

Regulation

ADMINISTERING MEDICATION

GENERAL STATEMENT

The administration of medication to students during the school day or at a school function or activity shall be governed by board policy and regulations and allowed only when the student's attendance is contingent on such arrangement. The regulations apply to both prescription and nonprescription medicines, including, but not limited to, aspirin, hay fever tablets, and cough preparations.

All medicines shall be kept by the school nurse, except in specific, required and approved instances of self-medication.

STAFF RESPONSIBLE

The following chart lists the staff members responsible for the implementation of the regulation and summarizes their responsibilities:

Position	Summary of Main Responsibilities
Chief school administrator	<ul style="list-style-type: none">• General policy procedure oversight within the district
Building principal	<ul style="list-style-type: none">• General procedure oversight within the school
School Nurse	<ul style="list-style-type: none">• Oversight of the student's physical wellbeing• Receive and maintain all parent and physician authorization documentation and verify annually• Administer medication• Ensure the safe storage of medication• Ensured the safe disposal of medication• Maintain the school health records• Appoint and train designees to administer epinephrine in an emergency
Designated Teaching and support staff	<ul style="list-style-type: none">• Receive training from the school nurse and/or another entity/entities as needed for the safe supervision of students with potentially life threatening conditions

DEFINITIONS

"Individualized health care plan" means a document developed by the school nurse, in consultation with the parent or guardian of a student and other appropriate medical professionals, setting out the health services needed by the student at school and is signed by the parent or guardian and the school nurse.

"Individualized emergency health care plan" means a document, developed by the school nurse in consultation with the parents, which is consistent with the recommendations of the student's health care providers and which outlines a set of procedural guidelines that provide specific directions about what to do in a particular emergency situation and is signed by the parent and school nurse.

"Asthma treatment plan" means a form approved by the Commissioner and completed by the medical home that is specifically designed to indicate differentiated symptoms and appropriate action to be taken by school staff to manage the care of a student who suffers from asthma-related illnesses. The asthma treatment plan shall serve as an accompaniment to the student's Individualized Healthcare Plan.

ADMINISTERING MEDICATION (regulation continued)

"Medication" means a drug approved by the Federal Food and Drug Administration for preventing, caring for, and assisting in the cure of disease and injury that has a written order from a physician licensed in medicine, dentistry or osteopathy, or from an advanced practice nurse. Medication does not include herbal remedies.

"Parent" means the natural parent(s), adoptive parent(s), legal guardian(s), foster parent(s), or parent surrogate(s) of a student. When parents are separated or divorced, "parent" means the person or agency that has legal custody of the student, as well as the natural or adoptive parent(s) of the student, provided parental rights have not been terminated by a court of appropriate jurisdiction.

"School grounds" means and includes land, portions of land, structures, buildings, and vehicles, when used for the provision of academic or extracurricular programs sponsored by the school district or community provider. School grounds also includes school buses, school-sponsored functions, structures that support the buildings, such as school district wastewater treatment facilities; generating facilities; and other central service facilities including, but not limited to, kitchens and maintenance shops. School grounds also includes other facilities as defined in N.J.A.C. 6A:26-1.2, playgrounds, and recreational places owned by municipalities, private entities or other individuals during times when the school district has exclusive use of a portion of the land.

"School function" means any activity, event or program occurring on or off school grounds, whether during or outside of regular school hours, that is organized, supported and approved by the school building principal and the board of education.

"Standing orders" means directives and protocols written by the school physician to carry out medical procedures for all students and staff.

"Written order" means a directive and protocol written by the student's medical home to address a healthcare need or provide a medical service for a specific student.

