Generally, such students' medications are kept in the health office for the student to obtain and administer to themselves. This is due to the school's need to ensure the safety of students and to account for and document when the student takes their medication.

In some situations, Independent Students must be permitted to carry their medication with them because the medicine needs rapid administration. Students who require rescue medications for respiratory conditions, allergies, or diabetes must be permitted to self-carry and self-administer their medications if they have a provider order for such and written parent/guardian consent pursuant to Article 19 Sections 916, 916-a, 916-b of Education Law. The provider order must attest that the provider has determined the student is able to self-administer their own medication effectively. The school will also need written parent/guardian consent for the student to self-carry and self-administer that medication. Independent Students with other health conditions warranting rapid administration of their medications should also be permitted to self-carry and self-administer their medication to prevent negative health outcomes. Any questions regarding such orders should warrant a telephone call by the school nurse or medical director to confirm the need for rapid administration warranting the student to carry the medication.

An Independent Student with a self-carry order is able to take their medication anywhere in the school or at school functions. Such students are **not** to be required to go

to the health office to take the medication, since that will delay administration and may result in a negative health outcome. Regardless of where the student self-administers their medication, schools will need a provider order and written parent/guardian consent for such medication in case the student needs assistance during the school day, and to ensure the student is only taking medication that is prescribed for him/her. Schools should be cognizant of the need to develop and transition the student to independence as a means to prepare them for college and careers, since the students will be independently managing their health in most cases upon graduation.

If a student is self-carrying and self-administering their medication, the medication administration is not documented by the school and the parent/guardian assumes responsibility for ensuring their child is taking the medication as ordered. Such students should:

- ✓ Have a written emergency action plan developed by the school nurse (RN) or medical director, and be instructed how to obtain help from school personnel as needed.
- ✓ Be instructed to carry the properly labeled medication on their person or to store it in their locker to ensure no other students can access it. It is recommended that the student only carry the number of doses and related equipment required for that day in order to decrease the possibility of medication doses becoming misplaced. This is particularly important for needles and syringes, medications in pill form, and controlled substances -although the need for a student to carry a controlled medication should be extremely rare. It is strongly recommended that the medical director have a conversation with the provider in order to determine if the student must carry such medication.
- ✓ Have additional dose(s) of the medication kept in the health office in the event the student does not have access to their carried medication.

Equipment

Schools will need to have supplies and equipment in order to store, prepare, and administer medications. The following list of supplies and equipment are recommended:

- ✓ A secure location used solely to store medications. A refrigerator designated for storing medications that must be refrigerated. Please refer to the medication storage section on *Implementation* for details.
- ✓ Plastic medication cups and disposable syringes for measuring and administering liquid medicines. Plastic medication cups or paper soufflé cups to administer non-liquid medications.
- ✓ Sink, soap, and paper towels for hand washing, and cleaning equipment.
- ✓ Disposable gloves
- ✓ Disposable face shields for CPR
- ✓ Sharps disposal container

- ✓ Alcohol pads
- ✓ Pill splitter and pill crusher.
- ✓ Air compressor, spare tubing and nebulizers for nebulized medications.

  Please Note: Education Law Article 19 §919 requiring a nebulizer in all schools where a nurse is present is **not** in effect. This law becomes effective when funding is made available.

Stock Medication

Some schools choose to purchase and stock over the counter (OTC) medications for use by students and staff. Although this practice is not recommended, it is not prohibited by law. Schools choosing to do this must be aware of the following:

- All students must have patient specific orders from their provider for any OTC medication along with written parent/guardian consent for such medications to be administered to, or taken by their child- including school stock OTC. Parent/guardian consent must specify permitting administration of stock medication.
- Stock medications for staff use, should be kept in a location other than the health office for staff to obtain if the school employs licensed health professionals. This is strongly recommended to eliminate any liability for the licensed health professional.

Albuterol

Schools may choose to have stock albuterol for use by students. The purpose of such stock is to ensure the medication is available when the student needs it should their own prescribed albuterol run out before the parent/guardian can provide a replacement. In order for a student to use the stock medication they must have:

1. Patient specific order from their provider for albuterol that also authorizes the use of the school's stock albuterol.
2. Written parent/guardian consent for the stock albuterol to be administered to, or taken by their child.

Since albuterol is a prescription medication, only a physician, nurse practitioner, or physician assistant will be able to obtain it. Schools will need to reimburse a provider for the cost of obtaining the medication. See the following memo for more details:
Memo on Stock Albuterol

Potassium Iodide (KI)

School building administrators located in the ten-mile emergency planning zones of

nuclear power plants have been asked to participate in the KI Program. KI is taken upon direction by the Department of Health to protect the thyroid gland from injury related to release of radioactive iodine in the environment. Schools possessing KI should check their stock periodically to ensure it is not expired, check KI dose count, and that stock is dry and intact.

Administration of KI takes place only upon direction of the DOH during a declared state of emergency. Education Laws §6908(1)(a)(iv) and §6527(4)(a) permit the furnishing of medical and/or nursing assistance during such emergencies by unlicensed personnel.

Such schools should annually provide written communication to parents/guardians on the school's KI Program. A parent/guardian may choose to provide the school with a written opt out notice if they do not want their child to receive KI as ordered by the DOH during a radiological emergency. A building emergency plan for schools within the EPZ should include but is not limited to:

- ✓ Location of where the KI is stored
- ✓ Who is designated to administer KI
- ✓ List of students whose parents have submitted a written opt-out notice

More information on the KI Program is available at:
NYS Department of Health Potassium Iodide Fact Sheet

For questions contact your county emergency manager or county department of health.

Communication

Schools will need to communicate with parent/guardians and providers regarding medication policies and protocols, including how to access required forms, and if applicable the adoption of non-patient specific protocols (e.g. epinephrine auto-injectors, opioid antagonists, and/or potassium iodide). Such communication should be provided annually in writing via school handbooks, websites, school calendars and/or district newsletters. Communication should include:

- Schools must have a written provider order for all medications that are administered to or taken by students in school. **Please Note:** This requirement does not apply to medications the parent/guardian administers to their own child at school.
- State whether school policy requires a new provider order and parent/guardian consent at the start of the school year or when the order expires.
- Specify that provider orders are to be written and signed by the provider on a script, provider letterhead, an electronic order, or must be on a school form. Parents/guardians should not have to ask a provider to rewrite an order simply for the sake of putting it on a school form. Some providers will charge a fee to parents/guardians for completing forms. Provider orders for medications are valid for 12 months unless otherwise stated.
- Only the medical provider prescribing the medication can state when the medication is to be administered. Parents/guardians requesting medications be

administered at a time other than as prescribed should be directed to obtain a new order from the provider.

- Indicate if the school requires parent/guardian consents on school approved forms. Schools must have written consent from the student's parent/guardian granting permission for licensed school health professionals to administer the medication to their child, or permitting their child to self-administer the medication to themselves during school with or without assistance, and/or at school sponsored events.
- Medications are kept in the school health office. This will ensure the health and safety of all students, limit unauthorized access to medications, provide documentation of the medication taken by the student, and ensure medications are taken as ordered. However, students with written provider orders specifying that a student is able to independently self-carry and self-administer their own medication effectively along with written parent/guardian consent to self-carry and self-administer their medications- must permit such students to carry and self-administer during the school day, on school property and at any school function for the following medications:
    - Inhaled rescue medications for respiratory conditions;
    - Epinephrine auto-injectors; and
    - Insulin, glucagon, and related diabetes management supplies.
- Specify how a medication is to be delivered to the school, and when and in what manner it is to be picked up. Medications that are not picked up by the parent/guardian at the end of the school year should be disposed of properly (See *Implementation* section).

Confidentiality

Cumulative health records in public schools are considered part of the educational record. As such they are covered under federal law, the Family Educational Rights and Privacy Act (FERPA). Cumulative health records contain sensitive information and should be in a secure location to limit access. A nonpublic school may or may not be covered by FERPA. FERPA applies to educational agencies and institutions that receive funds under any program administered by the U.S. Department of Education, which applies to all public schools. For more information on FERPA see
US Department of Education- Family Educational Rights and Privacy Act.

The Health Insurance Portability and Accountability Act (HIPAA) is the law governing health plans, health care clearinghouses, and health care providers that transmit health information in electronic form in connection with covered transactions. Health providers generally need consent in order to release information.

A helpful document on how HIPAA and FERPA interact and apply to schools is available at Joint Guidance on the Application of FERPA and HIPAA on Student Records .

Preparation

Provider Orders

To protect the health and safety of all students, schools must have a written provider order and written parent/guardian consent in order for a student to be administered a medication, or to permit a student to self-administer their medication at school. A provider order is required for both prescription and non-prescription medications. A provider order is valid for 12 months, unless the provider changes the order, writes the order for a shorter period of time, or discontinues the order. If a school has concerns or questions regarding a provider's order, the school's medical director or school nurse should call the provider to resolve concerns and/or clarify the order.

A provider order must include the following information:

1. Date order is written
2. Student name and date of birth
3. Medication name
4. Medication dosage
5. Medication route
6. Time and frequency the medication is to be administered
7. The conditions under which the medication is to be administered
8. Attestation that the student has demonstrated they can self-administer the medication effectively, and the medication is needed in a rapid manner requiring the student to carry it with them at all times- if applicable
9. The provider's name, title, and signature – *A signature may be handwritten or electronic. Electronic signatures must be the authorized prescriber's electronic signature. Office staff personnel's electronic signatures stating they are signing electronically for the authorized prescriber (also known as the provider) are **not** acceptable. Schools uncertain about the validity of a signature should contact the provider for verification.*
10. Provider's telephone number and address
11. Diagnosis and ICD code if applicable (see Documentation in the *Implementation* section)

Please Note*: A pharmacy label is not an order and cannot be used in place of a written provider order. The pharmacy label should have the same information that is on the order unless there has been a recent dose change.*

Changes in medication dosages must be ordered by the provider. A parent/guardian cannot direct licensed health professionals to administer medications to their child that are not consistent with the provider's order. Provider orders instructing schools to consult with a parent/guardian for a dosage, when to give a medication, etc., are not acceptable orders unless the orders only allow the parent to provide proposed adjustments or dosages and require the health care professional to make the ultimate decision after exercising his/her professional judgment. Per Education Law Article 139 § 6902, licensed nurses may only

administer medications consistent with orders from a duly licensed provider. (see Board for Nursing- Article 139)

Licensed health professionals administering medications must also know the medication action and side effects prior to administering, and are responsible for clarifying orders they do not understand or are uncertain about prior to following the order. Licensed health professionals should contact the provider for questions regarding the order. Parent/guardian consent to speak with the private provider is not required for the purpose of clarifying orders per the Health Insurance and Accountability and Portability Act (HIPAA):

"Where the HIPAA Privacy Rule applies, does it allow a health care provider to disclose protected health information (PHI) about a student to a school nurse or physician?

