



MEDICATION ADMINISTRATION IN MAINE SCHOOLS

Evidence-Based Guidelines for PreK and School-Aged Students

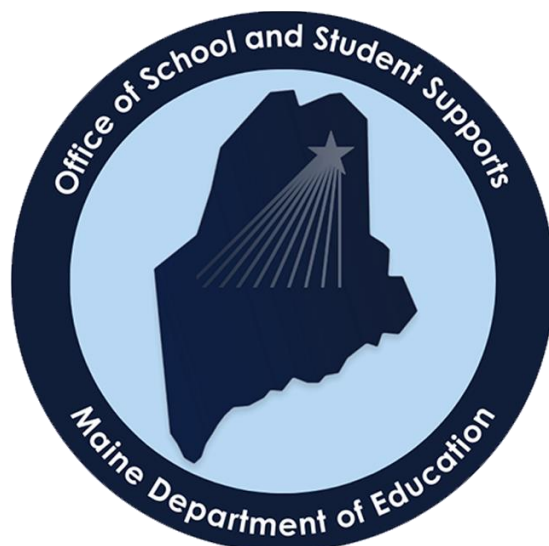




Table of Contents

Medication Administration in Maine Schools	4
Evidence-Based Guidelines for Preschool and School-Aged Students	4
Federal and State Laws Related to Medication Administration	5
Family Educational Rights and Privacy (FERPA)	5
Individuals with Disabilities Education Act (IDEA)	5
Americans with Disabilities Act (ADA).....	5
Section 504.....	6
Administration of Medication in a School Setting, Rule Chapter 40	6
Role of the School Nurse in Medication Administration	7
Procedures & Protocols for Local Development.....	8
Family Engagement	9
Coordination and Oversight	10
Nurse Responsibility in Oversight.....	10
Medication Administration Training of Unlicensed Assistive Personnel.....	12
Training Must Include	12
Routes of Medication	15
Medication Administration via Enteral Feeding Tube at School.....	17
Access to Medications in a Disaster	18
The Six Rights of Medication Administration.....	19
The Medication Label.....	20
Accountability and Proper Storage	22
Documentation	22
When to Contact the School Nurse.....	23
Confidentiality and Parent Communication.....	23
Procedure: Administration of Medication	24
Medication Errors.....	25
Responding to Emergencies.....	26
Emergency Medications.....	27
Epinephrine Guidelines	28
Naloxone Guidelines	28
Undesignated Glucagon Guidelines	29
Allergy and Anaphylaxis	30
Self-Administration of Medications.....	31



Medication Administration in Maine Schools

Sunscreen at School 32

Special Considerations 33

 Medical Marijuana 33

 Homeopathic 33

 Field Trip/Off-Campus Activities 34

 Out-of-State Travel..... 35

 Transportation..... 35

 Medication Administration in the Boarding School Setting 36

 Youth Experiencing Homelessness..... 37

 Unaccompanied Youth 37

References 38

Medication Administration in Maine Schools

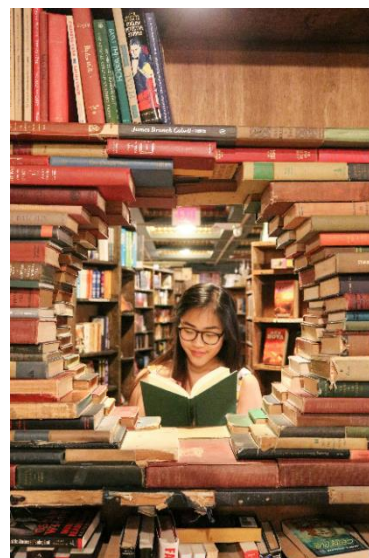
Evidence-Based Guidelines for PK and School-Aged Students

The Maine Department of Education provides the following guidelines in accordance with Maine Revised Statute [Title 20-A section 6403-A \(5\)](#), which directs the commissioner to issue guidelines on the provision of school health services and health-related activities.

Medication administration is an essential service schools provide to support student health and learning. Students may require medications for various reasons, including but not limited to the following:

1. Chronic conditions and learning differences requiring medication to benefit from classroom instruction.
2. Acute but short-term medications such as antibiotics for an infection.
3. Conditions such as allergies or asthma that require emergency life-saving medication.
(Center for Disease Control and Prevention, 2019)

The complexity of medication administration in the school environment continues to evolve due to a variety of factors: federal and state disability laws, new pharmaceutical and medical technologies, advances in research influencing medical and mental health practices, and increasing numbers of children with both complex and routine health needs (Butler, Boucher, Tobison, & Phan, 2020). This document provides relevant information to support Maine schools' safest medication administration practices, intending to provide equitable access to all students regardless of chronic medical needs, adverse childhood experiences (ACES), or detrimental social drivers of health (Resha & Taliaferro, 2024). Students who require medications to fully benefit from a [free and appropriate public education \(FAPE\)](#) are protected by federal and state disability laws (U.S. Department of Education, 2020). State of Maine law requires that each school have a medication administration policy. All local policies and state regulations must be followed when administering medications in the school setting to ensure safety and to create the greatest opportunity for uninterrupted learning.



This document was created through a careful review of Maine's currently available Medication Administration Guidelines, the current Policy Statement from the American Academy of Pediatrics (AAP), the National Association of School Nurses (NASN) Medication Administration Toolkit, and other sources including but not limited to the US Centers for Disease Control and Prevention (CDC), Federal Emergency Management Agency (FEMA), the US Department of



Education, Occupational Safety and Health Administration (OSHA) and recently updated Maine rules regarding medication administration in school. The Maine State Board of Nursing [Regulations Relating to Coordination and Oversight of Patient Care Services by Unlicensed Health Care Assistive Personnel, 02-380 C.M.R. ch.6, \(1997\)](#), which is currently under revision allows for the oversight of specific patient care tasks provided by unlicensed assistive personnel (UAP) that do not require specialized nursing knowledge, skill, or judgment (Maine State Board of Nursing, 1997).

While this document is intended to summarize currently available resources for the school nurse, it does not replace clinical nursing judgment and practice. The school nurse is responsible for complying with all federal, state, and local laws, rules, regulations, ordinances, and relevant standards of practice.

Federal and State Laws Related to Medication Administration

Family Educational Rights and Privacy (FERPA)

The [Family Educational Rights and Privacy Act \(FERPA\)](#) (20 U.S.C. § 1232g; 34 CFR Part 99) is a federal law that protects the privacy of student education records, including student health records (U.S. Department of Education, 2021). Schools must comply with FERPA, which specifies when student health information may be shared and when it may not (U.S. Department of Education, 2021). The law applies to all schools that receive funds under an applicable program of the US Department of Education (U.S. Department of Education, 2021).

