



New York State Education Department

**GUIDELINES FOR MEDICATION MANAGEMENT
IN SCHOOLS**

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The State Education Department
Office of Student Support Services



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LESTER W. YOUNG, JR., <i>Chancellor</i> , B.S., M.S., Ed.D.....	Beechhurst
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Commissioner of Education and President of The University

BETTY A. ROSA, B.A., M.S. in Ed., M.S. in Ed., M.Ed., Ed.D.

Deputy Commissioner of P12 Instructional Support

ANGELIQUE JOHNSON-DINGLE

Assistant Commissioner of Student Support Services

KATHLEEN R. DECATALDO, J.D.

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These guidelines were written and revised (marked with asterisk) with the assistance of an advisory committee.

Stephen J. Boese

Executive Secretary, Board for Medicine
Office of the Professions
New York State Education Department

***Paige Buckner, BS, RN**

Health Services Specialist
New York State Center for School Health

Cynthia Di Laura Devore, MD, FAAP

Pediatrician, Immediate Past Chair,
Committee on School Health and Sports
Medicine, District II AAP
Medical Director Consultant, retired
NY Statewide School Health Services

Constance F. Griffin, BS, RN, AE-C, NCSN

Valley Central Middle School
Past President, NYS Association of School Nurses

***Karen Hollowood RN, BSN, MSED**

Associate in School Nursing
Student Support Services
New York State Education Department

***Nancy Jones BSN, RN, CDCES**

Certified Diabetes Care and Education Specialist
Division of Pediatric Endocrinology at Albany Medical
Center

***Linda Khalil, RN, BSN, MSED**

Director, retired
New York State Center for School Health

***Ann Lanoue RN, BSN, MBA**

Associate in School Nursing
Student Support Services
New York State Education Department

Janice McPhee MSN, RN, NCSN

Past President, NYS Association of School Nurses
Ballston Spa Central School District, retired

Lawrence Mokhiber R.Ph.

Executive Secretary, Board for Pharmacy, retired
Office of the Professions
New York State Education Department

Martha Morrissey RN, BS, MA

Associate in School Nursing, retired
Student Support Services
New York State Education Department

Joetta Pollock, BSN, RN

Elementary School Nurse
Pine Valley Central School

Suzanne Sullivan R.N., J.D.

Executive Secretary, Board for Nursing
Office of Professions
New York State Education Department

***Melissa Trau RN, BS, MS**

Director
New York State Center for School Health

Gail Wold, RN, BSN

Coordinator, retired
New York State Center for School Health

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Glossary

Authorized Prescriber - Health care professionals who have authority to prescribe medications within their scope of practice pursuant to Education Law, including physicians, dentists, podiatrists, nurse practitioners, physician assistants, or specialist assistants, optometrists, and midwives.

Central Venous Line - An intravenous catheter placed in a large vein. Common locations are the neck (internal jugular vein), chest (subclavian or axillary vein), or groin (femoral vein). Such lines can be left in place for weeks or months.

Diabetes Medical Management Plan - a written care plan developed by a duly authorized healthcare provider, school health personnel, and the parent or person in parental relation that specifies in detail how the student is to manage diabetes at school including, but not limited to, detailed information for treatment of hypoglycemia and hyperglycemia by school personnel if the student becomes unable to do so independently, blood glucose range, and insulin coverage scale or correction factor orders for use by a licensed health professional, if one is available.

Emergency Care Plan - (also known as the emergency action plan) is a written plan developed by the school nurse (RN), medical director, or healthcare provider, ideally developed collaboratively. This plan provides specific instructions for school personnel to follow in the absence of a school nurse, and information about the individual student's condition, symptoms to observe for, and actions to take.

Exposure Control Plan - Written policy for protecting employees from bloodborne pathogens exposures, as required by the Occupational Safety and Health Administration (OSHA) for any employer who employs one or more employees, and the Public Employees Safety and Health (PESH) at the NYS Department of Labor for public employers. An Exposure Control Plan is the focal point of any bloodborne pathogens exposure prevention program. It details in writing a plan for reducing exposures to blood and explains what steps to take if an exposure occurs. The plan specifies all steps to be taken in the school facility to limit exposure of employees.

Opioid Antagonist - An FDA approved drug that negates or reverses the effects of an opioid on the body.

Parent Designee - The parent/guardian may personally designate another adult family member or friend to administer medication to their child on a field trip or school sponsored event. Such designation must be made in writing and provided to the school. This designation cannot be made or required by the school.

PRN - The Latin phrase *pro re nata* (abbreviated *prn*--meaning "as needed")

Peripheral intravenous line - an intravenous catheter placed in a small vein, usually on the hand or arm. Such lines can be left in place for short periods of time, generally no more than 3 days.

Routes of administration - Route through the body whereby a medication is administered. Routes of administration include oral (into the mouth), topical (skin), transmucosal (nasal, buccal/sublingual, vaginal, ocular, and rectal), inhalation, subcutaneous (under the skin), intramuscular (into muscle tissue), and intravenous (into a vein).

School Health Professionals:

- **Director of School Health Services** - A duly licensed physician or nurse practitioner pursuant to Education Law Articles 131 and 139. They are employed by the school district per Education Law, § 902(2)(a) to perform the duties of the director of school health services, including any duties conferred on the school physician or school medical inspector under any provision of law, and to perform and coordinate the provision of health services in the public schools and to provide health appraisals of students attending the public schools in the city or district.
- **Health Office Aid or Assistant** - A non-licensed individual who assists school nursing personnel by performing clerical services, and routine health-related tasks as permitted by Education Law under the direction of the school nurse.
- **Licensed Practical Nurse (LPN)** - An individual licensed pursuant to Education Law Article 139 who performs tasks and responsibilities within the framework of case finding, health teaching, health counseling and the provision of supportive, and restorative care under the direction of a registered professional nurse or licensed physician, dentist or other licensed healthcare provider.
- **Medical Director** - The commonly used term for a Director of School Health Services. See definition above.
- **Nurse Practitioner (NP)** - An individual licensed pursuant to Education Law Article 139 to diagnose and treat illness and physical conditions within a specialty area of practice, in which the NP is certified. New York State requires all NPs to practice in accordance with written practice protocols and a written practice agreement with a collaborating physician, unless the NP practices and has collaborative relationships as allowed by Education Law Article 139.
- **Physician Assistant** - An individual licensed pursuant to Education Law Article 131-B of the Education Law to provide medical care under the supervision of a physician.
- **Physician** - An individual licensed pursuant to Education Law Article 131 to diagnose, treat, operate, or prescribe for any human disease, pain, injury, deformity, or physical condition.
- **Registered Professional Nurse (RN)** - An individual licensed pursuant to Education Law Article 139 to diagnose and treat human responses to actual or potential health problems through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life, and well-being, and executing medical regimens prescribed by a licensed physician, dentist or other licensed healthcare provider legally authorized in accordance with the Commissioner's regulations.
- **School Nurse** - A registered professional nurse (RN), licensed pursuant to Education Law Article 139, including school nurses, school nurse-teachers, school

nurse practitioners, or other specialty nurse practitioners employed by the school district or BOCES pursuant to Education Law Section 902.

- **School Medical Director** - The title commonly used for the director of school health services. Also referred to as the school medical officer or school physician.

Foreword

Guidelines for Medication Administration in Schools provides local educational agencies, both public and non-public, with a framework for developing policy and procedures that meet the requirements for medication administration in a school setting, defined in state law and regulation. The document explains the various laws impacting administration of medication in a school and provides guidelines for developing an effective program including planning, implementation, and follow-up procedures. This document is intended for use by administrators and licensed school health professionals. Every attempt has been made to ensure that the information and resources contained in this document reflect best practice in the field of school nursing and school health services. Local educational agencies (LEAs) should review these guidelines with their counsel as necessary, to integrate the guidance with district policy.

Introduction

Students may need to take medication(s) during school hours in order to attend school, participate fully in the education program, and maintain an optimal state of health. This guidance applies to medications **medically** necessary for the student to take while in school or at school sponsored events; it does not apply to medications that may be taken at another time of day. In order to ensure that students can take medications consistent with these goals, both public and non-public schools should develop and implement written medications policies and protocols that conform to applicable Federal and State laws.

Boards of education, or other governing bodies, should develop policies in collaboration with their school medical director and/or school nurse (RN) for the administration of all medications including nonprescription/over the counter (OTC) drugs which are administered to students during regular school hours and at school-sponsored activities, such as field trips or after school activities.

Statutory Background

This section outlines the statutory framework regarding medication administration in schools, including applicable Education and Public Health Laws.

Education Law Article 19 requires district boards of education to protect the health and safety of students.

Education Law Title VIII permits the following licensed health professionals to **prescribe and administer** medications within their respective scopes of practice: physicians, physician assistants (PA), specialist assistants, midwives, nurse practitioners (NP), dentists, ophthalmologists, and podiatrists. These health professionals are referred to as “authorized prescribers” and are commonly called medical or healthcare providers in schools. In addition, [Education Law §6526](#) allows, in limited circumstances, physicians licensed in bordering states, military physicians, and hospital physician residents to prescribe and administer medications in New York State. Details on these exemptions are available [NYS Medicine \(nysed.gov\)](#)

Education Law Title VIII allows the following licensed health professionals to **administer** medications within their respective scopes of practice, as prescribed or ordered, by an authorized prescriber: registered professional nurses (RN), licensed practical nurses (LPN), respiratory therapists and respiratory therapy technicians. In addition, New York Law allows dental hygienists to apply fluoride treatments to their patients’ teeth under the supervision of a dentist, or in some cases pursuant to a collaborative relationship with a dentist or dental clinic.

[Education Law Section 902](#) requires that only an RN may be appointed as a school nurse and requires all public schools to employ a director of school health services (commonly referred to as the medical director), who must be a licensed physician or nurse practitioner, to coordinate the provision of health services in public schools.

[Education Law Section 907](#) states that the board of education or trustees of each school district and board of cooperative educational services, and the governing body of each private elementary, middle and secondary school, shall allow students to carry and use topical sunscreen products approved by the federal Food and Drug Administration for over-the-counter use for the purpose of avoiding overexposure to the sun and not for medical

treatment of an injury or illness, with the written permission of the parent or guardian of the student. A record of such permission shall be maintained by the school. A student who is unable to physically apply sunscreen may be assisted by unlicensed personnel when directed to do so by the student, if permitted by a parent or guardian and authorized by the school.

Education Law Articles 131 and 139 permit a physician or a NP to write non-patient specific orders for an RN to follow for:

- a. administering immunizations.
- b. the emergency treatment of anaphylaxis.
- c. administering Tuberculosis (TB) Tests .
- d. administering tests to determine the presence of the human immunodeficiency virus.
- e. administering tests to determine the presence of the hepatitis C virus.
- f. the urgent or emergency treatment of opioid related overdose or suspected opioid related overdose
- g. screening of persons at increased risk for syphilis, gonorrhea and chlamydia.
- h. administering tests to determine the presence of COVID-19 or its antibodies or influenza virus.¹

[Education Law](#) §6909 states an RN may execute a non-patient specific regimen prescribed or ordered by a licensed physician or certified nurse practitioner, pursuant to regulations promulgated by the commissioner.

[Education Law §921](#) permits, but does not require, schools have RNs, NPs, PAs, and physicians train unlicensed school personnel to administer prescribed glucagon or epinephrine auto injectors in emergency situations, where an appropriately licensed health professional is not available, to pupils who have a written healthcare provider order for such medication and written parental consent, during the school day on school property and at any school function as such terms are defined. Training must be provided by a physician, PA, NP, or RN and must be completed in a form and manner prescribed by Commissioner's regulation 136.7(f).

[Education Law §921-a](#) permits schools pursuant to the requirements of [Public Health Law \(PHL\)](#) § 3000c, to purchase, acquire, possess and use epinephrine auto-injector devices. Schools may permit an unlicensed person to administer epinephrine via auto-injector if they have successfully completed a training course in the use of epinephrine auto-injector devices approved by the New York State Department of Health (NYSDOH), to any student or staff member on site having anaphylactic symptoms, regardless of whether the student or staff member has a previous history of severe allergic reaction.