Yes. The HIPAA Privacy Rule allows covered health care providers to disclose PHI about students to school nurses, physicians, or other health care providers for treatment purposes, without the authorization of the student or student's parent. For example, a student's primary care physician may discuss the student's medication and other health care needs with a school nurse who will administer the student's medication and provide care to the student while the student is at school. "

(See Joint Guidance on the Application of FERPA and HIPAA on Student Records, p.6)

Prescription medications

Prescription medicines are pharmaceutical preparations that can only be obtained through a provider's prescription that is dispensed by a pharmacist. They must have a pharmacy label that displays the following:

- ✓ Student name
- ✓ Name and phone number of pharmacy
- ✓ Licensed provider's name
- ✓ Date and number of refills
- ✓ Name of medication/dosage
- ✓ Frequency of administration
- ✓ Route of administration and other directions

Drug samples obtained from a private provider should be labeled by the provider with all the above listed information- except for the pharmacy name and phone number. A pharmacist may fill a prescription with a generic medication even though the order is written for a brand name medication, unless the provider specifically states otherwise. This practice is acceptable and a licensed nurse may administer it. Ideally the school should have the parent/guardian consent include the brand or generic name that the parent/guardian provided. For example, the provider order may be for Ventolin HFA inhaler, but the parent brings into school a pharmacy labeled albuterol sulfate inhaler.

When the dose, time, or frequency of a medication is changed by a written provider order along with written parent/guardian consent, and the pharmacy bottle label does not reflect the new order, the nurse **may** label the bottle with the date, new dose, and/or frequency until a new pharmacy labeled prescription bottle is received. This is only permissible if the medication in the existing bottle can be used for the new order.

Prescription medicines can be divided into 2 categories, Controlled Substance Medications and Non-Controlled Substance Medications:

- ***Controlled substance*** medications are prescribed to treat medical conditions such as pain, anxiety, and attention-deficit disorder. However, these medications also have the potential to cause patient harm if used improperly. For the purpose of safety and security, prescriptions for controlled substances are subject to limitations in the amount of medication that can be prescribed and dispensed.
- ***Non-controlled substance*** medications are prescribed to treat medical conditions such as high blood pressure, diabetes, and bacterial infections. Prescriptions for non-controlled substances are not subject to some of the limitations as controlled substance prescriptions.

For certain medications, particularly ***controlled substances***, standards of best practice include counting the medication upon receipt. Counting should also occur at regular intervals (e.g. daily or once/week) throughout the school year. Ideally a count of a controlled substance should be witnessed by another nurse, principal, or staff member designated by the principal. This is not a legal requirement for schools, but constitutes a sound practice when handling controlled substances and is required in other health care settings. Such practices also avert potential liabilities related to missing medications. Any discrepancies in counts should be reported to the parent/guardian and school administration. See the following for sample forms:
Medications: Receipt Forms for Medications

On occasion a tablet does not come in the dose the provider ordered. If the medication tablets are scored they may be split with a pill cutter. Using a pill cutter is necessary to ensure the pill splits evenly and does not crumble. Such scored tablets may be cut by a nurse prior to administration. Alternatively, the parent/guardian may request they are cut by the pharmacist. Tablets that are not scored should not be cut since they will not split evenly and the dosage will be unknown.

Over the Counter Medications

Over the counter medications are medications that may be purchased in a store without a provider order. Over the counter (OTC) medications must be in the original manufacturer's container/package with the student's name written on the container/package. All OTC medications must have a provider order and written parent/guardian consent in order to be administered or taken at school.

Exceptions:

1. Sunscreen-NYS does have an exception to the requirement for a provider order per § 907 of Education Law, with written consent from the parent/guardian, permitting the application of sunscreen by the student or an adult staff member if directed to do so by the student. Students who cannot self-apply or direct an adult to do so will require sunscreen to be administered (applied) by a licensed health professional only, and will require both a provider order and written parent/guardian consent. As with all medications both over the counter and prescription, the sunscreen and written parent/guardian consent should be provided to the school by the parent/guardian.

2. Alcohol Based Hand Sanitizer-As stated earlier, a medical director can permit the use of alcohol based hand sanitizers in the school without patient specific orders for each student.

If the provider order is for a name brand OTC, but the parent/guardian brings in a different name brand OTC or generic of the same medication, that is acceptable and a licensed nurse may administer it. Ideally the school should have the parent/guardian consent include the OTC name brand or generic name that the parent/guardian provided. For example, the provider order is for Advil and the parent/guardian brings in Motrin. Since both brands are identical dosages of the drug ibuprofen, the school can accept and administer the medication.

Non-FDA Sanctioned Medication/Supplements

Requests or orders for use of non-FDA sanctioned medicines including but not limited to, herbal remedies, essential oils, dietary supplements, naturopathic or holistic medicines, and natural products do not need to be honored by a school district or school nurse. When a school does not permit the administration of off-label products*, they should explain to the provider and the parent/guardian that such medications should be administered outside of school. An appropriate notation should be made in the student's cumulative health record documenting the communication.

***Please Note- For Intranasal Administration of Opioid Antagonist -** It is the responsibility of the school district electing to participate in the opioid overdose prevention program to determine and choose the most appropriate option for participation in the administration of an opioid antagonist (naloxone) in schools, the route of administration and to create policies and procedures aligned with the option chosen and NYS laws and guidelines. It is a recommendation of the NYSED that this decision is made in collaboration with, and under the advisement of, the school and/or school district's attorney's, and licensed medical staff (i.e., district medical director and registered professional nurses). Licensed health professionals administering medications must know the medication action and side effects prior to administering, and as professionals are responsible for attaining knowledge and evidence-based information to make informed decisions.

As of September 2015 - Intranasal (IN) administration of naloxone is currently not offered on-label by the FDA, but is widely practiced in NYS and supported by the NYSDOH, where the presence of sharps would be a barrier to overdose response or prospective responders are uncomfortable with conventional syringes. Clinical research for medical directors is available from the Archives of Medical Science and the Food and Drug Administration (FDA). FDA: Exploring Naloxone Uptake and Use –A Public Meeting 7/1/15

Continue to check the FDA Link for updates: US Food and Drug Administration

Training of Personnel

Licensed health professionals

Licensed health professionals may not have the same work experience or education, and may not be familiar with all types of medications or delivery methods. A licensed health professional who is not knowledgeable in administering a medication, either the drug itself or the method of delivery, is responsible for informing school administration of the need for appropriate training in order to safely administer the medication (e.g. off label IN naloxone). Schools must ensure the health and safety of their students, and therefore should ensure the licensed health professionals administering medications to the students are appropriately licensed, have the necessary training to meet the students' needs, and are up to date in best practice. Lack of appropriate training for the licensed health professionals is not an acceptable reason to not administer a necessary medication at school or to prohibit the student from attending school. Therefore, schools must seek out necessary training for staff in order to meet students' needs. In general, medications that can safely be administered in a community setting can safely be administered in a school. Schools should encourage and assist their licensed health professionals to regularly participate in professional development. Opportunities for professional development may be available online, from professional organizations, the provider's office, local hospitals, visiting nurse associations, in-service providers, or the state's technical assistance center for school health professionals -The New York State Center for School Health: The New York State Center for School Health

Please Note- School nurse substitutes should also participate in training opportunities whenever possible to ensure continuity of care can be provided to students at all times.

Unlicensed personnel

Training of unlicensed personnel (including school contractors) by appropriate licensed health professionals to assist Supervised or Independent Students to take their own medications should be done in an organized step by step manner including:

- how to assist a student;
- return demonstration;
- how to keep medications secure at all times; and
- documentation and confidentiality requirements.

Such training should be documented by the licensed health professional providing the training. Sample training checklists, and other materials are available on the NYS Center for School Health's website at:
Medication: Training & Self Determination Forms and Checklists

Epinephrine Auto- Injectors

Pursuant to Education Law Article 19 §921, schools may choose to permit voluntary school personnel be trained to administer epinephrine via auto injector on site to a student or staff member who appears to be in anaphylaxis regardless of history of severe allergic reaction. Schools choosing to train unlicensed personnel to administer emergency epinephrine via auto-injector pursuant to this law are required to use training approved by the Department of Health. A free DOH approved training webinar tailored for schools along with posttest and training checklist, and other information is available at:
Epinephrine Auto-Injectors (EAI) Training.

Please Note: this training requirement does not apply to school nurses administering epinephrine under a non-patient specific order.

Epinephrine Auto-Injectors and/or Glucagon -Students with Orders

In accordance with Education Law Article 19 § 921*2, unlicensed personnel may be trained by an RN, NP, PA or physician to administer emergency epinephrine via auto-injector, or emergency glucagon to ***a student with a provider order***. Such training must be done in accordance with specifications outlined in Commissioner's Regulation 136.7:

Epinephrine Auto-Injectors

Annual training must be provided and documented by authorized licensed health professionals: registered professional nurses, nurse practitioners, physician assistants, and physicians. Training must include:

1. Identification of the specific allergen(s) of the student(s), including review of each student's emergency action plan if available;
2. Signs and symptoms of a severe allergic reaction warranting administration of epinephrine;
3. How to access emergency services per school policy;
4. The steps for administering the prescribed epinephrine auto-injector;
5. Observation of the trainee using an epinephrine auto-injector training device;
6. Steps for providing ongoing care while awaiting emergency services;
7. Notification of appropriate school personnel; and
8. Methods of safely storing, handling, and disposing of epinephrine auto-injectors.

