

R 5330 ADMINISTRATION OF MEDICATION (M)

A. Definitions

1. “Medication” means any prescription drug or over-the-counter medicine or nutritional supplement and includes, but is not limited to, aspirin and cough drops.
2. “Administration” means the taking of any medication by ingestion, injection, or application to any part of the body or the giving of direct physical assistance to the person who is ingesting, injecting, or applying medication.
3. “Self-administration” means carrying and taking medication without the intervention of the school nurse, approved through the school district policy and restricted to students with asthma, other potentially life-threatening illnesses or life-threatening allergic reaction.
4. “Life-threatening illness” means an illness or condition that requires an immediate response to specific symptoms or sequelae (an after effect of disease or injury) that if left untreated may lead to potential loss of life, i.e. adrenaline injection in anaphylaxis.
5. “A pre-filled auto-injector mechanism containing epinephrine” is a medical device used for the emergency administration of epinephrine to a student for anaphylaxis.
6. “Noncertified school nurse” means a person who holds a current license as a registered professional nurse from the State Board of Nursing and is employed by the district, and who is not certified as a school nurse by the Department of Education.
7. “Substitute school nurse” means a person who holds a current license as a registered professional nurse from the State Board of Nursing and who has been issued a county substitute certificate to serve as a substitute for a certified school nurse in accordance with N.J.A.C. 6A:9B-7.6.
8. “School physician” means a physician with a current license to practice medicine or osteopathy from the New Jersey Board of Medical Examiners who works under contract or as an employee



of the district. This physician is referred to as the medical inspector in N.J.S.A. 18A:40-4.1.

9. “Advanced practice nurse” means a person who holds current certification as nurse practitioner/clinical nurse specialist from the State Board of Nursing.
 10. “Certified school nurse” means a person who holds a current license as a registered professional nurse from the State Board of Nursing and an Educational Services Certificate with a school nurse Endorse mentor school nurse/non-instructional from the Department of Education pursuant to N.J.A.C. 6A:9B-14.3 and 14.4.
- B. Permission for Administration by a School Nurse or Registered Nurse
1. Permission for the administration of medication in school or at school-related events will be given only when it is necessary for the health and safety of the student.
 2. Medication will not be administered to a student who is physically unfit to attend school or has a contagious disease. Any such student should not be permitted to attend school and may be excluded in accordance with Policy 8451.
 3. Parent requests for the administration of medication in school must be made in writing and signed by the parent.
 4. The parent must submit a certified statement written and signed by the student's physician. The statement must include:
 - a. The student's name;
 - b. The name of the medication;
 - c. The purpose of its administration to the student for whom the medication is intended;
 - d. The proper timing and dosage of medication;
 - e. Any possible side effects of the medication;
 - f. The time when the medication will be discontinued;



- g. A statement that the student is physically fit to attend school and is free of contagious disease; and
 - h. A statement that the student would not be able to attend school if the medication is not administered during school hours.
5. The request for the administration of medication must be made to the Principal prior to any administration of medication or delivery of the medication to the school. The Principal may consult with the school nurse and the school physician in making his/her final determination to allow or deny the request.
- a. An approved request will be signed by the Principal and given to the school nurse and the student's parent.
 - b. The parent will be informed of the reason for a denied request; a denied request may be appealed to the Superintendent.

C. Administration of Epinephrine to Students

1. The parent may provide the Superintendent authorization for the emergency administration of epinephrine via a pre-filled auto-injector mechanism containing epinephrine to a student for anaphylaxis provided:
- a. The parent provides the Superintendent a written authorization for the administration of epinephrine with written orders from the physician or an advanced practice nurse that the student requires the administration of epinephrine for anaphylaxis.
 - b. The school nurse has the primary responsibility for the administration of epinephrine. However, the school nurse shall designate, in consultation with the Board or Superintendent, additional employees of the district who volunteer to administer epinephrine via a pre-filled auto-injector mechanism to a student when the school nurse is not physically present at the scene. These volunteers shall be trained using standardized training protocols established by the New Jersey Department of Education in consultation with the



Department of Health and Senior Services. The student's parent must consent in writing to the administration of epinephrine via a pre-filled auto-injector mechanism by the designee(s).