Schools must permit students who have a healthcare provider order that attests the healthcare provider has confirmed the student has demonstrated the student can self-

¹ Education Law §6909(4)(h) Expires and deemed repealed April 1, 2024, pursuant to L.2022, c. 57, pt. C, § 8.

administer their medications effectively, and written parent/guardian consent. to carry and self-administer the following medications on school property and at any school function:

- Inhaled rescue medications for respiratory symptoms ([Education Law §916](#));
- Epinephrine auto-injector to treat allergies ([Education Law §916-a](#)); or
- Insulin, glucagon, and other diabetes supplies to manage their diabetes ([Education Law §916-b](#)).

[Education Law §902-a](#) states that unlicensed personnel may be trained by a RN, NP, PA, or a physician to administer emergency glucagon to a student with a patient specific order and written parent/guardian consent for such medication.

[Education Law §902-b](#) states that unlicensed personnel may be trained by a RN, NP, PA, or a physician to administer emergency epinephrine via auto-injector to a student with a patient specific order and written parent/guardian consent for such medication.

[Education Law §922](#) permits any school in NYS to choose to maintain and provide in instructional facilities opioid antagonists to ensure ready and appropriate access for use during an emergency to any student or staff suspected of having an opioid overdose, regardless of history of opioid abuse. School employees who volunteer to be trained to administer an opioid antagonist must be trained by a program approved under Public Health Law §80.138. Additionally, the trained employees must comply with all requirements of Public Health Law §3309 including, but not limited to, appropriate clinical oversight, record keeping, and reporting.

[Education Law §6509-d](#) provides liability protection for professional misconduct to a person who is licensed to practice a profession under Title VIII of the Education Law if the person who would otherwise be prohibited from prescribing or administering drugs administers an opioid antagonist in an emergency. For information on licensed professionals under title eight of the Education Law, visit the NYSED's Office of Professions website –[Office of Professions- Title VIII](#)

[Public Health Law §3309](#) and [10 NYCRR §80.138](#) establish the framework for regulated community access to opioid antagonists and permit schools to participate in or administer an opioid overdose program.

Districts and schools should be knowledgeable about and ensure compliance with applicable Federal laws, including, but not limited to, the Americans with Disabilities Act (ADA), Section 504, and the Individuals with Disabilities Education Act (IDEA). See the United States Education Department site for more information [Protecting Students With Disabilities \(ed.gov\)](#).

Schools are strongly encouraged to review their policies with legal counsel to ensure compliance with applicable laws when developing medication policies.

School Medication Management Policy

Medication management at **all** schools in the state, both public and nonpublic, must be in accordance with state laws, and regulations. Public and non-public schools receiving federal financial assistance from the US Department of Education must provide aids, benefits, or services, inclusive of medication administration, to students with disabilities as defined in federal law. Each district's board of education or the school's governing body, and administration is responsible for their school medication management program. An effective program requires planning, implementation, and evaluation. Policy development should be a joint collaboration between the board of education or governing body, school administrators, and school health services personnel.

Policies regarding administration of medications should state that medications administered to or taken by students, must only be those medications that must be administered or taken during school hours- inclusive of district transportation, or at school sponsored events. Medications that can be given at other times of the day should not be administered or taken at school.

Policy, protocols, and procedures should be evaluated, reviewed and revised periodically and whenever necessary to comply with new law and regulation, to keep them up-to-date with current best practice.

The planning process should include, but is not limited to:

- Development of a written medication policy to guide the program and personnel, consistent with State and federal laws;
- Written medication administration protocols and procedures. The protocols and procedures should be detailed to ensure consistency of practice within the district, and should include addressing student medication needs on the bus, field trips, school sponsored events, etc.
- The following policies, if applicable:
 - Stocking albuterol for students with healthcare provider orders;
 - Possession and use of epinephrine auto-injectors pursuant to Public Health Law §3000-c and Education Law §921a;
 - Provision and maintenance of opioid antagonists pursuant to Public Health Law §3309 and Education Law §922; and
 - Possession and use of potassium iodide.
- Identification of school personnel roles and responsibilities;
- Identification and provision of professional development and education needs for both licensed and unlicensed personnel; and
- Communication to students, parent/guardians, and the community about district policy, and protocols, along with any required forms.

Elements of a School Medication Administration Program

Protocols

Medication protocols developed by the medical director in collaboration with the school nurse (RN) should specify the steps school personnel are to take in implementing the medication administration program, and how frequently such protocols are to be reviewed. Medication protocols should be specific to ensure consistency throughout the school or district. Protocols should address the following areas:

- Delivery of medications to school
- Medication orders, including verbal orders
- Medication administration
- Specify the time frame around which the prescribed medication can be administered. Best practice is generally considered to be 30-60 minutes before or after the prescribed time.
- Medication storage
- Documentation
- Non-patient specific orders
- Stock medications, including albuterol, epinephrine auto-injectors, opioid antagonists, and/or potassium iodide, if applicable
- Medication errors
- Transportation and/or school sponsored events
- Training of unlicensed personnel; and
- Medication disposal

This document addresses each area listed above and others and provides information that can assist in medication protocol development.

Staffing

Licensed Health Professionals

Protocols should ensure that licensed health professionals administer medications consistent with their profession's scope of practice. LPNs may only administer medications ***under the direction of*** an RN or other appropriate licensed health professional. Additionally, LPNs may not assess², therefore, medications requiring an assessment to decide whether to administer the medication may not be administered by an LPN, unless or until they consult with the RN or medical director for direction. ***"Under the direction of"*** means the directing practitioner must provide an appropriate degree of direction to the LPN, which is determined by the care needs of the students, and the skill and ability of the LPN. In general, the directing practitioner should be on premises when the LPN provides nursing care.

The directing practitioner does not necessarily have to be on premises to direct an LPN where the directing practitioner is available to direct the LPN by telephone and can personally intervene within 15 minutes to ensure timely and appropriate care. (see #8 under RN and

² Patient assessment, that is, the collection and interpretation of patient clinical data, the development of nursing care goals and the subsequent establishment of a nursing care plan. <http://www.op.nysed.gov/prof/nurse/nurse-scope-lpn-m.htm>

LPN heading, [Board for Nursing FAQ](#))

All medications administered at school by licensed school health professionals or taken by a student at school who is able to self-administer their own medication must have a licensed medical healthcare provider order. This is necessary for both prescription and non-prescription medications, with the exception of sunscreen pursuant to Education Law §907, and alcohol based hand sanitizers (see NYSED's [Hand Sanitizer Memo](#)). The healthcare provider writing the order must be licensed to practice in New York State or qualify for an exemption under Education Law §6529.

Additionally, school medication administration protocols should state how medication administration and related information is to be documented by the administering licensed health professional, consistent with [NYSED Regents Rules Part 29](#).

Note: Instructions should be left for substitute nurses that are clear and concise on all aspects of medication acceptance, handling, and administration, documentation, and storage.

Unlicensed Personnel

The term unlicensed personnel in this document refers to all school personnel who are **not** licensed health professionals whose scope of practice includes medication administration. Unlicensed school personnel may be trained to assist students to take their own medications, or, in limited circumstances, may administer certain emergency medications in the absence of a licensed health professional. Medication protocols should specify the following regarding unlicensed personnel:

- How unlicensed personnel are to be trained by an appropriate licensed health professional (RN, physician, NP, or PA) to administer epinephrine auto-injector or glucagon to a student with a patient specific order and parental consent. Protocols should state how often such training or refresher training is to occur, along with how training is documented.
- If unlicensed personnel may be trained by an appropriate licensed health professionals to assist students who are able to take their own medications.
- Schools should also develop protocols related to unlicensed personnel if they choose to permit unlicensed personnel to administer epinephrine auto-injectors in accordance with Public Health Law §3000-c, or opioid antagonists in accordance with Public Health Law §3309. See page 22 for details.
- If a school nurse (RN) (or medical director if there is no school nurse) is not in the building at all times, schools should develop emergency communication plans for unlicensed personnel to have communication access as needed. Communication may be accomplished with a telephone, cell phone, handheld portable 2-way radios, etc.
- Nonpublic schools not employing licensed health professionals will need to develop plans to contact the student's healthcare provider and parent/guardian for questions and guidance related to student medication.

Student Functional Categories

There are three functional categories of students for medication administration ***Nurse Dependent Students*** (formerly known as non-self-directed), ***Supervised Students***

(formerly known as self-directed), and **Independent Students** (formerly known as self-administer and/or self-carry). The New York State Center for School Health (NYSCSH) developed a sample form titled *Guide to Determining Levels of Assistance in Medication Delivery* which is available under [Samples|Forms – Medication Forms, Letters, Notifications](#) on the NYSCSH website.

Nurse Dependent Students

Students who cannot self-administer their own medication and cannot be considered in need of supervision according to the criteria for Supervised Students (listed below), are therefore dependent on another person administering the medication to them. These Nurse Dependent Students must have their medication administered to them by an appropriate licensed health professional.

Supervised Students

Whether a student should be considered a Supervised Student should be based on the student's cognitive and/or emotional development rather than age or grade. A student may be considered a Supervised Student only if they are **consistently able to do all of the following**:

- Administer the medication to themselves via the correct route;
- Identify the correct medication (e.g., color, shape);
- Identify the purpose of the medication (e.g., improves attention);
- Identify the correct dosage is handed to them if they cannot pour own medication for dexterity issue (e.g., one tablet, 2 puffs, 3 units, etc.);
- Identify the time the medication is needed during the school day (e.g., lunch time, before/after recess, etc.);
- Know the parameters or condition(s) under which the medication is to be taken, and will refuse to take the medication if the parameters or condition(s) are not met (e.g., blood glucose or vital sign ranges that are acceptable to take medication, or taken only for headache, shortness of breath, etc.);
- Describe what will happen if medication is not taken (e.g., unable to complete schoolwork, blood glucose will elevate, etc.); and
- Refuse to take the medication if the student has any concerns about its appropriateness.

NOTE: A sample nursing assessment form for determining student's functional status is available under [Samples|Forms – Medication Forms, Letters, Notifications](#) on the NYSCSH website.

Determining whether a student is a Supervised Student should also take into account the student's particular diagnosis and the type of medication prescribed. A student may only need supervision to take a pain reliever such as acetaminophen but cannot consistently be considered capable to administer their own epinephrine given that symptoms of anaphylaxis may render the student unable to self-administer. In these cases, schools should ensure that appropriate personnel will be available to meet the needs of the student for that medication.

Students who have been determined to need supervision (formerly known as self-directed) either by the school nurse or the student's healthcare provider, may be assisted by trained unlicensed personnel to self-administer their own medication. The assistance from

unlicensed personnel must be at the **request and direction of the student**. This may include opening the bottle; removing from the bottle the number of tablets as directed by the student, or pouring the amount of liquid as directed by the student if the student is unable to do so independently due to dexterity issues; assembling nebulizer tubing as directed by the student; verifying math calculation done by student at the student's request; and/or verifying for the student that a number entered into the insulin pump by the student is the number the student desired to enter.

If the student becomes unable to direct the unlicensed person, the unlicensed person may not proceed and must:

- request a licensed school health professional assist the student;
- notify the parent/guardian of inability to administer medication dose if licensed health professional is not available; and
- contact emergency medical services in accordance with school policy if needed.

Independent Students

Students who can self-administer their own medications without any assistance are considered Independent Students. Generally, these students' medications are kept in the health office for the student to obtain and administer to themselves. This is due to the school's need to ensure the safety of students and to account for and document when the student takes their medication.

In some situations, Independent Students must be permitted to carry their medication with them because the medicine needs rapid administration. Students who require rescue medications for respiratory conditions, allergies, or diabetes must be permitted to self-carry and self-administer their medications if they have a healthcare provider order authorizing them to self-carry and self-administer their medications and written parent/guardian consent pursuant to Education Law §§ 916, 916-a, and 916-b. The healthcare provider's medication order must attest that the healthcare provider has determined the student is able to self-administer their own medication effectively. Independent Students with other health conditions warranting rapid administration of their medications should also be permitted to self-carry and self-administer their medication to prevent negative health outcomes. Any questions regarding such orders should result in contact by the school nurse or medical director to with the healthcare provider to confirm the need for rapid administration warranting the student to carry the medication.

