516 Administering Medicine to Students

I. PURPOSE

The purpose of this policy is to set forth the provisions that must be followed when administering nonemergency prescription medication to students at school.

Legal References:
- Minn. Stat. § 13.32 (Student Health Data)
- Minn. Stat. § 121A.21 (Hiring of Health Personnel)
- Minn. Stat. § 121A.22 (Administration of Drugs and Medicine)
- Minn. Stat. § 121A.221 (Possession and Use of Asthma Inhalers by Asthmatic Students)
- Minn. Stat. § 121A.2205 (Possession and Use of Nonsyringe Injectors of Epinephrine; Model Policy)
- Minn. Stat. § 151.212 (Label of Prescription Drug Containers)
- 20 U.S.C. 1400, et seq. (IDEA)
- 29 U.S.C. 794, et seq. (Section 504)
- Minn. Stat. § 152.02 Schedule of Controlled Substances
  Attorney General opinion statement, Feb. 14, 2000 Re: Authority of school nurses to provide non-prescription medications.

Cross References:
- MSBA/MSA Model Policy 418 (Drug-Free Workplace/Drug-Free School)

GENERAL STATEMENT OF POLICY

The school district acknowledges that some students may require prescribed drugs or medication during the school day. Student access to medication while at school, to appropriately treat illness, acute or chronic, enhances attendance and reduces a potential barrier to educational success. The school district's licensed school nurse, health assistant, trained designee, principal, or teacher will administer medications in accordance with law and school district procedures. If high school students request to carry their over-the-counter medication during school hours, Stat: 121A.22 will be followed.

REQUIREMENTS

A. The administration of prescription medication or drugs at school requires a completed and signed authorization for medication administration form from the student's parent and physician. (See IIIB). An oral request must be reduced to writing within two school days, provided that the school district may rely on an oral request until a written request is received.

1. Intravenous (IV), Intramuscular, (IM), subcutaneous (SQ) and rectal medications that may be required must be given by a Registered Nurse (RN) or by a Licensed Practical Nurse (LPN) under the direction of a physician’s order. (Licensed Practical Nurses only give IM, SQ, and Rectal)

2. The Emergency Treatment for Minors Act (MN Stat. 144.344) allows schools to make emergency decisions about sensitive health issues and concerns and physicians to provide immediate care while parents are being contacted. (Examples include: trained school personnel administering epi-pen auto injectors, or any emergency medication ordered by a physician to address student’s emergency health needs.)

B. An “Authorization for Administrating Medications” form must be completed annually (once per school year) and/or when a change in the prescription or requirement for administration occur.

C. Prescription medication must come to school in the original container labeled for the student by a pharmacist in accordance with the law, and must be administered in a manner consistent with the instructions on the label.

D. The school nurse may request further information about the prescription, prior to administration of the medication.
E. Prescription medications are not to be carried by the student, but will be left with the appropriate school district personnel. Exceptions to this requirement are: self administered prescription asthma medication and medications administered as noted in a written agreement between the school district and the parent or as specified in an IEP (individualized education program), Section 504 plan, or IHP (individual health plan) or ECP (Emergency Care Plan). (See Part J.4)

F. The school must be notified immediately by the parent or student 18 years old or older in writing of any change in the student's prescription medication administration. A new medical authorization or container label with new pharmacy instructions shall be required immediately as well.

G. For drugs or medicine used by student with a disability, administration may be as provided in the IEP, Section 504 plan or IHP. (Authorization for Administering Medications form is required. (See Part III A, B, C.)

H. The school nurse, or other designated person, shall be responsible for the filing of the Administering Prescription Medications form in the health records section of the student file. The school nurse, or other designated person, shall be responsible for providing a copy of such form to the principal and to other personnel designated to administer the medication.