Individuals with Disabilities Education Act (IDEA)

The [Individuals with Disabilities Education Act \(IDEA\)](#) is a federal law that governs how states and public agencies provide early intervention, special education, and related services for school-aged children ages 3-21 or until high school graduation (College of Western Idaho, 2024; U.S. Department of Education, n.d.). The IDEA requires public schools to develop an Individualized Education Plan (IEP) for children with disabilities tailored to meet each student's specific needs to support learning and to foster individual student success in the K through 12 system (College of Western Idaho, 2024; U.S. Department of Education, n.d.).

Americans with Disabilities Act (ADA)

Americans with Disabilities Act (ADA) is a federal civil rights law that prohibits discrimination based on disability and ensures that students with disabilities have equal access and opportunity for participation in the programs, services, and activities offered by a recipient of federal financial assistance (College of Western Idaho, 2024; U.S. Department of Education, n.d.)

Section 504

Concerning any public or private program receiving federal financial assistance, Section 504 of the Rehabilitation Act is a law that protects individuals from discrimination based on their disabilities (College of Western Idaho, 2024; U.S. Department of Education, n.d.; U.S. Department of Education, n.d.)

A 504 plan is developed when accommodations and or modifications in the school setting or learning environment are needed to support individual student-specific needs (College of Western Idaho, 2024). This is separate from an IEP, as that is covered under IDEA (College of Western Idaho, 2024; U.S. Department of Education, n.d.)

[Frequently Asked Questions About Section 504 and the Education of Children with Disabilities](#)

Rule for Medication Administration in Maine Schools, 05A-071 C.M.R. ch.40 (2022)

The Maine Department of Education Rule Chapter 40 specifies components of the training that unlicensed school personnel must have before administering medications.

SUMMARY: This rule provides directions to public and private schools approved pursuant to [20-A MRSA §2902](#) in the administration of medication to students during the student's attendance in school programs. It is to assist school administrative units in implementing the provision of the medication statute [\[20-MRSA §254\(5\) \(A-D\)\]](#) that provides direction for the training of unlicensed school personnel in the administration of medication, requires that students be allowed to carry and self-administer prescribed emergency medications; specifically, asthma inhalers or epinephrine auto-injectors with health care provider approval and school nurse assessment demonstrating competency, and authorizes any student who attends public school to possess and to use a topical sunscreen product while on school property or at a school-sponsored event without a note or prescription from a health care provider if the product is regulated by the federal Food and Drug Administration for over-the-counter use to limit skin damage from ultraviolet radiation. (State of Maine Department of Education and State Board of Education, 2022)

It is the responsibility of the registered school nurse (RN), certified by the Maine Department of Education, to ensure that all policies and rules are furnished to and reviewed by individuals who are being trained in medication administration (State of Maine Department of Education and State Board of Education, 2022). Although the school nurse is not directly responsible for the actions of the UAP, as that is the responsibility of school administration, the nurse is responsible for the school health program. Student safety is the primary concern. The path to safety includes implementing clear policies and procedures for the administration of medication and appropriate training and oversight of UAPs administering medication.



In Maine, each public and private school shall develop its own written, local policy that aligns with all pertinent state and federal laws covering the administration of medication in schools (State of Maine Department of Education and State Board of Education, 2022). The guidance found here serves to assist school administrative units in local policy development; local guidance may fall beyond the criteria written here but shall not be less.

The following document outlines Rule Chapter 40 yet is not exhaustive of its content.

Access the full document: [Rule Chapters for the Department of Education and State Board of Education](#)

Role of the School Nurse in Medication Administration

The school nurse is the hub for the coordination of care delivery (American Nurses Association; National Association of School Nurses, 2022). The school nurse engages students, parents, community prescribers, and medical homes to successfully provide the safest medication administration (Miotto, Balchan, Combe, National Association of School Nurses, & Council on School Health, 2024). The competencies that the school nurse possesses such as specialized knowledge, organization, collaboration, advocacy, and leadership are showcased during the implementation of safe medication administration in school settings (American Nurses Association; National Association of School Nurses, 2022).

School nurses have the responsibility to clarify any medication order they believe to be inappropriate or ambiguous and have the right and responsibility to refuse to administer (State of Maine Department of Education and State Board of Education, 2022).

The school nurse participates in the development and revision of the following procedures and protocols related to medication administration in their school(s). In collaboration with the school health advisor, the school nurse maintains standing orders annually for the health office (State of Maine Department of Education and State Board of Education, 2022; Miotto, Balchan, Combe, National Association of School Nurses, & Council on School Health, 2024). An example is provided in sample forms.

All medications require parental authorization, as well as a written order from the licensed healthcare provider annually (State of Maine Department of Education and State Board of Education, 2022). An example that may be used is provided in sample forms. Consent from parents for legal purposes, as well as student assent for ethical considerations, acts as a catalyst for safety-informed medication administration (Resha & Taliaferro, 2024). The annual standing orders that are signed by the school health advisor are utilized for over-the-counter and emergency medications (State of Maine Department of Education and State Board of Education, 2022). There are two exceptions:

1. A medication label may be used in place of a written order from a licensed healthcare provider if the medication is to be administered for no more than 15 consecutive days.
2. Verbal permission from a parent may be used in extenuating circumstances. In that case, it is only valid for one day, and the parent must include the name of the medication, dose, route, and time to be administered. Documentation must be completed per local procedure.

Procedures & Protocols for Local Development

- Medication administration
- Transportation of medication
- Field trips/ off-campus activities
- Special considerations such as homeopathy, marijuana
- Accountability of medications, particularly controlled medications
- Proper storage
- Allergy/anaphylaxis recognition and emergency response staff training
- Medication reactions
- Access to medication in a disaster
- Documentation of medication given, and medication errors
- Proper disposal of medication, biomedical waste, and sharps (State of Maine Department of Education and State Board of Education, 2022; Maine Department of Environmental Protection, 2011; Maine Department of Environmental Protection, 2019)

Any school administrative unit (SAU) that generates sharps as a result of the administration of medications, vaccines, etc., needs to be registered as a biomedical waste generator with the State of Maine. General biomedical waste management information can be found on the [Maine Department of Environmental Protection](#) website.



Family Engagement

The role of the school nurse in the school community is vital to helping students and families navigate the public health care system. Creating a welcoming and inclusive healthcare practice will ensure clear and effective communication with diverse populations. A greater understanding of diversity equity and inclusion (DEI) advances work towards health equity within the community by identifying racial discrimination and disparities that affect students' health and education.

Best practices for comprehensive family engagement:

- Relationship building including collaboration
- Identify student and family needs
- Accept and celebrate different cultures
- Explore personal biases and beliefs
- Validate student and family experiences

Some useful resources can be found on the following websites:

- [G.E.A.R Parent Network](#)
- [Maine DOE Family Engagement and Cultural Responsiveness](#)
- [Maine DOE Migrant Education](#)



Coordination and Oversight

The school nurse is often the only health professional in the building and may train, coordinate, and oversee unlicensed assistive personnel (UAP), also known and referred to as unlicensed school personnel (USP). Coordination and oversight include the school nurse selecting, training and continually evaluating UAPs for competence related to performing a selected nursing task for an individual student (National Association of School Nurses, 2024). The nursing process is never delegated; the school nurse provides ongoing supervision and evaluates student outcomes (National Association of School Nurses, 2024).

