

# Medication Administration in Maine Schools

Evidence-Based Guidelines for  
Preschool and School-Aged Students

MAINE DEPARTMENT OF EDUCATION  
OFFICE OF SCHOOL AND STUDENT SUPPORTS  
COORDINATED SCHOOL HEALTH

## Table of Contents

Introduction .....	4
Federal and State Laws related to Medication Administration .....	5
Family Educational Rights and Privacy (FERPA).....	5
Individuals with Disabilities Education Act (IDEA) .....	5
Americans with Disabilities Act (ADA).....	6
Section 504 .....	6
Administration of Medication in a School Setting-Chapter 40.....	6
Local Policy.....	6
Role of the School Nurse in Medication Administration.....	7
Procedures & Protocols for Local Development .....	7
Family Engagement .....	8
Coordination/Oversight by the School Nurse .....	9
Nurse’s Responsibility in Oversight:.....	9
Medication Administration Handbook: <i>Unlicensed School Personnel</i> .....	10
Table 1. Classification of Medication.....	12
Table 2. Routes of Medication.....	13
Table 3. Medication Administration Procedure by Route .....	14
Medication Administration via Enteral Feeding Tube at School.....	16
Access to Medications in a Disaster .....	17
The Six Rights .....	19
The Medication Label.....	20
Accountability and Proper Storage .....	21
Documentation.....	21
WHEN TO CONTACT THE SCHOOL NURSE.....	22
Confidentiality and Parent Communication.....	22
Procedure: ADMINISTRATION OF MEDICATION .....	23
Procedure: MEDICATION ERROR .....	24
Responding to Emergencies .....	25
Table 4. Emergency Medications .....	26
Epinephrine Guidelines .....	27
Naloxone Guidelines .....	27
Allergy and Anaphylaxis .....	28
Self-Administration of Medications .....	29

Sunscreen at School.....	29
Special Considerations.....	30
Medical Marijuana.....	30
Homeopathic.....	30
Field Trip/Off-Campus Activities.....	31
Medication Administration in the Boarding School Setting.....	32
Youth Experiencing Homelessness.....	33
Unaccompanied Youth.....	33
Sample Health Office Standing Orders.....	34
Sample Competency Checklist.....	35
Sample Medication Administration Training.....	36
List of Trained Unlicensed School Personnel.....	36
Sample Medication Authorization Form.....	37
Sample Medication Error Reporting Form.....	38
References.....	39

## **Medication Administration in Maine Schools**

### **Evidence-Based Guidelines for Preschool and School-Age Students**

The Maine Department of Education provides this *Guide for School Health Services: Medication Administration* in accordance with Maine Revised Statutes [Title 20-A section 6403-A \(5\)](#) which directs the commissioner to issue guidelines on the provision of school health services and health-related activities.

### **Introduction**

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

1. Chronic conditions and learning differences requiring medication to benefit from classroom instruction
2. Acute, but short-term medications such as an antibiotic for an infection
3. Conditions such as allergies or asthma that require emergency lifesaving medication<sup>1,2</sup>

The complexity of medication administration in schools continues to evolve due to a variety of factors: federal and state disability laws, new pharmaceutical and medical technologies, advances in research influencing medical and mental health practices, and increasing numbers of children with both complex and routine health needs.<sup>1,3</sup>

This document provides relevant information to support the safest medication administration practices in Maine schools. Students who require medications to fully benefit from a [free and appropriate public education \(FAPE\)](#) are protected by federal and state disability laws.<sup>4</sup> State law requires that each school have a medication administration policy. All local policies and state statutes must be followed when administering medications in the school setting to ensure safety and to create the greatest opportunity for uninterrupted learning.

This document was created through a careful review of Maine’s currently available Medication Training Manual for Unlicensed Personnel, medication administration documents from other states’ education departments, the National Association of School Nurses (NASN) Medication Administration Toolkit, and other sources including but not limited to the US Centers for Disease Control and Prevention (CDC), Federal Emergency Management Agency (FEMA), The

“In the United States, more than 40% of school-aged children and adolescents have at least one chronic health condition such as asthma, obesity, other physical conditions, and behavior/learning problems.”<sup>2</sup>

Centers for Disease Control and Prevention

US Department of Education, Occupational Safety and Health Administration (OSHA) and recently updated Maine rules regarding medication administration in schools.

The Maine State Board of Nursing Rules, Chapter 6, allow for the oversight of specific patient care tasks provided by unlicensed personnel that do not require specialized nursing knowledge, skill, or judgment.<sup>5</sup> It is the responsibility of the registered school nurse (RN), certified by the Maine Department of Education, to assure that all policies and rules are furnished to and reviewed by individuals who are being trained in medication administration.<sup>5</sup> Although the school nurse is not directly responsible for the actions of the unlicensed personnel, as that is the responsibility of school administration, the nurse is responsible for the school health program. The safety of the student is the primary concern. The path to safety includes both implementing clear policies and procedures for the administration of medication and appropriate training and overseeing unlicensed personnel administering medication.

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

## Federal and State Laws related to Medication Administration

### Family Educational Rights and Privacy (FERPA)

The [Family Educational Rights and Privacy Act \(FERPA\)](#) (20 U.S.C. § 1232g; 34 CFR Part 99) is a federal law that protects the privacy of student education records, including student health records.<sup>6</sup> Schools must comply with FERPA, which specifies when student health information may be shared and when it may not.<sup>6</sup> The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.<sup>6</sup>

### Individuals with Disabilities Education Act (IDEA)

The IDEA is a federal law that governs how states and public agencies provide early intervention, special education, and related services for school-aged children (ages 3-21 or until high school graduation).<sup>7,8</sup> The IDEA requires public schools to develop an Individualized Education Plan (IEP) for children with disabilities tailored to meet each student's specific needs to support learning and to foster individual student success in the K-12 system.<sup>7,8</sup> [Individuals with Disabilities Education Act](#)

## Americans with Disabilities Act (ADA)

The Americans Disabilities Act (ADA) is a federal civil rights law that prohibits discrimination based on disability and ensures that students with disabilities have equal access and opportunity for participation in the programs, services, and activities offered by a recipient of federal financial assistance.<sup>7,8</sup>

## Section 504

In relation to any public or private program receiving federal financial assistance, Section 504 of the Rehabilitation Act is a law that protects individuals from discrimination based on their disabilities.<sup>7,8</sup> A 504 Plan is developed when accommodations and/or modifications in the school setting or learning environment are needed to support individual student-specific needs.<sup>7,8</sup> This is separate from an individualized education program (IEP), as that is covered under IDEA.<sup>7,8</sup> [Frequently Asked Questions About Section 504 and the Education of Children with Disabilities](#)

## Administration of Medication in a School Setting-Chapter 40

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

**“SUMMARY:** This rule provides directions to public and private schools approved pursuant to [20-A MRSA §2902](#) in the administration of medication to students during the students’ attendance in school programs. It is to assist school administrative units in implementing the provision of the medication statute [\[20-MRSA §254\(5\) \(A-D\)\]](#) that provides direction for the training of unlicensed school personnel in the administration of medication, requires that students be allowed to carry and self-administer prescribed emergency medications; specifically, asthma inhalers or epinephrine auto-injectors with health care provider approval and school nurse assessment demonstrating competency. It authorizes any student who attends public school to possess and to use a topical sunscreen product while on school property or at a school-sponsored event without a note or prescription from a health care provider. The product must be regulated by the federal Food and Drug Administration for over-the-counter use for the purpose of limiting skin damage from ultraviolet radiation.”<sup>9</sup>

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

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

## Local Policy

In Maine, each public and private school shall develop its own written, local policy that aligns with all pertinent state and federal laws covering the administration of medications in schools.<sup>9</sup>

The guidance found here may serve to assist school administrative units in local policy development. Local guidance may fall beyond the criteria written here but shall not be less.

## Role of the School Nurse in Medication Administration

The school nurse is the hub for coordination of care delivery.<sup>10</sup> The competencies that the school nurse possesses, such as organization, collaboration, advocacy, and leadership are showcased during the implementation of safe medication administration in school settings.<sup>10</sup>

---

*School nurses have the responsibility to clarify any medication order they believe to be inappropriate or ambiguous and have the right and responsibility to refuse to administer.<sup>9</sup>*

---

The school nurse participates in the development and revision of the following procedures and protocols related to medication administration in their school(s). In collaboration with the school health advisor, the school nurse maintains standing orders annually for the health office.<sup>9</sup> An example is provided (Appendix A).