- c. The parent must be informed in writing by the Board or Superintendent that the school district and its employees or agents shall have no liability as a result of any injury to a student arising from the administration of epinephrine via a pre-filled auto-injector mechanism.
- d. The parent must sign a statement acknowledging their understanding the district shall incur no liability as a result of any injury arising from the administration of epinephrine via a pre-filled auto-injector mechanism to the student and the parent shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of epinephrine via a pre-filled auto-injector mechanism to the student.
- e. The permission for the emergency administration of epinephrine via a pre-filled auto-injector mechanism is effective for the school year it is granted and must be renewed for each subsequent school year upon the fulfillment of the requirements as outlined in a. through d. above.
- f. The school nurse shall be responsible for the placement of the student's prescribed epinephrine in a secure but unlocked location easily accessible by the school nurse and trained designees to ensure prompt availability in the event of an allergic emergency at school or at a school function. The location of the epinephrine shall be indicated on the student's emergency care plan. Back-up epinephrine shall also be available at the school if needed.
- f. The school nurse or trained designee shall be promptly available on site at the school and school-sponsored functions in the event of an allergic reaction.
- h. The school nurse or trained designee shall arrange for the transportation of the student to a hospital emergency room



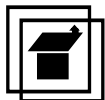
by emergency services personnel after the administration of epinephrine, even if the student's symptoms appear to have resolved.

- i. In accordance with the provisions of N.J.S.A. 18A:40-12.5.f, the school nurse or a designated employee trained to administer epinephrine via a pre-filled auto-injector mechanism is permitted to administer epinephrine via a pre-filled auto-injector mechanism to any student without a known history of anaphylaxis or to any student whose parent has not met the requirements outlined above when the school nurse or trained designee in good faith believes the student is having an anaphylactic reaction.
- j. Each school in the district will maintain in a secure, but unlocked and easily accessible location, a supply of epinephrine auto-injectors prescribed under a standing order from a licensed physician, and that is accessible to the school nurse and trained designees for administration to a student having an anaphylactic reaction.

D. Permission for Self-Administration of Medication

Permission for self-administration of medication of a student with asthma, other potentially life-threatening illness, or a life-threatening allergic reaction may be granted under the following conditions:

1. Parent of the student must provide the Board written authorization for the self-administration of medication;
2. The parent of the student must also provide the Board with a signed written certification from the physician of the student that the student has asthma or another potentially life threatening illness or is subject to a life-threatening allergic reaction and is capable of, and has been instructed in, the proper method of self-administration of medication. The written certification must include:
 - a. The student's name;
 - b. The name of the medication;



- c. The purpose of its administration to the student for whom the medication is intended;
 - d. The proper timing and dosage of medication;
 - e. Any possible side effects of the medication;
 - f. The time when the medication will be discontinued;
 - g. A statement that the student is physically fit to attend school and is free of contagious disease; and
 - h. A statement the medication must be administered during the school day or the student would not be able to attend school.
3. The parent of the student have signed a statement acknowledging that the school district shall incur no liability as a result of any injury arising from the self-administration of medication by the student and that the parent shall indemnify and hold harmless the school district, the Board, and its employees or agents against any claims arising out of the self-administration of medication by the student;
4. The parent's written authorization and the physician's written certification shall be reviewed by the Principal or designee with the school nurse and the school physician. The school nurse and the school physician must agree the student is capable of self-administration of the medication. If it is determined the student may self-administer medication in accordance with the request:
 - a. The request will be signed by the Principal and given to the school nurse and the student's parent;
 - b. The parent will be informed of the reason for a denied request; a denied request may be appealed to the Superintendent.
5. Permission to self-administer one medication shall not be construed as permission to self-administer other medication; and



6. Permission shall be effective on the school year for which it is granted and shall be renewed for each subsequent school year upon fulfillment of the requirements in 1. through 4. above.

E. Custodianship of Medication

1. Medications to be administered by the school nurse or a registered nurse:
 - a. All medications must be delivered to the school by the parent.
 - b. All medications must be in the original container, with the prescription information affixed.
 - c. The school nurse shall be custodian of students' medication, which will be properly secured.
 - d. Any unused medication must be picked up by the student's parent
 - e. After reasonable efforts to have the parent retrieve the medication have failed, any unused medication that remains in the school at the end of the school year or two school weeks after the student stops taking the medication, whichever first occurs, must be destroyed or discarded by the school nurse, in accordance with proper medical controls.
2. Medications to be self-administered by a student:
 - a. Time being of the essence in cases of asthma, other potentially life threatening illness, or a life-threatening allergic reaction, all medications to be self-administered by a student must be kept in the student's possession.
 - b. No student may possess medication for self-administration unless the proper permission has been granted by the Principal and a record of the medication is on file in the office of the school nurse.