PROCEDURES**Administration of Medication - Generally**

- A. Except as otherwise authorized by state statute, state code, board policy or regulation, the school nurse shall oversee the administration of epinephrine, hydrocortisone sodium succinate for adrenal insufficiency and other medication in the schools or at a school function. Authority for any person other than the school nurse to administer medication to a student in school or at a school function shall only be granted in compliance with this policy 5141.21, Administering Medication, and this regulation. The administration of medication to students at school or a school function is authorized for the following individuals:
 1. School physician;
 2. Certified school nurse;
 3. Noncertified nurse under the supervision of the certified school nurse;
 4. Substitute school nurse employed by the school district;
 5. Parent of the student;
 6. Student approved to self-administer medication;
 7. School employees who volunteer to be trained to administer epinephrine in an emergency;
 8. School employees who volunteer to be trained to administer glucagon; and
 9. School employees who volunteer to be trained to administer hydrocortisone sodium succinate for adrenal insufficiency.
- B. The school nurse may, in compliance with state statute, regulation, and professional nursing practice standards, delegate the administration of medication to individuals who are properly licensed and/or certified to administer medication, except where such delegation is reserved for the board. The school nurse shall direct and supervise the health services activities of any school staff to whom the certified school nurse has delegated a nursing task;
- C. In consultation with the board of education, the school nurse shall designate additional employees who

ADMINISTERING MEDICATION (regulation continued)

volunteer to administer epinephrine, via a pre-filled auto-injector mechanism, to a student for anaphylaxis when the school nurse is not physically present at the scene or in the event of an emergency. In all cases, the school nurse shall document the administration of epinephrine and any other medication, including obtaining all necessary signatures, regardless of the individual who actually administered the medication. In the event that a licensed athletic trainer volunteers to administer epinephrine, it shall not constitute a violation of the "Athletic Training Licensure Act;"

- D. In consultation with the board of education, the school nurse shall designate additional employees who volunteer to administer hydrocortisone sodium succinate to a student for adrenal insufficiency when the school nurse is not physically present at the scene. In all cases, the school nurse shall document the administration of hydrocortisone sodium succinate and any other medication, including obtaining all necessary signatures, regardless of the individual who actually administered the medication. In the event that a licensed athletic trainer volunteers to administer hydrocortisone sodium succinate, it shall not constitute a violation of the "Athletic Training Licensure Act;"
- E. The board shall designate employees ("designated employee" or "designated employees") to administer the opioid antidote, naloxone hydrochloride, who shall be authorized to administer the antidote only after receiving training on standardized protocols for the administration of the opioid antidote and information regarding overdose prevention pursuant to the Overdose Prevention Act. (P.L.2013, c. 46);
- F. In all cases of staff volunteering to administer epinephrine, the school nurse shall:
 - 1. Ensure the designees have been properly trained in the administration of the epinephrine via a pre-filled auto-injector mechanism using standardized training protocols established by the Department of Education in consultation with the Department of Health and maintain appropriate documentation of such training;
 - 2. Obtain written parental consent to the administration of the epinephrine via a pre-filled auto-injector mechanism by the designees;
 - 3. Inform the parents, in writing, that the district and its employees or agents or the nonpublic school and its employees and agents shall have no liability as a result of any injury arising from the administration of the epinephrine to the student;
 - 4. Obtain written acknowledgment from the parents confirming their understanding that the district or nonpublic school shall have no liability as a result of any injury arising from the administration of the epinephrine via a pre-filled auto-injector mechanism to the student and that the parents or guardians shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of the epinephrine via a pre-filled auto-injector mechanism to the student;
 - 5. Inform the parents, in writing, that consent is valid and effective only for the school year (including any extended school year program) in which it is granted, and must be renewed for each successive school year;
 - 6. In the event of an emergency, the lack of parental consent shall not be deemed to prohibit the administration of epinephrine via a pre-filled auto-injector mechanism to a student for anaphylaxis by the school nurse or other designated employees when the student is authorized to self-administer epinephrine, 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 medication.
- G. In all cases of staff volunteering to administer hydrocortisone sodium succinate for adrenal insufficiency to a student, the school nurse shall:
 - 1. Ensure the designees have been properly trained in the administration of hydrocortisone sodium succinate using standardized training protocols established by the Department of Education in consultation with the Department of Health;
 - 2. Obtain written parental consent to the administration of hydrocortisone sodium succinate by the designees;
 - 3. Inform the parents, in writing, that the district and its employees or agents shall have no liability as a result of any injury arising from the administration of hydrocortisone sodium succinate to the student;
 - 4. Obtain written acknowledgment from the parents confirming their understanding that the district shall

ADMINISTERING MEDICATION (regulation continued)

have no liability as a result of any injury arising from the administration of hydrocortisone sodium succinate to the student for adrenal insufficiency and that the parents or guardians shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of hydrocortisone sodium succinate to the student; and

5. Inform the parents, in writing, that consent is valid and effective only for the school year (including any extended school year program) in which it is granted, and must be renewed for each successive school year in accordance with requirements 1-4 in this section.