I. Storage/Administration of Medication

Procedures for storage / administration of drugs and medicine at school and school activities shall be developed in consultation with a school nurse, a licensed school nurse, or a public or private health organization or other appropriate party (if appropriately contracted by the school district under Minn. Stat. § 121A.21). The school district administration shall submit these procedures and any additional guidelines and procedures necessary to implement this policy to the School Board for approval. Upon approval by the School Board, such guidelines and procedures shall be an addendum to this policy. (See Addendum I)

J. Specific Exceptions:

1. Special health treatments and health functions such as catheterization, tracheostomy suctioning, and gastrostomy feedings do not constitute administration of drugs and medicine;

2. Emergency health procedures, including emergency administration of drugs will be administered via instructions in the ECP and are not subject to this policy. (Emergency Care Plan). (See part J.4)
3. Drugs or medicine administered in school by a parent/guardian are not governed by this policy;

4. Drugs or medicines that are prescribed as self carry and/or self administer for asthma or reacting airway disease, (inhalers), bee allergies (Epi-pen), food/other allergies (Epi-pen), diabetes (insulin, insulin pump, or emergency glucose) are allowed if:
   a. the school district has received a completed ECP (emergency care plan) and authorization for administering medications form. This provides written authorization from the student’s parent and physician permitting the student to self-carry and administer the medication.
   b. the medication is properly labeled for the student: (see IIIC) and
   c. the parent has not requested school personnel to administer the medication to the student.
   d. the parent must submit written authorization for the student to self-administer/self carry the medication each school year. The prescribing professional must document in the ECP or authorization for administering medication form their assessment of the student’s knowledge and skills to safely possess and use the medication in a school setting (example: asthma inhaler).
   e. the school nurse or appropriate party will review the ECP and authorization made by the prescribing professional to assure the student has adequate skills to safely possess and administer their medication in school (example: asthma inhaler). The ECP will be filed in student’s health record.

5. Medications that are considered “controlled substances (M.S.152.02 – Schedule of Controlled Substances) by law will not be allowed as self carry/self administer.

6. Medications:
   a. that are used off school grounds;
   b. that are used in connection with athletics or extracurricular activities; or
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c. that are used in connection with activities that occur before or after the regular school day are not governed by this policy.

Parents or legal guardians are encouraged to work with coaches or other adults to ensure medications are provided if needed during this time.

K. Nonprescription Medication

The administration of Nonprescription Medication or drugs at school requires written or verbal authorization from the student’s parent or legal guardian. An Authorization for Administering Medications form should be completed annually or permission indicated on the student’s emergency card information. The non prescription medication must come in the original container and must be administered in a manner consistent with the instructions on the label. (see Addendum II. Attorney General Opinion statement Feb. 14, 2000 re: Authority of school nurses to provide non-prescription medications). A physician must authorize any non-prescription medication request that does not follow the instructions on the label.

L. Auto-Injections

Prescription epinephrine auto-injectors, may be carried and used by the student as indicated by state law. The parent and prescribing medical professional must annually inform the student's school in writing that:

a. the pupil may possess the epinephrine auto-injectors; and may self administer or have staff administer the medication; or

b. the pupil is unable to possess the epinephrine and requires immediate access to the auto-injector of epinephrine to self administer or have staff administer. The parent will provide or properly labeled auto-injector to the school for the student.

M. “Parent” for students 18 years old or older is the student.
ISD 318 Medication Guidelines & Procedure

The following medication procedure was adapted from the Minnesota Guidelines of Medication Administration in Schools March 2005. The fore-mentioned Guideline was developed through a collaborative by the Minnesota Board of Nursing, The Minnesota Department of Education and the Minnesota Department of Human Services.

1. Relevant Laws
   - Federal laws emphasize: (1) the rights of students with special needs, medical or otherwise to have access to and to be educated in public schools, and (2) the sensitive topic of records, including family access to education and health records in school
   - State laws pertain to school systems, health care practice, records, and individual rights.
   - School District policies are developed within the guidelines of federal and state law and in collaboration with a licensed school nurse/registered nurse.