All medications require parental authorization, as well as a written order from the licensed healthcare provider annually.<sup>9</sup> A sample that may be used is provided (Appendix D). The annual standing orders that are signed by the school health advisor are utilized for over the counter and emergency medications.<sup>9</sup> There are two exceptions:

1. A medication label may be used in lieu of a written order from a licensed healthcare provider if the medication is to be administered for no more than 15 consecutive days.<sup>9</sup>
2. Verbal permission from parent may be used in extenuating circumstances. In that case, it is only valid for one day, and the parent must include the name of the medication, dose, route, and time to be administered. Documentation must be completed per local procedure.<sup>9</sup>

### Procedures & Protocols for Local Development

- Medication administration procedure
- Transportation of medication
- Field trips/off-campus activities
- Special considerations-homeopathy, marijuana
- Accountability for controlled meds
- Proper storage of medications
- Allergy/anaphylaxis emergency response staff training
- Access to medication in a disaster
- Documentation
- Medication errors
- Proper disposal of medications
- Proper disposal of sharps<sup>10</sup>



## Family Engagement

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

Best practices for comprehensive family engagement:

- Build relationships and collaborate
- Identify student and family needs
- Accept and celebrate different cultures
- Explore your personal biases and beliefs
- Validate student and family experiences

Some useful resources can be found in the following websites:

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





## Coordination/Oversight by the School Nurse

### Nurse’s Responsibility in Oversight:

- Identify needs of student
- Identify tasks to be performed
- Provide directions on tasks
- Determine ability of the USP
- Monitor USP’s reporting and documentation of the task
- Evaluate performance of task
- Initiate corrective action, when necessary
- Continue ongoing supervision and evaluation of medication administration<sup>5</sup>

“Indirect supervision means the supervision of an unlicensed school staff member when the school nurse or other health provider is not physically available on site but immediately available by telephone.”<sup>9</sup>

Oversight includes the school nurse selecting, training, and continually evaluating unlicensed school personnel (USP) for competence to perform a selected nursing task for an individual student.<sup>11</sup> The nursing process is never delegated; the school nurse provides ongoing supervision and evaluates student outcome.<sup>11</sup>

“Factors to be considered by the nurse as to whether that nurse may coordinate his/her services with USP, consistent with patient safety, include without limitation: acuity of the patient; stability of the condition of the patient; training and capability of the USP; nature of the tasks; and the setting in which care is to be delivered.”<sup>5</sup>

When determining whether to coordinate a nursing task or not, consider the following:

1. Are the student’s medical needs stable?
2. Does the task require nursing assessment?
3. Does the task require nursing judgment?
4. Does the task have a predictable outcome?
5. Is the task within the knowledge, skill and ability of the USP?<sup>12</sup>
6. What is the availability of ongoing supervision and evaluation.<sup>5</sup>

The [Decision Tree for Coordination and Oversight](#) is a cascade of questions the school nurse should use in planning for a student who requires medication in school. The school nurse is responsible for developing and revising the student’s individualized healthcare plan (IHP) and for utilizing the decision tree.<sup>12</sup>



## **Medication Administration Handbook:** *Unlicensed School Personnel*



## Medication Administration Training of Unlicensed School Personnel

### Training for medication administration must include:

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

Unlicensed School Personnel (USP) are school personnel who do not hold a healthcare license but are trained to provide care to students under the direction and supervision of a school nurse.<sup>9</sup> The school nurse is responsible for ongoing training, evaluation, and oversight of the unlicensed personnel.<sup>9,12</sup> Annual competency training from the school nurse should be developed to administer medication in school before administering any medications.<sup>9</sup> A mixed method of teaching, including oral, visual, and hands-on demonstration, will be offered as well as time to practice and ask questions. A competency checklist will be completed annually.<sup>9</sup> Included is an example checklist the school nurse may edit to fit local needs (Appendix B).

Once training is completed, the school nurse will compile a list of trained staff and submit this list to the superintendent.<sup>9</sup> It is recommended that the building administration has a copy of the list of trained staff as well. An example of that form is provided (Appendix C).

For recommended qualifications of the unlicensed school personnel please review the [National Association of School Nurses](#) on their examples of education, personal/interpersonal attributes, and emergency effectiveness. In addition to the materials found within this document, the following videos will assist in the training of unlicensed personnel: [Medication Training Videos](#)

Table 1. Classification of Medication

The following classification table shows examples of common medications given in school.<sup>13, 14</sup>

Classification	Medication Examples	Purpose	Side Effect
<b>Antibiotics</b>	<ul style="list-style-type: none"> <li>Amoxicillin</li> <li>Cephalexin</li> <li>Azithromycin</li> </ul>	To treat infections	Allergic reactions, rash, diarrhea, nausea, vomiting, stomach pain, gas, upset stomach, headache
<b>Bronchodilator</b>	<ul style="list-style-type: none"> <li>Albuterol</li> <li>Proventil HFA</li> <li>ProAir HFA</li> </ul>	To treat asthma-associated wheezing, coughing, and shortness of breath by managing bronchospasm and relaxing muscles that surround the airways	Increased heart rate, palpitations, tremors (shaking), nausea, dry mouth, headache, cough, dizziness, irritated throat
<b>Inhaled Corticosteroids</b>	<ul style="list-style-type: none"> <li>Advair Diskus</li> <li>Flovent</li> <li>Pulmicort Flexhaler</li> </ul>	To help reduce swelling in the airways and prevent asthma flare-ups - Do not use to treat sudden onset of shortness of breath, coughing, or wheezing.	Dry mouth or irritated throat, hoarseness, bad taste in mouth, headache, voice changes, sinus irritation, dizziness, diarrhea, cough, runny nose, yeast infections
<b>Allergy</b>	<ul style="list-style-type: none"> <li>Claritin</li> <li>Zyrtec</li> <li>Benadryl</li> <li>Allegra</li> </ul>	To decrease allergic response	Drowsiness and sleepiness, relaxation, dizziness, dry mouth and throat, confusion, overexcitement, nightmares, muscle weakness, nausea, vomiting, loss of appetite, headache
<b>Stimulants</b>	<ul style="list-style-type: none"> <li>Methylphenidate</li> <li>Amphetamine</li> </ul>	To increase alertness and attention (often used to treat symptoms of ADHD)	Difficulty falling asleep, loss of appetite, stomach pain, headache, may cause personality changes or tics
<b>Nonstimulants</b>	<ul style="list-style-type: none"> <li>Clonidine</li> <li>Guanfacine</li> </ul>	Helps control impulsivity and attention	Dry mouth, tiredness, weakness, headache, nervousness, nausea, vomiting, constipation, rash
<b>Over the Counter</b>	<ul style="list-style-type: none"> <li>Acetaminophen</li> <li>Ibuprofen</li> </ul>	To relieve pain, reduce fever  To relieve pain, anti-inflammatory	Rash, hives, liver damage  Upset stomach, nausea, vomiting, diarrhea, constipation



Table 2. Routes of Medication

The prescribed route to administer medication can be found in the directions on the label. The following is an explanation of systemic routes and how the medication is absorbed by the body. USP may administer by mouth (oral), in the nostril (inhaled), as an eye drop (ophthalmic), and in the ear (otic).<sup>14</sup> It is a recommendation that a licensed school nurse administers injectable and rectal medications, apart from emergency situations.<sup>14</sup>

## SYSTEMIC ROUTES

ROUTES OF DRUG ADMINISTRATION

Administered drug passes in to the blood and from there it is distributed all over the body including the site of action.

**ORAL ROUTE:**  
OLDEST ROUTE



Safer, convenient, non invasive, and there is no need of assistance. The dosage form used are Tablets, Solutions, suspensions, Mixtures, Capsules, Elixirs, syrups

**SUBLINGUAL / BUCCAL ROUTE:**  
LIVER IS BYPASSED



Tablets are kept beneath the tongue or are crushed in the mouth and further it is absorbed sublingually or buccal cavity.

**RECTAL ROUTE:**  
DRUGS ARE ABSORBED THROUGH HAEMORRHOIDAL VEINS



Drugs are inserted rectally. Drugs are usually absorbed from external haemorrhoidal veins present in rectal region.

**CUTANEOUS ROUTE:**  
LIVER IS BYPASSED



Drugs are applied on the skin it gets absorbed into systemic circulation. Dosage forms like ointments, lotions, pastes, creams, etc are frequently used.

**NASAL:**  
STOMACH AND LIVER IS BYPASSED



Drug is administered with the use of sprays, Aerosols, by which the droplets of the drugs are absorbed by mucous membrane and passes directly in to the systemic circulation.