Nothing in this section shall be construed to prohibit the emergency administration of hydrocortisone sodium succinate to a student for adrenal insufficiency by the school nurse or other employees designated when the student is authorized to self-administer hydrocortisone sodium succinate.

- H. In all cases of staff volunteering to the opioid antidote naloxone hydrochloride to a student, the school nurse shall:
 1. Ensure that the designated employees or volunteers receive training on standardized protocols for the administration of the opioid antidote and information regarding overdose prevention pursuant to the Overdose Prevention Act. (P.L.2013, c. 46). The policy guidelines developed by the New Jersey Department of Education in consultation with the New Jersey Department of Human Services shall specify an appropriate entity or entities to provide the training;
 2. Ensure written notification of the board opioid overdose policy shall be distributed annually to parents/guardians and adult students. The notification shall inform parents/guardians and adult students that the board authorizes the certified school nurse or other appropriately licensed school health professionals as well as designated employees to administer the opioid antidote;
- I. In the absence of an emergency, in order for the school nurse to administer medication to a student at school or during a school function, a parent must both submit a request and provide authorization to the district. The school nurse shall maintain appropriate confidentiality of all documentation related to any request to administer medication. A parent's request and authorization for administration of medication during the school day or during a school function shall be made in writing to the school nurse. The request/authorization must be signed and dated by the parent. The request shall include a written statement by the student's physician certifying the need for the administration of the medication and including the following:
 1. Name of student;
 2. Date;
 3. Name of the medication;
 4. Dosage;
 5. Diagnosis;
 6. Purpose of medication;
 7. Time medication should be administered and dosage;
 8. Duration of medication administration;
 9. Possible side effects;
 10. Statement that medication must be administered during school day or during school activity or function in order for student to be able to attend or benefit from the instruction or services being provided by the school district (see Exhibit 1, Physician Authorization Form).
- J. Where the parent request and authorization for administration of medication has been reviewed and approved by the nurse, it must then be submitted to the building principal for his/her written approval prior to the initial administration of the medication;
- K. In the event of a school function which the school nurse or appropriately certified and authorized employee cannot attend, a student's parent shall be notified reasonably in advance of the activity and may be permitted to attend and administer the medication if the student will require medication that is not subject to the self-administration provisions of these regulations. If a parent is unavailable to attend, the district shall not exclude the student from the activity solely due to the student's medication needs and shall obtain consent from the parent to arrange for a suitable accommodation. In seeking to arrange a suitable accommodation,

ADMINISTERING MEDICATION (regulation continued)

parental consent is required prior to speaking to the student's physician or any other healthcare provider;

- L. In the event of an emergency requiring an unscheduled administration of the student's medication, the school nurse shall implement procedures from the student's individual emergency health care plan, as applicable;
- M. The school nurse shall maintain complete and accurate records of all parent and physician requests and authorization documentation;
- N. The school nurse shall maintain complete and accurate records regarding all instances of administration of medication to students. Such records shall include all requests, authorizations and certifications referred to in these regulations; all necessary approvals for administration; a record of all instances of administration of medication and reported side effects; and the precise circumstances of disposal of unused medication;
- O. No school employee, officer, or other agent of the board of education, who administers a prescription under a standing protocol for school epinephrine, in compliance with all applicable standards, shall be held liable for any good faith act or omission, nor shall an action before the New Jersey State Board of Nursing lie against a school nurse for any such action taken by a person designated in good faith by the school nurse. Good faith shall not include willful misconduct, gross negligence or recklessness.

