Merchantville Board of Education 130 South Centre Street Merchantville, NJ 08109	File Code : 5141.21 Adopted : 11/15/83 Revised : 03/18/2019 Reviewed : 06/03/2024

Administering Medication

The board shall not be responsible for the diagnosis and treatment of pupil illness. The administration of medication to a pupil during school hours will be permitted only when failure to take such medicine would jeopardize the health of the pupil, or the pupil would not be able to attend school if the medicine were not made available to him/her during school hours.

For purposes of this policy, "medication" shall include all medicines prescribed by a physician for the particular pupil, including emergency medication in the event of bee stings, etc., and all non-prescription "over the counter" medication.

Before any medication may be administered to or by any pupil during school hours, the board shall require the written request of the parent/guardian which shall give permission for such administration and relieve the board and its employees of liability for administration of medication. In addition, the board requires the written order of the prescribing physician which shall include:

a. The purpose of the medication;
b. The dosage;
c. The time at which or the special circumstances under which medication shall be administered;
d. The length of time for which medication is prescribed;
e. The possible side effects of the medication.

Both documents shall be kept on file in the office of the school nurse.

The district medical inspector shall develop procedures for the administration of medication which provide that:

a. All medications, whether prescribed or “over the counter”, shall be administered by the medical inspector, school nurse or substitute school nurse, the parent/guardian or the pupil himself/herself where the parent/guardian so permits and with the school nurse present;
b. Medications shall be securely stored and kept in the original labeled container;
c. The school nurse shall maintain a record of the name of the pupil to whom medication may be administered, the prescribing physician, the dosage and timing of medication and a notation of each instance of administration;
d. All medications shall be brought to school by the parent/guardian or adult pupil and shall be picked up at the end of the school year or the end of the period of medication, whichever is earlier;
e. A student may self-administer medication without supervision of the school nurse for asthma or other life-threatening illnesses. "Life-threatening illness" has been defined as

an illness or condition that requires an immediate response to specific symptoms or sequelae that if left untreated may lead to potential loss of life such as, but not limited to, the use of an inhaler to treat an asthma attack or the use of an adrenalin injection to treat a potential anaphylactic reaction.

Nebulizers

Each school in the district shall have and maintain at least one nebulizer in the office of the school nurse or at a similar accessible location. The chief school administrator shall prepare and the board shall adopt regulations on the administration of asthma medication through the use of a nebulizer by the school nurse or his/her designee(s). Regulations shall be in accord with New Jersey statute and administrative code and shall include, but not be limited to, to the following:

a. Requirement that each school nurse shall be authorized to administer asthma medication through use of a nebulizer;
b. Requirement that each school nurse receive training in airway management and in the use of nebulizers and inhalers consistent with nationally recognized standards;
c. Requirement that each student authorized to use asthma medication or a nebulizer have an asthma treatment plan prepared by the student's physician, that identifies, at a minimum, asthma triggers and an individualized health care plan for meeting the medical needs of the student while attending school or a school-sponsored event.

Pupil Self-Administration of Medication

The board shall permit self-administration of medication for asthma or other potentially life-threatening illnesses by pupils who have the capability for self-administration of medication, both on school premises during regular school hours and off-site or after regular school hours when a pupil is participating in field trips or extracurricular activities. Parents/guardians of the pupil must meet the following conditions:

a. Provide the board with written authorization for the pupil's self-administration of medication;
b. Provide written certification from the pupil's physician that the pupil has asthma or another potentially life-threatening illness and is capable of and has been instructed in the proper method of self-administration of medication;
c. Sign a statement acknowledging that the district shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil and that the parents/guardians shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the self- administration of medication by the pupil.

The board shall:

a. Inform the pupil and his/her parents/guardians that permission is effective for the school year for which it is granted and must be renewed for each subsequent school year upon fulfillment of requirements listed above;

b. Inform parents/guardians in writing that the district and its employees or agents shall incur no liability as a result of any injury arising from the self-administration of medication.
c. Maintain the right to revoke a pupil's permission to self-medicate if he/she has failed to comply with all conditions of this policy and/or has violated in any way the tenets of the agreement to self-medicate. The chief school administrator shall confer with the school physician and school nurse prior to recommending termination of a pupil's permission to self-medicate and shall also consult with the pupil, the pupil's parents/guardians and the pupil's physician.

Emergency Administration of Epinephrine

The board shall permit the school nurse or medical inspector to administer epinephrine via epi-pen or other pre-filled auto-injector mechanism in emergency situations. In their absence, a designee or designees who are employees of the board may do so.