- c. Students who are permitted to self-administer medications must secure their medication in such a manner that the medication will not be available to other students. The medication must be in a sealed container and clearly labeled with the medication name, dosage, and ordering physician. The medication, if ingested by someone other than the student, shall not cause severe illness or death.
- d. Students who are permitted to self-administer medications shall only have in their possession the quantity of medication necessary for the time period of the student's school day.
- e. Notwithstanding any other law or regulation, a student who is permitted to self-administer medication in accordance with the provisions of N.J.S.A. 18A:40-12.3 shall be permitted to carry an inhaler or prescribed medication for allergic reactions, including a pre-filled auto-injector mechanism, at all times, provided the student does not endanger himself or other persons through misuse.

F. Administration of Medication

- 1. No medication shall be administered to or taken by a student in school or at a school-sponsored event except as permitted by Board policy and this regulation.
- 2. Medication will only be administered to students in school by the school physician, a certified or noncertified school nurse, a substitute school nurse employed by the district, a student who is approved to self-administer in accordance with N.J.S.A. 18A:40-12.3 and 12.4, and school employees who have been trained and designated by the certified school nurse to administer epinephrine in an emergency pursuant to N.J.S.A. 18A:40-12.5 and 12.6.
- 3. When practicable, self-administration of medication should be observed by the school nurse.



4. Students self-administering medication shall report each administration of medication and any side effects to a teacher, coach, or the individual in charge of the student during school activities. Such individuals shall report all administrations and any side effects reported or observed to the school nurse within twenty-four hours.
 5. When a student attends a school-sponsored event at which medication may be required (such as an outdoor field trip or athletic competition) and the school nurse cannot be in attendance, the student's parent will be invited to attend. If neither the school nurse nor the parent can attend and the student does not have permission to self-administer medication and there is a risk that the student may suffer injury from lack of medication, the student may be excused from the event.
- G. Emergencies
1. Any medical emergency requiring medication of students will be handled in accordance with Policy No. 8441 and implementing regulations on first aid and, as appropriate, the school physician's standing orders for school nurses. Arrangements will be made to transport a student to a hospital emergency room after the administration of epinephrine in accordance with N.J.S.A. 18A:40-12.5.e.(3).
 2. Nothing in N.J.S.A. 18A:40-12.6 prohibits the emergency administration of epinephrine via a pre-filled auto-injector mechanism to a student for anaphylaxis by the school nurse or other trained designated employees pursuant to N.J.S.A. 18A:40-12.6 when the student is authorized to self-administer epinephrine pursuant to N.J.S.A. 18A:40-12.3, or when there is a coexisting diagnosis of asthma, or when a prescription is received from a licensed health care professional for epinephrine coupled with another form of medicine, or when the epinephrine is administered pursuant to N.J.A.C. 18A:40-12.5.



H. Emergency Administration of Opioid Antidote (Naloxone Hydrochloride)

1. The district shall maintain and administer an opioid antidote (naloxone) to any student, school personnel or other person believed to be experiencing an opioid overdose during school hours or during on-site school-sponsored activities to block the opioids life-threatening effects. Therefore the school physician shall include naloxone in the prescribed standing orders for the school district.
2. Naloxone shall be stored in a safe accessible location, and according to the manufacturer's directions regarding the heat and cold sensitivity of the medication. To the extent that is safe and practical, the naloxone shall be stored at a reasonable proximity of an automated external defibrillator (AED). The school nurse shall be responsible for monitoring the on-site inventory of naloxone, arranging for the replacement of naloxone supply and ensuring the appropriate and safe disposal of administered and expired naloxone applicators.
3. Any student suspected of being under the influence of drugs or alcohol including student suspected of an opioid shall be subject of policies and regulations 5530 and 5600 law (N.J.A.C. 6A:16-3) regarding prevention, identification, examination, treatment, intervention and referral for substance abuse.
4. Written notification of the board opioid overdose policy shall be provided annually to parents and adult students and shall provide a means for the student's parent or the adult student to provide written refusal for emergency administration of the medication. The notification shall inform parents and adult students that the board authorizes the certified school nurse or other appropriately licensed school health professional deemed capable of administering naloxone by a health care professional, to administer naloxone. In addition, the notification shall also include that volunteer, unlicensed school personnel appropriately trained through a Department of Human Services (DHS) endorsed program may also be authorized to administer naloxone (see attachment).
5. The school nurse shall be responsible for the assessment of any student suspected of being under the influence of drugs or alcohol including any student suspected of an overdose. When the school nurse has assessed



that a student is experiencing an opioid overdose the school nurse, or other appropriately licensed health professionals deemed capable of administering naloxone by the health care profession, or volunteer trained through a Department of Human Services (DHS) endorsed program to administer naloxone may administer the opioid antidote naloxone.