2. Delegation of Medication
   - Delegation of medication administration by LSN/RN is allowed in Minnesota schools.
   - The LSN/RN uses professional judgement to decide what is delegated and to whom. The LSN/RN may choose not delegate some medication administration activities. It is the judgement of the LSN/RN whether the delegated functions can be properly and safely performed by the person without jeopardizing the student’s welfare.
   - Some activities that require specialized nursing knowledge and skill may be delegated only to LPN’s and some activities that do not require specialized nursing knowledge may be delegated to trained unlicensed personnel. It is the responsibility of the LPN/unlicensed personnel to perform the delegated activity correctly. No employee may be coerced into compromising student safety by being required to administer medication if that person determines that it is inappropriate to do so.
   - The LSN/RN is accountable to verify that the delegate can perform the activity and do so safely. This is done on a case by case basis and is appropriate when the student requires routine, repetitive, ongoing medication administration. When medication administration is not routine and the student’s response to medication is less predictable delegation should be carefully considered. (See the attached Addendum III medication administration decision making tree provided by the MN Dept. of Health Guidelines for medication administration in schools manual)
   - The LSN/RN is only one who can make delegatory decisions by assessing the situation and using the following:
     - Must assess the students needs prior to delegating
     - Must provide adequate oversight of the medication administration activities
     - Must keep written documentation of the person’s initial training and ongoing competency
Must determine if the nursing care needs of the student are stable, performance of the function does not pose potential harm to the student, function involves little or no modification, function has a predictable outcome, function does not inherently involve ongoing assessment, interpretation or decision making, the performance of the function is by someone with appropriate skills and competency level and supervision is available.

The person accepting the delegation cannot re-delegate the nursing function to anyone without the involvement of and supervision by an LSN/RN.

3. Principles that Influence Medication Administration Procedures must be known and followed by anyone who is administering medication:
   • Guarantee that medication administration is a clean procedure by washing hands.
   • Give medication exactly as ordered by the health care provider or indicated on manufacturer’s instructions.
   • Everything should be done to avoid “no-shows,” especially for seizure medication and antibiotics.
   • Prevent Errors! Do not allow yourself to be distracted. Do not use one student’s medication for another.
   • Keep individual information private.
   • Apply child development principles when working with students (e.g. students do not want to be considered different).
   • If there is an error or medication incident, it must be reported. Notify your LSN/RN, student’s parent/legal guardian, physician, principal.

4. Medication administration during school hours will:
   • be provided by the building LPN or LSN/RN if at all possible during the designated nurse time.
   • be delegated to a willing trained unlicensed personnel if the LPN/LSN/RN is not available. This person will be selected by one of the following: the Principal, building LPN or LSN/RN. The person will attend yearly training, pass a designated amount of skills competency, follow the District procedure for administering medication.
   • allow for students to self administering medication during school hours (see self administration section)

5. Medication administration during school sponsored field trips:
   • school education staff may be assigned to take responsibility for handling and administering medication if there is not a nurse attending; the education staff assigned will be trained to administer the medication, documentation and checked for competency prior to the field trip; (or) a parent/legal guardian may accompany students on field trips to administer the medication but is not required
   • medication must be sent in the original container and should be accompanied by a copy of the medical prescriber’s order and parent authorization form. (or)
• medication may be prepared in paper envelopes or other suitable containers; a container may only hold one medication and labeled with the date, student’s name, school, name of medication, strength and dose, time medication needs to be given, and the initials of the person preparing the medication; a copy of the prescriber’s order and parent authorization form should accompany the envelope.

6. Medication administration during extra-curricular activities:
   if the activity is school sponsored; students and parents need to notify coaches of health concerns and any need for medication such as asthma inhalers etc. Students that require emergency medication should self carry and self administer. Parents may train or consult with the LSN to assist in training any coach to administer emergency medication appropriate for the student.
   • if the activity is run by non-school organizations, the parent/student must work directly with that organization/coach to ensure the safety of the student.