The designees must be properly trained by the school nurse in the administration of the epi-pen or other pre-filled auto-injector mechanism using the standardized training protocol designated by the State Department of Education. Each designee shall receive individual training for each pupil for whom he/she is designated.

The board shall inform the pupil's parents/guardians in writing that if the specified procedures are followed, the district, its employees and agents shall have no liability as a result of any injury arising from the administration of the epi-pen or other pre-filled auto-injector mechanism to the pupil.

Parents/guardians shall provide the board with the following:
a. Written orders from the physician that the pupil requires the administration of epinephrine for anaphylaxis and does not have the capability for self-administration of the medication;
b. Written permission for the administration of epinephrine via epi-pen or other pre-filled auto-injector mechanism by the school nurse or designee(s);
c. A signed statement acknowledging their understanding that if the specified procedures are followed, the district shall have no liability as a result of any injury arising from the administration of the epi-pen or other pre-filled auto-injector mechanism by the school nurse or designee(s) to the pupil and that the district, its employees, and agents shall be indemnified and held harmless against any claims arising out of the administration of the epi-pen or other pre-filled auto-injector mechanism to the pupil.

Permission for the administration of epinephrine via epi-pen or other pre-filled auto-injector mechanism shall be granted annually and must be renewed each school year upon the fulfillment of the above requirements.

Placement and Availability of Epinephrine, and Transportation to Hospital Emergency Room

Pursuant to P.L. 2007, C. 57, school policy requires:

a. The placement of a pupil's prescribed epinephrine in a secure but unlocked location easily accessible by the school nurse and designees to ensure prompt availability in the event of an allergic emergency at school or at a school-sponsored function. The location of the epinephrine shall be indicated on the pupil's emergency care plan. Back-up epinephrine shall also be available at the school if needed;
b. The school nurse or designee to be promptly available on site at the school and school-sponsored functions in the event of an allergic reaction; and
c. he transportation of the pupil to a hospital emergency room by emergency services personnel after the administration of epinephrine, even if the pupil's symptoms appear to have resolved.

Emergency Administration of Opioid Antidote

"Opioid antidote" means any drug, regardless of dosage amount or method of administration, which has been approved by the United States Food and Drug Administration (FDA) for the treatment of an opioid overdose. Opioid antidote includes, but is not limited to, naloxone hydrochloride, in any dosage amount, which is administered through nasal spray or any other FDA-approved means or methods.

"Opioid overdose" means an acute condition including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma, or death resulting from the consumption or use of an opioid drug or another substance with which an opioid drug was combined, and that a layperson would reasonably believe to require medical assistance.

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. 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. The opioid antidote may be administered to any student, school personnel or other person reasonably believed to be experiencing an opioid overdose. 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. The chief school administrator, in consultation with each building principal regardless of grade, shall determine whether to make opioid antidotes accessible during school-sponsored functions that take place off school grounds and shall report each school's determination to the board.

The opioid antidote shall be stored in a secure but unlocked and easily 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 opioid antidote 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 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.

Any student suspected of being under the influence of drugs or alcohol including students suspected of an opioid overdose shall be subject to board policy 5131.6 Drugs, Alcohol, Steroids and Tobacco and law (N.J.A.C. 6A:16-3) regarding prevention, identification, examination, treatment, intervention and referral for substance abuse.

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 opioid or other drug overdose. When the school nurse has assessed that a student is experiencing an opioid overdose the school nurse, or board approved school employee or volunteer trained to administer the opioid antidote or other appropriately licensed school health professionals, may administer the opioid antidote.

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 opioid antidote and the notification of emergency medical services.

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.

The school nurse shall document the incident including but not limited to:

A. Date, time and location of the incident;

B. Names of any staff members or students reporting the incident;

C. A description of the incident;

D. Description of the evaluation conducted;

E. The administration of naloxone including the form and dosage;

F. All actions taken, including, when 911 was called, when emergency services arrived, staff 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.

Training

The school nurse shall have the primary responsibility for the emergency administration of an opioid antidote. The board shall designate additional employees or volunteers to administer the opioid antidote 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). The school nurse shall not be solely responsible to train designated individuals. 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. A school may enter into a shared services agreement for the provision of opioid antidotes if the arrangement will result in cost savings.