Glucagon

Annual training must be provided and documented by authorized licensed health professionals: registered professional nurses, nurse practitioners, physician assistants, and physicians. Training must include:

1. Overview of diabetes and hypoglycemia utilizing the Department of Health webinar on glucagon administration (Glucagon Emergency Administration Training Tool);

2. A review of the student's emergency action plan if available, including treatment for mild or moderate hypoglycemia;
3. A review of signs and symptoms of hypoglycemia warranting administration of glucagon;
4. How to access emergency services per school policy;
5. The steps for mixing and administering prescribed glucagon;
6. Observation of the trainee using a glucagon training device;
7. Steps for providing ongoing care while awaiting emergency services;
8. Notification of appropriate school personnel; and
9. Methods of safely storing, handling, and disposing of glucagon and used needles and syringes.

Opioid Antagonists

Pursuant to Education Law §922, schools may choose to provide and maintain opioid antagonists on site in each instructional facility to ensure emergency access for any student or school personnel having opioid overdose symptoms, whether or not they have a previous known history of opioid abuse. All schools and school districts electing to participate must first have approval from their governing body and have approved policies and procedures in place prior to implementation. Policies should be signed, dated and reviewed on a regular basis to ensure they continue to meet the needs of the program and are consistent with recommended best practice.

OPTION #1
Becoming a NYSDOH Registered Opioid Overdose Prevention Program

Public school districts, which are required to employ a medical director under Education Law §902, and other schools that have a medical director, may register with the NYSDOH to become a *Registered Opioid Overdose Prevention Program*. The medical director who is a NYS licensed prescriber qualifies the school to become a NYSDOH Registered Provider, and is identified as the Clinical Director of the program under Public Health Law §3309 and implementing regulations 10NYCRR §80.138.

Pursuant to Education Law Article 19 §922 volunteer, school personnel can be trained to administer an opioid antagonist on-site during the school day or at any on-site school sponsored activity by completing a NYSDOH approved training program under Public Health Law §3309. In accordance with this approved training curriculum, -volunteer school personnel are trained to administer intranasal (IN) naloxone, an opioid antagonist also referred to as Narcan. School nurses can also participate in this program, and are able to administer either intramuscular (IM) naloxone or IN naloxone at their discretion and in collaboration with the district's medical director. In school settings, the administration of IM naloxone is recommended as an option only for an appropriately licensed health professional whose scope of practice incudes medication administration. Under Option 1, naloxone is prescribed by the Registered Opioid Overdose Program's Clinical Director, who is also the school district's medical director. This individual is also responsible for ordering the rescue kits through a simple process overseen by NYSDOH which will provide the kits to the Clinical Director at no cost to the school district.

Requirements to Become a NYSDOH Registered Opioid Overdose Prevention Program

- Register with the New York State Department of Health (DOH) and obtain a certificate of approval. Refer to the New York Statewide School Health Services (NYSSHSC) website to review instructions for submitting the DOH Registration Form to become a DOH Registered Opioid Overdose Program located on the Statewide School Health Services Center's website:
  Opioid Overdose Prevention Toolkit and Resources

- Designate a Clinical Director who must be a NYS licensed provider. In public schools this should be the district medical director. Responsibilities of the Clinical Director are outlined in the *Instructional Guide, Policies and Protocols for Medical Directors* along with sample non-patient specific orders on the Statewide School Health Services Center's website.
- Designate a Program Director (e.g., Superintendent, Principal, RN) responsibilities include but are not limited to:
  - Ensure board of education or other governing body approved policies and procedures are in place to provide guidance on how the program will be administered;
  - Ensure that there is a clinical director who oversees the clinical aspects of the program;
  - Establish training consistent with the school or school district's policies and the NYSDOH guidance; and

The training of volunteer school personnel must be approved by DOH. Although training is only required to be completed every two years, SED ***strongly encourages*** an annual training to ensure that understanding and skills in opioid overdose response are current and timely. DOH has approved the following training for unlicensed school personnel:

1. View the approved training webinar *Opioid Overdose Training for School Personnel: Recognizing a Life-Threatening Opioid Overdose and Using an Opioid Antagonist* on the SSHSC resource page and complete the posttest. A trainee must obtain a 100% on the posttest to proceed to step 2.
2. Successfully complete the skills check list with an appropriate licensed health professional (RN, physician, nurse practitioner, or physician assistant.)
3. Once the first two steps are completed, a certificate of completion is signed by both the trainee and the trainer, with the date and name of the school's medical director (clinical director) printed on the bottom of the form.

Documentation of the names of all trained personnel is to be maintained by the school. A sample documentation log is available on the resource page of the Statewide Center for School Health Services.

Please Note: *Detailed instructions on the maintenance, inventory & storage, documentation, and notification requirements of a registered opioid overdose prevention program is available on the SSHSC resource page at*
Opioid Overdose Prevention Toolkit and Resources

OPTION #2
Issuing a Non-patient Specific Order

The school's medical director can issue a non-patient specific order to school nurses (RNs) to administer IM or IN naloxone. It is recommended that the route of administration prescribed for the RN is based on the individual discretion of the RN in collaboration with the medical director. Currently IN administration of naloxone is not approved by the FDA. Clinical research for school nurses and medical directors may be reviewed at the following site to determine whether or not to administer naloxone via this route,
FDA: Exploring Naloxone Uptake and Use – A Public Meeting 7/1/15.

Under Option 2 the medical director, in collaboration with school administration will acquire the IM or IN naloxone and provide to the school. School districts choosing to utilize this method of implementing an opioid overdose prevention program are not eligible to receive naloxone from NYSDOH. Under option 2 school nurses are not required to complete the training webinar, but are encouraged to do so.

OPTION #3

Participating with a NYSDOH Registered Opioid Overdose Prevention Program Operated by Another Organization

Schools that do not have a medical director but are electing to participate must have policies and procedures approved by the BOE or governing body in place ***prior*** to contacting a NYSDOH Registered Program in their area. These schools will then need to link with a New York State DOH-Registered Opioid Overdose Prevention Program for purposes of training volunteer school personnel and furnishing them with naloxone. A directory of registered programs is available at:
Opioid Overdose Prevention Programs Directory

Under this option, the school will become a participant under an already established registered program, and staff will be provided a NYSDOH approved* training curriculum and receive free IN naloxone kits. Additionally, nonpublic schools that are participants under an already established NYS Department of Health Registered Overdose Program Provider will also need to collaborate with that program's clinical director to follow protocol and procedures related to management of an opioid antagonist in the school. However, please note that NYS registered professional nurses (RNs) may administer opioid-related overdose treatment pursuant to a non-patient specific order and protocol prescribed only by a licensed physician or a certified nurse practitioner, and are unable to follow a non-patient specific order written by a physician's assistant according to Education Law §6909 and Commissioner's regulations (8 NYCRR §64.7). Therefore, if licensed medical professionals participate in this program, the Clinical Director issuing the non-patient

specific order must be a NYS licensed physician or a certified nurse practitioner.

*Schools contacting a NYSDOH Registered Prevention Program in their area, will need to collaborate with program providers on the appropriate training, which may or may not include the NYSDOH approved training; *"Opioid Overdose Training for School Personnel: Recognizing a Life-Threatening Opioid Overdose and Using an Opioid Antagonist"*. However, it is a recommendation to utilize this training, as it is the training that has been identified for school personnel.

Please Note: *Detailed instructions on the maintenance, inventory & storage, documentation, and notification requirements of a registered opioid overdose prevention program are available on the SSHSC resource page at:*
Opioid Overdose Prevention Toolkit and Resources

Parents/Guardians Responsibilities

Medications, orders, consents, and supplies

- The parent guardian must provide the school with:
  - ✓ a written provider order;
  - ✓ written parent/guardian consent (schools operate in loco parentis, therefore 18-year-old students who are living with their parent/guardian should still have parent/guardian consent); and
  - ✓ the medication(s) and any needed supplies or equipment for administration (e.g. syringes and needles, spacers, etc.).

  Parents/guardians should contact the school to see what, if any, supplies may already be available at school (e.g. alcohol pads, needle disposal containers, etc.) For nebulized medications, the parent/guardian must provide the medication along with a supply of nebulizer cups, mouth pieces or face masks, and related tubing. Parents/guardians should verify whether or not an air compressor machine (commonly referred to as "the nebulizer") is available at school to use with the nebulizer and tubing. If one is not available, the parent/guardian will need to provide one.
- The parent/guardian will need to contact the pharmacy and provide medication refills to the school as needed.
- The parent/guardian should keep school health personnel informed about updates and changes regarding their child's health condition that requires the administration of the medication at school. This can be accomplished by communication from the parent or by documentation from the provider. Parents/guardians should be aware that schools may request provider documentation for substantial changes or updates.
- Parent/guardians should be aware that school health personnel may contact the provider as needed for clarification of medication orders without parent/guardian consent.
- Parent/guardians should be aware that licensed health professionals cannot administer medications that have been pre-mixed or pre-drawn (for medications administered via syringe or other device) at home.