6. The school nurse or his or her designee shall immediately call 911 upon suspecting an overdose, and notify the parents/guardians as soon as practicable. The school nurse or designee shall notify the building principal of any suspected overdose and all actions taken including the administration of naloxone and the notification of emergency medical services. The student shall be transported to the nearest hospital. The principal shall designate a member of the school staff to accompany the student to the hospital. The principal shall notify the chief school administrator whenever naloxone is administered.

7. The school nurse shall document the incident including but not limited to:
Date, time and location of the incident;
Names of any staff member or students reporting the incident;
A description of the incident;
Description of the evaluation conducted;
The administration of naloxone including the form and dosage;
All actions taken, including, when 911 was called, when emergency services arrived, staff assigned to accompany student.

8. The documentation shall be in the same manner as the documentation of administration of other medications under a non-patient specified order.

9. Parents/guardian shall be notified of district policies and procedures for the administration of naloxone. The school nurse shall be responsible for the development and regular review of policies and procedures regarding the naloxone. The policies and procedures for the use of naloxone shall be included in district emergency response procedures.

10. Liability for the Administration of Naloxone

a. Non-health care professionals who have received overdose information issued by the Department of Health shall have immunity from civil and



criminal liability, for administering an opioid antidote (defined as naloxone hydrochloride or any other similarly acting drug approved by the United States Food and Drug Administration) in an emergency to a person who he/she believes, in good faith, is experiencing an opioid overdose, provided the requirement of the Overdose Prevention Act (N.J.S.A. 246J-1 et seq.) have been met.

b. A health care professional or pharmacist who, acting in good faith, prescribes or dispenses an opioid antidote to a patient, in the judgment of a health care professional, of administering the opioid antidote in an emergency, shall be subject to any criminal or civil liability, or to professional disciplinary action under Title 45 for prescribing or dispensing an opioid antidote with the Act. Additionally, the legal protections contained in the Act are designed to encourage overdose victims and witnesses to seek medical assistance in the event of an overdose emergency.

11. A person who, in good faith, seeks medical assistance for someone experiencing a drug overdose shall not be arrested, charged, prosecuted, or convicted for obtaining, possessing, using, being under the influence of, or failing to make lawful disposition of, a controlled dangerous substance, controlled substance analog, inhaling the fumes of or possessing any toxic chemical, prescription legend drug, stramonium preparation, lawfully prescribed or dispensed drug, and drug paraphernalia.

12. Implementation

- a. The board may adopt additional regulation on all aspects of the administration of medication. When implementing school policy and N.J.S.A. 18A:40-12.6, staff will consult these New Jersey Department of Education guidance documents:
- i. Training Protocols for the Emergency Administration of Epinephrine;
 - ii. Guidelines for the Management of Life-Threatening Food Allergies in Schools



HI. Records

The school nurse shall include the following in a student's health record:

1. The approved written request for the administration or self-administration of medication;
2. A record of each instance of the administration of the medication by the school nurse or a registered nurse;
3. A record of reports by teachers, coaches, and other individuals in charge of school activities who report student self-administration of medication;
4. Any side effects that resulted from the administration of medication; and
5. Whether the supply of medication provided in cases where the medication is to be administered by the school nurse or a registered nurse was exhausted or the parent removed the medication or, if the parent failed to remove the medication, the medication was destroyed and the date on which that occurred.

I. Notification

1. The school nurse may provide the Principal and other teaching staff members concerned with the student's educational progress with information about the medication and administration when such release of information is in the student's best educational interest.
2. The school nurse will provide teachers, coaches, and other individuals in charge of school activities with a list of students who have been given permission to self-administer medication.
3. The school nurse will inform the student's parent of any difficulty in the administration of medication or any side effects.
4. The school nurse will report to the school physician any student



REGULATION

who appears to be adversely affected by the medication.

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