Administration of Medication by Student

- A. Self-administration of medication by a student may only be permitted for asthma, a life-threatening allergic reaction, potentially life-threatening illnesses, or adrenal insufficiency. A parent's/guardian's or adult student's request to allow a student to self-administer medication, during the school day or during a school function or activity, must be made in writing in accordance with the rules for administration as listed above. In addition, the written request must include the following:
 - 1. For minor students, authorization by the parent for the self-administration of medication; and
 - 2. Written certification from the student's physician that the student has asthma, a life-threatening allergic reaction, potentially life-threatening illnesses, or adrenal insufficiency and is capable of, and has been instructed in, the proper method of self-administration of medication.

The requesting parent shall be advised that:

- 1. The district and its employees or agents shall incur no liability as a result of any injury arising from the student's self-administration of medication; and
 - 2. That the parents shall indemnify and hold harmless the district, its employees and agents against any claims arising out of the student's self-administration of medication, and the school nurse shall obtain written confirmation of parental receipt of the aforementioned notice (see Exhibit 2, Self-Administration of Medication Release Form).
- B. Permission to self-administer medication shall be effective only for the school year for which it is granted and may only be renewed for each subsequent year upon fulfillment of the district's requirements set forth above.
- C. No student may possess medication for self-administration without having the written permission of the parent and the authorization of their physician to self-administer. A copy of such permission and authorization shall be maintained in the school nurse's office.
- D. Students who have permission to self-administer medication shall keep the medication, in its original container, in their possession. The student must secure the medication in a manner which ensures it will not be available to others and must properly dispose of spoiled or partially dispensed portions of the medication and the tools or instruments used to dispense same.
- E. If reasonably possible, the student shall self-administer medication in the nurse's presence. The student must promptly make a report of such administration and any side effects to the teaching staff member who is supervising the school activity. It shall be that individual's duty to promptly report the self-administration and

ADMINISTERING MEDICATION (regulation continued)

any side effects to the school nurse.

- F. The chief school administrator, after consultation with the school physician, school nurse, the student, and, for a minor student, the student's parent/guardian, may revoke medication self-administration authorization should the student be observed to improperly use or dispose of said medication(s), or otherwise violate this regulation, policy 5141.21 Administering Medication, or other tenets of the agreement to self-medicate. The school nurse shall advise the student, parent/guardian, and prescribing physician of such revocation.
- G. The possession and use of syringes consistent with the purposes of this policy and regulation shall not be considered a violation of applicable code of student conduct provisions that may otherwise restrict or prohibit such possession and use.
- H. A student's school choice shall not be restricted because that student has diabetes.

Nebulizers

- A. There will be a nebulizer in the main office of the school, the nurse's office or similar accessible location, in accordance with the school physician's standing orders;
- B. Each school nurse shall be authorized to administer asthma medication through the nebulizer upon receipt of written authorization of the parent and physician certification authorizing the use, prescribing the dosage, time intervals and duration of use of nebulizer;
- C. Each school nurse shall have training in airway management and in the use of nebulizers and inhalers in accordance with national standards including, but not limited to, those of the National Institutes of Health and the American Academy of Allergy, Asthma and Immunology;
- D. The school nurse shall ensure that each student authorized to use asthma medication through a nebulizer shall:
 - 1. Meet all the requirements enumerated in the Administration of Medication section of this regulation;
 - 2. Have an asthma treatment plan developed by the student's physician or medical home that identifies the student's asthma triggers and the course of treatment. The asthma treatment plan must be submitted to the certified school who shall retain such plan in the student's medical records.
 - 3. Have an individualized health care plan developed by the school nurse that meets the student's medical needs while at school or a school function. The treatment plan shall also be included in the student's individualized emergency healthcare plan;
- E. The school nurse shall ensure that each student authorized to self-administer asthma medication through a nebulizer shall:
 - 1. Meet all the requirements enumerated in the Self-Administration of Medication section of this regulation;
 - 2. Have an asthma treatment plan developed by the student's physician that identifies the student's asthma triggers.
 - 3. Have an individualized health care plan developed and annually updated, by the school nurse that meets the student's medical needs while at school or a school sponsored event. The school nurse shall also update appropriate school staff as needed.
 - 4. Have an individualized emergency health care plan, developed and annually updated by the school nurse, that meets the student's medical needs while at school or a school function. The school nurse shall also update school staff who have supervisory authority over the student as needed.