The [Decision Tree for Coordination and Oversight](#) is a cascade of questions the school nurse should use when planning for a student who requires medication in school. The school nurse is responsible for developing and revising the student's individualized healthcare plan (IHP) and for utilizing the decision tree (Maine State Board of Nursing, 2014; National Association of School Nurses, 2021).

Nurse Responsibility in Oversight

- Identify student needs
- Identify tasks to be performed
- Provide directions
- Determine the ability of UAP
- Monitor UAP's reporting and documentation of task
- Evaluate performance
- Initiate corrective action, when necessary
- Continue ongoing supervision and evaluation

“Indirect supervision means the supervision of an unlicensed school staff member when the school nurse or other health provider is not physically available on site but immediately available by telephone.” (State of Maine Department of Education and State Board of Education, 2022).



When medication is not routine, such as with over-the-counter ibuprofen, for example, and the student's response to the medication is less predictable, nursing oversight should be carefully considered. When evaluating if medication can be administered by unlicensed staff, the school nurse should assess the situation and consider the following:

- The task should not inherently involve ongoing assessment, interpretation, or nursing judgment and decision-making
- The school nurse should have the ability to provide adequate oversight of the unlicensed staff member's medication administration tasks

MEDICATION ADMINISTRATION HANDBOOK



Medication Administration Training of Unlicensed Assistive Personnel

Unlicensed assistive personnel (UAP) are school personnel who do not hold a healthcare license but are trained to provide care to students under the direction and supervision of a school nurse (State of Maine Department of Education and State Board of Education, 2022; National Association of School Nurses, 2024). The school nurse is responsible for ongoing training, evaluation, and oversight of the UAP (State of Maine Department of Education and State Board of Education, 2022; Maine State Board of Nursing, 2014; National Association of School Nurses, 2021). Annual competency training from the school nurse should be developed to administer medication in school, before administering any medications (State of Maine Department of Education and State Board of Education, 2022). A mixed method of teaching including oral, visual, and hands-on demonstration will be offered as well as time to practice and ask questions. A competency checklist will be completed annually (State of Maine Department of Education and State Board of Education, 2022). An example checklist the school nurse may edit to use locally can be found in sample forms.

Once training is completed, the school nurse will compile a list of trained staff and submit this list to the superintendent (State of Maine Department of Education and State Board of Education, 2022). It is recommended that the building administration has a copy of the list of trained staff as well. An example of that form is provided in sample forms.

For recommended qualifications of the UAP please review the [National Associations of School Nurses: Recommended Qualifications for the Unlicensed Assistive Personnel](#) which holds examples of education, personal/interpersonal attributes, and emergency effectiveness. In addition to materials found within this document, the following videos will assist in the training of UAPs: [Maine DOE & University of Maine Medication Administration Training Videos](#)

Training must include:

1. Current laws and school policies related to medication.
2. Resources that are available to staff.
3. Basic routes of medication administration.
4. Basic classification of medications.
5. Common medications and side effects.
6. How to read a medication label.
7. How to document administered medications.
8. How to document medication errors.
9. The six rights of medication administration.
10. Procedure/protocols for administering medication.
11. Signs and symptoms of anaphylaxis.
12. Signs and symptoms of adverse effects.
13. Responding to emergencies.

14. Working with parents.

15. Protecting the confidentiality of student health information (State of Maine Department of Education and State Board of Education, 2022).

Table 1. Classification of Medication

The following classification table shows examples of common medications given in school (Lippincott, Williams & Wilkins, 2023). This is not an exhaustive list of the medications that may be administered in Maine schools or classifications of such medications. Please refer to the manufacturer, or package insert for a complete description of any medication to include potential side effects, adverse reactions, contraindications, black box warnings, and proper storage information. If you have questions about any medications, please reach out to the healthcare provider.

Therapeutic Classification	Common Medications Generic /Brand name	Purpose	Possible Side Effects
Antibiotics	<ul style="list-style-type: none"> Amoxicillin/<i>Amoxil</i> Cephalexin/<i>Apo-Cephalex</i> Azithromycin/<i>Zithromax</i> 	To treat bacterial infections, such as ear, sinus, lung, or wound.	Allergic reactions, rash, fatigue, gastrointestinal symptoms, dizziness, headache
Bronchodilator	<ul style="list-style-type: none"> Albuterol sulfate/<i>Ventolin</i> Formoterol sulfate/<i>Perforomist</i> Ipratropium bromide/<i>Atrovent</i> 	To treat asthma-associated wheezing, coughing, and shortness of breath by managing bronchospasm and relaxing muscles that surround the airways	Increased heart rate, palpitations, tremors (shaking), dry mouth, nausea, headache, cough, dizziness, irritated throat
Inhaled Corticosteroids	<ul style="list-style-type: none"> Fluticasone propionate-salmeterol/<i>Advair</i> Fluticasone Propionate/<i>Flovent</i> Budesonide/<i>Pulmicort</i> 	To help reduce swelling in the airways and prevent asthma flare-ups - Do not use to treat a sudden onset of shortness of breath, coughing, or wheezing.	Dry mouth or irritated throat, hoarseness, bad taste in the mouth, cough, headache, voice changes, sinus irritation, dizziness, runny

Therapeutic Classification	Common Medications Generic /Brand name	Purpose	Possible Side Effects
			nose, diarrhea, yeast infections
Antihistamine	<ul style="list-style-type: none"> • Loratadine/<i>Claritin</i> • Cetirizine hydrochloride/<i>Zyrtec</i> • Diphenhydramine/<i>Benadryl</i> • Fexofenadine hydrochloride/<i>Allegra</i> 	To decrease allergic response	Drowsiness and sleepiness, dry mouth and throat, headache, relaxation, dizziness, confusion, nightmares, muscle weakness, gastrointestinal symptoms,
ADHD Drugs and CNS Stimulants	<ul style="list-style-type: none"> • Atomoxetine/<i>Strattera</i> • Dextroamphetamine Sulfate/<i>Adderall</i> • Methylphenidate Hydrochloride/<i>Concerta, Ritalin</i> • Dexmethylphenidate Hydrochloride/<i>Focalin</i> 	To assist in the regulation of neurotransmitters and hormones that help symptoms of ADHD	<p>Sleep disturbances, loss of appetite, gastrointestinal symptoms, headaches, irritability, tachycardia</p> <p>Dry mouth, rash, tiredness, weakness, headache, nervousness gastrointestinal symptoms</p>
Fever and Pain reducing	<ul style="list-style-type: none"> • Acetaminophen/<i>Tylenol</i> • Ibuprofen/<i>Advil, Motrin</i> 	To provide anti-inflammatory effect, pain relief, and fever-reduction	Rash, hives, liver damage, gastrointestinal symptoms

Table 2. **Routes of Medication**

The prescribed route to administer medication can be found in the directions, on the medication label and is prescribed according to the body's absorption and use of medications as well as to increase individual compliance and provide convenience (Jean & De Jesus, 2023). On the following pages, a table is provided for a general overview of administration by route (Jean & De Jesus, 2023; Ernstmeyer & Christman, 2021). Please see your school nurse for any specific instructions. Before administering medication always [wash hands](#). Once you have completed the task according to directions, remove gloves, discard, and wash hands.