Transporting Medication to School

The parent/guardian is responsible to have the medication delivered directly to the school in a properly labeled original container by an adult. Medications should not be transported daily to and from school, with limited exceptions. Parents/guardians should be advised to ask the pharmacist for two labeled containers if possible when filling the prescription -one for doses taken at home, and one for doses taken at school. This may require a provider order specifying for more than one metered dose inhaler or other forms of medication that cannot be divided into separate containers. Parents/guardians should consult their pharmacist about this. It is also recommended that an extra empty labeled container is brought to school for use at school sponsored events off of school grounds. (Clarification on Medication Storage in Schools Memo)

In some cases, certain medications need to be in close proximity to the student at all times to ensure timely administration. Such medications include, but are not limited to: Glucagon, insulin, epinephrine, and Diastat. These medications require rapid administration in order to prevent negative health effects. Students who have provider orders and written parent/guardian consent to carry and administer medication must also be permitted to carry and use their medication on the bus. Students who cannot self-administer their own medications should not be transporting them on the bus or at school. Such medications should be carried by the licensed health professional (or trained staff member for epinephrine auto-injector and/or glucagon) who will administer the medication to the student as needed.

In limited circumstances, a student who is not able to self-administer their medication may need to carry the medication on the bus in order to transport it to and from school for medical reasons or due to the family's financial constraints. Schools should provide information to the family on obtaining health insurance and other assistance from social service agencies. Despite best efforts, purchasing some medications may still strain a family's finances. Such instances should be reviewed with the district medical director on a case by case basis. A written plan to ensure the safety of the student, as well as the safe transport of the medication should be developed in collaboration with the medical director or school nurse and the parent/guardian. When transporting medication on the bus, it should be stored in a secure container. Staff should hand off the medication to the bus driver or transportation aide, who can then hand it to the parent when the student returns home. Ideally such chain of custody should be documented with a sign off form or other method. See NYSED Pupil Transportation Specifications and Procedures at:
New York State Education Department-Pupil Transportation District Safety Review Project

Picking up Medication

Schools take temporary and incidental possession of medications at the request of the parent/guardian. Therefore, medications should be returned to the parent/guardian when no longer needed at school. Parent/guardians should be informed that they will need to pick up any medications remaining at the end of the school year. Parent/guardians should also be informed that any medications not picked up by a certain date will be disposed of (See *Implementation* section).

Implementation

Medication Administration

When administering medications in school it is important to take into account WHO can administer the medication, WHERE the medication is to be administered or taken by the student, and WHEN the medication is to be administered or taken by the student.

WHO

- Medications must be administered by an appropriately licensed health professional. As stated earlier, these professionals include but are not limited to: physicians, nurse practitioners (NP), physician assistants (PA), registered professional nurses (RN), and licensed practical nurses (LPN) under the direction of an RN or the other health professionals listed above. Supervised Students and Independent Students may be assisted by trained unlicensed personnel to take their own medications. In both scenarios, whether the medication is administered to the student or the student is taking their own medication with assistance, documentation of the medication dose must be recorded in the individual student's cumulative health record (CHR). Anytime a dose of medication is not taken or administered, the occurrence and related information (e.g. student absent, refused, parameters for administration not met, etc.) is to be documented in the CHR.
- Medications that have expired should not be administered by a licensed health professional, per Rules of the Board of Regents Part 29.14 (2)(i): Rules of the Board of Regents- Part 29. The parent/guardian should be notified of the need to bring in new medication to replace the expired one at least one month in advance of expiration. An easy method to track expiration dates is to note it at the top of the medication administration record (MAR).
- Medication delivery systems where medicines are transferred into holding containers until needed, also referred to as pre-poured, are not considered best practice, may be considered professional misconduct for licensed health professionals, pose risks of spillage, contamination, and medication dosage errors. Such systems should not be used.

WHERE

- Students will generally need to go to the health office for an appropriate licensed health professional to administer the medication to the student, or to take their own medication. Ideally a photo of the student should be attached to the medication administration record for identification purposes, which is particularly helpful for substitute personnel.
- Some students may be able self-administer and manage their own medications at school. School policies and protocols should be developed to address students' increasing independence, and allow the need for timely administration of certain medications by permitting the student to independently self- carry and self-

administer that medication anywhere in the school or at school events. Education Law Article 19 §916, §916-a, §916-b effective July 1, 2015 require that schools permit students who have both written provider orders and parent guardian consent to carry and self-administer:

- inhaled rescue medications;
- epinephrine auto-injector, and
- insulin, glucagon and other supplies for diabetes management.

As stated earlier, schools should extend the right to self-carry and self-administer medications to Independent Students with other conditions that require rapid administration of medications to prevent negative health outcomes. Schools should consult their medical director for any questions or concerns regarding students with other conditions who have a provider order to carry and self-administer their medication.

WHEN

- All medications should be administered as close to the prescribed time as possible. Given student schedules and students' compliance with coming to the health office in a timely fashion, medications accepted for school administration generally may be given up to one hour before and no later than one hour after the prescribed time, which is considered best practice. Parents/guardians and the ordering provider should be notified of the district's protocols on time of administration. Orders that may present challenges due to school schedules should be discussed with the provider and parent/guardian by the school nurse or the district medical director. Parent/guardians, providers, students, and school nursing personnel should work together to ensure the student receives his/her medication at an appropriate time.

- If a student fails to come to the health office for a dose, school administration should provide support to health office personnel to locate the student. If the medication has not been given for any reason within the prescribed time frame, the school must make all reasonable efforts to notify the parent/guardian that day, as the parent/guardian may need to adjust a home dose accordingly. The missed dose and communication to the parent/guardian should be documented in the CHR.

- If students chronically fail to come to the health office for their medications, the school nurse should notify the parent/guardian, administration, and the ordering provider about the issue, including any steps taken by the school to remind and/or locate the student. Ideally school administration along with health services personnel, should meet with the parent/guardian to develop a plan that will ensure the student receives their medication as ordered during school hours. Alternatively, the ordering provider may choose to change the medication order- however this remains within the provider's discretion.

- A medication dose may be changed or discontinued by a written order of the provider at any time. Parent/guardian consent forms that specify both the medication name, time of administration, and/or dosage will necessitate a new consent from the parent/guardian for the new order. If a parent/guardian withdraws consent in writing for the school to administer a particular medication to their child,

or to hold a dose of medication without the provider's written order to do the same, the school will need to comply with the parent's/guardian's instructions and contact the provider to inform him/her and obtain a written order to discontinue the administration of the medication at school. Parent/guardians making verbal requests to withdraw consent should be instructed to do so in writing. School protocols may permit acceptance of verbal parent/guardian requests if followed up by written request within a specific time frame.

- Certain medications may need to be administered in such a short time from symptom onset that licensed health professionals may need to go to the student's location to administer.

- Medications that are administered in emergencies to students ***with patient specific orders*** (such as epinephrine, glucagon, and Diastat) should be stored as close to the student's location as practicable. Options for this include:
  - ✓ the medication is carried by a trained staff member (for epinephrine via auto-injector or glucagon); or licensed health professional who is in close proximity to the student's location; or
  - ✓ The medication is stored in a secure location in the student's classroom; or
  - ✓ The medication is stored in a secure location near the student's classroom.

  Where the medication is located should be specified in the student's emergency action plan. Delay in administration may result in negative health outcomes for the student. Such medications should not be stored in the health office unless the health office is within a very short distance from the student's location at all times during the day, **and** the medication can be obtained and administered in the time frame prescribed by the provider.

If the parent/guardian fails to provide an emergency medication for a student with a diagnosis that requires such medication, the student should not be excluded. The school should communicate in writing to the parent/guardian that in the absence of the medication, they will have to call emergency medical services (EMS) for the student per district policy should the need arise for transport to local emergency room. The district medical director or school nurse should communicate this information to the student's provider if orders for the medication had been provided to the school previously. Schools should be cognizant of financial constraints a family may face in obtaining the medication, and assist by providing information on obtaining insurance or reduced cost medications from manufacturers if available.

If the provider confirms that the student must have such medication available at school, the school should work with the parent/guardian to resolve the need for the emergency medication to ensure the safety of their child at school. If all attempts to have the parent/guardian provide the medication fail, the school will need to consider notifying Child Protective Services (CPS).

Specific Diagnosis or Medication Considerations

Diabetes Management

Children are being diagnosed with diabetes at increasing rates. A Nurse Dependent Student or a Supervised Student who has insulin dependent diabetes will need direct care and support to manage their diabetes at school. Schools should be cognizant of the rights afforded to such students under state and federal laws, specifically the Americans with Disabilities Act and Section 504, and are strongly encouraged to review their policies with legal counsel to ensure compliance.

Schools should consider the amount of time the Supervised Student or Nurse Dependent Student may miss classroom instruction when deciding how to assist such students with their diabetes management. Administrators and teachers should also be aware that high and low blood glucose (sugar) can affect a student's cognitive ability to receive or participate in instructional activities. The more quickly high or low blood glucose is treated, the more likely the student will not lose instructional time, and long term health complications will be prevented. School nurses should develop nursing care plans that will move students to increasing levels of independence, while ensuring the individual needs of students are met appropriately in accordance with their provider's orders.

Independent Students with provider orders and parent/guardian permission to carry glucagon, carry and use insulin, along with equipment and supplies to check blood glucose levels and/or ketones during the school day on school property and at any school function **must** be permitted to do so in accordance with Education Law Article 19 §916-a. Additionally, with parent/guardian permission, extra insulin, glucagon, blood glucose meter and related supplies used to manage their diabetes may be kept in the school health office by an appropriate licensed health professional for the student to obtain as needed. Such Independent Students will be able to perform their own diabetes management, but may need assistance from school personnel periodically and in the event of an emergency such as severe hypoglycemia. Each student with diabetes is unique and must have an individualized detailed written diabetes management plan to assist personnel in meeting their needs while at school. A diabetes management plan (DMMP) is defined as:

> …*means a care plan developed by a duly authorized health care provider, school health personnel, and the parent or person in parental relation that specifies in detail how the student is to manage diabetes at school including, but not limited to, detailed information for treatment of hypoglycemia and hyperglycemia by school personnel if the student becomes unable to do so independently, blood glucose range, and insulin coverage scale or correction factor orders for use by a licensed health professional if one is available. [8NYCRR 136.7(10)]*

There are commonalities in diabetes management that school personnel should be aware of for any student diagnosed with diabetes:

Blood glucose monitoring

Students on insulin, and sometimes students with diabetes who are not on insulin, will need to check their blood glucose during the school day. Blood glucose is checked with a drop of blood utilizing a glucometer, or with a continuous glucose monitor. When and how often this is done must be included in the diabetes management plan. School personnel should be aware of the following regarding blood glucose testing and results:

- ✓ In addition to the ordered times, students may need to have their blood glucose checked anytime they display symptoms of hyperglycemia (high blood sugar) or hypoglycemia (low blood sugar). Blood glucose monitoring can be performed by the student, by trained unlicensed personnel, or a licensed health professional.

