**05-071 DEPARTMENT OF EDUCATION**

**Chapter 40: RULE FOR MEDICATION ADMINISTRATION IN MAINE SCHOOLS**

**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 students’ 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 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 use 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 for the purpose of limiting skin damage from ultraviolet radiation.

**1.** **DEFINITIONS**

 **Administration:** Administration means the provision of prescribed medication to a student according to the orders of a health care provider.

 **Allergen:** An allergen is a substance that can cause an allergic reaction.

 **Anaphylaxis:** Anaphylaxis is a severe, whole-body allergic reaction to a chemical that has become an [allergen](http://www.nlm.nih.gov/medlineplus/ency/article/002229.htm).

 **Asthma inhaler:** An asthma inhaler is a device for the delivery of prescribed asthma medication which is inhaled. It includes metered dose inhalers, dry powder inhalers and nebulizers.

 **Collaborative practice agreement:** A written and signed agreement between a physician licensed in this State or a school health advisor under section 6402-A and a school nurse under section 6403-A that provides for the prescription of certain medications by the physician or school health advisor and administration of these certain medications by the school nurse or designated school personnel to a person in specific situations as described in this rule. [20-A MRSA §6305 and §6307].

 **Health Care Provider:** A health care provider is a medical/health practitioner who has a current license with a scope of practice that includes prescribing medication.

 **Indirect Supervision:** 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.

 **Medication:** Medication means prescribed drugs and medical devices that are controlled by the U.S. Food and Drug Administration and are ordered by a health care provider. It includes over-the-counter medications prescribed through a standing order by the school health advisor or prescribed by the student’s health care provider.

 **Medication Error:** 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.

 **Parent:** Parent means a natural or adoptive parent, a guardian, or a person acting as a parent of a child with legal responsibility for the child’s welfare.

 **School Health Advisor:** School health advisor means a physician or family or pediatric nurse practitioner**.** [20-A MRSA §6402-A]

 **School Nurse:** School nurse means a registered professional nurse with Maine Department of Education certification for school nursing.

 **Self-Administration:** Self-administration is when the student administers medication independently to themself under indirect supervision of the school nurse.

 **Sunscreen:** Any product regulated by the FDA as an over-the-counter product designed to protect the skin from harmful UVA/UVB rays from the sun. For the purpose of use in the school setting, allowable products include oils, lotions, creams, gels, butters, pastes, ointments, and sticks.

 **Training for Unlicensed School Personnel:** Training for unlicensed school personnel means the organized and systematic education of unlicensed school personnel who will administer medications to students.

 **Unlicensed School Personnel:** Unlicensed school personnel are persons acting on behalf of the school, who do not have a professional license that allows them, within the scope of that license, to administer medication.

2. ADMINISTERING MEDICATIONS IN A SCHOOL SETTING

 A. The school nurse will provide direction and oversight for the administration of medication in the school.

 B. School nurses are responsible for their own actions in the administration of medication. It is the school nurse’s responsibility to clarify any medication order which he or she believes to be inappropriate or ambiguous. The school nurse has the right and responsibility to decline to administer a medication if he/she believes it jeopardizes student safety. In this case, the nurse must notify the parent, the student’s health care provider and the school administrator.

 C. Any public or private school approved shall have a written, local policy for administering medication. [20-A MRSA §2902; 20-A MRSA §4502] The policy must include the following:

 i. All unlicensed school personnel who administer medication must be trained before receiving authorization to do so.

 ii. Before medication is administered to a student there must be:

 1. A current written request from the parent for any medication administered to a student during school or a school sponsored event. Verbal permission may be used if needed due to extenuating circumstances. For this purpose, explicit verbal permission from the parent must include the medication requested, dose, route, and time interval to be given. This is to be documented in the student health record and valid for one day only.

 2. A current written order from the prescribing health care provider for any medication administered at school. The order must include the student’s name, the name of the medication, the dose, the route of administration, time intervals to be given, any special instructions, and the name of the prescribing licensed health care provider. A medication label that provides sufficient information may be used in lieu of a written order unless the medication is to be administered for more than 15 consecutive days.

 3. Written parental permission forms and physician orders must be renewed at least annually. Physician orders must be renewed if there are changes in the order.

iii. It is recommended that the first dose of a newly prescribed medication be given at home. The exception will be the use of epinephrine autoinjector for an unknown anaphylaxis, or emergency medication for diabetes such as, but not limited to glucagon or other life-saving medication.

iv. The medication must be delivered to school in its original container, properly labeled.

v. Students may possess and self-administer emergency medication of an inhaled asthma medication, an epinephrine auto-injector, or medications related to the care of insulin dependent diabetes, under the following conditions:

1. Written approval is received from the student’s health care provider stating that the student has the knowledge and skills to safely possess and use an inhaled asthma medication, epinephrine auto-injector, or other medication related to the care of their insulin dependent diabetes.
	1. An Individualized Health Plan and Emergency Plan for anaphylaxis is needed for those with epinephrine autoinjectors.
	2. An Individualized Health Plan and Emergency Plan is needed for those students with asthma requiring treatment and management at school.
	3. An Individualized Health Plan and Emergency Plan is needed for those students with diabetes requiring treatment and management at school.