**PARENTERAL:**  
BIO-AVAILABILITY OF DRUG IS 100%



Parenteral route of drug administration involves direct injection of drug in to the systemic circulation via injections, syringes.

- GAURAV GURURAJ SHANBHAG

### Common Abbreviations for Medications

- ac – before meals
- BID – twice a day
- Cap – capsule
- Gtts – drops
- HA – headache
- mL– milliliter
- OD – right eye
- OS – left eye
- OU – both eyes
- PO – by mouth
- pc – after meals
- PRN – as needed
- QID – four times a day
- Q4h – every 4 hours
- Tab – tablet
- TID – three times a day

Multi dose inhalers, such as those that are used for asthma, are an example of an aerosol absorbed by mucus membranes.

Medical marijuana will be administered by the parent or guardian in a non-smoking, non-vaporized form, or cannabinoid oil (CBD) form.<sup>9</sup> It will NOT be stored at school.<sup>9</sup>

Image source: <https://indieseducation.com/routes-of-drug-administration/>

Table 3. Medication Administration Procedure by Route

The following table is a general overview of administration by route. Please see your school nurse for any specific instructions.<sup>14</sup> Before administering medication, [wash hands](#) and [don gloves](#). Once you have completed the task according to the directions, remove gloves, discard, and wash hands.<sup>14</sup>

Route	Form	Directions
<b>Topical</b>	Creams Ointments Lotions Powders Solutions Patches	<ul style="list-style-type: none"> <li>• Cleanse skin with soap and water, rinse and pat dry. Allow skin to dry.</li> <li>• Apply prescribed amount with gloved hand, gauze, or cotton applicator.</li> <li>• Cover with bandage or dressing, if directed.</li> </ul>
<b>Rectal</b>	Gel Suppository	<ul style="list-style-type: none"> <li>• Remove packaging/cap and seal pin from medicine syringe.</li> <li>• Lubricate tip of medication or syringe with jelly.</li> <li>• Place student on left side, with assistance if needed.</li> <li>• Separate buttocks. Gently insert medication or syringe into rectum up to the rim of the syringe.</li> <li>• Administer medication as directed per instructions.</li> </ul>
<b>Optic</b>	Liquid Ointment	<ul style="list-style-type: none"> <li>• Remove any secretions with clean gauze, wipe once from inner to outer eye. Use a new gauze pad for each eye.</li> <li>• Position student lying down or sitting with head tilted back.</li> <li>• Using your index finger, gently pull down on outer lower eyelid - forming a pocket.</li> <li>• Apply prescribed amount into pocket. Do not touch eye with the tip of the bottle.</li> <li>• Wait 1-minute between drops.</li> <li>• Allow eye to close slowly. Avoid blinking or squeezing eyes shut as that may force the medicine off the eye.</li> <li>• Keep eye closed for a few minutes.</li> <li>• If applying ointment, remove excess with gauze pad - wiping inner to outer eye.</li> </ul>
<b>Nasal</b>	Spray Drops	<ul style="list-style-type: none"> <li>• Instruct student to gently blow their nose.</li> <li>• For drops, have student lie down or tilt head back. Insert dropper in nostril and place correct number of drops. Have student sit in this position for a few minutes.</li> <li>• For nasal spray, have student block one nostril. Insert nozzle into nose and spray as directed.</li> <li>• Student can wipe nose but should avoid blowing nose.</li> </ul>
<b>Otic</b>	Drops	<ul style="list-style-type: none"> <li>• Warm medication by holding bottle in hands for a few minutes.</li> <li>• Position student lying or sitting with head turned with the affected side up.</li> <li>• Do not let the tip of the dropper touch the ear.</li> <li>• For children, pull down and back on earlobe.</li> </ul>

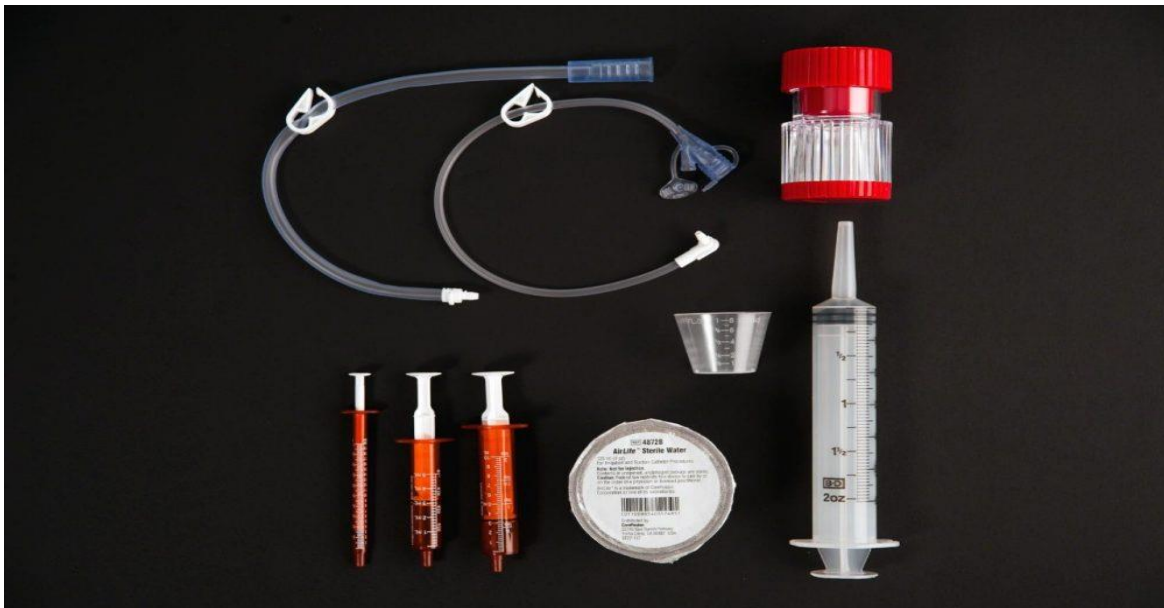
Route	Form	Directions
		<ul style="list-style-type: none"> <li>• For older students, pull up and back on the earlobe.</li> <li>• Rest your dominant hand on the student’s head to stabilize.</li> <li>• Administer drops aiming at the walls of the canal, rather than directly into the eardrum.</li> <li>• Have student maintain this position for 1 minute to allow medicine to coat the ear.</li> </ul>
<b>Oral</b>	Syrup/Elixir Solutions Tablet/Capsule Sublingual – put under tongue to dissolve	<ul style="list-style-type: none"> <li>• Place tablet or capsule in medicine cup.</li> <li>• Encourage student to drink water to assist with swallowing and absorption.</li> <li>• For liquid medication, pour into medicine cup from opposite side of the label.</li> <li>• Measure at eye level.</li> <li>• Give medication to student and observe them swallowing the medication.</li> </ul>
<b>Buccal</b>	Sprayed  Oral Disintegrating Tablet (ODT)	<ul style="list-style-type: none"> <li>• Use a tongue depressor on the inner cheek to pull cheek away from gum area.</li> <li>• Spray or rub medication on the inner aspect of cheek.</li> <li>• For ODT, peel foil (do not push tablet through packing). Immediately place tablet on tongue. Allow to dissolve completely, then have student swallow as normal.</li> </ul>
<b>Injection</b>	Injection	<ul style="list-style-type: none"> <li>• It is recommended that, except for an emergency, a licensed professional nurse administer injectable medications.</li> </ul>
<b>Inhaled</b>	Metered-dose inhaler (MDI)	<ul style="list-style-type: none"> <li>• Prime inhaler by shaking and squirting twice into wastebasket, IF, inhaler has not been used for the past two weeks.</li> <li>• Shake inhaler.</li> <li>• Instruct student to exhale fully.</li> <li>• If using a spacer, instruct student to place mouth over mouthpiece and close lips around it.</li> <li>• Instruct student to inhale slowly and activate the inhaler.</li> <li>• Continue to have student inhale for 3-5 seconds, filling their lungs.</li> <li>• Instruct student to hold their breath for 10 seconds, then slowly breathe out.</li> <li>• For a second dose, wait one minute, then repeat steps.</li> <li>• Rinse mouth with water and then spit out water after using corticosteroids.</li> <li>• Rinse spacer with warm water and allow to completely air dry before storing.</li> <li>• Use short-acting bronchodilator inhaler before using inhalers containing anti-inflammatories or corticosteroids, if ordered.</li> </ul>



## Medication Administration via Enteral Feeding Tube at School

Students with a variety of [medical conditions](#) may require feedings and medications administered by a feeding tube. Policies or procedures must be in place to ensure that students receive their medications as prescribed.