An Independent Student with a self-carry order is able to take their medication anywhere in the school or at school functions. Such students are **not** required to go to the health office to take the medication, since that will delay administration and may result in a negative health outcome. Regardless of where the student self-administers their medication, schools will need a healthcare provider order and written parent/guardian consent for the medication in case the student needs assistance during the school day, and to ensure the student is only taking medication that is prescribed for him/her.

If a student is self-carrying and self-administering their medication, the medication administration is not documented by the school and the parent/guardian assumes responsibility for ensuring their child is taking the medication as ordered. These students should:

- Have a written emergency care plan developed by the school nurse (RN) or

medical director and be instructed how to obtain help from school personnel as needed.

- Be instructed to carry the properly labeled medication on their person or to store it in their locker to ensure no other students can access it. It is recommended that the student only carry the number of doses and related equipment required for that day to decrease the possibility of medication doses becoming misplaced. This is particularly important for needles and syringes, medications in pill form, and controlled substances - although the need for a student to carry a controlled medication should be extremely rare. It is strongly recommended that the medical director consult with the healthcare provider to determine if the student must carry such medication.
- Have additional dose(s) of the medication kept in the health office in the event the student does not have access to their carried medication.

Equipment

Schools will need to have supplies and equipment in order to store, prepare, and administer medications. The following list of supplies and equipment are recommended:

- A secure location used solely to store medications. A refrigerator designated for storing medications that must be refrigerated. Please refer to the medication storage section on *Implementation* for details.
- Plastic medication cups and disposable syringes for measuring and administering liquid medicines. Plastic medication cups or paper soufflé cups to administer non-liquid medications.
- Sink, soap, and paper towels for hand washing, and cleaning equipment.
- Disposable gloves
- Disposable face shields for CPR
- Sharps disposal container
- Alcohol pads
- Pill splitter and pill crusher
- Air compressor, spare tubing, and nebulizers for nebulized medications.

Note: Education Law §919 which requires a nebulizer in all schools where a nurse is present is currently **not** in effect. This law becomes effective when funding is made available.

Stock Medication

Some schools choose to purchase and stock over the counter (OTC) medications for use by students and staff. Although this practice is not recommended, it is not prohibited by law. Schools choosing to do this must be aware of the following:

- All students must have patient specific orders from a healthcare provider for any OTC medication; along with written parent/guardian consent for such medications to be administered to or taken by their child - including school stock OTC. Parent/guardian consent must specify permitting administration of stock medication.
- Stock medications for staff use should be kept in a location other than the health office for staff to obtain if the school employs licensed health professionals to

eliminate any liability for the licensed health professional.

Albuterol

Schools may choose to have stock albuterol for use by students to ensure the medication is available when the student needs it if their own prescribed albuterol runs out before the parent/guardian can provide a replacement. In order for a student to use the stock medication they must have:

- Patient specific order from their healthcare provider for albuterol that also authorizes the use of the school's stock albuterol; and
- Written parent/guardian consent for the stock albuterol to be administered to or taken by their child.

Since albuterol is a prescription medication, only a physician, nurse practitioner, or physician assistant will be able to obtain it. Schools will need to reimburse a healthcare provider for the cost of obtaining the medication. See the NYSED memo [New Policy for Stocking Albuterol Metered Dose Inhalers \(MDIs\)](#) for more details.

Potassium Iodide (KI)

School building administrators located in the ten-mile emergency planning zones (EPZ) of nuclear power plants have been asked to participate in the KI Program. KI is taken upon direction by the Department of Health to protect the thyroid gland from injury related to release of radioactive iodine in the environment. Schools possessing KI should check their stock periodically to ensure KI dose count is sufficient, it has not expired, and is dry and intact.

Administration of KI takes place only upon direction of the DOH during a declared state of emergency. Education Law §6908(1)(a)(iv) and §6527(4)(a) permit the furnishing of medical, and/or nursing assistance during such emergencies by unlicensed personnel.

These schools should annually provide written communication to parents/guardians regarding the school's KI Program and advise the parent/guardian of the ability to provide the school with a written opt out notice if they do not want their child to receive KI as ordered by the DOH during a radiological emergency. A building emergency plan for schools within the EPZ should include, but is not limited to:

- Location of where the KI is stored
- Who is designated to administer KI
- List of students whose parents have submitted a written opt-out notice

More information on the KI Program is available on the [Potassium Iodide \(KI\) \(ny.gov\)](#). For questions contact your county emergency manager or county department of health.

Communication

Schools will need to communicate with parent/guardians and healthcare providers regarding medication policies and protocols, including how to access required forms, and if applicable, the adoption of non-patient specific protocols (e.g., epinephrine auto-injectors, opioid antagonists, and/or potassium iodide). Such communication should be provided annually in writing via school handbooks, websites, school calendars and/or district newsletters. Communication should include:

- Schools must have a written healthcare provider order for all medications that

are administered to or taken by students in school.

Note: This requirement does not apply to medications the parent/guardian administers to their own child at school.

- Whether school policy requires a new healthcare provider order and parent/guardian consent at the start of the school year or when the order expires.
- Healthcare provider orders must be written and signed by the healthcare provider on a script, healthcare provider letterhead, an electronic order, or on a school form. Healthcare provider orders for medications are valid for 12 months unless otherwise stated in the order.
- Only the medical healthcare provider prescribing the medication can order when the medication is to be administered. Parents/guardians requesting medications be administered at a time other than as prescribed should be directed to obtain a new order from the healthcare provider.
- If the school requires parent/guardian consent on school approved forms. Schools must have written consent from the student's parent/guardian for licensed school health professionals to administer medication to their child or permitting their child to self-administer medication during school, with or without assistance, and/or at school sponsored events.
- An explanation that most medications are kept in the school health office to ensure the health and safety of all students, limit unauthorized access to medications, allow documentation of the medication taken by the student, and ensure medications are taken as ordered.
- Students with written healthcare provider orders specifying that a student is able to independently self-carry and self-administer their own medication effectively and written parent/guardian consent to self-carry and self-administer their medications will be permitted to carry and self-administer during the school day, on school property and at any school function for the following medications:
 - Inhaled rescue medications for respiratory conditions;
 - Epinephrine auto-injectors; and
 - Insulin, glucagon, and related diabetes management supplies.
- How and when medication is to be delivered to the school and how it is to be picked up. Medications that are not picked up by the parent/guardian at the end of the school year should be disposed of properly (See *Implementation* section).

Confidentiality

Cumulative health records in public schools are considered part of the educational record and are covered under the federal Family Educational Rights and Privacy Act (FERPA). Cumulative health records contain sensitive information and should be in a secure location to limit access. FERPA applies to educational agencies and institutions that receive funds under any program administered by the U.S. Department of Education See the [US Department of Education- Family Educational Rights and Privacy Act](#) for more information on FERPA.

The Health Insurance Portability and Accountability Act (HIPAA) is the law governing health plans, health care clearinghouses, and healthcare providers that transmit health information in electronic form in connection with covered transactions. Healthcare providers generally need consent to release information. A helpful document on how HIPAA and FERPA interact and apply to schools is [Joint Guidance on the Application of HIPAA and FERPA to Student Health Records \(ed.gov\)](#)

Preparation

Healthcare Provider Orders

A healthcare provider order is required for both prescription and non-prescription (over the counter) medications. A healthcare provider order is valid for 12 months, unless the healthcare provider changes the order, writes the order for a shorter period of time, or discontinues the order. If a school has concerns or questions regarding a healthcare provider's order, the school's medical director or school nurse should call the healthcare provider to resolve concerns and/or clarify the order.

A healthcare provider order must include the following information:

1. Date
2. Student name and date of birth
3. Medication name
4. Medication dosage
5. Medication administration route
6. Time and frequency the medication is to be administered
7. The conditions under which the medication is to be administered
8. If applicable, attestation that the student has demonstrated they can self-administer the medication effectively, and the medication may be needed rapidly, requiring the student to carry it with them at all times.
9. The healthcare provider's name, title, and signature, which may be handwritten or electronic. Electronic signatures must be the authorized prescriber's electronic signature. Office staff personnel's electronic signatures stating they are signing electronically for the authorized prescriber (also known as the healthcare provider) are **not** acceptable. Schools uncertain about the validity of a signature should contact the healthcare provider for verification.
10. Healthcare provider's telephone number and address
11. Diagnosis and ICD code (if applicable for billing purposes - see Documentation in the *Implementation* section)

Note: A pharmacy label is **not** an order and cannot be used in place of a written healthcare provider order. The pharmacy label should have the same information that is on the order unless there has been a recent dose change.

Changes in medication dosages must be ordered by the healthcare provider. A parent/guardian cannot direct licensed health professionals to administer medications to their child that are not consistent with the healthcare provider's order. Healthcare provider orders instructing schools to consult with a parent/guardian for a dosage, when to give a medication, etc., are not acceptable orders unless the orders only allow the parent to provide proposed adjustments or dosages and require the health care professional to make the ultimate decision after exercising their professional judgment. Per [Education Law §6902](#), licensed nurses may only administer medications consistent with orders from a duly licensed healthcare provider.

Licensed health professionals administering medications must also know the medication action and side effects prior to administering and are responsible to contact the healthcare provider for clarifying orders if they do not understand or are uncertain about the order, prior to following the order. Parent/guardian consent to speak with the private healthcare provider

is not required for the purpose of clarifying orders per the Health Insurance and Accountability and Portability Act (HIPAA).

See [Joint Guidance on the Application of HIPAA and FERPA to Student Health Records \(ed.gov\)](#), p.6.

Prescription medications

Prescription medicines are pharmaceutical preparations that can only be obtained when prescribed by a healthcare provider and are dispensed by a pharmacist. Prescribed medications must have a pharmacy label that displays the following:

- ✓ Student name
- ✓ Name and phone number of pharmacy
- ✓ Licensed healthcare provider's name
- ✓ Date and number of refills
- ✓ Name of medication/dosage
- ✓ Frequency of administration
- ✓ Route of administration and other directions

Drug samples obtained from a private healthcare provider should be labeled by the healthcare provider with all the above listed information, except the pharmacy name and phone number. A pharmacist may fill a prescription with a generic medication even though the order is written for a brand name medication unless the healthcare provider specifically states otherwise. Ideally, the school should have the parent/guardian consent include the brand or generic name that the parent/guardian provided, e.g., the healthcare provider order states Ventolin HFA inhaler, but the parent brings into school a pharmacy labeled albuterol sulfate inhaler.

When the dose, time, or frequency of a medication is changed by a healthcare provider order and the pharmacy bottle label does not reflect the new order, the nurse **may** label the bottle with the date, new dose, and/or frequency until a new pharmacy labeled prescription bottle is received. This is only permissible if the medication in the existing bottle can be used for the new order.

Note: A new order reflecting the change and new parent/guardian consent must be obtained to reflect the change in the prescription.

Prescription medicines can be divided into 2 categories, Controlled Substance Medications and Non-Controlled Substance Medications:

- **Controlled substance** medications are prescribed to treat medical conditions such as pain, anxiety, and attention-deficit disorder. However, these medications also have the potential to cause patient harm if used improperly. For the purposes of safety and security, prescriptions for controlled substances are subject to limitations in the amount of medication that can be prescribed and dispensed.
- **Non-controlled substance** medications are prescribed to treat medical conditions such as high blood pressure, diabetes, and bacterial infections. Prescriptions for non-controlled substances are not subject to some of the limitations as controlled substance prescriptions.