Diabetes

- A. Each school nurse shall develop an individual health care plan and an individualized emergency health care plan for students whose parents inform the school nurse of the student's need for diabetic care while at school or a school function.

ADMINISTERING MEDICATION (regulation continued)

- B. The school nurse is authorized to administer medication to student with diabetes upon annual receipt of written authorization of the parent and the certification from the student's physician authorizing the use, prescribing the dosage, time intervals and duration of the medications administration;
- C. The school nurse shall ensure that each student who has been parentally authorized to use medication for diabetes:
 - 1. Has a written parental request;
 - 2. Meet all the requirements enumerated in the Administration of Medication section of this regulation;
 - 3. Has an individualized healthcare plan and an individualized emergency health care plan developed by the school nurse and have written authorization for the provision of diabetes care as outlined in those plans, including authorization for the emergency administration of glucagon;
- D. The school nurse shall ensure that each student authorized to self-administer insulin through the insulin delivery system set forth in the student's individualized healthcare plan for diabetes shall:
 - 1. Meet all the requirements enumerated in the Self-Administration of Medication section of this procedure;
 - 2. Have written parental authorization for the student's self-management and care of his or her diabetes;
 - 3. Have an individualized healthcare plan and an individualized emergency health care plan developed by the school nurse and updated annually, and have written authorization for the provision of diabetes care as outlined in the plans, including authorization for the emergency administration of glucagon. These plans shall be updated prior to the beginning of each school year.
- E. The individualized health care plan and an individualized emergency health care plan may have elements specified in board policy and in N.J.S.A. 18A:40-12.13, including but not limited to:
 - 1. The symptoms of hypoglycemia for that particular student and the recommended treatment;
 - 2. The symptoms of hyperglycemia for that particular student and the recommended treatment;
 - 3. The frequency of blood glucose testing;
 - 4. Written orders from the student's physician or advanced practice nurse outlining the dosage and indications for insulin administration and the administration of glucagon, if needed;
 - 5. Times of meals and snacks and indications for additional snacks for exercise;
 - 6. Full participation in exercise and sports, and any contraindications to exercise, or accommodations that must be made for that particular student;
 - 7. Accommodations for school trips, after-school activities, class parties, and other school-related activities;
 - 8. Education of all school personnel who may have supervisory authority over the student about diabetes, how to recognize and treat hypoglycemia, how to recognize hyperglycemia, and when to call for assistance;
 - 9. Medical and treatment issues that may affect the educational process of the student with diabetes; and
 - 10. How to maintain communications with the student, the student's parent or guardian and healthcare team, the school nurse, and the educational staff.
- F. The school nurse assigned to a particular school shall coordinate the provision of diabetes care at that school and ensure that appropriate staff are trained in the care of students with diabetes, including staff working with school-sponsored programs outside of the regular school day, as provided in the individualized health care plan and the individualized emergency health care plan;
- G. The school nurse shall have the primary responsibility for the emergency administration of glucagon to a student with diabetes who is experiencing severe hypoglycemia. The school nurse shall designate, in consultation with the board of education, additional employees of the school district who volunteer to administer glucagon to a student with diabetes who is experiencing severe hypoglycemia:
 - a. The designated employees shall only be authorized to administer glucagon, following training by the school nurse or other qualified health care professional, when a school nurse is not physically present at the scene;

ADMINISTERING MEDICATION (regulation continued)