Route	Action/Use/Absorption	Techniques
Oral	Administered by mouth Swallowed and absorbed in gastrointestinal tract. Variable absorption rates.	Oral medications should be taken with water unless otherwise indicated. For liquid medication, pour into medicine cup and measure at eye level. Observe student swallowing.
Sublingual	Dissolved under tongue. Absorbed by oral mucous membranes. Rapid absorption.	Place medication under tongue. Allow medication to fully dissolve.
Buccal	Dissolved in cheek. Absorbed by oral mucus membranes. Rapid absorption.	Use a tongue depressor on the inner cheek to pull cheek away from gum. Spray or rub medication inside cheek.
Inhaled	Inhaled directly into the lungs. Absorbed by respiratory tract. Large area of absorption.	Prepare inhaler and spacer, as indicated. Have student exhale completely. Place mouthpiece in student's mouth. Depress inhaler to release medication and have student inhale slowly and deeply. Have student hold breath for 10 seconds, and exhale through pursed lips. Have student rinse mouth after use.
Nasal	Administered into the nose. Absorbed into the mucus membranes of nostrils.	Have student blow nose. Close opposite nostril.

Route	Action/Use/Absorption	Techniques
	Quick absorption.	Place dropper bottle in prescribed nostril. Squeeze bottle and have student inhale, if prescribed. Repeat with other nostril, if prescribed.
Transdermal	Applied to the skin. Absorbed through the skin. Used for local or systemic effect.	Remove old medication/patch, clean and dry skin. Apply prescribed amount of medication. Cover if indicated.
Optic	Administered into the eye. Absorbed by the optical mucosa Used for direct local effect.	Tilt the student's head back. Pull down on outer lower eyelid, creating a pocket. Apply prescribed amount of medication to pocket, do not touch medicine bottle to eye. Repeat in the other eye if prescribed.
Otic	Administered into the ear. Absorbed in tissue of inner ear. Used for direct local effect.	Tilt the head so affected ear is upright. Apply prescribed amount into ear canal, do not touch medicine bottle to ear. Keep student still, with head tilted, as prescribed. Repeat in the other ear, if prescribed.
Rectal	Administered in the rectum. Absorbed by the rectal mucosa. Useful for those with an inability to swallow.	Lubricate tip of medication or syringe. Place student on left side Separate buttocks. Into rectum, gently insert medication or syringe and depress plunger.
Injection	Administered into the muscle (intermuscular) or into the fatty tissue (subcutaneous). Absorbed directly into the bloodstream.	It is recommended that, except for an emergency, a licensed professional nurse administer injectable medications.

Medication Administration via Enteral Feeding Tube at School

Students with various medical conditions may require feeding and medication through an enteral feeding tube. Policies or procedures must be in place to ensure that students receive their medications as prescribed, regardless of route. In addition to the guidelines within this document for medication administration, including parental authorization, the following considerations should also be adhered to. Enteral nutrition will be prescribed by a healthcare provider and will specify the content of feeding, volume, time and frequency of administration, and conditions of storage. In collaboration with healthcare providers and families, the school nurse will create/obtain an emergency care plan and develop IHPs, and 504s as indicated.

The school nurse will utilize the decision tree to determine the appropriate people to coordinate and oversee. Training will include:

1. How to access and flush a feeding tube, and how to care for surrounding skin.
2. How to troubleshoot potential problems or alarms on a feeding pump.
3. Crush tablets, open capsules, and dissolve before administration.
4. Use liquid when possible.
5. Administer one medication at a time, and flush between medications. (St. Jude Children's Research Hospital, 2024).

More information can be found at [St. Jude Children's Hospital: How to Give Medicines Through a Feeding Tube](#)



Access to Medications in a Disaster

Emergency medications must be considered when preparing for a disaster or other event. The American Academy of Pediatrics (AAP) advocates for thorough communication and encouragement related to planning for unforeseen events, which can promote better outcomes in coping after an emergency (American Academy of Pediatrics, 2023). The Federal Emergency Management Agency (FEMA) outlines important steps such as being informed, planning, [building a kit](#), and getting involved (U.S. Department of Homeland Security, 2023).

The health office must consider emergency medications for students when building an emergency bag, for use when evacuating the school building (National Association of School Nurses, 2021). Schools should ensure appropriate staff has access to information about students with chronic health conditions, stock rescue medication, and the emergency bag including a multi-dose inhaler, epinephrine auto-injector, and glucose tablets or a concentrated sugar source (National Association of School Nurses, 2021). During emergency drills the school nurse will practice taking the emergency bag upon exit, retrieving any student-specific supplies, and emergency medications such as but not limited to seizure medication.

[NASN: Emergency Resources, Equipment, and Supplies List for Schools](#)





The Six Rights of Medication Administration

The rights of medication administration are broadly stated goals and practices for the safe administration of medication, and individual best practice researchers discuss eight rights (Lippincott, Williams & Wilkins, 2023). For the purposes of this document we will discuss the six rights of medication administration, and the utmost importance to clarify, demonstrate, and carefully teach all of these rights to unlicensed personnel (State of Maine Department of Education and State Board of Education, 2022; National Association of School Nurses, 2021; Lippincott, Williams & Wilkins, 2023). The first of these rights is to correctly identify the student. It is recommended to ask the student to state their name and date of birth along with checking a picture from the student's health record if available before each time medication is to be administered (State of Maine Department of Education and State Board of Education, 2022; National Association of School Nurses, 2021; Resha & Taliaferro, 2024).

Right Person

- Check the first and last name as well as birthdate - *Does it match the order?*

Right Medication

- Check the name on the medication container- *Does it match the order?*

Right Dose

- Check the strength and dose -*Half tablet or whole? One tab or two?*

Right Time

- Check the frequency - *Is it time? Medication is to be given within 30 minutes of the prescribed time.*

Right Route

- Check the route - *Oral or ear? Both sides or one? Can it be crushed?*

Right Documentation

- Check that all documentation is complete and legible - *Did you document the results of as-needed medications?* (State of Maine Department of Education and State Board of Education, 2022; National Association of School Nurses, 2021; Lippincott, Williams & Wilkins, 2023).