7. Education and Training: (staff assigned to administer medication will)
   • watch a video and review a booklet on “Administering Medications to Students”
   • pass a written test and skill competency check
   • may be checked for competency at least one time beyond the initial competency check
   • will know the six rights of medication administration
   • will be provided with information about the medication they are administering

8. Student who self carry and self administer prescription medication during school hours must comply with the following:
   • an authorization form completed by the parent/guardian and physician will be submitted to the school to allow a student to responsibly carry, use their medications. (This authorization is renewed every year.)
   • documentation from the prescriber should include:
     < student is capable of and has received training on administering the prescribed medication and can self administer appropriately
     < name and purpose of the medication, dosage of medication, times at which medication or circumstances under which the medication may be given, route of administration, potential side effects
   • if the student is carrying an albuterol inhaler, epi pen, insulin, insulin pumps, glucagon or oral glucose they must have a completed emergency care plan/health plan on file in the health office
   • student must demonstrate responsibility by documenting when the medication is used and reviewing with the building nurse periodically. If an emergency medication has been used the student should let the nurse now immediately.

This guideline is a supplement to the District Medication Policy and must be followed to ensure student safety and consistency in medication administration throughout the district.
Medication Administration Procedure

Step by step Procedure: When medications are administered by any school personnel the following procedures must be followed:

Procedure 1: Wash hands (instant hand sanitizers are acceptable). Administration of medication is a clean (not sterile) procedure, unless otherwise specified.

Procedure 2: Verify authorization from parent and/or prescriber; check the label and/or manufacturer’s instructions. Seek help when questions arise.

Procedure 3: Gather necessary items

Procedure 4: Prepare and give medications in a well-lit, dedicated area. Remove medication from the locked cabinet.

Procedure 5: Check the label for name, time, medication, dose and route and make sure it matches the prescriber’s order.

Procedure 6: Prepare the correct dosage of medication without touching medication if possible, if medication has been prepared in daily dispensers check to see if medication is the same as in the bottle.

Procedure 7: Do not leave medication unattended.

Procedure 8: Provide equipment and supplies (e.g., medication cups and alcohol wipes) as needed.

Procedure 9: Identify the student: Ask the student to say his/her name. Nonverbal students may need third party assistance with identification. Take measures to maintain data privacy.

Procedure 10: Verify the student’s allergies verbally by asking the student and by checking with the health record. Also verify contraindications to medicine. Watch for typical adverse reactions to medications. If an adverse reaction is evident or suspect, contact the supervisor, parent/legal guardian, or licensed prescriber. Recheck correct medication, dose and student.

Procedure 11: If the student questions whether it is the right medication, stop and verify the medication against records, with parent/legal guardian, or with registered pharmacist.

Procedure 12: Explain procedure to student.
Procedure 13: Position the student properly for medication administration.

Procedure 14: Administer medication according to the six rights (right student, right time, right medicine, right dose, right route and right documentation).

Procedure 15: Record name, time, medication dose, route, person administering the medication and number of medication left in the student’s health record.

Procedure 16: Wash hands (or use hand sanitizer)

This set of procedures can be modified as needed based on routine or emergency administration and the route of administration: oral, inhaled, topical, rectal, intravenous, pumps, gastrostomy tube, intramuscular, subcutaneous, or ear and eye.

Six Rights of Medication Administration

1) Right Student: Properly identify the student (e.g., rather than asking the student, “Are you Jane Doe?” Before administering the medication, ask the student to state his/her name).

2) Right Time: Administer medication at the prescribed time. This can usually be within 30 minutes earlier or later than the designated time unless otherwise specified by the provider or pharmacist.

3) Right Medicine: Administer the correct medication, check three times prior to administration.

4) Right Dose: Administer the right amount of medication.

5) Right Route: Use the prescribed method of medication administration.

6) Right Documentation: Promptly and accurately document the medication administration.
STATE OF MINNESOTA
OFFICE OF THE ATTORNEY GENERAL

MIKE HATCH
ATTORNEY GENERAL

February 14, 2000

Mr. Ralph Christofferson
Superintendent
Lake of the Woods ISD #390
P. O. Box 310 – Highway 11 West
Baudette, MN 56623

Re: Authority of School Nurses to Provide Non-Prescription Medications

Dear Mr. Christofferson:

This opinion is issued under Minn. Stat. § 8.07 (1998) in response to your question regarding the authority of school nurses to provide non-prescription medications to students upon a parent’s request.