Blood glucometers, lancets, and lancet pens should never be used for more than one person. (see The One and Only Campaign)

- ✓ A student who is suspected of suffering from low blood glucose should **never** be left alone. Additionally, such student should not be moved- such as walking to the health office for treatment, since this will further lower the student's blood glucose.
- ✓ In accordance with federal law, students must be allowed to check their blood glucose at anytime and anywhere with or without assistance during the school day and at school events. See the following memo: School Executive's Bulletin- Blood Glucose Monitoring.
- ✓ The risk of exposure to blood borne pathogens by such blood glucose monitoring is minimal and should not be used as a reason to prohibit a student from checking blood glucose outside of the health office. Standard Precautions should be implemented whenever there is possible exposure to blood and body fluids and such precautions can easily be implemented anywhere, see the following memo for further information:
- ✓ Blood Borne Pathogens in Classrooms Memo

Independent Students will need to keep their glucometer and related supplies with them, or in their locker (storage of supplies in a locker or other location should only occur if desired by the student **and** that location is known by and accessible to school personnel as needed), in order to monitor blood glucose throughout the day as needed. Students should be provided a private area to do monitoring if requested by the student. Students should be reminded to utilize standard precautions, proper disposal of sharps, and their need to be responsible for their supplies.

Supervised Students should be permitted to test their blood glucose with assistance, such as verbal cues. A written emergency action plan based upon the DMMP should be utilized to guide trained personnel who assist the student.

Nurse Dependent Students will need a trained staff member or licensed health professional to check their blood glucose, using the student's own glucometer and testing supplies. Whether the student is assisted in the classroom or health office depends on how often monitoring needs to be done. Schools should take steps to minimize the amount of time a student misses instructional time for this task, such as training the teacher or classroom aide to perform the blood glucose monitoring, or having other trained school personnel go to the student's location.

Monitoring Urine Ketones or Glucose

Some students will need to check their urine or blood periodically for ketones or glucose depending on their provider's orders. This is done utilizing urine test strips or blood ketone meter.

Independent Students should be allowed to carry such strips or meter and to check as needed.

Supervised Students may be able to perform ketone monitoring independently but may need verbal prompts to do so, or to follow the directives in the DMMP based on the test results.

Nurse Dependent Students will need ketone monitoring performed by either trained unlicensed personnel or a licensed health professional. Personnel who assist or perform such monitoring should document the results in the student's CHR, and on the student's diabetes log sheet or other such forms.

Insulin Administration

Students with provider orders for insulin will likely need such medication during the school day and at school sponsored events. In a NYS school, insulin administration may only be done by an appropriately licensed health professional, the student, or the parent/guardian. Insulin is administered subcutaneously (under the skin with a needle) via syringe, insulin pen, or insulin pump. The following memo has more information regarding insulin pumps in school:

Clarification on Insulin Pumps Memo

Independent Students will need to carry their supplies with them at all times, and be permitted to administer their insulin anywhere in the school setting and at school sponsored events. Independent Students must not be required to go to a specific location, such as the health office, to administer their insulin to themselves or perform any other aspect of their diabetes management. Students should be provided a private area to administer insulin if requested by the student. Students should be reminded to utilize standard precautions and of their need to be responsible for their supplies including proper disposal of sharps. Such students should have written emergency action plans based on the DMMP for personnel to follow in the event the student needs assistance.

Supervised Students will need assistance to administer their own insulin, ideally in the classroom. This assistance can be provided by trained unlicensed personnel and may include verbal cues for following standard precautions; verifying correctness of math for carb counting; and verifying the number drawn up or input by the student on the syringe, pen, or insulin pump is the number the student desires to administer; and/or by providing food and/or juice to treat low blood glucose in accordance with their emergency action plan based on the DMMP.

Nurse Dependent Students will need all aspects of diabetes management done for them. Trained unlicensed personnel may assist such students by checking their blood glucose, checking urine or blood for ketones, administering emergency glucagon, contacting or bringing the student to the school nurse for insulin and as needed, and providing food and/or juice to the student as needed according to their emergency action plan based on the DMMP and/or direction from the school nurse.

For all students, regardless of functional level, the DMMP will need to include sufficient

details for licensed health professionals to administer insulin as needed based on both carbohydrate intake or blood glucose monitoring results. This is true even for Independent Students in case they need assistance during the school day. Providers may not write orders that state the licensed health professional is to contact the parent regarding medication or other diabetes management procedures, unless the orders only allow the parent to provide proposed adjustments or dosages and require the health care professional to make the ultimate decision after exercising his/her professional judgment. In NYS a licensed nurse may only administer medications or nursing treatments based on an order from a duly licensed provider. The form for this purpose is available at: DMMP Addendum- Role of Parents Adjusting Insulin Dose

Under New York law, a registered professional nurse has the obligation to exercise his/her professional judgment in making decisions regarding health care provided to students in school. The sound exercise of professional nursing judgment requires, among other things, that a nurse gather all relevant information to the extent possible. As the parent/guardian of a student with diabetes typically will have information that is highly relevant to decisions regarding the administration of the student's diabetes medication, the nurse's decisions regarding the administration of diabetes medication will typically require consideration of information obtained from the parent/guardian.
Accordingly, a parent/guardian has the right to and should provide relevant and timely information regarding daily decisions as to dosage and timing of diabetes medication consistent with medical orders prescribed by a legally authorized prescriber, understanding that the nurse retains his/her professional judgment regarding the medication he/she administers. While a parent/guardian's provision of information regarding diabetes medication is not the same as a "medical order" for diabetes care (unless the parent/guardian is an authorized prescriber), such information, when provided by the parent/guardian, must be taken into consideration by a nurse when using his/her professional medical judgment.

It is very important that the student, parent/guardian, school staff (including school health professionals) and the student's physician or other health care provider agree on a clinically sound diabetes management plan for the student, which can reasonably be implemented in a school setting. Good communication, cooperation and coordinated planning among the student, parent/guardian, school staff (including school health professionals) and the student's physician or other health care provider are critical to ensure that the student receives optimal care and can participate in school activities as fully as possible. It may be a reasonable modification, where requested, for parents/guardians to speak to their child during the school day, whether through a cell phone provided to the child, or otherwise through a school phone, consistent with the school policies on cell phone use and the student's IEP or 504 plan, for the purpose of determining their recommendations to be made to the school nurse.

Written Diabetes Medical Management Plan

Although a Diabetes Medical Management Plan (DMMP) is required for Independent Students, it is highly encouraged that every student with diabetes have a current, written DMMP, on file in the school's health office. When nurses provide care to students with diabetes, parents/guardians usually consult with, advise and have regular communications with the nurse regarding their child's health condition, glucose or ketone monitoring, dietary intake (including carbohydrates), physical activities, emergency care and notifications or other health matters. When a parent/guardian requests that school personnel ensure that

their child receive specific types or amounts of carbohydrates or additional snacks at a specific time, the school must consider the parent/guardian's request to the extent it is timely and relevant, along with other relevant health information (such as medical orders) and make appropriate decisions regarding the student's care. Likewise, health care providers of students with diabetes may specify in writing to the school, where appropriate, that the parent/guardian is sufficiently trained and experienced in adjusting the insulin dose of the student for the parent/guardian to propose adjustments of insulin administration during school time hours and at school-sponsored events. A sample form is provided for this purpose. *See link on previous page*. Please note that the student's DMMP must be accompanied by a physician order that authorizes the school nurse to make dosage adjustments within the same range(s) that the student's health care provider authorizes for the parent/guardian to propose, so that a nurse may exercise her professional judgment.

Please Note: There are a number of insulin pumps available, and school nurses may not be familiar with all of them. If a school nurse is not familiar with a particular pump, school administration or the medical director will need to assist in arranging for professional development on that pump. This may be found at the ordering provider's office, local hospital, from the pump manufacturer, or by a certified diabetes educator. It is **not** acceptable to have a parent/guardian train a licensed health professional. Training should be provided to any nurses who may cover that building including substitute nurses or unlicensed personnel who supervise student's using their own insulin pump. Once trained, school personnel may find parents/guardians to be a resource for questions regarding the student's insulin pump.

Continuous Glucose Monitoring (CGM)

Per the National Institutes of Diabetes and Digestive and Kidney Diseases: "Continuous glucose monitoring (CGM) systems use a tiny sensor inserted under the skin to check glucose levels in tissue fluid. The sensor stays in place for several days to a week and then must be replaced. A transmitter sends information about glucose levels via radio waves from the sensor to a pager like wireless monitor. The user must check blood samples with a glucose meter to program the devices."

NIH Continuous Glucose Monitoring Overview

HINT: Hit cancel when asked for sign in credentials, then article will load.

Continuous glucose monitors (CGM) determine glucose levels on a continuous basis (every few minutes) by measuring the glucose level of interstitial fluid. The sensor readings, which are sent wirelessly to a receiver provides information about the direction, magnitude, duration, frequency, and causes of fluctuations in blood glucose levels. The FDA has only approved the Dexcom's G5 continuous glucose monitoring (CGM) system for dosing insulin. FDA News Release-Approval of Dexcom's G5 Mobile Continuous Glucose Monitoring System. It is important to maintain currency on FDA approvals of CGM devices as this is an evolving field.