The student's medication administration record will be compared to the medication label to verify the rights: STUDENT NAME, MEDICATION, DOSE, ROUTE, AND TIME (State of Maine Department of Education and State Board of Education, 2022; National Association of School Nurses, 2021). Utilize the example of the medication label provided. It is recommended that the nurse ask the trainee to practice reading the medication label and to be able to teach back where the rights can be found.

The Medication Label

Understanding how to read a medication label is very important to student health and safety. Reading the label carefully, slowly, and deliberately will help prevent errors. In the label below, teach to find the RIGHT student, RIGHT medication, RIGHT dose, RIGHT route, and RIGHT time. Consider using a highlighter to assist in teaching and giving the copy to your UAP.

Documentation is the 6th RIGHT (State of Maine Department of Education and State Board of Education, 2022; National Association of School Nurses, 2021).

Labels on the left side of the medication label:

- Patient name: MILLER, JANE
- Medication name: ACYCLOVIR
- Medication strength: 400 MG TABLETS
- Instructions for use: take one tablet by mouth every 12 hours
- Prescription number: Rx#8188542
- Refills remaining: NO REFILLS
- Prescriber name: Pres by: SMITH, H

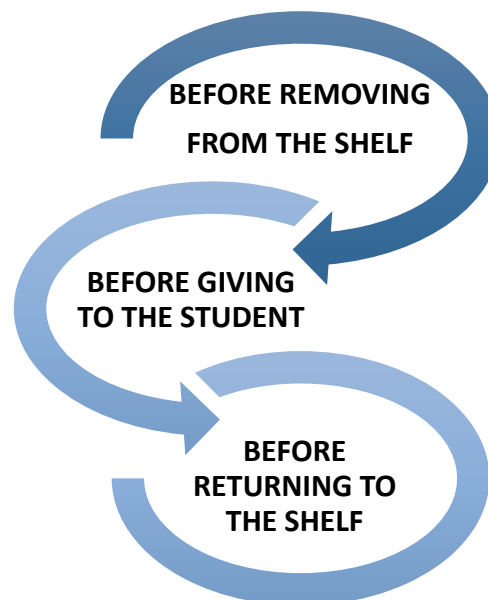
Labels on the right side of the medication label:

- Medication quantity: QTY: 60
- Pharmacy information: Memorial Hospital for Cancer & Allied Diseases

(Memorial Sloan Kettering Cancer Center, 2023)

ALWAYS READ THE LABEL THREE TIMES

All medication, including over-the-counter (OTC) medication, must have a written physician's order along with a parent/guardian written permission (State of Maine Department of Education and State Board of Education, 2022). An example of authorization is provided in the sample forms. The signed district standing orders cover OTC and emergency medications (State of Maine Department of Education and State Board of Education, 2022).





THE 6 RIGHTS OF MEDICATION ADMINISTRATION



Right Medication

A white icon of a medicine bottle with a cross on the label, set against a blue circular background.

Right Dose

A white icon of two pills, one round and one oval, set against a blue circular background.

Right Time

A white icon of a clock face, set against a blue circular background.

Right Student

A white icon of a person with their arms raised, set against a blue circular background.

Right Route

A white icon of a syringe with a drop of liquid, set against a blue circular background.

Right Documentation

A white icon of a checklist with a pencil, set against a blue circular background.



Accountability and Proper Storage

The first dose of any new medication should be administered by a parent/guardian at home for monitoring (State of Maine Department of Education and State Board of Education, 2022; National Association of School Nurses, 2021). All medications should be delivered to the school by a responsible adult, and properly labeled in the original pharmacy or manufacturer container. (National Association of School Nurses, 2021). Expired medication should not be accepted or administered. The medication label must match the written medication order on file for that student with the medication name, dose, route, time, and prescribe (National Association of School Nurses, 2021). Contact the school nurse or parent/guardian if there is a discrepancy. Controlled medications, such as stimulants, must be counted upon receipt with the perpetual daily log maintained on the student's medication record (National Association of School Nurses, 2021; National Association of School Nurses, 2021). The following template is provided by NASN: [Medication Inventory Record](#) Store medication in a locked and secured cabinet/drawer used exclusively for medication, in a room that can be locked (National Association of School Nurses, 2021). Exceptions are those that are self-administered or used as emergency medication (National Association of School Nurses, 2021). Medications requiring refrigeration should be kept in a secured refrigerator that is not used for food and is inaccessible to students or staff. Temperature should be monitored daily on a log such as the one provided in sample forms (National Association of School Nurses, 2021). Needles, lancets, syringes, and other medical sharps should be disposed of in puncture-resistant sharps containers (U.S. Food & Drug Administration, 2021). For more information on needle stick prevention: [OSHA: Bloodborne Pathogens and Needlestick Prevention](#).

Documentation

1. School administration units must have a policy and procedure for documentation of medication and medication errors.
2. Documentation should include the five rights: RIGHT student, RIGHT medication, RIGHT dose, RIGHT route, and RIGHT time.
3. Documentation must be in ink, legible, and complete.
4. Documentation occurs immediately after administration, by the person who has administered the medication.
5. Controlled substances are documented on a perpetual inventory sheet.
6. Any adverse reaction, refusal, waste, or unexpected occurrence is documented.
7. An error made in recording medications on the medication administration record (MAR) should have a single line drawn through it and marked error, initialed and dated, whiteout may not be used.
8. Demonstrate where to find and how to use your district's documentation system, including how to document an error. A sample is provided in sample forms (National Association of School Nurses, 2021; National Association of School Nurses, 2021).

WHEN TO CONTACT THE SCHOOL NURSE

- New medication is received at school or if there is a change in order
- First-time student will be taking medication
- Parent/guardian calls with directions to administer different than ordered
- You notice the medication label:
 - Does not match the written order on file
 - Directions are not clear, or you do not understand
 - Is damaged – torn, stained, or illegible
 - Date shows medication has expired
- Medication does not appear to be correct
 - Not the same color, size, or shape as usual
 - Does not match the description on the pill on the bottle
- Student refuses the medication
- Student experiences adverse effects after taking the medication
- A medication error has been made, or medication has been wasted/dropped
 - wrong student
 - wrong medication
 - wrong dose
 - wrong time
 - wrong route

When the nurse is not available, alert the administration who will call the parent/guardian.

Confidentiality and Parent Communication

Under the Family Educational Rights and Privacy Act (FERPA), student confidentiality is always to be maintained in all written and verbal communications related to the student (U.S. Department of Education, 2021). According to (Resha & Taliaferro, 2024) healthcare providers can communicate and disclose protected health information without parental consent or authorization for treatment purposes. “Likewise, a school nurse may (under FERPA) communicate with a student’s outside health care provider to clarify that provider’s treatment orders” (The Network for Public Health Law, 2020). Student medication is confidential, and accurate and confidential systems of record keeping and administration must be kept, as well as preserving student confidentiality and privacy during medication administration (U.S. Department of Education, 2021; National Association of School Nurses, 2021; Resha & Taliaferro, 2024). When training unlicensed personnel, the school nurse must reinforce the confidentiality of student information and only share information related to the safety of the student when necessary (State of Maine Department of Education and State Board of Education, 2022).