The duties and authority or nurses are set forth in the Minnesota Nurse Practice Act (“MNPA”). The MNPA defines the practice of professional nursing to include both “independent nursing functions” as well as “delegated medical functions.” Minn. Stat. § 148.171(3) (1998). The MNPA makes no reference to any required procedures for nurses to follow regarding non-prescription medications. Nor does the MNPA address the dispensing of medications to students by school nurses.

A separate Minnesota statute, Minn. Stat. § 121A.22 (1998), sets the procedures that school personnel must follow in dispensing prescription medications to students. This statute states that school personnel must first receive a request from a student’s parent to administer prescription medications. The statute further provides that the medication must be in a container with a label prepared by a pharmacist, must be administered in a manner consistent with instructions on the label, and must be administered by a school nurse, a public or private health related organization, or any other party where an agreement has been approved by the Commissioner of Children, Families and Learning. The above statute specifically exempts the administration of medication if it is purchased without a prescription, if it is for a student who is 18 years of age or older, if it is administered off school grounds, if it is used in connection with athletics or extra-curricular activities, or if it is administered by a public health agency. It is therefore clear that section 121A.22 provides no restrictions on school personnel administering non-prescription drugs.

The Minnesota Board of Nursing, however, has taken the position that a school nurse cannot administer over-the-counter medicine to a student at the parent’s request, unless authorized by a doctor’s order. In so doing, the Nursing Board states that under the Medical Practice Act (“MPA”) a person is “practicing medicine” and needs to be licensed as such if the
person “administer[s] any drug or medicine for the use of another.” Minn. Stat. § 147.081, subd. 2 (1998). The Nursing Board notes that the term “drug or medicine” is not defined in the MPA and therefore presumes that it includes both prescription and non-prescription medications. Accordingly, the Nursing Board concludes that providing non-prescription medications to another person is a “medical function” that must be delegated to a nurse by a physician. This office disagrees with the Nursing Board’s legal analysis, at least as it applies to situations such as the one raised by your question.

The Board’s position would lead to the conclusion that any parent who gives a child a Tylenol tablet, an antibiotic ointment, or even cough medicine, would be engaged in the unauthorized practice of medicine and therefore would be guilty of a gross misdemeanor. Minn. Stat. § 147.081, subd. 2 (1998). Similarly, under the Nursing Board’s interpretation, any caregiver or person responsible for the well being of a child, elderly parent, or anybody else would need a physician’s order before providing any over-the-counter medications to that person. This interpretation would mean that millions of Minnesotans have engaged in an unauthorized practice of medicine if they have entered a drug store and bought over-the-counter medicines for use by a family member.

It is well settled under Minnesota law that statutes are to be construed to avoid a result that is “absurd, impossible of execution, or unreasonable.” Minn. Stat. § 645.17(1). Indeed, our laws must be construed in a “sensible” fashion. See Thoresen v. Schmahl, 24 N.W.2d 273, 277 (Minn. 1946). As indicated above, the conclusion that, for example, a parent cannot administer a non-prescription medication to his or her child, absent a physician’s order, leads to an absurd and nonsensical result. Construing the MPA to require a physician’s order for the administration of non-prescription medications in that and similar situations clearly produces the type of result that must be avoided in interpreting state laws.

Equally absurd and nonsensical is the proposition that a parent cannot request other persons temporarily responsible for the care of their children to provide the requested non-prescription medications. Examples of people that parents may entrust with the care of their

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1 Under Minnesota law, a parent, guardian, or caretaker “who willfully deprives a child of necessary food, clothing, shelter, health care, or supervision” is guilty of “neglect or endangerment.” Minn. Stat. § 609.378, subd. 1 (1998). See also Minn. Stat. § 626.556, subd. 2(c) (1998) (providing that parents, guardians, and other caregivers must “supply a child with necessary food, clothing, shelter, or medical care when reasonably able to do so”).

2 See Wegener v. Commissioner of Revenue, 505 N.W.2d 612, 617 (Minn. 1993) (stating that the courts are “obliged to reject a construction that leads to absurd results” and “it is necessary to look to the purpose for which the statute was enacted”); see also Guderian v. Olmsted County, 595 N.W.2d 540, 542 (Minn. Ct. App. 1999) (stating that when faced with an “absurd result, courts must look beyond a statute’s literal meaning to ascertain and fulfill the legislature’s intent”).