- b. Pursuant to N.J.S.A. 18A:40-12.14, the emergency administration of glucagon shall not constitute the practice of nursing and shall be exempted from all applicable statutory or regulatory provisions that restrict the activities that may be delegated to a person who is not a licensed health care professional;
 - c. In the event that a licensed athletic trainer volunteers to administer glucagon to a student with diabetes in accordance with this regulation, it shall not constitute a violation of the Athletic Training Licensure Act;
 - d. The school nurse shall also notify the student's school bus driver of the student's condition, how to treat hypoglycemia, who to contact in an emergency, and parent contact information.
- G. The school nurse shall also ensure that designated areas of the school building shall have posted, in plain view, a reference sheet identifying signs and symptoms of hypoglycemia in students with diabetes:
- 1. Main office;
 - 2. Nurse's office;
 - 3. Other designated location(s) as appropriate_____.
- H. The school nurse shall obtain a written release from the parent of a diabetic student authorizing the sharing of medical information between the student's physician or advanced practice nurse and other health care providers. The release shall also authorize the school nurse to share medical information with other staff members of the school district as necessary (see Exhibit 3, HIPPA Exchange of Information Form).

Emergency Administration of Epinephrine via a Pre-Filled Auto-Injector Mechanism

- A. The school nurse shall have the primary responsibility for the emergency administration of epinephrine via a pre-filled auto-injector mechanism to students suffering from anaphylaxis. The school nurse may designate, in consultation with the board, employee(s) to administer the epinephrine via a pre-filled auto-injector mechanism when the nurse is not physically present at the scene. Such individuals shall be properly trained in the administration of epinephrine via a pre-filled auto-injector mechanism using standardized training protocols established by the Department of Education in consultation with the Department of Health.

Epinephrine via a pre-filled auto-injector mechanism may be administered to students provided that the parent provides the following to the school nurse:

- 1. Written authorization for administration of a pre-filled auto-injector mechanism by the school nurse and by a designated employee(s) when the school nurse is not present at the scene;
 - 2. Written orders from the student's physician or advanced practical nurse that the student requires the administration of epinephrine for anaphylaxis;
 - 3. Written notice to the parent advising that the district and its employees or agents or the nonpublic school and its employees or agents shall have no liability as a result of any injury arising from the administration of the epinephrine via a pre-filled auto-injector mechanism;
 - 4. A signed statement acknowledging the parent's understanding that the district and its employees shall have no liability as a result of any injury arising from the administration of a pre-filled auto-injector mechanism to the student and that the parents shall indemnify and hold harmless the district, its employees or agents, against any claims arising out of administration of a pre-filled auto-injector mechanism (see Exhibit 4, Emergency Administration of Epinephrine Form).
- B. Permission for administration of epinephrine is effective for the school year for which it is granted and may only be renewed for each subsequent year upon fulfillment of the district's requirements set forth in this section.
- C. The pre-filled auto injector for the emergency administration of epinephrine shall be maintained in a secure, but unlocked location, easily accessible to the school nurse and designees in the event of an emergency at school or a school function. The location of the epinephrine shall be indicated on the student's emergency care plan. Back-up epinephrine via a pre-filled auto-injector mechanism shall also be available in the nurse's office if needed.
- D. The school nurse/designee shall be promptly available at school and at school functions in the event of an

ADMINISTERING MEDICATION (regulation continued)

allergic reaction in order to administer epinephrine via a pre-filled auto-injector mechanism to a student.

- E. The nurse shall ensure that each student how has been administered epinephrine is promptly transported the a hospital emergency room by emergency services personnel after the administration of epinephrine, even if the student's symptoms appear to have resolved.
- F. Nothing in this section shall be construed to prohibit the emergency administration of epinephrine via a pre-filled auto-injector mechanism to a student for anaphylaxis by the school nurse or other employees designated pursuant to this section when the student is authorized to self-administer epinephrine pursuant to N.J.S.A. 18A:10-12.3, or when there is a co-existing diagnosis of asthma, or when a prescription is received from licensed health care professional for epinephrine coupled with another form of medication.