Procedure: **ADMINISTRATION OF MEDICATION**

Preparation:

1. Assure privacy and confidentiality.
2. Avoid distractions and focus intently on the task.
3. Assure the work area is clean and well-lit.
4. Medications should be administered within 30 minutes of the scheduled time.
5. Considerations should be given for early dismissal days and procedures should be in place to address regularly scheduled medication administration.

Safeguards:

1. Medication must be in the original container.
2. Do not give medication if you cannot read and understand the label.
3. Medications are to be administered to one student at a time.

Steps:

1. Ask student to state their name and date of birth, and verify identity with a picture if available. Compare this information with the student's medication record.
2. Wash your hands.
3. Retrieve medication in its original container from secured storage. Lock storage while administering.
4. Check the medication label against the medication record for: STUDENT NAME, MEDICATION NAME, DOSE, ROUTE, and TIME. *Do not administer if there are any inconsistencies.*
5. Check the expiration date. *Do not administer if expired. Notify your school nurse.*
6. Repeat step 4.
7. Remove the medication lid and place it on a clean paper towel, do not contaminate the inside.
 - a. Never touch medication.
 - b. Do not leave medication unattended at any time.
8. After administration, return the medication immediately to the locked storage area, in the correct place.
9. Document the medication administration. This includes student name and date of birth, medication name, dose, and route as well as signatures/initials of the person who administered the medication. (National Association of School Nurses, 2021; Resha & Taliaferro, 2024).

Medication Errors

“A medication error occurs when a medication is not administered as prescribed. This includes when the medication prescribed is not given to the correct student, at the correct time, in the dosage prescribed, by the correct route, or when the medication administered is not the correct medication.” (State of Maine Department of Education and State Board of Education, 2022; National Association of School Nurses, 2021).

It is best practice to develop a culture in schools that will promote and reward the reporting of errors. When nurses feel psychologically safe to report, they can be active members of governance seeking out the system failure that led to errors and building safer systems (The Joint Commission, 2018). Medication errors include any failure to administer the correct medication as prescribed for a particular student at the right time, dose, or route (Maine State Board of Nursing, 2014; National Association of School Nurses, 2021). An error made in recording medications on the medication administration record should have a line drawn through it and marked error or mistaken entry initialed and dated. Whiteout may not be used (Lippincott, Williams & Wilkins, 2023; National Association of School Nurses, 2021). Documentation of a medication error is required promptly, following the school's policy, and the parent/guardian is to be notified (National Association of School Nurses, 2021). These procedures are created locally, a model procedure can be found here [NASN: Medication Error Procedure](#).

CONSIDERATIONS

- Wasted medication (lost, wasted, dropped, stolen) should be recorded on incident forms.
- A missed dose is a medication error and should be documented as such.
- Student refusal should be documented, and parent notified. (National Association of School Nurses, 2021; Resha & Taliaferro, 2024)

The school nurse and school health advisor should review reports of medication errors, identify contributing factors, and take necessary steps to adjust protocols to lessen the likelihood of a future medication error (National Association of School Nurses, 2021). Administration must make every effort to build a safe culture, cultivating responsibility, and trust, and encouraging reporting (The Joint Commission, 2018). This can be accomplished by being a strong role model and verbalizing openness about errors, in turn creating an environment where there is no punitive action for reporting (The Joint Commission, 2018). Schools may consider creating a process for reporting close calls, to identify gaps in practice, which can not only increase safety but improve processes (The Joint Commission, 2018).

[The Joint Commission: The 4 Es of a Reporting Culture](#)

Responding to Emergencies

A life-threatening allergy protocol is required for all schools, including steps to prevent exposure, training frequency, designated staff, record keeping, and reporting (State of Maine Department of Education and State Board of Education, 2022). Appropriately trained staff will be trained to identify common allergens and prevent exposure, how to recognize anaphylaxis, and how to administer emergency medications (State of Maine Department of Education and State Board of Education, 2022). Sample training materials, protocols, and NASN materials are available on the Maine Department of Education [School Health Service: Acute and Emergency Care](#).



Table 3. **Emergency Medications**

The following table shows examples of common emergency medications that may be given in school (Lippincott, Williams & Wilkins, 2023).

Medication Name	Purpose	Potential Side Effects
Bronchodilators	To open airways	Increased heart rate, palpitations, tremors (shaking), nausea, dry mouth, headache, cough, dizziness, irritated throat.
Benzodiazepine	To serve as a muscle relaxant, anxiolytic, and provide anticonvulsive effects	Therapeutic doses can cause drowsiness, impaired motor function, gastrointestinal changes, and cardiovascular irregularities. Toxic doses may cause memory changes, confusion, forgetfulness, decreased respiratory and heart rate, and respiratory arrest.
Epinephrine	To relax smooth muscle in the lungs	Drowsiness, nervousness, palpitations, tachycardia, gastrointestinal symptoms, respiratory difficulties.
Anti-hypoglycemic	To rapidly increase blood sugar in an unresponsive person with diabetes	Gastrointestinal symptoms.
Insulin	To lower blood glucose	Hypoglycemia, high blood pressure, urinary and gastrointestinal symptoms, rash.
Naloxone	To displace opioids from receptors, reversing the effects of opioids	Withdrawal symptoms, gastrointestinal symptoms.
Some signs of opioid overdose are unconsciousness, very small pupils, slow or shallow breathing, vomiting, faint heartbeat, limp extremities, pale skin, and/or, blue/purple lips and fingernails.		

The above table is not a complete list of potential side effects. Please refer to the manufacturer package insert for a complete list of drug interactions, potential side effects, and adverse reactions.

Epinephrine Guidelines

1. A life-threatening allergy protocol is required for all schools.
2. Without a collaborative practice agreement in place a trained unlicensed school staff member can only administer epinephrine to a specific student as part of that student's individualized health care plan (IHP) with a prescription specific to that student. A school nurse may administer epinephrine to any person whom they believe to be experiencing anaphylaxis so long as there is a standing order from the school health advisor for this purpose. [[20-A MRSA §6305 \(5\)](#)]
3. A collaborative practice agreement allows for qualified unlicensed school personnel to administer an epinephrine auto-injector in good faith to any student experiencing anaphylaxis during school, or school-sponsored activity. A collaborative practice agreement must be renewed annually. [[20-A MRSA §6305 \(3\)](#)]
4. Students with a medically documented known allergy and risk of anaphylaxis should have an individualized healthcare plan in place.
5. Training for school staff shall include common allergens, causes, signs of anaphylaxis, prevention, and how to administer an epinephrine auto-injector.