For certain medications, particularly **controlled substances**, standards of best practice include counting the medication upon receipt. Counting should also occur upon receipt of the medication from the parent/guardian and at regular intervals (e.g., daily or once/week)

throughout the school year. Ideally a count of a controlled substance should be witnessed by another nurse, principal, or staff member designated by the principal. This is not a legal requirement for schools but is a precautionary practice when handling controlled substances and is required in other health care settings and can avert potential liability related to missing medications. Any discrepancies in counts should be reported to the parent/guardian and school administration. See sample forms for this purpose on the NYSCSH website at [Samples|Forms – Medication Forms, Letters, Notifications](#).

On occasion, a tablet does not come in the dose the healthcare provider ordered. If the medication tablets are scored, they may be split with a pill cutter prior to administration. Using a pill cutter is necessary to ensure the pill splits evenly and does not crumble. Alternatively, the parent/guardian may request the pills be cut by the pharmacist. Tablets that are not scored should not be cut since they will not split evenly, and the dosage will be unknown.

Nonprescription Medications

Nonprescription medications (a.k.a. over the counter medications (OTC)) are medications that may be purchased in a store without a healthcare provider order. OTC medications for individual student use must be in the original manufacturer's container/package with the student's name written on the container/package. All OTC medications must have a healthcare provider order and written parent/guardian consent in order to be administered or taken at school.

If the healthcare provider order is for a name brand OTC, but the parent/guardian brings in a different name brand OTC or generic of the same medication, that is acceptable, and a licensed nurse may administer it. Ideally the school should have the parent/guardian consent include the OTC name brand or generic name that the parent/guardian provided. For example, the healthcare provider order is for Advil and the parent/guardian brings in Motrin. Since both brands are identical dosages of the drug ibuprofen, the school can accept and administer the medication.

Exceptions:

1. **Sunscreen** - NYS does have an exception to the requirement for a healthcare provider order per [Education Law §907](#), permitting the application of sunscreen by the student or an adult staff member if directed to do so by the student, with written consent from the parent/guardian. Students who cannot self-apply or direct an adult to do so will require sunscreen to be administered (applied) by a licensed health professional only and will require both a healthcare provider order and written parent/guardian consent.
2. **Alcohol Based Hand Sanitizer** - A medical director can permit the use of alcohol based hand sanitizers in the school without patient specific orders for each student.
3. **Personal Use Insect Repellent** - Personal use insect repellent is not a medication (it is a pesticide), therefore a healthcare provider order is not required. Personal insect repellents are not governed by laws regarding the use of pesticides on school grounds. In most instances, parents/guardians should be instructed to have their child wear appropriate clothing for the activity to minimize the need for insect repellent, and to apply insect repellent at home before sending their child to school. However, if the student needs insect repellent applied at school, parent/guardian written consent is required.

It is strongly recommended that aerosol insect repellent is **NOT** used in schools. Older students may apply insect repellents but should be supervised by an adult when doing so and should not be permitted to carry insect repellent on school grounds. Students should never apply insect repellent on another student or adult. If students require assistance from staff, staff should limit the number of students they assist to minimize their exposure (one person should not apply repellent to an entire class), wear gloves and wash their hands after use. Staff applying insect repellent should know:

- Children may be at greater risk for health effects from repellents, in part, because their exposure may be greater.
- Keep repellents out of the reach of children.
- Use only small amounts of repellent on children.

Additional information on the safe use of insect repellents and a sample parent consent form can be found on the [New York State Center for School Health \(NYSCSH\) Insect Repellent page](#).

Non-FDA Sanctioned Medication/Supplements

Requests or orders for use of non-FDA sanctioned medicines including but not limited to, herbal remedies, essential oils, dietary supplements, naturopathic or holistic medicines, and natural products, do not need to be honored by a school district or school nurse. Nurses cannot be required to administer non-FDA sanctioned medicines. When a school does not permit the administration of off-label products, they should explain to the healthcare provider, and the parent/guardian that such medications should be administered outside of school. An appropriate notation should be made in the student's cumulative health record documenting the communication.

Training of Personnel

Licensed health professionals

Schools must ensure the health and safety of their students, and therefore should ensure the staff administering medications to the students are appropriately licensed, have the necessary training to meet the students' needs, and are up to date in best practice.

All licensed health professionals may not have the same work experience or education and may not be familiar with all types of medications or delivery methods. A licensed health professional who is not knowledgeable in administering a medication, either the drug itself or the method of delivery, is responsible for informing school administration of the need for appropriate training in order to safely administer the medication. Lack of appropriate training for licensed health professionals is not an acceptable reason to not administer a necessary medication at school or to prohibit the student from attending school. Therefore, schools must seek out necessary training for staff in order to meet students' needs. In general, medications that can safely be administered in a community setting can safely be administered in a school. Schools should encourage and assist their licensed health professionals to regularly participate in professional development. Opportunities for professional development may be available online, from professional organizations, the

healthcare provider's office, the school medical director, local hospitals, visiting nurse associations, in-service providers, or [The New York State Center for School Health](#). It is not acceptable for a licensed health professional to be trained by a parent/guardian.

Note: School nurse substitutes should also participate in training opportunities whenever possible to ensure continuity of care can always be provided to students.

Unlicensed Personnel

It is recommended that training of unlicensed personnel is conducted annually or as required in law or regulation. Training should be documented by the licensed health professional providing the training. A sample form for this purpose is available under [Samples/Forms – Medication Forms, Letters, Notifications](#) on the NYSCSH website.

Epinephrine Auto-Injectors

Epinephrine Auto- Injectors Administration to Students or Staff Onsite

Pursuant to [Education Law §921-a](#), schools may choose to permit volunteer school personnel be trained to administer epinephrine via auto injector on site to a student or staff member in an instructional facility per Commissioner's regulation §136.6 (this regulation does not cover the use outside of the school building) who appears to be in anaphylaxis, regardless of history of severe allergic reaction. Schools choosing to train unlicensed personnel to administer emergency epinephrine via auto-injector pursuant to this regulation are required to use training approved by the NYS Department of Health (NYSDOH). A free NYSDOH approved training webinar titled *Managing Allergies and Anaphylaxis at School: Training for School Personnel* along with posttest, skills training checklist, and other information is available on the [NYS Center for School Health website](#).

Note: This training requirement does not apply to school nurses administering epinephrine under a non-patient specific order.

Epinephrine Auto-Injector Administration to Students with Patient Specific Orders

In accordance with Education Law §921, unlicensed personnel may be trained by an RN, NP, PA, or physician to administer emergency epinephrine via auto- injector, to **a student with a healthcare provider order** at school, on the bus, and at school sponsored events. If the healthcare provider order is to administer more than one dose either separated by a specific time frame or based on a return of symptoms, the trained unlicensed person may do so.

Pursuant to [Commissioner's regulation 136.7\(f\)\(1\)](#), training must include:

1. Identification of the specific allergen(s) of the student(s), including review of each student's emergency care plan if available;
2. Signs and symptoms of a severe allergic reaction warranting administration of epinephrine;
3. How to access emergency services per school policy;
4. The steps for administering the prescribed epinephrine auto-injector;
5. Observation of the trainee using an epinephrine auto-injector training device;
6. Steps for providing ongoing care while awaiting emergency services;
7. Notification of appropriate school personnel; and

8. Methods of safely storing, handling and disposing of epinephrine auto-injectors.

Glucagon

Pursuant to Education Law §921, unlicensed personnel may be trained by an RN, NP, PA, or physician to administer emergency glucagon to **a student with a healthcare provider order** at school, on the bus, and at school sponsored events. If the healthcare provider order is to administer more than one dose either separated by a specific time frame or based on a return of symptoms, the trained unlicensed person may do so.

Pursuant to [Commissioner's regulation §136.7\(f\)\(2\)](#) training must include:

1. Overview of diabetes and hypoglycemia utilizing a department approved course on glucagon administration;
2. Review of the student's emergency care plan, if available, including treatment of mild or moderate hypoglycemia;
3. Signs and symptoms of a severe hypoglycemia warranting administration of glucagon;
4. How to access emergency services per school policy;
5. The steps for mixing, if necessary, and administering the prescribed glucagon;
6. Observation of the trainee using a manufacturer's glucagon training device or demonstration device;
7. Steps for providing ongoing care while waiting for emergency services;
8. Notification of appropriate school personnel; and
9. Methods of safely storing, handling, and disposing of glucagon and used needles and syringes.

Additional resources including the Education Department's approved training video, *Glucagon Administration Training for Unlicensed School Personnel* is available on the [NYS Center for School Health website](#).

Opioid Antagonists

Pursuant to [Education Law §922](#), schools may choose to provide and maintain opioid antagonists on site in each instructional facility to ensure emergency access for any student or school personnel having opioid overdose symptoms, regardless of whether they have a previous known history of opioid abuse. All schools and school districts electing to participate must first have approval from their governing body and have approved policies and procedures in place prior to implementation. Policies should be signed, dated, and reviewed on a regular basis to ensure they continue to meet the needs of the program and are consistent with recommended best practice.

There are **three** options by which NYS school districts, boards of cooperative educational services, county vocational education, and extension boards, charter schools, and non-public elementary and secondary schools may administer naloxone on site to persons who appear to suffer an opioid overdose.

1. A school district's director of school health services (a.k.a. medical director) may write non-patient specific orders and obtain Intramuscular (IM) or Intranasal (IN) naloxone for use by RNs to administer to anyone exhibiting symptoms of potential opioid overdose at

school and school sponsored events. Nonpublic schools who retain the services of a medical director may also obtain and authorize RNs to administer naloxone in the same manner as public schools.

2. Schools that have a medical director may register with the NYSDOH to become a *Registered Opioid Overdose Prevention Program*, train unlicensed personnel, and receive free naloxone from NYSDOH. The school medical director serves as the Clinical Director of the program under Public Health Law §3309 and implementing regulations 10 NYCRR §80.138. Schools will also need to designate a Program Director (e.g., Superintendent, Principal, RN) whose responsibilities include but are not limited to:
 - Ensuring board of education or other governing body approved policies and procedures are in place; and
 - Establishing training consistent with the school or school district's policies and the NYSDOH guidance.
3. Schools who do not employ or have access to a medical director may participate in an Opioid Overdose Prevention Program by partnering with an already established NYSDOH Opioid Overdose Program and utilize the services of the partner programs clinical director to provide oversight and write orders, provide training, and receive free naloxone.

Note: RNs may administer opioid-related overdose treatment pursuant to a non-patient specific order and protocol only if prescribed by a licensed physician or nurse practitioner and are unable to follow a non-patient specific order written by a physician's assistant pursuant to Education Law §6909 and Commissioner's regulations §64.7.

See [Opioid Overdose Prevention Resources for Specific Settings \(ny.gov\)](#) for more information on Opioid Prevention Programs in Schools.

Pursuant to [Education Law §922](#) volunteer school personnel can also be trained to administer an opioid antagonist on-site during the school day or at any on-site school sponsored activity as part of the district's board of education approved NYSDOH Registered Opioid Overdose Prevention Program or board of education approved partnership with an existing program by completing a NYSDOH approved training program under Public Health Law §3309. The required training must be completed every two years although NYSED **strongly** encourages annual training for school personnel. The approved training for school personnel is the [Opioid Overdose Prevention Training for School Personnel](#), located on Learning Management System (LMS) webpage on the NYSCSH website.

Detailed information regarding instituting, managing, and evaluating Opioid Overdose Prevention Programs is provided on the Opioid Overdose Prevention Toolkit and Resources page on the [NYSCSH Opioid Overdose Prevention Webpage](#), along with additional resources for policy creation, sample notifications, monitoring naloxone inventory, and links for obtaining free naloxone.

In addition, *School Medical Director Guidelines for Naloxone Administration in NYS Schools* and *Sample Non-Patient Specific Orders for Administration of Intramuscular or Intranasal Naloxone* are available on [School Medical Director Webpage on the NYS Center for School Health Website](#).

Parents/Guardians Responsibilities

Medications, Orders, Consents, and Supplies

The parent guardian must provide the school with:

- a written healthcare provider order;
- written parent/guardian consent and
- the medication(s) and any needed supplies or equipment for administration (e.g., syringes and needles, spacers, etc.).