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children include other family members, daycare providers, babysitters, and school personnel. It would be unreasonable to suggest that a parent must obtain a physician’s order each time a parent requests that any of these individuals provide non-prescription medications to a child. Moreover, in many cases it would be impractical or even logistically impossible for parents to obtain a physician’s order before asking another person taking temporary care of a child to provide a non-prescription medication to the child. Accordingly, this interpretation of Minnesota law surely does not reflect legislative intent.

It should also be noted that the Nursing Board’s interpretation relies on the definitions of “drug” and “medicine” in a separate statute that regulates pharmacists. The Pharmacy Act, set forth as Chapter 151 of Minnesota statutes, specifically states that the definitions utilized in that chapter apply “for the purposes of this chapter.” Minn. Stat. § 151.01, subd. 1 (1998). The definitions in chapter 151 therefore do not apply to or control the use of the term “drugs” or “medicines” in other provisions of the Minnesota statutes. Further, other provisions of the Minnesota statutes contain specific regulations for “prescription” drugs, which establishes that prescription drugs are subject to more stringent regulation and control than non-prescription drugs. For instance, if non-prescription drugs were to be treated in the same manner as prescription drugs, there would be no need to have an exclusion for non-prescription drugs in the statute that sets forth procedures for school nurses to follow in dispensing prescription medications. Minn. Stat. § 121A.22 (1998). In other words, if non-prescription and prescription drugs both required a physician’s order before a school nurse could dispense them, then it is difficult to understand why the Legislature excluded non-prescription drugs from the statute.

For the above reasons, this office concludes that school nurses do have the authority to provide over-the-counter medications to students upon a parent’s request, even without a physician’s order. It is important to note, however, that the school nurse has the ultimate authority and responsibility to reject a parent’s request and to decline to administer an over-the-counter medication if the nurse believes that such medication is unnecessary, inappropriate, or could lead to patient harm. Further, school districts retain independent authority to implement policies that govern the administration of non-prescription drugs by school nurses. A school district, or an individual nurse, could choose to adopt a policy that requires a physician’s order before a school nurse administers a non-prescription medication to a student.

I thank you for seeking our opinion regarding this issue.

Very truly yours,

[Signature]

Alan Gilbert
Chief Deputy and Solicitor General

AG: 357648.x. 01
Appendix C: Medication Administration Decision-Making Tree -- Can Medication Administration Be Delegated?

Medication administration and delegation are within the scope of practice of RN in Minnesota.

Are there laws and rules in place, which support medication administration delegation?
- NO → Do Not Delegate
- YES

Is the RN competent to make medication administration delegation decisions i.e., knowledge of the medication and side effects?
- NO → Do Not Delegate
- YES

Has there been an assessment of the student(s) needs for medication administration in the school?
- NO → Do Not Delegate
- YES

Does the UAP/LPN possess the knowledge and skills consistent with the complexity of medication administration or assistance with self-administration of medication?
- NO → Do Not Delegate
- YES

Can medication Administration be performed without requiring nursing assessment?
- NO → Do Not Delegate
- YES

Are the effects of the medication being administered reasonably predictable?
- NO → Do Not Delegate
- YES

Can the administration of medication(s) be safely performed according to exact, unchanging directions and according to established procedures?
- NO → Do Not Delegate
- YES

Can the medication be safely administered without complex observations/assessments or critical decisions?
- NO → Do Not Delegate
- YES

Is appropriate supervision available?
- NO → Do Not Delegate
- YES → Delegate

Provide and document education

Assess, and then proceed with a consideration of delegation

Provide and document education/training of the LPN/UAP

Seek alternative ways to provide the medication needed i.e., refer to home care agency or public health agency, provide special needs assessment request technical assistance...

First dose of medication could be supervised by RN or identify a list of specific and potential side effects of the Medication being administered.

Seek other nursing and/or medical supervision.