It is recommended per the Maine DOE [05-071 C.M.R. ch.40 \(2022\) Rule for Medication Administration in Maine Schools](#), that each school administrative unit (SAU) and approved private school provide an incident report to the Maine DOE following a severe allergic reaction or epinephrine administration. [Anaphylaxis Incident Reporting Form](#)

Naloxone Guidelines

1. Having a policy and protocol for the administration of naloxone to any individual suspected of experiencing an opioid-related overdose is allowed and encouraged to prevent death. [[20-A MRSA §6307](#)]
2. Without a collaborative practice agreement in place, naloxone shall only be administered by licensed healthcare personnel within a school whose scope of practice includes recognizing signs of overdose and administration of medication. [[20-A MRSA §6307 \(5\)](#)]
3. With a collaborative practice agreement any trained school personnel may carry and administer naloxone on school grounds to any person experiencing a suspected opioid overdose if the school nurse is not present. [[20-A MRSA §6307 \(3\)](#)]

Opioid overdose reversal guidelines can be found here [School Health Service: Acute and Emergency Care](#) as well as a [Sample Collaborative Practice Agreement](#).

Undesignated Glucagon Guidelines

Schools may stock undesignated glucagon for use if a student with a known diabetes diagnosis does not have their supply of glucagon available on-site, or it has expired. [\[20-A MRSA§6308\]](#)

The undesignated ready-to-use glucagon must be:

- Written as a standing order
- Stored in a secure location
- Immediately accessible to the school nurse and trained unlicensed school personnel (USP)
- Maintained according to manufacturer's instructions [\[20-A MRSA§6308 \(2\)\(3\)\]](#)

In accordance with [05-071 C.M.R. ch.40 \(2022\) Rule for Medication Administration in Maine Schools](#), school administrative units are required to have a local medication policy that includes

- Appropriate training
- An individualized health plan and emergency plan indicating medications needed for management in school
- Current written request from parent/guardian, with the understanding that glucagon may be administered by USP
- Current written order from the prescribing healthcare provider including the name of the student, medication, dose, route, and when to administer (State of Maine Department of Education and State Board of Education, 2022).

Immediately after administration of undesignated ready-to-use glucagon therapy, call emergency assistance, notify the school nurse, and follow the emergency action plan. [\[20-A MRSA§6308 \(5\)\]](#)



Allergy and Anaphylaxis

Anaphylaxis is a life-threatening allergic reaction resulting most commonly from contact or ingestion of [foods](#), [medications](#), [latex](#), and [insect](#) stings (American Academy of Allergy Asthma & Immunology, 2024). Immediate medical treatment includes the administration of epinephrine without delay and calling 911 emergency services. Failure to treat anaphylaxis can be fatal (American Academy of Allergy Asthma & Immunology, 2024). Symptoms of anaphylaxis typically start within 5 to 30 minutes of exposure but can take more than an hour in some instances (American Academy of Allergy Asthma & Immunology, 2024).

More information is found below:

[American Academy of Allergy Asthma & Immunology: Anaphylaxis](#)

[Food Allergy Research & Education \(FARE\)](#)

[FARE: Toolkit for Food Allergies in the Classroom](#)

[FARE: School Posters & Infographics](#)

[Maine Department of Education: School Health Service: Acute and Emergency Care](#)



TYPICAL WARNING SIGNS MAY INCLUDE

- Rash, hives, welts that usually itch
- Swelling of throat or body areas
- Wheezing
- Cough
- Hoarse voice
- Trouble breathing or swallowing
- Passing out
- Chest tightness
- Stomach cramping
- Vomiting
- Diarrhea
- Pale, or red color of the face or body
- Feeling of impending doom

Warning signs usually affect more than one part of the body, and it is possible to have a severe allergic reaction without skin symptoms (American Academy of Allergy Asthma & Immunology, 2024)

Self-Administration of Medications

The school nurse recognizes the growth and maturity of students throughout their school career, as well as the abilities and understanding of the need for medication (Resha & Taliaferro, 2024). The role of the school nurse in promoting independence includes assessment of skill, autonomy, and understanding as well as how to access help in an emergency (Resha & Taliaferro, 2024). Students are permitted to carry and self-administer certain medications in the school setting if the following conditions are met (State of Maine Department of Education and State Board of Education, 2022).

1. Written approval is received from the student's health care provider and parent/guardian stating that the student has the knowledge and skills to possess and use the medication.
2. The student has an individualized healthcare plan (IHP) and emergency plan for a chronic medical condition or life-threatening allergy requiring the student to self-carry and administer.
3. The student must demonstrate the ability and responsibility to properly use the medication to the school nurse.

In addition to the specific medications listed in Chapter 40, if the IHP of a student determines the student must self-carry a medication, the school nurse may allow it if the above three conditions are met (State of Maine Department of Education and State Board of Education, 2022). The following table can assist the school nurse in determining student abilities and was adapted utilizing the New York State Center School Health “Guide to Determining Levels of Assistance in Medication Delivery” as well as the AAP policy statement (New York State Education Department, 2022; Miotto, Balchan, Combe, National Association of School Nurses, & Council on School Health, 2024).

Sunscreen at School

The school nurse may allow a student to possess and use topical sunscreen without an order from a physician when the following conditions are met:

- ✓ Sunscreen is in the original container with proper FDA labeling, directions for use, and warnings
- ✓ Written permission from the parent is obtained

There is no expectation that the school will supply sunscreen to students. If a student is unable to self-apply, school personnel may assist when:

- ✓ The student requests help
- ✓ Parent or guardian permits
- ✓ Authorized by the school

Allowable products in the school setting include oils, lotions, creams, gels, butters, pastes, ointments, and sticks. It is not recommended to allow aerosol or spray sunscreen to limit adverse effects for students with asthma and or allergies (State of Maine Department of Education and State Board of Education, 2022).



Special Considerations

Medical Marijuana

Reasonable accommodations must be made for students who hold written certification for the medical use of non-smokable marijuana (Maine Revised Statutes, Title 20-A, section 6306). In schools, cannabidiol (CBD) oil is a marijuana product and is subject to the same limitations.

Medical marijuana may only be possessed and administered under the following conditions:

1. The student requires a dose during the school day.
2. It is possessed by the parent/guardian or caregiver only.
3. Only the parent/guardian or caregiver may administer medical marijuana-it cannot be done by or delegated to, a school employee, or any other person, than the primary caregiver. Reasonable accommodations must be made for students who hold written certification for the medical use of marijuana in a non-smokable form (State of Maine Department of Education and State Board of Education, 2022).

Homeopathic

Numerous areas comprise the practice of complementary and alternative medicine (CAM). In the United States, CAM is used by about 38% of adults and 12% of children (John Hopkins Medicine, 2024). Registered nurses can administer medications prescribed by a provider if it is within their scope of practice to prescribe such medications (Maine State Board of Nursing, 2023).

Learn more about complementary health care providers here: [Chapter 113-B Complementary Health Care Providers](#).