Emergency Administration of Epinephrine for First Time Allergic Reactions at School

- A. The school nurse or the nurse's trained designee shall be permitted to administer epinephrine via a pre-filled auto-injector mechanism to any student, without a known history of anaphylaxis or parent authorization for the administration of medication, when the school nurse/designee in good faith believes that the student is having an anaphylactic reaction;
- B. The district shall maintain a supply of epinephrine auto-injectors that is prescribed under a standing protocol from a licensed physician or an advanced practice nurse in a secure but unlocked and easily accessible location. The following locations are designated (***note: district should designate locations below that are accurate to each school**):
 - 1. The nurse's office;
 - 2. The cafeteria office;
 - 3. *(designate a location)*
 - 4. *(designate a location)*

Delivery, Storage and Disposal of Student Medication

- A. All medication (in its original container with the prescription information attached) must be delivered by the parent to the school nurse;
- B. Except for medication to be self-administered by the student, the school nurse shall maintain all student medication in a secure, locked cabinet. No student shall have access to the cabinet under any circumstances. Medication that has been approved for self-administration, may be carried by the student so long as the student presents no danger to himself or others through misuse;
- C. Student prescribed epinephrine shall be maintained in a secure but unlocked location easily accessible by the school nurse and designees to ensure prompt availability in the event of an allergic reaction at school or at a school-sponsored function. The location of the epinephrine shall be indicated on the students' emergency health care plans;
- D. Parents shall be notified by the school nurse when additional medication is needed. The parents must deliver that medication to the nurse immediately;
- E. The school nurse shall maintain a system by which parents are informed of their obligation to retrieve unused medication. If unused medication is not retrieved within two (2) weeks of notice, the nurse shall dispose of the medication in accordance with proper medical controls, unless otherwise specified in the student's individualized health care plan or individualized emergency health care plan.
- F. Annually, the school nurse shall oversee and ensure the distribution of the Commissioner's educational fact sheet regarding meningococcal meningitis to parents of students in the sixth grade (see Primary Resource 1, Meningococcal Factsheet).

ADMINISTERING MEDICATION (regulation continued)Emergency Administration of Hydrocortisone Sodium Succinate

- A. The school nurse shall have the primary responsibility for the emergency administration of hydrocortisone sodium succinate. The school nurse shall designate, in consultation with the board, employee(s) who volunteer to administer the hydrocortisone sodium succinate to students for adrenal insufficiency when the nurse is not physically present at the scene. Such individuals shall be properly trained in the administration of hydrocortisone sodium succinate using standardized training protocols established by the Department of Education in consultation with the Department of Health, or such other protocols as may be required by applicable law.

Hydrocortisone sodium succinate may be administered to students provided that the parent/guardian provides the following to the school nurse:

1. Written authorization for administration of hydrocortisone sodium succinate by the school nurse and by a designated employee(s) when the school nurse is not present at the scene;
 2. Written orders from the student's physician or advanced practical nurse that the student requires the administration of hydrocortisone sodium succinate for adrenal insufficiency;
 3. Written notice to the parent advising that the district and its employees or agents shall have no liability as a result of any injury arising from the administration of the hydrocortisone sodium succinate to students for adrenal insufficiency; and
 4. A signed statement acknowledging the parent/guardian's understanding that the district and its employees shall have no liability as a result of any injury arising from the administration of hydrocortisone sodium succinate to a student for adrenal insufficiency and that the parents shall indemnify and hold harmless the district, its employees or agents, against any claims arising out of administration of the hydrocortisone sodium succinate to the student.
- B. Permission for administration of hydrocortisone sodium succinate to students for adrenal insufficiency is effective for the school year for which it is granted and may only be renewed for each subsequent year upon fulfillment of the district's requirements set forth in this section.
- C. The hydrocortisone sodium succinate shall be maintained in a secure, but unlocked location, easily accessible to the school nurse and designees in the event of an emergency at school or a school function. The location of the hydrocortisone sodium succinate shall be indicated on the student's emergency care plan. Back-up hydrocortisone sodium succinate, provided by the parent/guardian shall also be available in the nurse's office if needed.
- D. The school nurse/designee shall be promptly available at school and at school functions in the event of an allergic reaction in order to administer hydrocortisone sodium succinate to a student.
- E. The nurse shall ensure that each student who has been administered epinephrine is promptly transported to a hospital emergency room by emergency services personnel after the administration of hydrocortisone sodium succinate, even if the student's symptoms appear to have resolved.
- F. Nothing in this section shall be construed to prohibit the emergency administration of hydrocortisone sodium succinate to a student for adrenal insufficiency by the school nurse or other employees designated when the student is authorized to self-administer hydrocortisone sodium succinate.