1. Medication administered via a feeding tube must be prescribed by a licensed health care provider. The health care provider must specify the specific medication or content of feeding, volume, time and frequency of administration, and conditions of storage.
2. Authorization for medication administration requires written parent permission.
3. Develop a 504 Plan and/or IHP to outline the student's medication regimen.
4. If determined to be appropriate using the Decision Tree, train two or more school staff members on how to use a feeding tube, care for the tube and skin around it, and how to troubleshoot potential problems or alarms on a feeding pump.
5. Create an emergency care plan in the event that the tube is pulled out.
6. Create a plan with parents/guardians for sending in supplies.
7. Educate the student's classmates if appropriate.<sup>16,17</sup>



## Access to Medications in a Disaster

Emergency medications must be considered when preparing for a disaster. The American Academy of Pediatrics (AAP) advocates for thorough communication and encouragement related to planning for unforeseen events, which can promote better outcomes and coping after an emergency.<sup>18</sup> The Federal Emergency Management Agency (FEMA) outlines important steps, such as being informed, making a plan, building a kit, and getting involved.<sup>19</sup> [Build a Kit](#)

The health office must consider emergency medications for students when building an emergency bag, for use when evacuating the school building.<sup>20</sup> Schools should ensure appropriate staff has access to information about students with chronic health conditions, their emergency needs and stock rescue medication in the emergency bag, including a multi-dose inhaler (MDI), epinephrine auto-injector, and glucose tablets or a concentrated sugar source.<sup>21</sup> During emergency drills, the school nurse will practice taking the emergency bag upon exit and retrieving any student-specific supplies and emergency medications such as but not limited to seizure medication.

An example of a list can be found here:

[Suggestions School Nurse Go Bag- Vermont Department of Health](#)



# THE RIGHTS OF MEDICATION ADMINISTRATION



RIGHT medication



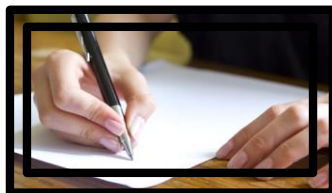
RIGHT dose



RIGHT student



RIGHT time



RIGHT documentation



RIGHT route

## The Six Rights

There are six “rights” of medication administration, and it is of utmost importance to clarify, demonstrate, and carefully teach all these rights to your unlicensed personnel.<sup>9,22</sup>

The first of these rights is to correctly identify the student. It is recommended to ask the student to state their name and date of birth, along with checking a picture from the student’s health record (if available) before each time medication is to be administered.<sup>9,22</sup> Here are more questions to ask to ensure safe medication administration:

The student also has the **right to refuse** medication. Parent/guardian should be notified immediately. Refusal and parent/guardian contact should be documented according to procedure. School nurse should also be notified immediately.<sup>14</sup>

---

### Right Person

- ✓ Check the first and last name - *Does it match the order?*

### Right Medication

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

### Right Dose

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

### Right Time

- ✓ Check the frequency – *Is it time? Medication must be given within 30 minutes of prescribed time.*

### Right Route

- ✓ Check the route – *Oral or Ear? Both sides or one? Can it be crushed?*

### Right Documentation

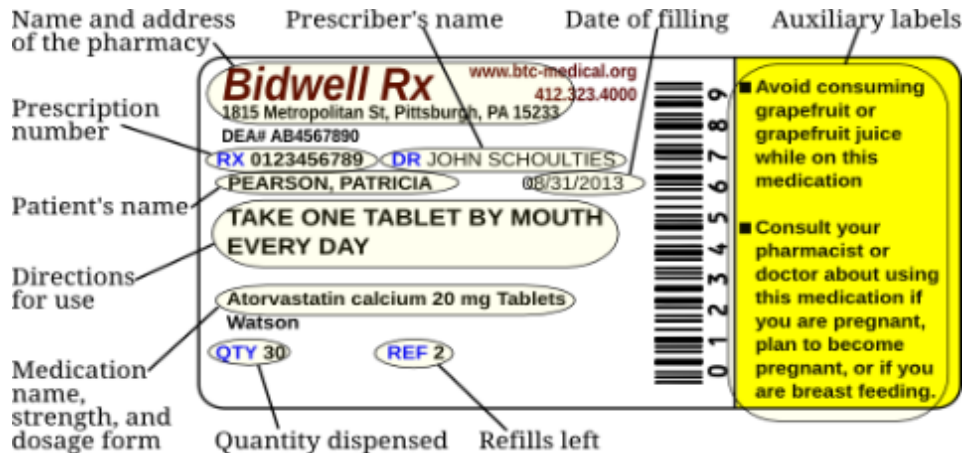
- ✓ Check that all documentation is complete and legible – *Did you document results of as-needed medications?*<sup>9,22</sup>

---

The student’s medication administration record will be compared to the medication label to verify the rights: Student name, medication, dose, route, and time.<sup>9,22</sup> Utilize the example of the medication label provided. It is recommended that the nurse ask the trainee to practice reading the medication label and be able to teach back where the rights can be found.

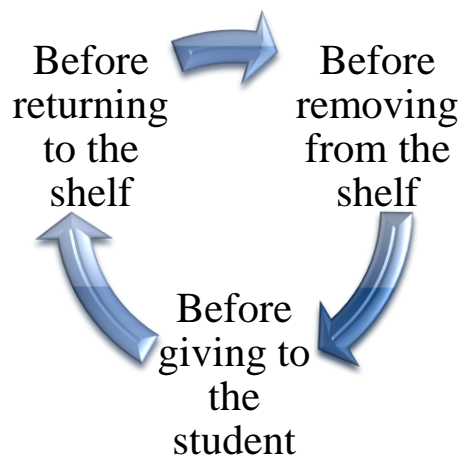
## The Medication Label

Understanding how to read a medication label is very important to student health and safety. Reading the label carefully, slowly, and deliberately will help prevent errors. In the label below, teach to find the RIGHT student, RIGHT medication, RIGHT dose, RIGHT route, and RIGHT time. Consider using a highlighter to assist in teaching and giving the copy to your USP. Documentation is the 6<sup>th</sup> right.<sup>9,22</sup>



[This Photo](#) by Unknown Author is licensed under [CC BY](#)

All medication, including over the counter (OTC) medication, must have a written physician's order along with a parent/guardian written permission.<sup>9</sup> An example authorization is provided in Appendix D. The signed district standing orders cover OTC and emergency medications.<sup>9</sup>



**ALWAYS READ THE LABEL 3 TIMES**



## Accountability and Proper Storage

## Documentation

1. Your district must have a policy and procedure for documentation of medication and medication errors.
  2. Documentation should include the five rights: student's name, medication, dose, route, time given, date and signature.
  3. Demonstrate where to find and how to use your district's documentation system.
  4. Document immediately after administration.
  5. Documentation must be in ink, be legible, and complete.
  6. An error made in recording medications on the Medication Administration Record (MAR) should have a single line drawn through it and marked "error" initialed and dated. Whiteout may not be used.
  7. Demonstrate how to document an error. A sample is provided (Appendix E).
  8. Any adverse reaction, refusal, waste, or unexpected occurrence must be documented.
  9. Controlled substances are documented on a perpetual inventory sheet.
  10. The person who administered the medication is the person who documents.<sup>22,23</sup>
1. All medications should be delivered to the school by a responsible adult.<sup>22</sup>
  2. All medications must not be expired, must be properly labeled, and stored in the original pharmacy or manufacturer container.<sup>22</sup>
  3. Medication label must match the written medication order on file for that student with medication name, dose, route, time, and prescriber.<sup>22</sup> Contact the school nurse or parent/guardian if there is a discrepancy.
  4. All medications should be stored in a room that can be locked and kept in a locked and secured cabinet/drawer used exclusively for medication.<sup>22</sup> Exceptions are those that are self-administered or used as emergency medications.<sup>1,22</sup>
  5. Controlled medications, such as stimulants, must be counted upon receipt with a perpetual daily log maintained on the student's medication record.<sup>22,23</sup> The following template is provided by NASN: [Medication Inventory Record](#).
  6. Medications requiring refrigeration should be kept in a secured refrigerator that is not used for food and is inaccessible to students or staff. Temperature should be monitored daily on a log such as the one provided (Appendix F).<sup>22</sup>
  7. Needles, lancets, syringes, and other medical sharps should be disposed of in puncture-resistant sharps containers.<sup>24</sup> For more information on needlestick prevention: [Bloodborne Pathogens and Needlestick Prevention](#)
  8. The first dose of any new medication should be administered by parent/guardian at home for monitoring.<sup>9,20</sup>