Parents/guardians should contact the school to see what, if any, supplies may already be available at school (e.g., alcohol pads, needle disposal containers, air compressor machine for nebulized medications, etc.)

For nebulized medications, the parent/guardian must provide the medication along with a supply of nebulizer cups, mouth pieces or face masks, and related tubing. If an air compressor machine is not available at school for use with the nebulizer and tubing, the parent/guardian will need to provide one for use at school.

The parent/guardian will need to contact the pharmacy and provide medication refills to the school as needed.

The parent/guardian should keep school health personnel informed about updates and changes regarding their child's health condition that requires the administration of the medication at school. This can be accomplished by communication from the parent regarding changes in their child's health or by documentation from the healthcare provider regarding medication orders. Parents/guardians should be aware that schools may request healthcare provider documentation for substantial changes or updates.

Parent/guardians should be aware that school health personnel may contact the healthcare provider as needed for clarification of medication orders without parent/guardian consent.

Parent/guardians should be aware that licensed health professionals cannot administer medications, prescribed tube feedings, or other substances that have been pre-mixed or pre-drawn (for medications administered via syringe or other device) at home. Licensed health professionals may administer medications, prescribed tube feedings or other substances prepared by a licensed pharmacist or are provided to school in original unopened manufacturer's packaging.

Parents/guardians should be advised to ask the pharmacist for two labeled containers, if possible, when filling the prescription - one for doses taken at home and one for doses taken at school. This may require a healthcare provider order specifying for more than one metered dose inhaler, spacer/valved holding chamber or other forms of medication that cannot be divided into separate containers. Parents/guardians should consult their pharmacist about this. It is also recommended that an extra empty labeled container is brought to school for use at school sponsored events or off of school grounds as noted in NYSED's memo [Clarification on Medication Storage in Schools](#).

Transporting Medication to School

The parent/guardian is responsible to have the medication delivered directly to the school in a properly labeled original container by an adult. Medications should not be transported daily to and from school, with limited exceptions.

In some cases, certain medications need to be in close proximity to the student at all times to ensure timely administration. These medications include, but are not limited to glucagon, insulin, epinephrine, and midazolam or diazepam to treat seizures. These medications require rapid administration in order to prevent negative health effects. Students who have healthcare provider orders and written parent/guardian consent to carry and administer medication must also be permitted to carry and use their medication on the bus. Students who cannot self-administer their own medications should not be transporting them on the bus or at school. In these cases, medications should be carried by the licensed health professional (or trained staff member for epinephrine auto-injector and/or glucagon) who will administer the medication to the student as needed.

In limited circumstances, a student who is not able to self-administer their medication may need to carry the medication on the bus to transport it to and from school for medical reasons or due to the family's financial constraints. Schools should provide information to the family on obtaining health insurance and other assistance from social services agencies. Despite best efforts, purchasing some medications in sufficient quantities to leave at school may still strain a family's finances. These instances should be reviewed with the district medical director on a case by case basis. A written plan to ensure the safety of the student, as well as the safe transport of the medication should be developed in collaboration with the medical director or school nurse and the parent/guardian. When transporting medication on the bus, it should be stored in a secure container. Staff should hand off the medication to the bus driver or transportation aide, who can then hand it to the parent when the student returns home. Ideally the chain of custody should be documented with a sign off form or other method. See NYSED Pupil Transportation Specifications and Procedures in the [New York State Education Department-Pupil Transportation District Safety Review Project](#)

Picking up Medication

Schools take temporary and incidental possession of medications at the request of the parent/guardian. Therefore, medications should be returned to the parent/guardian when no longer needed at school. Parent/guardians should be informed that they will need to pick up any medications remaining at the end of the school year. Parent/guardians should also be informed that any medications not picked up by a certain date will be disposed of (See *Implementation* section).

Implementation

Medication Administration

When administering medications in school it is important to take into account **WHO** can administer the medication, **WHERE** the medication is to be administered or taken by the student, and **WHEN** the medication is to be administered or taken by the student. Prior to administering any medication, the six rights of medication administration should be followed:

1. Right medication,
2. Right dose,
3. Right student,
4. Right route,
5. Right time, and
6. Right documentation.

WHO

- Medications must be administered by an appropriately licensed health professional. As stated earlier, these professionals include but are not limited to physicians, (NPs, PAs, RNs, and LPNs under the direction of an RN or the other health professionals listed above. Supervised Students and Independent Students may be assisted by trained unlicensed personnel to take their own medications. In both scenarios, whether the medication is administered to the student, or the student is taking their own medication with assistance, documentation of the medication dose must be recorded in the individual student's cumulative health record (CHR). Anytime a dose of medication is not taken or administered, the occurrence and related information (e.g., student absent, refused, parameters for administration not met, etc.) is to be documented in the CHR.
- Medications that have expired should not be administered by a licensed health professional, per [Rules of the Board of Regents- Part 29.14\(2\)\(i\)](#). The parent/guardian should be notified of the need to bring in new medication to replace the expired one at least one month in advance of expiration. An easy method to track expiration dates is to note it at the top of the medication administration record (MAR).
- Medication delivery systems should not be used. These are systems where medicines are transferred into holding containers until needed, also referred to as pre-poured, are not considered best practice, pose risks of spillage, contamination, medication dosage errors, and may be considered professional misconduct for licensed health professionals.

WHERE

- Students will generally need to go to the health office for an appropriate licensed health professional to administer the medication to the student, or to take their own medication. Ideally, a photo of the student should be attached to the medication administration record for identification purposes, which can be particularly helpful for substitute personnel.

WHEN

- All medications should be administered as close to the prescribed time as possible.

Given student schedules and compliance with coming to the health office in a timely fashion, best practice requires that medications generally be administered up to one hour before and no later than one hour after the prescribed time.

- Parents/guardians and the ordering healthcare provider should be notified of the district's protocols on time of administration. Orders that may present challenges due to school schedules should be discussed by the school nurse or the district medical director with the ordering healthcare provider and parent/guardian. Parent/guardians, healthcare providers, students, and school nursing personnel should work together to ensure the student receives their medication at an appropriate time.
- For student who fails to come to the health office for a dose, school personnel should locate the student. If the medication has not been given for any reason within the prescribed time frame, the school must make all reasonable efforts to notify the parent/guardian the same day, as the parent/guardian may need to adjust a home dose accordingly. The missed dose and communication to the parent/guardian should be documented in the CHR.
- If students chronically fail to come to the health office for their medications the school nurse should notify the parent/guardian, administration, and the ordering healthcare provider about the issue, including any steps taken by the school to remind and/or locate the student. Ideally, school administration along with health services personnel should meet with the parent/guardian to develop a plan that will ensure the student receives their medication as ordered during school hours. Alternatively, the ordering healthcare provider may, at their discretion, choose to change the medication order.
- A medication dose may be changed or discontinued by a written order by the healthcare provider at any time and will necessitate a new consent from the parent/guardian specify both the medication name, time of administration, and/or dosage for the new order.
- If a parent/guardian withdraws consent for the school to administer a particular medication to their child, or to hold a dose of medication in writing, without the healthcare provider's written order to do the same, the school will need to comply with the parent's/guardian's instructions and contact the healthcare provider to obtain a written order to discontinue or hold the administration of the medication. Parent/guardians who make verbal requests to withdraw consent or to hold a medication should be instructed to do so in writing. School protocols may permit acceptance of verbal parent/guardian requests if followed up by written request within a specific time frame.
- Medications that are administered in emergencies to students **with patient specific orders** (such as epinephrine, midazolam or diazepam for seizures, glucagon,) should be stored as close to the student's location as practicable. Options for this include:
 - The medication is carried by a trained staff member (for epinephrine via auto-injector or glucagon); or licensed health professional who is in close proximity to the student's location; or
 - The medication is stored in a secure location in or near the student's classroom; or
- Where the medication is located should be specified in the student's emergency care plan. Delay in administration may result in negative health outcomes for the

student. Such medications should not be stored in the health office unless the health office is within a very short distance from the student's location at all times during the day, **and** the medication can be obtained and administered in the time frame prescribed by the healthcare provider.

If the parent/guardian fails to provide emergency medication for a student with a diagnosis that requires such medication, the student should not be excluded from school or school sponsored activities. The school should communicate in writing to the parent/guardian that in the absence of the medication, they will have to call emergency medical services (EMS) for the student per district policy should the need arise for transport to local emergency room. The district medical director or school nurse should communicate this information to the student's healthcare provider if orders for the medication had been provided to the school previously. Schools should be cognizant of financial constraints a family may face in obtaining the medication and assist by providing information on obtaining health insurance or reduced cost medications from manufacturers, if available.

If the healthcare provider confirms that the student must have the medication available at school, the school should work with the parent/guardian to ensure the safety of their child at school. If all attempts to have the parent/guardian provide the medication fail, the school will need to consider notifying Child Protective Services (CPS).

Specific Diagnosis or Medication Considerations

Diabetes Management

Children are being diagnosed with diabetes at increasing rates. A Nurse Dependent Student or a Supervised Student who has insulin dependent diabetes will need direct care and support to manage their diabetes at school. Schools should be cognizant of the rights afforded to such students under state and federal laws, specifically the Americans with Disabilities Act and Section 504, and are strongly encouraged to review their policies with legal counsel to ensure compliance.

Schools should consider the amount of time the Supervised Student or Nurse Dependent Student may miss classroom instruction when deciding how to assist such students with their diabetes management. Administrators and teachers should also be aware that high and low blood glucose (sugar) can affect a student's cognitive ability to receive or participate in instructional activities. The more quickly high or low blood glucose is treated, the more likely the student will not lose instructional time, and long term health complications will be prevented. School nurses should develop nursing care plans that will move students to increasing levels of independence, while ensuring the individual needs of students are met appropriately in accordance with their healthcare provider's orders.

Independent Students with healthcare provider orders and parent/guardian permission to carry glucagon, carry and use insulin, along with equipment and supplies to check blood glucose levels, and/or ketones during the school day on school property and at any school function **must** be permitted to do so in accordance with Education Law §916-a. Additionally, with parent/guardian permission, extra insulin, glucagon, blood glucose meter, and related supplies used to manage their diabetes may be kept in the school health office by an appropriate licensed health professional for the student to obtain as needed. These Independent Students will be able to perform their own diabetes management but will need assistance from school personnel periodically, and in the event of an emergency such

as severe hypoglycemia. Each student with diabetes is unique and must have an individualized detailed written diabetes management plan to assist personnel in meeting their needs while at school. A diabetes medical management plan (DMMP) is defined as:

*...a care plan developed by a duly authorized healthcare provider, school health personnel, and the parent or person in parental relation that specifies in detail how the student is to manage diabetes at school including, but not limited to, detailed information for treatment of hypoglycemia and hyperglycemia by school personnel if the student becomes unable to do so independently, blood glucose range, and insulin coverage scale or correction factor orders for use by a licensed health professional if one is available.
[Commissioner's regulations §136.7(10)]*

There are commonalities in diabetes management that school personnel should be aware of for any student diagnosed with diabetes as outlined below.

Blood glucose monitoring

Students receiving insulin, and sometimes students with diabetes who are not receiving insulin, will need to check their blood glucose during the school day. Blood glucose(sugar) is checked with a drop of blood utilizing a glucometer or with a continuous glucose monitor. When and how often monitoring is done must be included in the diabetes management plan. School personnel should be aware of the following regarding blood glucose testing and results:

- ✓ In addition to the ordered times, students may need to have their blood glucose checked anytime they display symptoms of hyperglycemia (high blood sugar) or hypoglycemia (low blood sugar). Blood glucose monitoring can be performed by the student, by trained unlicensed personnel, or a licensed health professional.
- ✓ Blood glucometers, lancets, and lancet pens should never be used for more than one person. (see [One and Only Campaign | Injection Safety | CDC](#))
- ✓ A student who is suspected of suffering from low blood glucose should **never** be left alone. The student should not be moved - including walking to the health office for treatment, since this will further lower the student's blood glucose.
- ✓ In accordance with federal law, students must be allowed to check their blood glucose at anytime and anywhere, with or without assistance, during the school day and at school events. See the NYSED memo [School Executive's Bulletin- Blood Glucose Monitoring](#).
- ✓ The risk of exposure to blood borne pathogens by blood glucose monitoring is minimal and should not be used as a reason to prohibit a student from checking blood glucose outside of the health office. [Standard Precautions \(cdc.gov\)](#) should be implemented whenever there is possible exposure to blood and body fluids and such precautions can easily be implemented anywhere, see the NYSED [Blood Borne Pathogens in Classrooms Memo](#) for more information.