 2. Written approval is received from the parent indicating that their child may carry and self-administer the medication.

 3. The student demonstrates to the school nurse their ability to carry and use the inhaled asthma medication, epinephrine auto-injector, or medication related to the care of their insulin dependent diabetes properly and responsibly. The school nurse should consider the ability of the student to understand their diagnosis, appreciate the importance of taking their medication at the right time and in the right amount, and accept the responsibility that comes with self-carry medications.

4. Recognizing that there are many unique medical needs of children. If it is determined within the Individualized Health Plan that self-carrying a specific medication not previously addressed in this rule is necessary, a school nurse may allow it so long as the conditions in 1-3 are met.

vi. Students may possess and self-administer topical sunscreen without a signed order from a health care provider under the following conditions:

1. Sunscreen is to be in its original container, labeled with directions of use and warnings.
2. Written permission from parent as required by Section 2 C (ii)(1).
3. School nurse or other school personnel may inspect sunscreen product for safety and proper FDA labeling.
4. There is no expectation that school staff will apply sunscreen to students.
5. There is no expectation that the school will supply sunscreen to all students.
6. A student who is unable to physically apply sunscreen may be assisted by school personnel when directed to do so by the student, if permitted by a parent or guardian and authorized by the school.
7. It is recommended that aerosol or spray sunscreen not be used in schools because it could adversely affect students with asthma and/or allergies.

D. Procedures/protocols for medication must be developed for:

i. How medications are to be safely transported to and from school.

ii. Medication administered on field trips and other off campus activities that is in compliance with section 4 of this rule.

iii. Accountability of medications, particularly those regulated by the Federal Narcotics Act.

iv. The proper storage of medication at school.

v. The training of appropriate staff on administration of emergency medications including the detailed standards for the signs and symptoms of anaphylaxis and the use of epinephrine autoinjector for previously unknown severe allergies.

vi. The procedure to use should a medication reaction occur.

vii. Access to medications in case of a disaster.

viii. The process for documenting medications given and medication errors.

ix. The proper disposal of medications not retrieved by the parents.

E. Within school administrative units or approved private school personnel shall follow the guidelines for the stocking and administration of epinephrine autoinjectors as outlined in section 5 of this rule. [20-A MRSA §6305 (1-9)]

F. School administrative units or approved private schools may develop policy and protocol for Naloxone as outlined in Section 6 of this rule. [20-A MRSA §6307]

G. Reasonable accommodations must be made for students who hold written certification for the medical use of non-smokeable marijuana under Title 22, section 2423-B. [20-A MRSA §6306] For the purposes of this rule cannabidiol (CBD) oil is a marijuana product and subject to the same limitations. Medical marijuana may only be possessed and administered under the following conditions:

i. The student requires a dose during the school day.

ii. It is possessed by the parent/guardian or caregiver only.

iii. 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.

3. REQUIRED TRAINING OF UNLICENSED SCHOOL PERSONNEL TO ADMINSTER MEDICATION.

 A. Any unlicensed school personnel who administer medication to a student in a school setting must be trained in the administration of medication before being authorized to carry out this responsibility. Following the initial training, a training review and information update must be held at least annually for those staff members authorized to administer medications.

 B. The training must be provided by a registered professional nurse or physician.

C. The training on administration of medication must include the following components:

 i. Current laws and school policies related to medication administration,

 ii. Resources available to staff regarding medication administration,

 iii. Basic anatomy of routes of medication (ex. gastro-intestinal route, lung, ear, eye, and nose),

 iv. Basic classification of medications,

 v. Common medications with side effects,

 vi. How to read a medication label,

 vii. How to document medications administered and medication errors,

 viii. The five rights of medication administration (right student, right medication, right dose, right time, and right route),

 ix. Procedure/protocols for administering medication(s),

 x. Signs and symptoms of anaphylaxis,

 xi. Signs and symptoms of adverse effects,

 xii. Responding to emergencies,

 xiii. Working with parents, and

 xiv. Protecting the confidentiality of student health information.

 D. The trainer shall document the training and the competency of school personnel trained. Based upon the documentation of training and competency of unlicensed personnel to administer medication, the school nurse shall make a recommendation to the Superintendent concerning the authorization of such persons to administer medication to students. For unlicensed school personnel that may hold separate certification or training in medication administration, the trainer may determine an abbreviated training is sufficient based on their current knowledge and skill level. This is to be documented with the training and competency.

 E. Training for the purposes of administering medication for a field trip need not include all components listed in 3C at the discretion of the school nurse. The training should be sufficient for the safe administration of the needed medication. This training is considered appropriate for the specific field trip/off-campus event.