## WHEN TO CONTACT THE SCHOOL NURSE

- New medication is received at school or a change in order
- First time student will be taking medication (*first dose should be taken at home*)
- Parent/guardian calls with directions to administer differently than ordered
- Medication label
  - Bottle does not match written order on file
  - Directions written on the label are not clear, or you do not understand
  - Label is damaged – torn, stained, or illegible
  - Date shows medication has expired
- Medication does not appear to be correct
  - Not the same color, size, shape as usual
  - Does not match the description of the pill on the bottle
- Student refuses the medication
- Student experiences adverse effects after taking medication
- A medication error has been made
  - Wrong student
  - Wrong medication
  - Wrong dose
  - Wrong time
  - Wrong route
  - Wasted/dropped

**When the nurse is not available call parent/guardian<sup>14</sup>**

### Confidentiality and Parent Communication

In accordance with the Family Educational Rights and Privacy Act (FERPA), student confidentiality is always to be maintained, in all written and verbal communications related to the student.<sup>6</sup> Confidential information may include but is not limited to, disclosures of health information including student's identity, medical condition, diagnosis, medication prescribed, treatments, or names of providers.<sup>14</sup> Confidential information also includes the presence of physical, mental, or emotional abuse, family problems, substance abuse, criminal behavior, sexual activity, or suicidal thinking.<sup>14</sup> This confidential information may only be exchanged with authorized personnel directly concerned with the student's welfare (school nurse, nurse substitute, or administration).<sup>14</sup> When training unlicensed personnel, the school nurse must reinforce confidentiality of student information and only share information related to the safety of the student when necessary.<sup>9</sup>



## Procedure: ADMINISTRATION OF MEDICATION

### Preparation:

1. Assure privacy and confidentiality of student.
  2. Give this task your full attention and avoid distractions.
  3. Assure the work area is clean and well lit.
  4. Give medications within 30-minutes of the scheduled time.
  5. Considerations should be given for early dismissal days, and procedures should be in place to address regularly scheduled medication administration.
- 

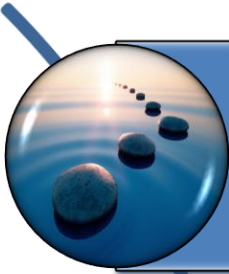
### Safeguards:

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

### Steps:

1. Ask the student their name and date of birth (check with picture if available) and compare this information with the student's medication record.
2. Wash your hands.
3. Retrieve medication in its original container from secured storage, relock while administering.
4. Check label against medication record for: STUDENT NAME, MEDICATION, DOSE, ROUTE, and TIME. *Do not administer if there are any differences.*
5. Check the expiration date. *If expired, notify your school nurse and do NOT administer.*
6. Double-check label and compare with the student's medication record.
7. Remove the medication lid/top and place it down so as not to contaminate the inside.
  - Do not touch medication at any time.
8. Do not leave the medication unattended *at any time.*
9. After administration, return medication immediately to the locked storage area in the correct place.
10. Document the medication administration per school procedure, including:
  - Student name and date of birth
  - Date and time given
  - Medication along with dose, and route
  - Person administering the medication<sup>14,22</sup>

## Procedure: MEDICATION ERROR



### KEEP CALM

- KEEP STUDENT IN HEALTH OFFICE
- CALL NURSE OR ADMINISTRATION, who will contact parent/gaurdian



### IDENTIFY ERROR

- DETERMINE CORRECT DOSE AND TYPE OF MEDICATION
- CONTACT PHARMACIST OR POISON CONTROL IF INDICATED (New England Poison Control **1-800-222-1222**)



### FOLLOW INSTRUCTIONS

- WRITE DOWN NEXT STEPS
- ASK FOR HELP
- ASK IF STUDENT SHOULD BE TRANSPORTED FOR EMERGENCY CARE



### COMPLETE REPORT

- SUBMIT TO SCHOOL NURSE/ADMINISTRATION WITHIN 24 HOURS
- DEBRIEF WITH SUPERVISOR AND NURSE

[This Photo](#) by Unknown Author is licensed under [CC BY-SA](#)

Adapted from NASN Medication Error Procedure Document<sup>22,25</sup>

*Please see your district policy for complete instructions.*

## Medication Errors

“A medication error occurs when a medication is not administered as prescribed. This includes when the medication prescribed is not given to the correct student, at the correct time, in the dosage prescribed, by the correct route, or when the medication administered is not the correct medication”.<sup>9</sup>

Medication protocols that are carefully designed are the best deterrent to medication errors.<sup>26</sup> In busy health offices, many students’ errors may occur despite everyone’s best efforts<sup>26</sup>.

Medication errors include any failure to administer the correct medication as prescribed for a particular student, at the right time, dose, route.<sup>22,25,26</sup> An error made in recording medications on the Medication Administration Record should have a line drawn through it and marked “error” or “mistaken entry” initialed and dated. Whiteout may not be used.<sup>14,23</sup>

Documentation of a medication error is required promptly, following the school’s policy, and parent/guardian is notified.<sup>23</sup>

The school nurse and the school health advisor should review reports of medication errors, identify the contributing factors, and take necessary steps to adjust protocols to lessen the likelihood of a future medication error.<sup>23</sup>

Administration must make every effort to build a safe culture, cultivating responsibility, trust, and encouraging reporting.<sup>28</sup> Leadership can accomplish this by being a strong role model and verbalizing openness about errors, creating an environment

where there is no punitive action for reporting errors.<sup>27</sup> Schools may consider creating a process for reporting close calls, to identify gaps in practice, which can not only increase safety but improve processes.<sup>27</sup>

### Situations that are NOT considered medication errors:

- Wasted medication (e.g.: student refuses to take, unable to tolerate, or falls on floor)
- Lack of medication supply from parent
- Parent requests to “hold” medication

## Responding to Emergencies

Appropriate staff must be trained on the administration of emergency medications, including teaching to be able to name and to explain detailed standards for signs and symptoms of anaphylaxis.<sup>9</sup> Responding to emergencies, including proper training to use epinephrine autoinjectors, is required.<sup>9</sup> Sample training materials are available from the Maine DOE in the School Health Manual. [Life-Threatening](#)

Staff may be trained to administer other emergency medications as determined by local policy and known or potential health needs of students, staff, or visitors.

Table 4. Emergency Medications

The following table shows examples of common emergency medications that may be given in school.<sup>14</sup>

Medication	Purpose	Side Effects
Bronchodilators (short-acting)	To relax tight airways and treat coughing, wheezing, and shortness of breath for 3-6 hours	<ul style="list-style-type: none"> <li>Tremor, nausea, tachycardia, palpitations, nervousness, increased blood pressure, dizziness, headache, irritated throat, and epistaxis</li> </ul>
Benzodiazepine Example: Diastat, Diazepam	Used in an emergency to stop cluster seizures in people who are taking other medications to treat epilepsy (seizures)	<ul style="list-style-type: none"> <li>Drowsiness, dizziness, headache, pain, stomach pain, nervousness, flushing, diarrhea, unsteadiness, abnormal “high” mood, lack of coordination, runny nose, problems falling asleep or staying asleep</li> </ul>
Epinephrine Auto-Injectors Example: Epi-Pen	Used in an emergency to treat or prevent anaphylaxis  May be self-administered	<ul style="list-style-type: none"> <li>Upset stomach, vomiting, sweating, dizziness, nervousness, weakness, pale skin, headache, shaking heads that you cannot control</li> </ul>
Hypoglycemic Agent Example: Glucagon	Used in an emergency in which a person with diabetes is hypoglycemic and unresponsive	<ul style="list-style-type: none"> <li>Nausea, vomiting, rash, itching</li> </ul>
Insulin	Used to treat elevated blood glucose levels	<ul style="list-style-type: none"> <li>Hypoglycemia</li> </ul>
Naloxone (Narcan) <a href="#">CDC: stop overdose</a>	Rapidly reverses an opioid overdose  Given as a nasal spray or injected into muscle	<ul style="list-style-type: none"> <li>Flushing, dizziness, weakness, irritability</li> </ul>
<p><b>Some signs of opioid overdose:</b> unconsciousness, very small pupils, slow or shallow breathing, vomiting, inability to speak, faint heartbeat, limp arms/legs, pale skin and/or purple lips and fingernails</p>		