Information regarding purpose, safe dosage, storage requirements, side effects, rescue procedures, and intended benefits for the student must be provided by the prescriber. The school nurse and administrator, in consultation with the family and school health advisor, will determine if the medication is appropriate to be administered in school. If the decision is made to administer the medicine, the prescriber will furnish a complete written order.



Field Trip/Off-Campus Activities

Planning for a field trip involves considering the needs of the students including those with life-threatening allergies, chronic health conditions, and those who take medications daily at school. The school nurse is involved in this planning and ensures that there is an identified staff member who has completed annual training. Once the UAP is identified the school nurse will do the following:

1. Gather, provide, and review the care plans for individuals with chronic health conditions and life-threatening allergies.
2. Review prescribed emergency medications to include when and how they are administered.
3. If the school has a collaborative practice agreement, review stock emergency medication to include when and how to administer it.
4. Gather provide and review signed orders and authorization from parent slash guardian and healthcare provider for daily medications that will be administered.
5. Review the six rights of medication administration. Consider providing a visual reminder such as the ones provided on pages 21 and 22 in this document.
6. Review local procedures, including privacy and cleanliness of the area where medications will be administered (State of Maine Department of Education and State Board of Education, 2022).



Out-of-State Travel

When traveling out of state, schools must consider the laws pertaining to medication administration and USPs administering medication in that state (State of Maine Department of Education and State Board of Education, 2022). If the school nurse is attending, it must be determined if the state is part of the nurse licensure compact (State of Maine Department of Education and State Board of Education, 2022). This includes contacting the office that regulates nursing and or nursing practice in the state to determine the next steps (State of Maine Department of Education and State Board of Education, 2022).

School administrative units may create procedures at their discretion to allow students to hold/self-administer medication on overnight trips or in unique situations where there may not be authorized adults to do so (State of Maine Department of Education and State Board of Education, 2022). The school nurse will collaborate with the parent/guardian and the student's medical provider to determine the student's knowledge, responsibility, and capability to self-administer (State of Maine Department of Education and State Board of Education, 2022). Once this determination has been made, written consent from both the parent/guardian and the medical provider must be obtained. (State of Maine Department of Education and State Board of Education, 2022).

Transportation

Duplicate medication containers with proper labeling obtained from the pharmacy will be used on field trips. Transporting and storing medication on field trips will comply with any special directions and be secured as safely as possible (State of Maine Department of Education and State Board of Education, 2022).



Medication Administration in the Boarding School Setting

The guidelines of medication administration to boarding students living on campus in a dormitory are consistent with guidance found throughout this document. As in all public and private schools, local policies and procedures will be created (State of Maine Department of Education and State Board of Education, 2022). Schools that enroll students from outside of Maine in the United States have unique circumstances in the dormitory, such as medication administration outside of school hours. Some considerations are as follows:

1. Training requirements for dormitory staff administering medications will be consistent with the training considerations within this document, see page 12.
2. The same accountability and storage guidelines apply, see page 23, with the addition that the dormitory director may also have proper storage for medications given outside of school hours (State of Maine Department of Education and State Board of Education, 2022).
3. All medications, including over-the-counter items, should be clearly labeled and include the five rights name of the student, medication dosage route, and time.
4. If medication is unidentifiable due to a language barrier or for any other reason, the school nurse will collaborate with the family and school health advisor to identify medication dosage and instructions for administration.
5. In cooperation with the school health advisor, the school nurse may be responsible for ordering prescriptions, over-the-counter medications, and supplies for boarding students.
6. When a student leaves campus the guidelines for field trips/off-campus activities should be followed. The school nurse will clearly communicate directions for medication administration to the host family and provide written instructions in the host family's native language.
7. The student may refuse medication (National Association of School Nurses, 2021). If this happens after school hours, dormitory staff reports to the on-call school nurse at that time. The school nurse will use clinical judgment to determine if the parent/guardian or school health advisor needs to be consulted immediately.

A student may have a medication that is not considered a prescription medication in their home country therefore not having an accompanying order. Consider the following steps:

1. Identify the medication.
2. Make an appointment for the student to be seen by a medical provider or the school health advisor.
3. The school health advisor may write an order and prescription for the medication.

If it is unsafe to pause a medication in the school nurse's judgment, collaborate with the administration and the school health advisor to expedite this process.

Youth Experiencing Homelessness

A minor may give consent to all health services and counseling including medical, dental, and mental health if the minor is living separately from parents or legal guardians and is independent of parental support (Maine State Legislature, 2019; Maine Department of Education). The minor may prove that status with documentation including, but not limited to, a written statement from a nonprofit homeless services agency, local school unit McKinney-Vento homeless liaison, or attorney (Maine State Legislature, 2019; Maine Department of Education). For more information about McKinney-Vento in Maine visit [Maine Department of Education: McKinney-Vento Education in Maine](#).

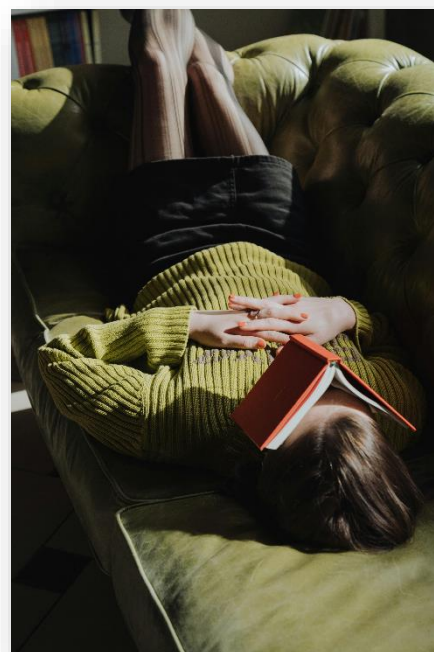
Unaccompanied Youth

Unaccompanied homeless youth must meet both the definition of unaccompanied and homeless. The definition of unaccompanied is not in the physical custody of a legal parent or guardian. The McKinney-Vento Act defines homeless children as “individuals who lack a fixed regular and adequate nighttime residence.” (Maine State Legislature, 2019).

Each SAU McKinney-Vento Liaison is responsible for determining eligibility. To find your McKinney-Vento Liaison, in your SAU visit [Maine DOE McKinney-Vento Contact Lookup](#).

The act provides examples of children who would fall under the definition of homeless:

1. Children and youth that share housing due to the loss of housing, economic hardship, or a similar reason.
2. Children and youth living in motels, hotels, trailer parks, or campgrounds due to the lack of alternative accommodations.
3. Children and youth living in emergency or transitional shelters.
4. Children and youth abandoned in hospitals.
5. Children and youth whose primary nighttime residence is not ordinarily used as a regular sleeping accommodation (park benches, etc.).
6. Children and youth living in cars, parks, public spaces, abandoned buildings, substandard housing, bus, or train stations.
7. Migratory children and youth living in any of the above situations (Maine State Legislature, 2019).



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Medication Administration in Maine Schools

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