Parent Notification

Written notification of the board opioid overdose policy shall be distributed annually to parent's/guardian's and adult students and shall provide a means for the student's parent/guardian or the adult student. The notification shall inform parents/guardians and adult students that the board authorizes the certified school nurse or other appropriately licensed school health professionals 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).

The school nurse, in consultation with the chief school administrator, shall be responsible for the development and regular review of policies and procedures regarding the naloxone. The policies and procedures for the use of opioid antidote shall be included in district emergency response procedures.

d.

Emergency Administration of Epinephrine for First Time Allergic Reactions at School

The school nurse or trained designee shall be permitted to administer epinephrine via a pre-filled auto-injector mechanism to any student without a known history of anaphylaxis. This includes students whose parents/guardians have not submitted prior written permission or obtained prescribed medication as indicated in the rules above. Epinephrine may be administered to any student without a known history of anaphylaxis when the nurse or trained designee in good faith believes that the student is having an anaphylactic reaction

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 supply of epinephrine auto-injectors shall be accessible to the school nurse and trained designees for administration to a student having an anaphylactic reaction.

Liability

No school employee, including a school nurse, or any other officer or agent of a board, or a physician or an advanced practice nurse providing a prescription under a standing protocol for school epinephrine shall be held liable for any good faith act or omission consistent with the provisions of law for the administration of epinephrine (N.J.S.A. 18A:40-12.5 *et seq.*). No action shall be taken before the New Jersey State Board of Nursing against a school nurse for any such action taken by a person designated in good faith by the school nurse to administer epinephrine according to law (N.J.S.A. 18A:40-12.6). Good faith shall not include willful misconduct, gross negligence or recklessness.

Implementation

The board may adopt additional regulations 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:

A. Training Protocols for the Emergency Administration of Epinephrine (9/08);

B. Guidelines for the Management of Life-Threatening Food Allergies in Schools (9/08).

Key Words

Administering Medication, Medication in School, Nebulizer, Epinephrine, Anaphylaxis, Asthma

Legal References:

N.J.S.A. 18A:11-1 General mandatory powers and duties

N.J.S.A. 18A:40-1 Employment of medical inspectors, optometrists and nurses; salaries; terms; rules

N.J.S.A. 18A:40-3.2 *et seq.* Medical and Nursing Personnel

N.J.S.A. 18A:40-4 Examination for physical defects and screening of hearing of pupils

N.J.S.A. 18A:40-7 Exclusion of pupils who are ill

N.J.S.A. 18A:40-12.3 through -12.4 Self-administration of medication by pupil; conditions

N.J.S.A. 18A:40-12.5 Policy for emergency administration of epinephrine to public school pupils

N.J.S.A. 18A:40-12.6 Administration of epinephrine; primary responsibility; parental consent

N.J.S.A. 18A:40-12.7 Nebulizer

N.J.S.A. 18A:40-12.8 Administration of asthma medication by school nurse through nebulizer; training; pupil asthma treatment plan

N.J.S.A. 18A:54-20 Powers of board (county vocational schools)

N.J.S.A. 45:11-23 Definitions

N.J.A.C. 6A:16-1.1 *et seq.* Programs to Support Student Development

P.L. 2018. C.106 (A542, S1830)
Overdose Prevention Act, P.L. 2013, *c*. 46

See particularly:

N.J.A.C. 6A:16-1.3, .4(a), -2.1, -2.2, -2.3, -2.4

Bernards Township Education Association v. Bernards Township Board of Education, 1981 S.L.D. (9/29/81), aff'd State Board, 1982 S.L.D. 4/7/82, aff'd App. Div., unpublished opinion (A-4211-81T3, 5/18/83)

Communications Workers of America, Local 1033, On behalf of Karen Norton, Barbara Woolston, Mary Ellen Schoen et al. v. New Jersey State Department of Education, Marie H. Katzenbach School for the Deaf, State Board Docket #52-91

Policy Advisory #1 on N.J.S.A. 18A:40-12.3 *et seq.* Self-Administration of Medication By a Pupil, New Jersey State Department of Education, June 5, 1995

Protocol and Implementation Plan for the Emergency Administration of Epinephrine by a Delegate Trained by the School Nurse, New Jersey State Department of Education, October, 1998

Possible Cross References:

*5131.6 Drugs, alcohol, tobacco (substance abuse)

*5141 Health

*5141.1 Accidents

*5141.2 Illness

*5141.3 Health examinations and immunizations

*6153 Field trips

*Indicates policy is included in the Critical Policy Reference Manual.