## Epinephrine Guidelines

1. A life-threatening allergy protocol is required for all schools.
2. Without a collaborative practice agreement in place, a trained unlicensed school staff member can administer epinephrine only to a specific student as part of that student's individual healthcare plan (IHP) with a prescription specific to that student. A school nurse may administer epinephrine to any person whom they believe to be experiencing anaphylaxis so long as there is a standing order from the school health advisor for this purpose. [[20-A MRSA §6305 \(5\)](#)]
3. A collaborative practice agreement allows for qualified unlicensed school personnel to administer an epinephrine auto-injector in good faith to any student experiencing anaphylaxis during school or a school-sponsored activity. A collaborative practice agreement must be renewed annually. [[20-A MRSA §6305 \(3\)](#)]
4. Students with a medically documented known allergy and risk of anaphylaxis should have an individualized healthcare plan in place.
5. Training for school staff shall include common allergens, causes, and signs of anaphylaxis, prevention, how to recognize anaphylaxis, and how to administer an epinephrine auto-injector.<sup>9</sup>

Per the Department of Education Chapter 40 Rule for Medication Administration in Maine schools, it is recommended that each school administrative unit and approved private school provide an incident report to the DOE following a severe allergic reaction or epinephrine administration.<sup>9</sup> [Anaphylaxis Incident Reporting Form](#)

## Naloxone Guidelines

1. Having a policy and protocol for the administration of naloxone to any individual suspected of experiencing an opioid-related overdose is allowed and encouraged to prevent death. [[20-A MRSA §6307](#)]
2. Without a collaborative practice agreement in place, naloxone shall only be administered by licensed healthcare personnel within a school whose scope of practice includes recognizing signs of overdose and administration of medication. [[20-A MRSA §6307 \(5\)](#)]
3. With a collaborative practice agreement, any trained school personnel may carry and administer naloxone on school grounds to any person experiencing a suspected opioid overdose if the school nurse is not present. [[20-A MRSA §6307 \(3\)](#)]<sup>9</sup>

There is a sample collaborative practice agreement that includes both naloxone and epinephrine available from DOE here: [Collaborative Practice Agreement Sample](#).

Opioid overdose reversal guidelines and resources can be found on the [Maine DOE website](#) additional resources to support Naloxone education and policy development in schools:

[NASN Naloxone in Schools Toolkit](#)

[How to Administer Naloxone Video](#)

## Allergy and Anaphylaxis

Anaphylaxis is a life-threatening allergic reaction resulting most commonly from contact or ingestion of [foods](#), [medications](#), latex, and [insect stings](#).<sup>28</sup>

Immediate medical treatment, including epinephrine injection without delay, and call 911. Failure to treat anaphylaxis can be fatal.<sup>28</sup>

*Symptoms of anaphylaxis typically start within 5 to 30 minutes of exposure but can take more than an hour.*<sup>28</sup>



For more information visit:

[American Academy of Allergy, Asthma, and Immunology](#)

[The Food Allergy Research and Education](#)

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

[FARE: School Posters & Infographics](#)

[Maine Department of Education: Life-Threatening Allergy Management](#)

### Typical Warning Signs:

- Red rash, with hives/welts, that is usually itchy
- Swollen throat or swollen areas of the body
- Wheezing
- Passing out
- Chest tightness
- Trouble breathing
- Cough
- Hoarse voice
- Trouble swallowing
- Vomiting
- Diarrhea
- Stomach cramping
- Pale or red color to the face and body
- Feeling of impending doom

Warning signs typically affect more than one part of the body

It is possible to have a severe allergic reaction without skin symptoms.<sup>28</sup>

## Self-Administration of Medications

### Sunscreen at School

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

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

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

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

Allowable products in the school setting include oils, lotions, creams, gels, butters, pastes, ointments, and sticks. It is not recommended to allow aerosol or spray sunscreen to limit adverse effects for student with asthma and/or allergies.<sup>9</sup>

Students are permitted to carry and to self-administer certain medications in the school setting if the following conditions are met.<sup>9</sup>

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

In addition to the specific medications listed in Chapter 40, if the individualized healthcare plan of a student determines that a specific medication is needed for self-carry, the school nurse may allow it if the above three conditions are met.<sup>9</sup>



[This Photo](#) by Unknown Author is licensed under [CC BY-ND](#)



## Special Considerations

### Medical Marijuana

Reasonable accommodations must be made for students who hold written certification for the medical use of non-smokable marijuana under [Title 22, section 2423-B. \[20-A MRSA §6306\]](#) In schools, cannabidiol (CBD) oil is a marijuana product and subject to the same limitations.

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

1. The student requires a dose during the school day.
2. It is possessed by the parent/guardian or caregiver only.
3. Only the parent/guardian or caregiver may administer medical marijuana – it cannot be done by or delegated to, a school employee or any other person than the primary caregiver. Reasonable accommodations must be made for students who hold written certification for the medical use of marijuana in a non-smokable form.<sup>9</sup>

### Homeopathic

Numerous areas make up the practice of Complementary and Alternative Medicine (CAM). In the U.S., CAM is used by about 38% of adults and 12% of children.<sup>29</sup>

Registered nurses can administer medications prescribed by a provider as long as it is within their scope of practice to prescribe such medication.<sup>30</sup>

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

Homeopathic and herbal preparations alternative medications, such as herbal or homeopathic medications, are not tested by the US Food and Drug Administration for safety or effectiveness.<sup>30</sup>



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

## Field Trip/Off-Campus Activities

Planning for a field trip involves considering the needs of the students, including those with life-threatening allergies, chronic health conditions, and those who take medications daily at school. The school nurse must be involved in this planning and assure that there is an identified staff member who has had annual training (see page 10). Once the USP is identified, the school nurse will do the following:

1. Gather, provide, and review the care plans for individuals with chronic health conditions and life-threatening allergies.
2. Review prescribed emergency medications to include when and how they are administered.
3. If the school has a collaborative practice agreement, review stock emergency medications to include when and how to administer.
4. Gather, provide and review signed orders and authorization from parent/guardian and healthcare provider for daily medications that will be administered.
5. Review the 6 rights of medication administration. Consider providing a visual reminder such as ones provided on pages 18 and 19 in this document.
6. Review local procedure, to include privacy and cleanliness of area medications will be administered.<sup>9</sup>

## Out of State Travel

When traveling out of state, schools must consider the laws pertaining to medication administration and USPs administering medication in that state.<sup>9</sup> If the school nurse is attending, it must be determined if the state is part of the Nurse Licensure Compact.<sup>9</sup> This includes contacting the office that regulates nursing and/or nursing practice in that state to determine next steps.<sup>9</sup>

## Self-Administration of Medication

School administrative units may create procedures at their discretion to allow students to hold/self-administer medication on overnight trips or in unique situations where there may not be authorized adults to do so.<sup>9</sup> The school nurse will collaborate with parent/guardian and the student's medical provider to determine the student's knowledge, responsibility, and capability to self-administer.<sup>9</sup> Once this determination has been made, written consent from both the parent/guardian and the medical provider must be obtained.<sup>9</sup>

### Transportation

Duplicate medication containers with proper labeling obtained from the pharmacy will be used on field trips.<sup>9</sup>

Transporting and storing medication on field trips will comply with any special directions and secured as safely as possible.<sup>9</sup>



## Medication Administration in the Boarding School Setting

The guidelines of medication administration to boarding students living on campus in a dormitory are consistent with guidance found throughout this document. As in all public and private schools, local policies and procedures will be created.<sup>9</sup> Schools that enroll students from outside of Maine and the United States have unique circumstances, such as medication administration outside of school hours, in the dormitory. Some considerations are as follows:

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

- Identify the medication (medication may need to be translated).
- Make an appointment for the student to be seen by the school health advisor.
- The school health advisor may write an order and prescription for medication.

*If in the judgement of the school nurse it is unsafe to pause a medication, collaborate with administration and the school health advisor to expedite this process.*

- Training requirements for dormitory staff administering medications will be consistent with the Department of Education, Medication Administration Training for Unlicensed School Personnel, page 10.
- The same accountability and storage guidelines apply, see page 21, with the addition that the dormitory director may also have proper storage for medications given outside school hours.<sup>9</sup>
- All medications, including over-the-counter items, should be clearly labeled and include the five rights: name of student, medication, dosage, route, and time.
- If medication is unidentifiable due to language barrier or for any other reason, the school nurse will collaborate with family and school health advisor to identify medication, dosage, and instructions for administration.
- In cooperation with the school health advisor, the school nurse may be responsible for ordering prescriptions, over-the-counter medications, and supplies for boarding students.
- When a student leaves campus, the guidelines for field trip/off-campus activities should be followed. The school nurse will clearly communicate directions for medication administration to host family and provide written instructions in the host family's native language.
- The student has the right to refuse medication.<sup>14</sup> If this is done after school hours, dormitory staff reports to the on-call school nurse at that time. The school nurse will use her clinical judgment to determine if parent/guardian or school health advisor must be contacted immediately.