Independent Students will need to keep their glucometer and related supplies with them, or in their locker (storage of supplies in a locker or other location should only occur if desired by the student, **and** that location is known by and accessible to school personnel as needed)

in order to monitor blood glucose throughout the day as needed.

If requested by the student, students should be provided a private area to do monitoring. Students should be reminded to utilize Standard Precautions, proper disposal of sharps, and their need to be responsible for their supplies.

Supervised Students should be permitted to test their blood glucose with assistance, such as verbal cues. A written emergency care plan based upon the DMMP should be utilized to guide trained personnel who assist the student. Unlicensed staff members may assist a student whose blood glucose is low by providing food, and/or juice to treat low blood glucose in accordance with the student's emergency care plan based on the DMMP.

Nurse Dependent Students will need a trained staff member or licensed health professional to check their blood glucose, using the student's own glucometer and testing supplies. Whether the student is assisted in the classroom or health office depends on how often monitoring needs to be done. Unlicensed staff members may assist a student whose blood glucose is low by providing food, and/or juice to treat low blood glucose in accordance with the student's emergency care plan based on the DMMP. Schools should take steps to minimize the amount of time a student misses instructional time for this task, such as training the teacher or classroom aide to perform the blood glucose monitoring or having other trained school personnel go to the student's location.

Monitoring Urine Ketones or Glucose

Some students will need to check their urine or blood periodically for ketones or glucose depending on their healthcare provider's orders. This is done utilizing urine test strips or blood ketone meter. School personnel should follow healthcare provider orders regarding how to manage the results.

- **Independent Students** should be allowed to carry such strips or meter and to check as needed.
- **Supervised Students** may be able to perform ketone monitoring independently but may need verbal prompts to do so, or to follow the directives in the DMMP based on the test results.
- **Nurse Dependent Students** will need ketone monitoring performed by either trained unlicensed personnel or a licensed health professional. Personnel who assist or perform such monitoring should document the results in the student's CHR, and on the student's diabetes log sheet or other such forms.

Insulin Administration

Students with healthcare provider orders for insulin will likely need it during the school day and at school sponsored events. In NYS schools, insulin may only be administered by an appropriately licensed health professional, the student, or the parent/guardian. Insulin is administered subcutaneously (under the skin with a needle) via syringe, insulin pen, or insulin pump. The NYSED [Clarification on Insulin Pumps Memo](#) has more information regarding insulin pumps in school.

Independent Students will always need to carry their supplies with them and be permitted to administer their insulin anywhere in the school setting and at school sponsored events. Independent Students must not be required to go to a specific location such as the health office to administer their insulin to themselves or perform any other aspect of their diabetes management. If requested by the student, students should be provided a private area to

administer insulin. Students should be reminded to utilize Standard Precautions, and of their need to be responsible for their supplies including proper disposal of sharps. These students should have written emergency care plans based on the DMMP for personnel to follow in the event the student needs assistance.

Supervised Students will need assistance to administer their own insulin, ideally in the classroom. This assistance can be provided by trained unlicensed school personnel and may include verbal cues for following Standard Precautions; verifying correctness of math for carb counting; and verifying the number drawn up or input by the student on the syringe, pen, or insulin pump is the amount the student desires to administer. An unlicensed staff member cannot administer insulin by syringe, insulin pen or enter any data into an insulin pump or push a button to administer insulin. A nurse or healthcare provider may not direct an unlicensed staff member to do so.

Nurse Dependent Students will need all aspects of diabetes management done for them. Trained unlicensed personnel may assist these students by checking their blood glucose, checking urine or blood for ketones, administering emergency glucagon, contacting or bringing the student to the school nurse for insulin administration. An unlicensed staff member cannot administer insulin by syringe, insulin pen or enter any data into an insulin pump or push a button to administer insulin. A nurse or healthcare provider may not direct an unlicensed staff member to do so.

For all students regardless of functional level, the DMMP will need to include sufficient details for licensed health professionals to administer insulin as needed based on both carbohydrate intake or blood glucose monitoring results. This is true even for Independent Students in case they need assistance during the school day.

In NYS, a licensed nurse may only administer medications or nursing treatments based on an order from a duly licensed healthcare provider. Healthcare providers may not write orders that state the licensed health professional is to contact the parent regarding medication or other diabetes management procedures unless the orders only allow the parent to provide proposed adjustments or dosages and require the health care professional to make the ultimate decision after exercising their professional judgment. A sample form is provided for this purpose titled: *DMMP Addendum- Role of Parents Adjusting Insulin Dose* is available under [Samples|Forms – Medication Forms, Letters, Notifications](#) on the NYSCSH website.

Under New York law, an RN has the obligation to exercise their professional judgment in making decisions regarding health care provided to students in school. The sound exercise of professional nursing judgment requires, among other things, that a nurse gather all relevant information to the extent possible. The parent/guardian of a student with diabetes typically will have information that is highly relevant to decisions regarding the administration of the student's diabetes medication which the nurse will want to consider in making decisions regarding the administration of diabetes medication.

Accordingly, a parent/guardian has the right to and should provide relevant and timely information regarding daily decisions as to dosage and timing of diabetes medication consistent with medical orders prescribed by a health care provider, understanding that the nurse retains their professional judgment regarding the medication they administer. While a parent/guardian's provision of information regarding diabetes medication is not the same as a "medical order" for diabetes care (unless the parent/guardian is an authorized prescriber), any information provided by the parent/guardian must be taken into consideration by a nurse when using their professional medical judgment.

It is very important that the student, parent/guardian, school staff (including school health professionals), and the student's physician or other healthcare provider agree on a clinically sound diabetes management plan for the student, which can reasonably be implemented in a school setting. Good communication, cooperation, and coordinated planning among the student, parent/guardian, school staff (including school health professionals), and the student's physician or other healthcare provider are critical to ensure that the student receives optimal care and can participate in school activities as fully as possible. Parents/guardians need to be aware of the number of students a school nurse is responsible for and not insist on multiple communications each day regarding non-emergent care. It may be a reasonable modification when requested, for parents/guardians to speak to their child during the school day, whether through a cell phone provided to the child or otherwise through a school phone consistent with the school policies on cell phone use and the student's IEP or 504 plan.

Written Diabetes Medical Management Plan

Although a DMMP is required in Commissioner's regulation §136.7 for Independent Students, it is highly encouraged that every student with diabetes have a current DMMP on file in the school's health office. When nurses provide care to students with diabetes, parents/guardians usually consult with, advise, and have regular communications with the nurse regarding their child's health condition, glucose or ketone monitoring, dietary intake (including carbohydrate counts), physical activities, emergency care and notifications of other health matters. When a parent/guardian requests that school personnel ensure that their child receive specific types or amounts of carbohydrates or additional snacks at a specific time, the school must consider the parent/guardian's request to the extent it is timely and relevant, along with other relevant health information (such as medical orders) and make appropriate decisions regarding the student's care. Likewise, healthcare providers of students with diabetes may specify in writing to the school, where appropriate, that the parent/guardian is sufficiently trained and experienced in adjusting the insulin dose of the student for the parent/guardian to propose adjustments of insulin administration during school time hours, and at school-sponsored events. A sample form is provided for this purpose titled: *DMMP Addendum- Role of Parents Adjusting Insulin Dose* is available on the NYSCSH website under Notifications. The student's DMMP must be accompanied by a physician order that authorizes the school nurse to make dosage adjustments within the same range(s) that the student's healthcare provider authorizes for the parent/guardian to propose, so that a nurse may exercise her professional judgment.

Note: There are several insulin pumps on the market and school nurses may not be familiar with all of them. If a school nurse is not familiar with a particular pump, school administration or the medical director will need to assist in arranging for professional development on that pump. This may be found at the ordering healthcare provider's office, local hospital, from the pump manufacturer, or by a certified diabetes educator. It is **not** acceptable to have a parent/guardian train a licensed health professional. Training should be provided to any nurses who may cover that building including substitute nurses or unlicensed personnel who supervise student's using their own insulin pump. Once trained school personnel may find parents/guardians to be a resource for questions regarding the student's insulin pump.

Continuous Glucose Monitoring (CGM)

Continuous glucose monitors (CGM) determine glucose levels on a continuous basis by

measuring the glucose level of interstitial fluid which is the fluid in spaces between cells. The sensor readings are sent wirelessly to a receiver and provide information about the direction, magnitude, duration, frequency, and causes of fluctuations in blood glucose levels. The FDA approves insulin pumps, and CGMs for specific ages. They also approve which CGMs may be used for calculating insulin dosing and which insulin pumps and CGMs may be used together for automated insulin dosing. School health personnel should verify that the student's CGM is both FDA approved for the student's age and for determining insulin dosing if indicated on the DMMP. See [FDA Warns Against the Use of Unauthorized Devices for Diabetes Management | FDA](#). School health personnel should verify that the CGM is both FDA approved for the student's age and for use with the insulin pump.

Since glucose levels in interstitial fluid lag behind blood glucose values, traditional finger stick blood glucose measurements to confirm hypo or hyperglycemia will be needed before taking corrective action. Some monitors are equipped with alarms which alert the student of hyperglycemia or hypoglycemia so a corrective action(s) can be taken, even in cases where the student does not feel symptoms. The DMMP should state how the sensor is used in school, for example for pre/post-recess or physical education class, and/or at school dismissal; what to do about sensor alarms; when to confirm the blood glucose with a finger stick, and the plan for managing hypo or hyperglycemia. Other issues which should be addressed include how data will be communicated between the healthcare provider, the parent, and the school. Pump and CGM technology may allow parents to monitor readings from wherever the parent is located. School personnel should not follow trending data but should respond to CGM alarms. When the CGM alarms, school staff generally check a fingerstick blood glucose (BG) and follow the individual student's DMMP. Districts should work with healthcare providers to determine how the school nurse will respond to trending CGM data and request specific anticipatory interventions for these students on the DMMP. This will assist parents, and the school health team to effectively work together in supporting the student, reducing excessive communications, and classroom interruptions to request actions based on the trending being shown on the CGM.

Note: Schools are reminded of the need for confidentiality of student's health information. Use of wireless communication devices, cell phones, and texting of student data should be reviewed by the district's technology team, and/or legal counsel to assure compliance with FERPA, [Education Law 2-d](#), and data security requirements. Methods of documenting data received from the pump or CGM device should be addressed. For more information on data privacy and security requirements see [Data Privacy and Security | New York State Education Department \(nysed.gov\)](#). Parent/guardian written consent should be obtained for electronically monitoring a student's CGM at school (via APP on cell phone, iPad etc.).

Other Needs

Students with diabetes, particularly those who take insulin, must have access to food and beverages, especially water, and a fast acting source of carbohydrate as needed throughout the school day, at school sponsored events, and on the bus. Additionally, students with diabetes will also need to have liberal bathroom privileges. Independent students may also need access to a phone or smartphone to receive direction from their parent/guardian or healthcare provider. The New York State Department of Health has developed a resource, *Children with Diabetes A Resource Guide for Families and Schools* that provides more information on how to meet the needs of students with diabetes. It is available at [NYS Department of Health-Children with Diabetes A Resource Guide for Families and](#)

Glucagon Administration

All students, regardless of their independence level, will need help in the event of a low blood glucose emergency. Students who take insulin will often have an order for the administration of glucagon in the event that their blood glucose becomes too low (hypoglycemia) resulting in a loss of consciousness, seizure, and/or ability to swallow. These situations are emergencies, and treatment must occur quickly to reverse the low blood glucose and prevent both short and long term negative health outcomes. Pursuant to Education Law §921, unlicensed personnel may be trained by a school nurse (RN), NP, PA, or physician to administer emergency glucagon to a student who has a healthcare provider order for glucagon administration. Information on training unlicensed personnel to administer glucagon is available in the Preparation section.