Emergency Administration of Opioid Antidote, Naloxone Hydrochloride

- A. The school physician shall include an opioid antidote in the prescribed standing order for the schools of the district that include any of the grades nine through twelve;
- B. The chief school administrator, in consultation with the building principal of any school other than those including grades nine through twelve, shall determine whether the school physician shall include an opioid antidote in the prescribed standing order for such schools and shall report that determination to the board;

ADMINISTERING MEDICATION (regulation continued)

- C. The opioid antidotes shall be accessible in the school during regular school hours and during school-sponsored functions that take place in the school or on school grounds adjacent to the school building;
- D. When appropriate as determined by the chief school administrator in consultation with the building principal, the opioid antidotes shall be accessible during school-sponsored functions that take place off school grounds. The chief school administrator shall report each school's determination to the board;
- E. The opioid antidote shall be stored in a secure but unlocked and easily accessible location, and according to the manufacturer's directions. To the extent that is safe and practical, the opioid antidote shall be stored at a reasonable proximity of an automated external defibrillator (AED);
- F. The school nurse shall be responsible for monitoring the on-site inventory of the opioid antidote, arranging for the replacement of the opioid antidote supply and ensuring the appropriate and safe disposal of administered and expired opioid antidote applicators;
- G. The school nurse shall be primarily responsible for the assessment of any student suspected of being under the influence of drugs or alcohol including any student suspected of an opioid or other drug overdose. The board shall designate additional district employees ("designated employees") who volunteer to administer an opioid antidote in the event a person experiences an opioid overdose when the nurse is not physically present at the scene. Such designated employees shall receive training in administration of the opioid antidote in accordance with applicable law. The school nurse or designated employee who believes in good faith that a person is experiencing an opioid overdose may administer the opioid antidote;
- H. 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 his or her designee, shall notify the building principal of any suspected overdose and all actions taken including the administration of opioid antidote and the notification of emergency medical services;
- I. A designated employee responding to a suspected overdose shall immediately call 911 upon suspecting an overdose, and notify the parents/guardians as soon as practicable. The designated employee shall notify the building principal of any suspected overdose and all actions taken including the administration of opioid antidote and the notification of emergency medical services;
- J. If the school nurse or a designated employee are not immediately available and a district employee observes a person overdosing, the employee may contact emergency services (call 911) in accordance with district policy and procedures. The employee who has contacted emergency services regarding a person suspected to have overdosed shall notify the building principal of any suspected overdose and all actions taken including the administration of opioid antidote and the notification of emergency medical services;
- K. An overdose victim shall be transported by emergency services personnel to the nearest hospital emergency room, including where the victim's symptoms appear to have resolved. 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 an opioid antidote is administered;
- L. The school nurse shall document the incident including but not limited to:
 - 1. Date, time and location of the incident;
 - 2. Names of any staff members or students reporting the incident;
 - 3. A description of the incident;
 - 4. Description of the evaluation conducted;
 - 5. The administration of naloxone including the form and dosage;
 - 6. All actions taken, including, when 911 was called, when emergency services arrived, and staff member(s) assigned to accompany the student.

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

ADMINISTERING MEDICATION (regulation continued)

REGULATION HISTORY

Adopted:	October 13, 2004
Revised:	April 1, 2009
NJSBA Review/Update:	June 2015
Readopted:	August 12, 2015, September 11, 2019
Revised:	March 15, 2023
Readopted:	April 5, 2023

CROSS REFERENCES

6153	Field Trips
5141	Health
5141.1	Accidents
5141.2	Illness

EXHIBITS

Exhibit 1	Consent Form for the Nurse to Administer Medication
Exhibit 2	Consent Form for Self-Administration of Medication
Exhibit 3	HIPAA (Health Insurance Portability and Accountability Act) Exchange of Information Form
Exhibit 4	Consent Form for the Emergency Administration of Epinephrine

PRIMARY RESOURCE

PR 1	Meningococcal Factsheet
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