## Youth Experiencing Homelessness

The McKinney-Vento Act defines homeless children as "individuals who lack a fixed, regular, and adequate nighttime residence."<sup>31</sup> The act provides examples of children who would fall under this definition:

- Children and youth sharing housing due to loss of housing, economic hardship, or a similar reason
- Children and youth living in motels, hotels, trailer parks, or campgrounds due to lack of alternative accommodations
- Children and youth living in emergency or transitional shelters
- Children and youth abandoned in hospitals
- Children and youth whose primary nighttime residence is not ordinarily used as a regular sleeping accommodation (e.g., park benches, etc.)
- Children and youth living in cars, parks, public spaces, abandoned buildings, substandard housing, bus, or train stations
- Migratory children and youth living in any of the above situations<sup>31</sup>

### [MRS Title 22 Section 1503](#)

A minor may give consent to all medical, mental, dental, and other health counseling and services if the minor is living separately from parents or legal guardians and is independent of parental support.<sup>31,32</sup> The minor may prove that status with documentation including, but not limited to, a written statement from a nonprofit homeless services agency, local school unit McKinney-Vento homeless liaison, or attorney.<sup>31,32</sup>

For more information about McKinney-Vento in Maine, visit the ME DOE website:

[McKinney-Vento Education in Maine.](#)

### Unaccompanied Youth

Unaccompanied homeless youth must meet both definitions of unaccompanied (not in the physical custody of a legal parent or guardian) and homeless (lacking a fixed, regular, and adequate nighttime residence).<sup>32</sup>



### **How can I find the McKinney-Vento liaison in my school unit?**

[NEO Contact Search](#) can be used to locate the McKinney-Vento Liaison in any Maine school unit. Each School Administrative Unit McKinney-Vento Liaison is responsible for determining eligibility.

## Appendix A

### Sample Health Office Standing Orders

To be reviewed and signed annually by the district school health advisor

*Insert school unit-specific message here.*

The following over the counter (OTC) medications may be stocked and utilized for standard first aid treatment in the school health office when no known allergy exists to the product.

1. Moisturizing unscented lotion, and soaps for chapped and dry skin
2. Petroleum based jelly for chapped lips
3. Antibiotic ointment for minor breaks in skin integrity, per discretion
4. Calamine lotion or hydrocortisone cream 1% for minor itching or insect bites
5. Sterile isotonic eyewash or eye drops for eye irrigation or minor eye irritation

The following over-the-counter medication may only be administered with written permission from parent/guardian:

6. Cough drops
7. Agent for minor dental or oral irritation (Orajel, Anbesol)
8. Acetaminophen 325 mg in tablet, chewable tab or suspension form, based on weight, every 4 hours as needed for discomfort or fever
9. Ibuprofen 200 mg tab, chewable tab or suspension form based on weight, every 4 hours as needed for discomfort or fever
10. Calcium carbonate 500 mg 2-4 tablets as needed for minor gastrointestinal distress
11. Glucose gel or glucose tablets 4 grams as needed for hypoglycemia
12. For anaphylactic emergencies see district emergency protocol. The student's signed emergency orders should be used when available.
13. Epinephrine 0.3mg IM for individuals over 66 pounds per emergency protocol
14. Epinephrine 0.15 mg IM for individuals under 66 pounds per emergency protocol
15. Diphenhydramine 12.5-50 mg based on weight and age for mild allergic reactions per emergency protocol
16. Albuterol inhaler 17 gram 2 puffs every 4-6 hours as needed for acute respiratory distress

All medications may be given in generic equivalent. Dose of medications will be based on dose and weight recommendations (weight preferred) from medication packaging.

School Health Advisor \_\_\_\_\_ Date \_\_\_\_\_



## Appendix B Sample Competency Checklist

“Any unlicensed school personnel who administers medication to a student in a school setting must be trained in the administration of medication before being authorized to carry out this responsibility. Following the initial training, a training review and information update must be held at least annually for staff members authorized to administer medications. This training must be provided by a registered professional nurse or Healthcare provider.” 05-071 C.M.R. ch.40, §3C (2022)

Task	Met	Not Met	Comment
1. Verbalizes understanding of, and the ability to locate district/school policies			
2. Able to verbalize understanding of Maine rule, chapter 40, that authorizes unlicensed school personnel to administer medications in the school setting			
3. Able to state the 6 rights of medication administration			
4. Demonstrates the ability to locate the following on the medication label: name of student, medication, dose, route to be given, and time			
5. Able to state basic classifications of medications			
6. Able to state the common routes of medication			
7. Can state common medications and potential side effects			
8. Demonstrates knowledge and ability to administer and document medications given			
9. Successfully describes what constitutes a medication error, how to respond, and demonstrates where, when, and how to document			
10. Successfully describes common signs and symptoms of an allergic reaction or anaphylaxis			
11. Can describe adverse effects and how to respond			
12. Understands procedure regarding when and how to contact the school nurse/parent/guardian and/or call 911			
13. Able to locate emergency contact information			
14. Understands their role in confidentiality of student health information			

“For USP that may hold separate certification or training in medication administration, the trainer may determine an abbreviated training is sufficient based on their current knowledge and skill level. This is to be documented with the training and competency.” 05-071 C.M.R. ch.40, §3C (2022)

**Additional Comments:**

Trainer \_\_\_\_\_ Date \_\_\_\_\_  
Name \_\_\_\_\_ Position \_\_\_\_\_

### Appendix C

## Sample Medication Administration Training List of Trained Unlicensed School Personnel

The following staff members have been trained in medication administration as specified by the school unit policy and in accordance with 05-071 C.M.R. ch.40, §3C (2022)

Date	Name

Signature of school nurse or physician \_\_\_\_\_ Date \_\_\_\_\_

*Requires annual update*



**Appendix D****Sample Medication Authorization Form**

*place student  
photo here*

STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_  
SCHOOL \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
ALLERGIES \_\_\_\_\_

*Note: Prescription medication must be in the original container indicating the following information: student name, medication, dose, route, time to be administered, and healthcare provider. Over-the-counter medications must be in the original container with clear labeling.*

PARENT STATEMENT: I request that the medication listed below be given to my child named above.

- I understand that medication must not be expired.
- I understand that in the absence of the school nurse, other trained school staff may administer medication.
- I understand that the school nurse may contact the health care provider or pharmacist regarding this treatment.
- I will notify the school immediately if the medication is changed.
- I understand that this medication will be destroyed per federal DEA requirements unless picked up by the end of the last student school day of this year.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Home phone \_\_\_\_\_ Emergency phone \_\_\_\_\_

Other medications your child is taking \_\_\_\_\_

HEALTHCARE PROVIDER STATEMENT: This medication is required during school hours to improve or maintain the health of this student. The nurse may contact me regarding this medication. The above-named child should receive prescribed medication for the following condition: \_\_\_\_\_

Medication name \_\_\_\_\_ Prescribed dose \_\_\_\_\_ Dose at school \_\_\_\_\_

Time given at school \_\_\_\_\_ Beginning date of medication \_\_\_\_\_ Ending date \_\_\_\_\_

Possible side effects \_\_\_\_\_ Special instructions \_\_\_\_\_

Healthcare provider signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

School nurse signature \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

## Appendix E

### Sample Medication Error Reporting Form

---

Student _____	Birthdate _____	School _____
Date and time _____		Person _____
administering medication, and position _____		

Prescription Medication as written on Medication Authorization Form (name, dose, route, time)

---

#### Type of Error

<input type="checkbox"/> Wrong Route <input type="checkbox"/> Wrong dose/extra dose <input type="checkbox"/> Wrong student <input type="checkbox"/> Wrong medication <input type="checkbox"/> Medication not given/missed dose <input type="checkbox"/> Wrong time <input type="checkbox"/> Parent error <input type="checkbox"/> Pharmacy error <input type="checkbox"/> Other _____
---

#### Student Outcome

<input type="checkbox"/> Return to class <input type="checkbox"/> Refer to healthcare provider <input type="checkbox"/> Sent home with parent/guardian <input type="checkbox"/> Refer to urgent care <input type="checkbox"/> Refer to Emergency Department <input type="checkbox"/> 911 <input type="checkbox"/> Other _____
---