Seizure Medications

Diazepam (i.e., Diastat) administered rectally and midazolam (i.e., Nayzilam) administered nasally are FDA approved prescription medications used to treat repetitive seizures. The healthcare provider order will specify when the medication is to be administered. A student will not be able to self-administer such medication during a seizure. Generally, the medication may only be administered by a school nurse (RN), NP, PA, or physician due to the need for assessment to determine whether or not it is to be administered. However, in cases where a student has a consistent, predictable seizure pattern, an LPN under the direction of an RN may administer the medication. The LPN will need a detailed emergency care plan specifying the signs and symptoms that will warrant administering. If the RN is not on site with the LPN, the LPN must be able to contact the RN as needed, and the RN must be able to respond on site within 15 minutes.

When developing plans to meet the needs of students diagnosed with seizure disorders, schools need to consider the following:

1. The time it will take for a nurse to arrive to administer the medication.
2. Where the student's medication should be kept at a secure location, ensuring administration within the time frame required in the healthcare provider's order.
3. The privacy needs of the student, especially when a rectal medication is administered.
4. Administration generally calls for emergency medical transport for further evaluation and treatment, unless otherwise ordered by the healthcare provider.

Note: Licensed nurses cannot be required to follow orders for administration of non-FDA approved routes of administration or other off label uses of medications.

Epinephrine

Licensed Health Professionals

RNs, LPNs, NPs, PAs, and physicians are authorized to administer epinephrine to any person in accordance with their profession's scope of practice. Additionally, per Education Law §902-b, such licensed health personnel may administer epinephrine to students who have a written healthcare provider order and written parent/guardian consent. Since the scope of practice of Licensed Practical Nurses (LPNs) does not include assessment, an LPN

under the direction of an RN or other appropriate licensed health professional may administer epinephrine to a student with a patient specific order. RNs may administer epinephrine under two distinct types of orders:

1. To a person with a **patient specific order** from their healthcare provider.
2. An RN may administer epinephrine to anyone who appears to suffer from anaphylaxis under a **non-patient specific order** from the school medical director.

Any administration of epinephrine warrants calling for emergency medical transport for further evaluation and treatment.

Unlicensed School Personnel

There are two instances in schools in which unlicensed personnel may administer epinephrine via auto-injectors:

1. Students with a Healthcare Provider Order

Education Law §921 authorizes schools, but does not obligate them, to allow RNs, NPs, PAs, or physicians train unlicensed school personnel to administer epinephrine via auto-injector when an appropriate licensed health professional is not available, to students with both a written healthcare provider order and parent/guardian consent during the school day on school property, and at any school function. If the healthcare provider order states the student is to receive more than one dose of epinephrine within a specified time frame, the unlicensed person may be trained to administer a second dose of epinephrine auto-injector in accordance with the student's healthcare provider order while awaiting emergency medical services transportation.

2. Students, and Staff Members On Site

Education Law § 921-a permits both public and non-public schools to choose to provide and maintain epinephrine auto-injectors on site, and to permit trained school employees to administer an epinephrine auto-injector to any student or staff member with symptoms of anaphylaxis, regardless of whether or not there is a previous history of severe allergic reaction. Schools choosing to do so must meet the requirements of Public Health Law §3000c. This law requires unlicensed employees or contractors of the school who will administer an epinephrine auto-injector to have taken a Department of Health approved course prior to administering an epinephrine auto-injector. See *Preparation* section for approved course information.

The practice, protocols, policies, and procedures in the school regarding unlicensed personnel administering epinephrine via auto injectors should include the following:

- Curriculum used to train authorized individuals approved by the Department of Health.
- Designation of who will conduct the training of the authorized individuals.
- Designation of staff to be trained to use and dispose of the auto-injector. This will include maintaining a record of those trained with training dates, training refresher dates, and curriculum followed.
- Schedule for periodic review of the course material at least annually.
- Protocol for use of the auto-injector for both pediatric and adult cases.
- Plan of action for when an auto-injector is used, including calling for emergency transport per district policy, reporting to the medical director and notification of parent/guardian (or for staff- their designated emergency contact).
- Procedure for obtaining, storing, and accounting for the drug.

Note: For students with healthcare provider orders, every effort should be made to ensure the unlicensed personnel trained by an RN, NP, PA or physician is available to administer the student's own epinephrine auto-injector to the student.

Opioid Overdose Prevention Management

Licensed Health Professionals

In the event of an emergency, school nurses (RN) in the schools can follow a non-patient specific order and administer an opioid antagonist to anyone during the school day, and at any school sponsored activity no matter where it occurs if authorized by the non-patient specific order and school protocol. In addition, RNs and LPNs may administer an opioid overdose medication to a student with a patient specific order prescribed by a physician, PA or NP.

Other Licensed Professionals

In the event of an emergency, any trained school personnel that is licensed to practice a profession under [title eight of the Education Law](#) (e.g., social worker, physical therapist, speech language pathologist) may provide an opioid antagonist to students or staff at any school sponsored activity occurring on-site in an instructional school facility.

Commissioner's regulation §136.8 (3) defines an instructional school facility as any building or other facility maintained by a school district, board of cooperative educational services (BOCES), county vocational education and extension board, charter school, or non-public elementary or secondary school where instruction is provided to students pursuant to its curriculum.

Unlicensed Personnel

In the event of an emergency, trained school personnel may administer an opioid antagonist to students or staff at any school sponsored activity occurring on-site in an instructional school facility.

Note: Additional information on opioid overdose prevention is described in this document under the section, "Training of School Personnel; Opioid Antagonists" (See *Preparation* section).

ANY administration of opioid antagonists warrants calling for emergency medical transport for further evaluation and treatment.

Documentation

Pursuant to Rules of the Board of Regents, §29.2(3), licensed health professionals must maintain a record for each patient which accurately reflects the evaluation and treatment of the patient.

Unlicensed personnel assisting Supervised or Independent Students (who come into the health office to obtain their medication) to take their own medication should document the medication was taken by the student.

Documentation should include the date and time the medication is administered to or taken by the student, any communication with the healthcare provider and parent/guardian, any special circumstances related to the administration, and notable student reactions/responses to the medication. The documentation must be signed by the writer.

Disposal of medications should also be documented in the CHR, see *Implementation* section for details on disposing of medications.

The following procedure for record keeping is recommended:

1. Retain the written order from the prescriber.
2. Retain the parent/guardian consent.
3. Document pertinent information about medication, and other vital signs, blood glucose etc. related to the administration in the CHR.
4. Maintain an individual daily medication administration record (MAR) for each student administered medication, or self-administering medication in the health office. Sample MARs are available under [Samples|Forms – Medication Forms, Letters, Notifications](#) on the NYSCSH website.
5. The MAR must contain the following information:
 - Student name and date of birth;
 - Medication name, dosage, route, and parameters;
 - The date and time administered;
 - The signature and title of the health professional administering. Unlicensed school personnel who assist students to take their own medication should also sign the MAR to document the student took their medication. If initials are used to sign the MAR, a separate log of all individual's signatures (with title if applicable) along with their initials must be kept for all personnel signing any student's MAR.
 - Documentation of parameters required for administration (e.g., vital signs, carb count, blood glucose, etc.); and
 - Documentation of missed dose or student refusal.
6. Periodically and as needed evaluate and summarize student response to medication, including assessing for effectiveness and side effects.
7. Periodically summarize daily medication records in the cumulative health record.

Note: If billing Medicaid for skilled nursing services, including medication administration, see [Medicaid Requirements](#) for further information on documentation requirements.

Due to the need for the school nurse or other licensed health professionals administering the medication to review the healthcare provider order prior to administration, the Cumulative Health Record (CHR) should be stored in the health office where it can be easily accessed by health personnel during an emergency. Storing the CHR in the health office will also limit staff having access to sensitive health information in accordance with FERPA.

Controlled Substances

Although schools are not required by law to keep detailed records of controlled substance administration, best practice would be to do so in accordance with public health regulations. Public Health Regulations (10 NYCRR §80.46) requires the following for controlled substances:

The administration sheet shall list the type of controlled substance, dosage and number of doses furnished, and shall indicate:

- (i) date and hour of administration;

- (ii) name of patient;
- (iii) name of prescribing practitioner;
- (iv) quantity administered;
- (v) balance on hand after each administration; and
- (vi) signature of administering nurse.

Discrepancies should be reported to the parent/guardian and administration immediately. Administration, school nursing personnel, and the medical director should review reports of missing medications and take steps to adjust protocols to prevent future occurrences.

Records Retention

NYS Education Law governs local governments, which includes public schools and BOCES, that are required to retain student records in the ED-1 Schedule on the [Retention and Disposition Schedule for New York Local Government Records | New York State Archives \(nysed.gov\)](https://www.nysed.gov/retention-disposition-schedule-for-new-york-local-government-records). Student medication orders and parent/guardian consents are to be kept for one year after the end of the school year if the information is transcribed into the CHR on either an MAR or narrative. Medication orders and parent/guardian consents not transcribed, along with the MAR and narrative need to be kept in the cumulative health record by the school until the student reaches age 27. Electronic health records should be maintained for the same time period as paper records.

Medication Errors

Carefully designed and executed medication protocols developed and implemented by registered professional nurses are the single best deterrent to medication errors. However, errors may occur despite everyone's best efforts, particularly in busy health offices seeing large volumes of students. A medication error includes any failure to administer medication as prescribed for a particular student. Medication errors include wrong recipient, wrong medication, wrong dose, wrong route, wrong time, wrong frequency, wrong assessment and wrong documentation³.

Medication errors should be addressed immediately in accordance with the school's medication management protocols. The school nurse (RN) should assess the student, and if appropriate, contact the Poison Control Center (if wrong medication or an overdose is given), and/or 911 per school policy. If a school nurse is not present to assess the student, the medical director should be immediately consulted for direction. If they are unavailable the parent/guardian should be notified to pick up their child for follow up care, or if deemed necessary, informed that the student is being transported for follow up emergency care.

The following steps should be taken for medication errors:

1. Notify the licensed prescriber **as soon as possible**, particularly if wrong dose or medication was administered.
2. Notify supervisor and/or school administrator, and school medical director.
3. Notify the parent/guardian; and

³Tsegaye, Dejene et al. "Medication Administration Errors and Associated Factors Among Nurses." *International journal of general medicine* vol. 13 1621-1632. 22 Dec. 2020, doi:10.2147/IJGM.S289452

4. Complete a written report of the medication error detailing student's name, specific statement of the medication error, results of the school nurse assessment, who was notified, and what remedial action was taken.

School nursing personnel, and the medical director should review reports of medication errors and take necessary steps to adjust protocols to lessen the likelihood of a future medication error. A sample *Medication Incident Reporting Form* is available on the NYSCSH website under [Samples|Forms – Medication Forms, Letters, Notifications](#).

Medication Storage

Schools taking possession of medications are responsible to ensure the medication is available to the student it is prescribed for, while preventing access to medications by other students. Schools are not required to but are strongly encouraged to utilize best practice double lock systems similar to those required in other health settings. Such systems include:

- All medications, except as otherwise arranged, should be properly stored and secured within a health office cabinet, drawer, or refrigerator designated for medications only. Best practice for storage includes at a minimum, a lock for the cabinet, drawer, and/or refrigerator as well as a lock to the outside health office door.
- Medication storage units should have double key locks, should be secured to the wall or floor, and should not have breakable glass doors.
- Medications requiring refrigeration should be stored in a refrigerator used solely for that purpose to avoid cross contamination.
- Schools should check with their insurance carrier about medication storage requirements.
- The health office should always be locked when health services personnel or staff members trained to assist students are not present.