Since glucose levels in interstitial fluid lag behind blood glucose values, traditional finger stick blood glucose measurements to confirm hypo or hyperglycemia will be needed before taking corrective action. Some monitors are equipped with alarms to alert of hyperglycemia or hypoglycemia so a corrective action(s) can be taken, even in cases where the student

does not feel symptoms. The DMMP should state how the sensor is used in school, for example for pre/post-recess or physical education class and/or at school dismissal; what to do about sensor alarms; to confirm the blood glucose with a finger stick and follow the plan for managing hypo or hyperglycemia. Other issues which should be addressed include how data will be communicated between the provider, the parent and the school. Pump and CGM technology may allow parents to monitor readings from wherever the parent is located. When the CGM alarms, school staff generally perform an actual BG and follow the individual student's DMMP. Districts should work with providers to determine how the school nurse will respond to trending CGM data and request specific anticipatory interventions for these students on the DMMP. This will assist parents, and the school health team to effectively work together in supporting the student, reducing excessive communications and classroom interruptions to request actions based on the trending being shown on the CGM.

Please Note: Schools are reminded of the need for confidentiality of student's health. Use of wireless communication devices, cell phones and texting of student data should be reviewed by the district's technology team and/or legal counsel to assure compliance with FERPA and data security requirements. Methods of documenting data received from the pump or CGM device should be addressed.

Other Needs

Students with diabetes, particularly those who take insulin, must have access to food and beverages, particularly water and a fast acting source of carbohydrate, as needed throughout the school day, at school sponsored events, and on the bus. Additionally, students with diabetes will also need to have liberal bathroom privileges. Independent students may also need access to a phone or smartphone to receive direction from their parent/guardian or provider. The New York State Department of Health has developed a resource, *Children with Diabetes A Resource Guide for Families and Schools* that provides more information on how to meet the needs of students with diabetes. It is available at NYS Department of Health-Children with Diabetes A Resource Guide for Families and Schools

Glucagon Administration

All students, regardless of their independence level, will need help in the event of a low blood glucose emergency. Students who take insulin will often have an order for the administration of glucagon in the event that their blood glucose becomes too low (hypoglycemia) resulting in a loss of consciousness, seizure, and/or ability to swallow. Such situations are emergencies, and treatment to reverse it must occur quickly to reverse the low blood glucose and prevent both short and long term negative health outcomes. Pursuant to Education Law Article 19 §921*2 unlicensed personnel may be trained by a school nurse (RN), NP, PA, or physician to administer emergency glucagon to a student who has a provider order for such. Information on training unlicensed personnel to administer glucagon is available in the *Preparation* section.

Diastat

Diastat or diazepam, is a prescription medication used to treat seizures. It is administered rectally and generally is given to stop a seizure once it has begun. The provider order will specify when the medication is to be administered. A student will not be able to self-administer such medication during a seizure. Generally, the medication may only be administered by a school nurse (RN), NP, PA, or physician due to the need for assessment to determine whether or not it is to be administered. However, in cases where a student has a consistent, predictable seizure pattern, an LPN under the direction of an RN may administer the medication. The LPN will need a detailed emergency action plan specifying the signs and symptoms that will warrant administering. If the RN is not on site with the LPN, the LPN must be able to contact the RN as needed, and the RN must be able to respond on site within 15 minutes.

When developing plans to meet the needs of students diagnosed with seizure disorders, schools need to take into account the following:

1. The time it will take for a nurse to arrive to administer the medication.
2. The student's medication should be kept secure at a location ensuring administration within the time frame required in the provider's order.
3. The privacy needs of the student when a rectal medication is administered.
4. Administration of Diastat generally calls for emergency medical transport for further evaluation and treatment, unless otherwise ordered by the provider.

Epinephrine

Licensed Health Professionals

Licensed nurses, NPs, PAs, and physicians are authorized to administer epinephrine to any person in accordance with their profession's scope of practice. Additionally, per Education Law Article 19 §902-b such licensed health personnel may administer epinephrine to students who have a written provider order and written parent/guardian consent for such. Nurses may administer epinephrine under two distinct types of orders:

1. To a person with a *patient specific* order from their provider.
2. An RN may administer epinephrine to anyone who appears to suffer from anaphylaxis under a *non-patient specific* order from the school medical director.

Any administration of epinephrine warrants calling for emergency medical transport for further evaluation and treatment.

Unlicensed School Personnel

There are two instances in schools in which an unlicensed staff member may administer epinephrine **via auto-injectors**:

1. Students with a Provider Order

Section 921*2 authorizes schools to allow, but are not obligated to, an RN, NP, PA, or physician to train unlicensed school personnel to administer epinephrine via auto- injector where an appropriate licensed health professional is not available, to students with both a written provider order and parent/guardian consent- during the school day on school property and at any school function. If the provider order states the student is to receive more than one dose of epinephrine within a specified time frame, the unlicensed person may be trained to administer a second dose of epinephrine auto-injector in accordance with the student's provider order while awaiting emergency medical services transportation.

2. Students and Staff Member, with or without Provider Order

Section 921 of Article 19 of Education Law permits both public and non-public schools to choose to provide and maintain epinephrine auto-injectors on site, and to permit trained school employees to administer an epinephrine auto-injector to any student or staff member with symptoms of anaphylaxis regardless of whether or not there is a previous history of severe allergic reaction. Schools choosing to do so must meet the requirements of Public Health Law 3000c. This law requires unlicensed employees or contractors of the school who will administer an epinephrine auto-injector must have taken a Department of Health approved course. This must be completed prior to administering an epinephrine auto-injector pursuant to this law.

See *Preparation* section for approved course information.

The practice protocols, policies, and procedures in the school regarding unlicensed personnel administering epinephrine via auto injectors should include the following:

- ✓ the curriculum used to train authorized individuals; the curriculum must be approved by the Commissioner of Health;
- ✓ designation of who will conduct the training of the authorized individuals.
- ✓ designation of staff to be trained to use, acquire and dispose of the auto-injector. This will include maintaining a record of those trained with training dates, training refresher dates, and curriculum followed;
- ✓ a schedule for periodic refreshment of the course material at least annually;
- ✓ a protocol for use of the auto-injector for both pediatric and adult cases;
- ✓ a plan of action when an auto-injector is used, including calling for emergency transport per district policy, reporting to the medical director and notification of parent/guardian (or for staff- his/her designated emergency contact), and;
- ✓ a procedure for obtaining, storing, and accounting for the drug.

Please Note: For students with provider orders every effort should be made to ensure the unlicensed personnel trained by an RN, NP, PA or physician is available to administer the student's own epinephrine auto-injector to the student. However, in an emergency, an unlicensed person trained under a collaborative agreement as noted above, may administer the stock epinephrine auto-injector to the student.

Opioid Overdose Prevention Management

Licensed Health Professionals

In the event of an emergency licensed health professionals in the schools can follow a non-patient specific order and administer an opioid antagonist to anyone during the school day, and at any school sponsored activity no matter where it occurs if it is authorized by the non-patient specific order and protocol.

Licensed Professionals

In the event of an emergency any trained school personnel that is licensed to practice a profession under title eight of the Education Law, may provide an opioid antagonist to students or staff at any school sponsored activity occurring on-site in an instructional school facility.

Unlicensed School Personnel

In the event of an emergency unlicensed trained school personnel may provide an opioid antagonist to students or staff at any school sponsored activity occurring on-site in an instructional school facility. For purposes of the emergency administration of an opioid antagonist, Commissioner's regulation §136.8 (3) defines an instructional school facility as any building or other facility maintained by a school district, board of cooperative educational services (BOCES), county vocational education and extension board, charter school, or non-public elementary or secondary school where instruction is provided to students pursuant to its curriculum.

Any administration of naloxone warrants calling for emergency medical transport for further evaluation and treatment.

Please note: Additional information on opioid overdose prevention is described in this guidance document under the section, "Training of School Personnel; Opioid Antagonists" (See *Preparation* section).

Documentation

Pursuant to Rules of the Board of Regents, Part 29 § 29.2(3), licensed health professionals must maintain a record for each patient which accurately reflects the evaluation and treatment of the patient. Additionally, unlicensed personnel assisting Supervised or Independent Students to take their own medication should document the medication was taken by the student.

Documentation should include the date and time the medication is administered to or taken by the student, any communication with the provider and parent/guardian, any special circumstances related to the administration, and notable student reactions/responses to the medication. The documentation must be signed by the writer. Disposal of medications should also be documented in the CHR, see *Implementation* section for details on disposing of medications. Such documentation is to be retained in the student's cumulative health record (CHR) in accordance with the NYSED Record Retention Schedule: Records Retention

Due to the need for the school nurse or other licensed health professionals administering the medication to review the provider order prior to administration, CHR should be stored in the health office where they can be easily accessed by health personnel. This is of importance during an emergency. Storing CHR in the health office will also limit staff having access to sensitive health information in accordance with FERPA.

The following procedure for record keeping is recommended:

1. Retain the written order from the prescriber.
2. Retain the parent/guardian consent.
3. Document pertinent information about medication, and other vital signs, blood glucose etc. related to the administration in the cumulative health record.
4. Maintain an individual daily medication administration record (MAR) for each student administered medication, or self-administering medication in the health office. Sample MARs are available at Medication: Administration/Use Tracking Forms
5. Periodically and as needed evaluate and summarize student response to medication, including assessing for effectiveness and side effects.

The MAR must contain the following information:

- ✓ Student name and date of birth;
- ✓ Medication name, dosage, route, and parameters;
- ✓ The date and time administered;
- ✓ The signature and title of the health professional administering. Unlicensed school personnel who assist students to take their own medication should also sign the MAR to document the student took their medication. If initials are used to sign the MAR, a separate log of all individual's signatures (with title if applicable) along with their initials must be kept for all personnel signing any student's MAR.
- ✓ Documentation of parameters required for administration (e.g. vital signs, carb count, blood glucose, etc.); and
- ✓ Documentation of missed dose or student refusal

6. Periodically summarize daily medication records in the cumulative health record.

Please Note: If billing Medicaid for skilled nursing services, including medication administration, see the following for further information on documentation requirements. Medicaid Documentation

Controlled Substances

Although schools are not required by law to keep detailed records of controlled substance administration, best practice would be to do so in accordance with public health regulations. This constitutes safe practice when storing and handling controlled substances. Public Health Regulation 10NYCRR Section 80.46 requires the following for controlled substances:

The administration sheet shall list the type of controlled substance, dosage and number of doses furnished, and shall indicate:

(i) date and hour of administration;

(ii) name of patient;

(iii) name of prescribing practitioner;

(iv) quantity administered;

(v) balance on hand after each administration; and

(vi) signature of administering nurse.