**Action Taken/Intervention:** *(List time of contact with parent, administration, nurse, healthcare provider, and interventions. Use the back of this form if necessary.)*

Time	Description

Name of reporter \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Building Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Follow-Up:

---

## References

1. Colorado Department of Education. Medication Administration Guidelines in the School and Child Care Settings. 2019. Accessed May,1 2022. <https://www.cde.state.co.us/healthandwellness/medicationadministrationguidelinesaugust2019pdf>.
2. Centers for Disease Control and Prevention. Managing Chronic Health Conditions. October 20, 2021. Accessed May 16, 2022. <https://www.cdc.gov/healthyschools/chronicconditions.htm>.
3. Butler SM, Boucher EA, Tobison J, Phan H. Medication Use in Schools: Current Trends, Challenges, and Best Practices. *J Pediatr Pharmacol Ther.* 2020;25(1):7-24. doi:10.5863/1551-6776-25.1.7.
4. U.S. Department of Education. Free Appropriate Public Education (FAPE). January 16, 2020. Accessed April 2022. <https://www2.ed.gov/about/offices/list/ocr/frontpage/pro-students/issues/dis-issue03.html>.
5. Maine State Board of Nursing. 02-380 Maine State Board of Nursing Chapter 6 Regulations Relating to Coordination and Oversight of Patient Care Services by Unlicensed Personnel. Accessed May 17, 2022. <https://www.maine.gov/boardofnursing/docs/Chapter%206.pdf>.
6. U.S. Department of Education. Family Educational Rights and Privacy Act (FERPA). August 25, 2021. Accessed May 4, 2022. <https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>.
7. College of Western Idaho. IDEA, ADA, AND SECTION 504. 2022. Accessed May 17, 2022. [https://cwi.edu/current-students/idea-ada-and-section-504#:~:text=The%20IDEA%20is%20a%20federal,IEP\)%20for%20each%20disabled%20child](https://cwi.edu/current-students/idea-ada-and-section-504#:~:text=The%20IDEA%20is%20a%20federal,IEP)%20for%20each%20disabled%20child).
8. U.S. Department of Education. About IDEA. Accessed May 17, 2021. <https://sites.ed.gov/idea/about-idea/#Rehab-Act/>.
9. Maine Department of Education. Chapter 40: Rule for Medication Administration in Schools 05-071 C.M.R. ch.40, §3C (2022). Accessed May 16, 2022. <https://www.maine.gov/sos/cec/rules/05/chaps05.htm>.
10. American Nurses Association and National Association of School Nurses. *School Nursing Scope and Standards of Practice*. 3<sup>rd</sup> ed.; 2017.
11. National Association of School Nurses. Nursing Delegation in the School Setting. 2022. Accessed April 28, 2022. <https://www.nasn.org/nasn-resources/resources-by-topic/delegation>.
12. Maine State Board of Nursing. Position Statement: School Nursing. 2014. Accessed May 22, 2022. <https://www.maine.gov/boardofnursing/practice/position-statements/school-nursing.html>

13. U.S. Food and Drug Administration. General Drug Categories. 2015. Accessed May 23, 2022.  
<https://www.fda.gov/drugs/investigational-new-drug-ind-application/general-drug-categories>
14. State of Alaska Medication Administration A Guide for Training Unlicensed School Staff. Alaska Department of Public Health and Human Services. December 2014. Accessed April 15, 2022.  
<https://dhss.alaska.gov/dph/wcfh/Documents/school/assets/Medication.Administration.Guide.for.Training.Unlicensed.School.Staff.pdf>.
15. Common Medical Abbreviations. *MPR – Pediatrician’ Edition*. 2009;20(2):286-287. Accessed May 24, 2022.
16. Feeding Tube Awareness Foundation. Feeding at School. Accessed April 27, 2022.  
<https://www.feedingtubeawareness.org/feeding-at-school/>.
17. Corrigan, M.L., Huang, S., Weaver, A., Keeler, D., Rahe, K., Balint, J., Marti, M., Goodman, B., Nagy, T., DeLano, V., Bond, B. and (2017), Resources for the Provision of Nutrition Support to Children in Educational Environments. *Home Nutrition Support*, 32: 834-843. <https://doi.org/10.1177/0884533617718471>.
18. American Academy of Pediatrics. Disaster Preparedness for Children and Youth with Special Health Care Needs. October 22, 2021. Accessed April 27, 2022.  
<https://www.aap.org/en/patient-care/disasters-and-children/professional-resources-for-disaster-preparedness/preparedness-for-children-and-youth-with-special-health-care-needs/>.
19. U.S. Department of Homeland Security. Build A Kit. May 10, 2022. Accessed May 14, 2022. <https://www.ready.gov/kit>.
20. National Association of School Nurses. Emergency Medication Administration practice Concerns and Medication Management Checklist. October 2021. Accessed May 23, 2022. <https://cdn.fs.pathlms.com/snS2RRaQxoBNvjEBmszw>
21. Vermont Department of Health. Vermont Medication Training Guide for School Nurses: A Tool for School Nurses to Train Others. March 18, 2019. Accessed May 4, 2022.  
[https://www.healthvermont.gov/sites/default/files/documents/pdf/cyf\\_22%20N%20MedicationTrainingGuide-3-18-2019.pdf](https://www.healthvermont.gov/sites/default/files/documents/pdf/cyf_22%20N%20MedicationTrainingGuide-3-18-2019.pdf).
22. National Association of School Nurses. School Nursing Evidence-based Clinical Practice Guideline: Medication Administration in Schools. 2021. Accessed May 5, 2022.  
<https://cdn.fs.pathlms.com/eMfakewQq20XiLuoim9w>.
23. National Association of School Nurses. Model Policy Adminstrating Medications to Students. October 2021. Accessed May 23, 2021.  
<https://cdn.fs.pathlms.com/8nuD3KMS8K38T7caEfoe>.
24. Occupational Safety and Health Administration (OSHA). Protecting Yourself When Handling Contaminated Sharps. <https://www.fda.gov/medical-devices/safely-using-sharps-needles-and-syringes-home-work-and-travel/sharps-disposal-containers>.

25. National Association of School Nurses. Medication Error Procedure. October 2021. Accessed May 5, 2021. <https://cdn.fs.pathlms.com/FZQ1wJDVRukMzpp7po0A>
26. New York State Education Department. Guidelines for Medication Management in Schools. 2017. Accessed May 6, 2022. <https://www.schoolhealthny.com/cms/lib/NY01832015/Centricity/Domain/85/MedicationManagement-DEC2017.pdf>
27. The Joint Commission. Sentinel event alert. Developing a reporting culture: Learning from close calls and hazardous conditions. 2018. Accessed April 20, 2022. [https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/sentinel-event/sea\\_60\\_reporting\\_culture\\_final.pdf?db=web&hash=5AB072026CAAF4711FCDC343701B0159](https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/sentinel-event/sea_60_reporting_culture_final.pdf?db=web&hash=5AB072026CAAF4711FCDC343701B0159)
28. American Academy Allergy, Asthma, & Immunology. Anaphylaxis. Accessed May 24, 2022. <https://www.aaaai.org/Conditions-Treatments/Allergies/Anaphylaxis>.
29. Types of Complementary and Alternative Medicine. Johns Hopkins Medicine. Accessed May 1, 2022. <https://www.hopkinsmedicine.org/health/wellness-and-prevention/types-of-complementary-and-alternative-medicine>.
30. Maine State Board of Nursing. Nurse Practice Act. MRS Title 32, Chapter 31. Nurses and Nursing. November 18, 2021. Accessed May 5, 2022. <https://legislature.maine.gov/statutes/32/title32ch31.pdf>.
31. Maine Legislature. An Act to Support Access to Health Services for Homeless Youth in Maine. SP0395, LD 1275, item 1, an act to support access to health services for Homeless Youth in Maine. [https://legislature.maine.gov/legis/bills/bills\\_129th/billtexts/SP039501.asp](https://legislature.maine.gov/legis/bills/bills_129th/billtexts/SP039501.asp). Accessed May 17, 2022.
32. Maine Department of Education. McKinney-Vento Education in Maine. 2022. <https://www.maine.gov/doe/schools/safeschools/counseling/highmobility/homelessed>. Accessed May 15, 2022.

Prepared by:

Maine Department of Education  
Office of School and Student Supports  
Coordinated School Health  
School Public Health Response Team  
May 25, 2022