Controlled Substances

Controlled substances should always be secured and should **never be left open or accessible** to students or personnel not designated to administer or assist students to take their own medications. Supervised Students, and/or Independent Students should **not** be given unsupervised access to controlled substances in the possession of the school.

Although schools are not covered under Public Health regulations for controlled substance storage, best practice would be to ensure the security of any controlled substances in a manner as outlined in 10 NYCRR §80.50:

Any cabinet or safe weighing less than 750 pounds shall be bolted or cemented to the floor or wall in such a way that it cannot be removed. The door of the cabinet or safe shall contain a multiple position combination lock, a relocking device or the equivalent, and steel plate having a thickness of at least one-half inch.

Medication carts may be utilized to stock Schedule III, IV and V controlled substances as provided in paragraph (2) of this subdivision, provided they are equipped with the following:

- (a) double-keyed locks;

- (b) when not in use, anchored to a floor or wall device or maintained in another secure location;
 - (c) locked drawer system; and
 - (d) independent locking device.
- (ii) Access to medication carts shall be limited to an identified individual at all times.

Emergency Medications

As noted earlier, storage of student specific emergency medications should be in a location that ensures the medication is administered in the time frame prescribed.

Schools that have chosen to stock emergency medications allowed by state laws (epinephrine auto-injectors and opioid antagonists), should store these medications in a manner specified in the laws, and regulations governing their use. Both epinephrine auto-injectors used by trained unlicensed personnel pursuant to Education Law §921a, and opioid antagonists pursuant to Education law §922 should be stored in a secure location that is readily accessible to trained personnel. AED cabinets which need to be checked at the same frequency as those medications are to be inventoried, are centrally located, and can be secured with plastic break away locks are recommended to be used.

Note: Someone experiencing anaphylaxis or opioid overdose needs immediate medical attention and emergency response intervention. Call 911 and activate your school's emergency response system, which for public schools must include obtaining the AED, and follow emergency response protocols (CPR/Rescue Breaths/AED).

Disposal of Medications

Schools take temporary, incidental possession of medications from the parent/guardian for medication to be administered to their child, or to be available for their child to self-administer at school. Every attempt must be made to return unused, and/or expired medication to the parent/guardian. This may occur if the healthcare provider discontinues the medication order, changes the dose, or at the end of the school year if there is any unused medication remaining. Schools should inform the parent/guardian of their responsibility to pick up unused medication, ideally in writing. This communication should include a deadline date for pick up including how parents/guardians who cannot meet the deadline date can make alternate arrangements, and that any medication not picked up by the deadline, or alternate date, will be disposed of.

Medication should be disposed of as outlined in the following memo in accordance with NYS Department of Environmental Conservation recommendations. Medication is no longer to be flushed down a drain or toilet as a means of disposal. For more information on disposing of medications in the community please see [NYS Department of Environmental Conservation- Safe Medication Disposal for Households](#)

Best practice is for a second nurse or building administrator to witness the medication disposal and cosign the note in the student's CHR regarding the medication disposal.

Disposal of Needles and/or Syringes

Needles and syringes, including auto-injectors*, should be disposed of in a manner consistent with NYS DOH recommendations:

1. Needles **should not** be recapped and **should not** be purposely bent or broken.

2. Syringes, needles, lancets, and other sharp items should be placed in approved sharps containers and labeled "**BIOHAZARD.**"

Arrangements should be made with custodial personnel or an appropriate agency to dispose of sharps containers at periodic intervals according to established policy and procedures of the school regarding biohazard waste, and in accordance with the school's Exposure Control Plan. Schools should include such protocols in their Exposure Control Plans.

See the following resources for more information.

Centers for Disease Control and Prevention (CDC)

[CDC- Protect Your Employees with An Exposure Control Plan](#)

Occupational Safety and Health Administration (OSHA)

[Model Plans and Programs for the OSHA Blood Borne Pathogens and Hazard Communications Standard](#)

Public Employees Safety and Health Bureau

[NYS Department of Labor- Public Employees Safety and Health](#)

The New York State Center for School Health [Bloodborne Pathogens and Exposure Control \(schoolhealthny.com\)](#)

* The Environmental Protection Agency (EPA) does not consider the epinephrine salts in epinephrine auto-injectors to be hazardous waste, see memo: [US Department of Environmental Protection- Epinephrine Memo.](#)

The New York State Department of Environmental Conservation (DEC) concurs with the USEPA Guidance RO# 14778 which concludes that the P042 listing does not include epinephrine salts. Virtually all pharmaceutical uses of epinephrine are epinephrine salts and are not subject to RCRA C regulation as a hazardous waste. Therefore, epinephrine auto injectors should be disposed of in the same manner as other sharps.

Special Circumstances

Field Trips and Other School Sponsored Events

Preparation of Medication

School health personnel should remind teachers and administrators that both school health personnel and parents/guardians must be notified well in advance of any field trips so that there is enough time for them to arrange for any necessary personnel, healthcare provider orders, and written consents required for administration of medications on the trip. Medication which is not given routinely during the school day may be needed for off-site or extended school sponsored trips. Therefore, parents/guardians will need advance notice that additional healthcare provider orders, written consent, and the medication must be provided to the school to allow the student to have access to such medication on the field trip.

Per NYSED's memo [Clarification on Medication Storage in Schools](#), medications at school, and school sponsored events should remain in the original, properly labeled container at all times.

Schools should consider using receipts for medications provided by a parent/guardian that will be administered on a field trip. This will enable the school to verify what was provided, and to account for all doses upon returning any unused medication to the parent/guardian. Sample medication receipts are available under [Samples/Forms – Medication Forms, Letters, Notifications](#) on the NYSCSH website.

Pursuant to Education Law §§922 and 921-a, unlicensed personnel may only administer stock epinephrine auto-injectors or opioid antagonists in instructional facilities. However, pursuant to Education Law §921, unlicensed personnel trained by school nurse, or other appropriate licensed personnel to administer epinephrine auto-injector to **a student with a patient specific order** may administer the medication on school property and at any school function.

Oversight of Students

Nurse Dependent Students

In accordance with state laws, Nurse Dependent Students will need a licensed health professional to attend the field trip to administer their medication(s) to them. Parents/guardians may choose to accompany their child on the trip to administer their child's medication, however, parents/guardians cannot be required to attend a field trip. A parent/guardian may choose to appoint a parent designee who is a friend or family member to act in their place and administer medication to their child at a single school event or field trip. Appointment of a parent designee is the choice of the parent/guardian, and school personnel may not require a parent/guardian to appoint one. This designation must be in writing, see [Parent/Guardian Permission- Field Trip Attendance and Medication Administration](#)

Districts should be knowledgeable about and ensure compliance with applicable Federal laws including, but not limited to, the Americans with Disabilities Act (ADA) and the Individuals with Disabilities Education Act (IDEA). These laws require students to have access to all school events, including field trips. Therefore, a school should have several options available to ensure accessibility to all students while still meeting the students' health

and safety needs.

If a licensed health professional is not available to attend the trip to meet the health needs of a student or students, and the parent(s)/guardian(s) choose not to attend or appoint a designee, then the field trip must be canceled rather than exclude a student due to their health needs, consistent with Federal Laws. (See 34 C.F.R. § 104.33)

Supervised Students

Oversight of medication self-administration by Supervised Students may be delegated to trained unlicensed school personnel, see page. Ideally each student should have a written emergency care plan for personnel to follow in the event of an emergency or they are unable to contact a licensed school health professional for questions.

Independent Students

Education Law §§916, 916-a, and 916-b allows Independent Students with healthcare provider orders and attestation, and written parent/guardian consent to carry and self-administer their own rescue medications for respiratory conditions, epinephrine auto-injector, or insulin, glucagon, and related diabetes supplies at school sponsored events. Independent Students with other health conditions warranting timely administration of their medications should also be permitted to self-carry and self-administer their medication to prevent negative health outcomes. On a field trip, medications that do not require rapid administration should be kept in the custody of a staff member. Students will then go to that staff person to self-administer their medication(s). This ensures medication dosages are accounted for by school personnel, students are taking medications as prescribed, and medications are not accessible to students who do not need them.

Emergency Building Procedures

A building emergency plan should establish a method for staff to communicate with administration. Schools should include in the plan how they will meet the needs of students with chronic health conditions during an emergency. Students with chronic health conditions that may need intervention at school should have a written emergency care plan developed by the school nurse, medical director, or their healthcare provider. All individual student emergency care plans should direct personnel on signs and symptoms of complications, along with steps to take in the absence of a school nurse or other licensed health professional. Sample emergency care plans are under [Samples|Forms – Medication Forms, Letters, Notifications](#) on the NYSCSH website.

Best practice is that each health office is supplied with a recognizable, readily accessible, easily carried emergency pack for an assigned staff member to take with them during an emergency. Items recommended to be in an emergency pack include, but are not limited to:

- Supplies for basic first aid, including supplies for infection control;
- A list of all students with significant medical conditions and copies of medical orders for prescription medication, including emergency contact numbers;
- A stock epinephrine auto-injector with non-patient specific orders (if applicable);
- A glucose source-such as glucose gel, juice boxes or honey sticks;
- drinking water; and
- A cell phone for communication with healthcare providers, parents/guardians, or

emergency services.

A building emergency plan should also address means for use of an opioid antagonist (naloxone) or epinephrine auto-injector, or KI for appropriate school districts included in district emergency response procedures, which in public schools includes an Automated External Defibrillator (AED).

Intravenous Medications

Due to the increased number of students with chronic health conditions attending school, schools are being asked to administer medications intravenously more frequently. These types of medications are typically vital for the health and safety of the student. Schools should only administer medications, including intravenous (IV) medications, which must be administered during school and cannot be administered at another time of day.

With advances in technology these medications can be safely administered in community settings including schools by an RN. It is not appropriate for a school nurse to be expected to obtain peripheral intravenous access to administer a medication. Therefore, only students who have indwelling central lines such as a port, groshong, Hickman or other similar catheters, and peripherally inserted central catheter (PICC) lines may have IV medications administered at school.

The student must have had the first dose of the medication administered at a medical facility, healthcare provider's office, or other appropriate location to ensure the patency of the central line, pump functioning if one is used, and that the student can tolerate the medication infusion without immediate side effects.

Planning for a student who may need IV medication administered at school is more complex than for other medication routes and will require that the **parent/guardian notify the school as soon as they are aware that the infusion will need to be administered at school**. This is necessary to ensure an appropriately licensed health professional is available and trained in:

- The infusion;
- Care and maintenance of both the line and insertion site;
- How to use the infusion pump if applicable; and
- To allow time to develop a comprehensive written emergency care plan with the ordering healthcare provider's input.

Considerations for Safe Administration of IV Medications

- It is **imperative** that the school nurse (RN) is trained in the administration of the medication, use of the infusion pump if utilized, and care of the line, and insertion site. LPNs may not administer intravenous (IV) medications in school settings due to the type of intravenous lines that are used.
- The ordering healthcare provider is responsible for assisting in arranging for appropriate training of school nursing personnel that will be administering the medication at school. Such training can occur in the healthcare provider's office, local hospital, by a visiting nurse, or by the infusion company that is supplying the medication and IV supplies. It is **not** acceptable to have a parent/guardian train a licensed health professional.
- Healthcare provider orders will need to include information on the type of

intravenous line along with care and maintenance of both the line and insertion site, steps to take if intravenous access is lost or is inaccessible, or the pump malfunctions. Additionally, the medication order should include dosing, side effects and other signs and symptoms to observe for that will require notifying the healthcare provider. Information on the name of the infusion supply company along with their contact information should also be included on the orders.

- Parents/guardians will need to provide the school with the student's diagnosis, the medication, and all necessary supplies along with the healthcare provider orders. Parent/guardians will also need to provide written consent for the school to contact the healthcare provider as necessary.

Resources

[New York State Department of Health](#)

[New York State Society of Allergy and Immunology: Epi-autoinjectors for Schools](#)

[New York State Center for School Health](#)

[New York State Education Department, Office of Professions](#)

[New York State Education Department, Office of Student Support Services-School Health Services](#)