Discrepancies should be reported to the parent/guardian and administration immediately. Administration, school nursing personnel and the medical director should review reports of missing medications and take steps to adjust protocols to prevent future occurrences.

Medication Errors

Carefully designed and executed medication protocols developed and implemented by registered professional nurses are the single best deterrent to medication errors. However, errors may occur despite everyone's best efforts particularly in busy health offices seeing large volumes of students. A medication error includes any failure to administer medication as prescribed for a particular student. This includes failure to administer the prescribed medication to the correct student, at the correct time, at the correct dose, or by the correct route.

Medication errors should be addressed immediately in accordance with the school's medication management protocols. The school nurse (RN) should assess the student and, if appropriate, contact the Poison Control Center (if wrong medication or overdose given) and/or 911 - per school policy. If a school nurse is not present to assess the student, the medical director should be immediately consulted for direction. If he/she is unavailable the parent/guardian should be notified to pick up their child for follow up care, or if deemed necessary, informed that the student is being transported for follow up emergency care.

The following steps should be taken for medication errors:

1. Notify the licensed prescriber **as soon as possible**, particularly if wrong dose administered;
2. Notify supervisor and/or school administrator, and school medical director;
3. Notify the parent/guardian; and
4. Complete a written report of the medication error detailing student's name, specific statement of the medication error, results of the school nurse assessment, who was notified, and what remedial action was taken.

School nursing personnel and the medical director should review reports of medication errors and take necessary steps to adjust protocols to lessen the likelihood of a future medication error.

Medication Storage

Schools taking possession of medications are responsible to ensure the medication is available to the student it is prescribed for, while preventing access to the medications by other students. Schools are not required to, but are strongly encouraged to utilize best practice double lock systems similar to those required in other health settings. Such systems include:

1. All medications, except as otherwise arranged, should be properly stored and secured within a health office cabinet, drawer, or refrigerator designated for medications only. Best practice for storage includes at a minimum, a lock for the cabinet, drawer, and/or refrigerator as well as a lock to the outside health office door.

2. Medication storage units should have double key locks, should be secured to the wall or floor, and should not have breakable glass doors.

3. Medications requiring refrigeration should be stored in a refrigerator used solely for that purpose to avoid cross contamination.

4. Schools should check with their insurance carrier about medication storage requirements.

5. The health office should always be locked when health services personnel or staff members trained to assist students are not present.

Controlled Substances

Controlled substances should always be secured and should **never be left open or accessible** to students or personnel not designated to administer or assist students to

take their own medications at any time. Supervised Students and/or Independent Students should **not** be given unsupervised access to controlled substances in the possession of the school.

Although schools are not covered under the mandates of public health regulation for controlled substance storage, best practice would be to ensure the security of such medications in a similar manner as outlined in 10NYCRR §80.50:

Any cabinet or safe weighing less than 750 pounds shall he bolted or cemented to the floor or wall in such a way that it cannot be removed. The door of the cabinet or safe shall contain a multiple position combination lock, a relocking device or the equivalent, and steel plate having a thickness of at least one-half inch.

Medication carts may be utilized to stock Schedule III, IV and V controlled substances as provided in paragraph (2) of this subdivision, provided they are equipped with the following:

(a) double-keyed locks;

(b) when not in use, anchored to a floor or wall device or maintained in another secure location;

(c) locked drawer system; and

(d) independent locking device.

(ii) Access to medication carts shall be limited to an identified individual at all times.

Emergency Medications

Emergency medications maintained by the school choosing to do so include epinephrine auto-injectors, and opioid antagonists. Storage of such medications should be in a manner specified in the laws and regulations governing their use. Both epinephrine auto- injectors used by trained unlicensed personnel pursuant to Education Law Article 19 §921 and opioid antagonists pursuant to Education law Article 19 §922 should be stored in a secure location that is readily accessible to trained personnel. One suggestion is AED cabinets which need to be checked at the same frequency those medications are to be inventoried, are centrally located, and can be secured with plastic break away locks.

Please note: Someone experiencing anaphylaxis or opioid overdose needs immediate medical attention and emergency response intervention. Call 911; activate your school's emergency response system which for public schools must include obtaining the AED, and follow emergency response protocol (CPR/Rescue Breaths/AED).

Disposal of Medications

Schools take temporary, incidental possession of medications from the parent/guardian in order for medication to be administered to their child, or to be available for their child to self-administer at school. As such, every attempt must be made to return unused and/or expired medication to the parent/guardian. This may occur if the provider discontinues the medication order, changes the dose, or at the end of the school year if there is any unused medication. Schools should inform the parent/guardian of their responsibility to pick up unused medication, ideally in writing. Such communication should include a deadline date for pick up including how parents/guardians who cannot meet the deadline date can make alternate arrangements, and that any medication not picked up by the deadline, or alternate date if arranged by the parent/guardian, will be disposed of.

Medication should be disposed of as outlined in the following memo in accordance with NYS Department of Environmental Conservation recommendations. Medication is no longer to be flushed down a drain or toilet as a means of disposal. For more information on disposing of medications in the community please see the following resource:
NYS Department of Environmental Conservation- Safe Medication Disposal for Households

Best practice is for a second nurse or building administrator to witness the medication disposal, and cosign the note in the student's CHR regarding the medication disposal.

Disposal of Needles and/or Syringes

Needles and syringes, including auto-injectors*, should be disposed of in a manner consistent with New York State DOH recommendations:

1. Needles **should not** be recapped and **should not** be purposely bent or broken.

2. Syringes, needles, lancets, and other sharp items should be placed in approved sharps' containers and labeled "**BIOHAZARD**."

3. Arrangements should be made with custodial personnel or an appropriate agency to dispose of sharps' containers at periodic intervals according to established policy and procedures of the school regarding biohazard waste and in accordance with the school's Exposure Control Plan. See the following information on required Exposure Control Plans:

Centers for Disease Control and Prevention (CDC)
CDC- Protect Your Employees with An Exposure Control Plan

Occupational Safety and Health Administration (OSHA)
Model Plans and Programs for the OSHA Blood Bourne Pathogens and Hazard Communications Standard

Public Employees Safety and Health Bureau
NYS Department of Labor- Public Employees Safety and Health

The New York State Center for School Health
Exposure Control Plans

***Please note:** The Environmental Protection Agency (EPA) does not consider the epinephrine salts in epinephrine auto-injectors to be hazardous waste, see memo:
US Department of Environmental Protection- Epinephrine Memo
New York State Department of Environmental Conservation (DEC) concurs with the USEPA Guidance RO# 14778 which concludes that the P042 listing does not include epinephrine salts. Virtually all pharmaceutical uses of epinephrine are epinephrine salts, and are not subject to RCRA C regulation as a hazardous waste. Therefore, epinephrine auto injectors should be disposed of in the same manner as other sharps.

Records Retention

Student medication orders and parent/guardian consents are to be kept for one year after the end of the school year, as long as the information is transcribed into CHR on either an MAR or narrative. Medication orders and parent/guardian consents not transcribed, along with the MAR and narrative need to be kept in the cumulative health record by the school until the student reaches age 27. Please see the following for more information on records retention: Records Retention

Special Circumstances

Field Trips and Other School Sponsored Events

Preparation of Medication

School health personnel should remind teachers and administrators, that both school health personnel and parents/guardians must be notified well in advance of any field trips so that there is enough time for them to arrange for any necessary personnel, orders and consents required for administration of medications on the trip. Medication which is not given routinely during the school day may be needed for off-site or extended school sponsored trips. Parents/guardians need communication in advance that provider orders, parent permission, and the medication must be provided to the school in order to allow the student to have access to the medication on the field trip.

When medications are to be given off school grounds or after school hours, the medications should remain in the original, properly labeled container until utilized by the student. See Clarification of Medication Storage in Schools Memo- Clarification on Medication Storage in Schools

Schools should consider using receipts for medications provided by a parent/guardian that will be administered on a field trip. This will enable the school to verify what was provided, and to account for all doses upon returning any unused medication to the parent/guardian. See the following for sample receipts,
Medications: Receipt Forms for Medications

Pursuant to Education Law §922 re: opioid antagonists, and Education Law § 921 re: epinephrine auto-injectors- unlicensed personnel may not administer these medications off site. However, unlicensed personnel trained by school nurse or other appropriate licensed personnel to administer epinephrine auto-injector to ***a student with a patient specific order*** may administer the medication on school property and at any school function.

Oversight of Students

Nurse Dependent Students

In accordance with state laws, Nurse Dependent Students will need a licensed health professional to attend the field trip in order to administer their medication to them. Parents/guardians may choose to accompany their child on the trip to administer their child's medication; however, parents/guardians of such students cannot be required to attend a field trip. A parent/guardian may choose to appoint a parent designee who is a friend or family member to act in their place and administer medication to their child at a

single school event or field trip. Appointment of a parent designee is the choice of the parent/guardian, and school personnel may not require a parent/guardian to appoint one. See Administration of Medications to Students During School-Sponsored Events by Parent/Guardian Designee or other sample form, Parent/Guardian Permission to Allow Another Adult to Give Medication To Their Child

Districts should be knowledgeable about and ensure compliance with applicable Federal laws including, but not necessarily limited to, the Americans with Disabilities Act (ADA) and the Individuals with Disabilities Education Act (IDEA). These laws require students' accessibility to all school events, including field trips. Therefore, a school should have several options available to ensure accessibility to all students while still meeting the students' health and safety needs.