 F. School personnel trained in the administration of fluoride as part of the Oral Health Program in the Bureau of Health, are exempt from this rule for the administration of fluoride.

**4. PROCEDURE FOR MEDICATION ADMINISTRATION ON SCHOOL FIELD TRIPS/OFF-CAMPUS EVENTS**

1. **Training.** Any unlicensed personnel administering medications, both prescription and over the counter must have training documentation on file at the school.
2. **Orders/Permissions.** There must be written permission from the parent/guardian providing consent to administer the medication in school and a written physician’s order and/or an appropriately labeled original medication container.
3. **Packaging.** Duplicate medication containers shall be obtained from the pharmacy to be used for field trips as this is considered best practice.

The school nurse will provide a review of the medication and its administration to the trained personnel on an as needed basis. All trained personnel administering medication must understand what to do in an emergency.

1. **Transportation/Storage.** The medication will be transported and stored in compliance with any special directions for the medication and will be secured as safely as possible.
2. **Administration.** The administration of medication on a field trip will duplicate as much as possible, the guidelines found in the *Medication Administration Handbook for Unlicensed School Personnel*. This will include consideration of student privacy and cleanliness of area where medications are administered.

Medication will be administered to the student to assure that the right student receives the right medication, with the right dose, at the right time, by the right route. The trained personnel administering the medication will double check the student with the medication label and will double check the dose. The medication will be administered within 30 minutes either side of the prescribed time.

Each school district will develop a method of documenting medications administered on the field trip, recording any unexpected occurrences, and a method of returning any medication not administered.

1. **Special Considerations**

i*. Out of State Field Trips.* Schools must consider other states’ laws when administering medications. It is advisable that the school nurse contact the Board of Nursing in the state of the school trip regarding questions about unlicensed school personnel administering medications. Some states do not allow unlicensed school personnel to administer medications, for example.

If the school nurse is attending the out of state field trip, he/she should determine if it is part of the Nurse Licensure Compact, which allows a nurse to have one multistate license with the ability to practice in the home state and other compact states. If the state is not a compact state, then the school nurse should contact that state’s office that regulates nursing practice.

ii. *Self-administration of medication.* School administrative units have the discretion to create procedures to allow for self-administration of medication by students on overnight trips or in unique situations where there may not be authorized adults to hold/administer medication. This procedure must include the consent of both the student’s parent/guardian and medical provider in cooperation with the school nurse. The student should be knowledgeable about their condition/medication and sufficiently responsible to possess and capable of self-administration. The arrangements must be done in advance to allow for the communication between medical provider and school nurse.

iii*. Medical Marijuana.* It is the duty of the school unit to know what the applicable state law is with respect to medical marijuana for any out of state trip. Reasonable accommodations must be made for students who hold written certification for the medical use of marijuana in a non-smokeable form. [Title 20-A MRSA §6306]

**5. EPINEPHRINE GUIDELNES**

A**. A Life-threatening Allergy Protocol** is required for all schools which must be available on the governing body's publicly accessible website or the publicly accessible website of each school under the governing body's jurisdiction. School protocol must include steps taken to prevent exposure, training frequency, designated staff, record keeping, and reporting. [20-A MRSA §6305 (9)]

B. **Without a Collaborative Practice Agreement in place,** a trained unlicensed school staff member can administer epinephrine only to a specific student as part of that student’s individual health 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)]

C**. With an optional Collaborative Practice Agreement in place,** designated unlicensed school personnel may administer an epinephrine auto-injector in good faith to any student experiencing anaphylaxis during school or a school-sponsored activity. A collaborative practice agreement must be renewed annually. [20-A MRSA §6305 (3)]

D**.** Students with a medically documented known allergy and risk of anaphylaxis should have an individualized health plan in place.

 E. Training for school staff shall include common allergens, causes and signs of anaphylaxis, prevention, how to recognize anaphylaxis, and how to administer epinephrine auto injector.

**6. NALOXONE GUIDELINES**

A**.** Having a policy and protocol for the administration of naloxone to any individual suspected of experiencing an opioid related overdose on school grounds is not required but is allowed and encouraged in the event a person is suspected of experiencing an opioid overdose on school grounds in order to prevent death. [20-A MRSA §6307]

B**. Without a Collaborative Practice Agreement in place,** naloxone shall only be administered by a licensed healthcare personnel within a school whose scope of practice includes recognizing signs of overdose and administration of medication. [20-A MRSA §6307(5)]

 **C. 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)]

**7. REPORTING**

A. Each school administrative unit and approved private school is encouraged to submit to the Department of Education, on a form developed by the Department, a report of each incident in the school administrative unit or the approved private school or at a school event involving a severe allergic reaction or the administration of an epinephrine autoinjector or administration of naloxone for a suspected opioid overdose; and

 B. The Department may request reports on medication administration in schools.

STATUTORY AUTHORITY:

 20-A M.R.S.A. §254(5)(A-D); Resolve 2005 ch. 11; PL 2013 ch. 526; PL 2019 ch. 32

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