If a licensed health professional is not available to attend the trip to meet the health needs of a student or students, and the parent(s)/guardian(s) choose not to attend or appoint a designee, then the field trip is to be canceled rather than exclude a student due to their health needs consistent with Federal Laws.

Supervised Students

Oversight of medication self-administration by Supervised Students may be delegated to trained unlicensed school personnel. Such personnel must be appropriately instructed by a licensed school professional (RN, NP, PA, or physician) to assist a self-directed student. Ideally each student should have a written emergency action plan for personnel to follow in the event of an emergency or they are unable to contact the licensed school health professionals for questions. *(Note: Consistent with good practice, the employee's willingness to perform the task should be considered in making the assignment, unless it is part of their job description.)*

Independent Students

As stated earlier, pursuant to Article 19 §916, 916-a, 916-b Independent Students with provider orders and attestation, and written parent/guardian consent may carry and self- administer their own rescue medications for respiratory conditions, epinephrine auto-injector, or insulin, glucagon, and related diabetes supplies at school sponsored events. Independent Students with other health conditions warranting timely administration of their medications should also be permitted to self-carry and self-administer their medication to prevent negative health outcomes. Medications that do not require rapid administration should be kept in the custody of a staff member. Students will then go to that staff person to take their medications. This ensures medications dosages are accounted for by school personnel, students are taking medications as prescribed, and medications are not accessible to students who do not need them.

Emergency Building Procedures

A Building emergency plan should establish a method for staff to communicate with administration. Schools should include in the plan how they will meet the needs of students

with chronic health conditions during an emergency. Students with chronic health conditions that may need intervention at school should have a written emergency action plan developed by the school nurse, medical director, or their provider. All individual student emergency action plans should direct personnel on signs and symptoms of complications, along with steps to take in the absence of a school nurse or other licensed health professional. Sample emergency action plans are available at:
Emergency Care Plans/Flowsheets

Best practice is that each health office is supplied with a recognizable, readily accessible, easily carried emergency pack for an assigned staff member to take with them during an emergency. Items recommended to be in an emergency pack include, but are not limited to:

- ✓ Supplies for basic first aid, including supplies for infection control;
- ✓ A list of all students with significant medical conditions and medical orders for prescription medication, including emergency contact numbers;
- ✓ A stock epinephrine auto-injector with non-patient specific orders (if applicable);
- ✓ A glucose source-such as glucose gel, juice boxes or honey sticks;
- ✓ drinking water; and
- ✓ A cell phone for communication with provider's, parents/guardians, or emergency services.

A building emergency plan should also address means for use of an opioid antagonist (naloxone) or epinephrine auto-injector included in district emergency response procedures, which in the public schools includes an Automated External Defibrillator (AED).

Intravenous Medications

Due to the increased number of students with chronic health conditions attending school, schools are being asked to administer medications intravenously more frequently. These types of medications are typically vital for the health and safety of the student. Schools should only administer medications, including intravenous (IV) medications, which must be administered during school and cannot be administered at another time of day.

With advances in technology these medications can be safely administered in community settings, including schools, by an RN. It is not appropriate for a school nurse to be expected to obtain peripheral intravenous access in order to administer a medication. Therefore only students who have indwelling central lines such as a port, groshong, Hickman or other similar catheters, and peripherally inserted central catheter (PICC) lines may have IV medications administered at school.

The student must have had the first dose of the medication administered at a medical facility, provider's office, or other appropriate location. This is done to insure the patency of the central line, pump functioning if one is used, and that the student can tolerate the medication infusion without immediate side effects.

Planning for a student who may need IV medication administered at school is more

complex than for other medication routes, and will require that the **parent/guardian notifies the school as soon as they are aware that the infusion will need to be administered at school.** This is necessary to ensure an appropriately licensed health professional is available and trained in:

1. The infusion;
2. Care and maintenance of both the line and insertion site;
3. How to use the infusion pump if applicable; and
4. To allow time to develop a comprehensive written emergency action plan with the ordering provider's input.

Considerations for Safe Administration of IV Medications

- It is **imperative** that the school nurse (RN) is trained in the administration of the medication, use of the infusion pump if utilized, and care of the line and insertion site. LPNs may not administer intravenous (IV) medications in school settings due to the type of intravenous lines that are used.
- The ordering health care provider is responsible for assisting in arranging for appropriate training of school nursing personnel that will be administering the medication at school. Such training can occur in the provider's office, local hospital, by a visiting nurse, or by the infusion company that is supplying the medication and IV supplies. It is **not** acceptable to have a parent/guardian train a licensed health professional.
- Provider orders will need to include information on the type of intravenous line along with care and maintenance of both the line and insertion site, and steps to take if intravenous access is lost, inaccessible, or the pump malfunctions. Additionally, the medication order should include dosing, side effects and other signs and symptoms to observe for that will require notifying the provider. Information on the name of the infusion supply company along with their contact information should also be included on the orders.
- Parents/guardians will need to provide the school with the student's diagnosis, the medication, and all necessary supplies along with the provider orders. Parent/guardians will also need to provide written consent for the school to contact the provider as necessary.

GLOSSARY

Authorized Prescriber - Health care professionals who have authority to prescribe medications within their scope of practice pursuant to Education Law, including physicians, dentists, podiatrists, nurse practitioners, physician assistants or specialist assistants, optometrists, and midwives; commonly referred to as providers.

Central Venous Line - An intravenous catheter placed in a large vein. Common locations are the neck (internal jugular vein), chest (subclavian or axillary vein), or groin (femoral vein). Such lines can be left in place for weeks or months.

Diabetes Management Plan - a written care plan developed by a duly authorized health care provider, school health personnel, and the parent or person in parental relation that specifies in detail how the student is to manage diabetes at school including, but not limited to, detailed information for treatment of hypoglycemia and hyperglycemia by school personnel if the student becomes unable to do so independently, blood glucose range, and insulin coverage scale or correction factor orders for use by a licensed health professional if one is available.

Emergency Action Plan - (also known as the emergency care plan) is a written plan developed by the school nurse (RN), medical director, or provider. Ideally such plan is developed collaboratively with licensed school health professionals and the provider. This plan provides specific instructions for school personnel to follow in the absence of a school nurse. This plan provides information about the individual student's condition, symptoms to observe for, and actions to take.

Exposure Control Plan - Written policy for protecting employees from bloodborne pathogens exposures, as required by OSHA and PESH. An Exposure Control Plan is the focal point of any bloodborne pathogens exposure prevention program. It details in writing *a* plan for reducing exposures to blood and explains what steps to take if an exposure occurs. The plan specifies all steps to be taken in the school facility to limit exposure of employees.

Opioid Antagonist - An FDA approved drug that negates or reverses the effects of an opioid on the body.

Parent Designee - The parent/guardian may personally designate another adult who is a family member or friend to administer medication to their child on the field trip or school sponsored event. Such designation must be made in writing and provided to the school. This designation cannot be made or required by the school.

PRN - As needed**.**

Peripheral intravenous line - an intravenous catheter placed in a small vein, usually on the hand or arm. Such lines can be left in place for short periods of time, generally no more than 3 days.

Routes of administration - Route through the body whereby a medication is administered. Routes of administration include: oral (through the mouth), topical (skin), transmucosal (nasal, buccal/sublingual, vaginal, ocular and rectal) inhalation, subcutaneous (under the skin), intramuscular (into muscle tissue), and intravenous (through vein).

School Health Professionals:

- **Director of School Health Services-** A duly licensed physician, or nurse practitioner pursuant to Education Law Articles 131 and 139. He/she is employed by the school district consistent with the written practice agreement per Education Law, Article 19 Section 902(2)(a), to perform the duties of the director of school health services, including any duties conferred on the school physician or school medical inspector under any provision of law, to perform and coordinate the provision of health services in the public schools

- **Health Office Aid or Assistant**-A non-licensed individual who assists school nursing personnel by performing clerical services, and routine health-related tasks as permitted by Education Law under the direction of the school nurse.

- **Licensed Practical Nurse(LPN)** - An individual licensed pursuant to Article 139 of the Education Law performing tasks and responsibilities within the framework of case finding, health teaching, health counseling and the provision of supportive and restorative care under the direction of a registered professional nurse or licensed physician, dentist or other licensed health care provider.

- **Nurse Practitioner-** An individual who is a registered professional nurse and who has completed advanced nursing education (usually a master's or doctorate degree) in a nurse practitioner specialty area. A nurse practitioner diagnoses illnesses and physical conditions and performs therapeutic and corrective measures within a specialty area of practice. Nurse practitioners may be certified to practice in the following specialty practice areas: Adult Health; Family Health; Gerontology; Neonatology; Obstetrics; Oncology; Pediatrics, Perinatology; Psychiatry; School Health; Women's Health; Holistic Care; and Palliative Care.

- **Physician Assistant -** An individual licensed pursuant to Article 131-B of the Education Law to provide medical care under the supervision of a physician.

- **Physician -** An individual licensed pursuant to Article 131 of the Education Law to diagnose, treat, operate, or prescribe for any human disease, pain, injury, deformity, or physical condition.

- **Registered Professional Nurse(RN)** - An individual licensed pursuant to Article 139 of the Education Law to diagnose and treat human responses to actual or

potential health problems through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and well-being, and executing medical regimens prescribed by a licensed physician, dentist or other licensed health care provider legally authorized in accordance with the commissioner's regulations.

- **School nurse**- A registered professional nurse (RN), licensed pursuant to Education Law, Article 139, including school nurses, school nurse-teachers, school nurse practitioners, or other specialty nurse practitioners employed by the school district or BOCES pursuant to Education Law, Section 902.

- **School Medical Director** - The title commonly used for the director of school health services. Also referred to as the school medical officer or school physician.

RESOURCES

New York State Department of Health

New York State Society of Allergy and Immunology- autoinjectors for schools

New York State Center For School Health

New York State Education Department, Office of Professions

New York State Education Department, Office of Student Support Services-Health Services