

X MonitoredX MandatedX Other Reasons**Sample Policy**ADMINISTERING MEDICATION

The board shall not be responsible for the diagnosis and treatment of student illness. The administration of medication to a student during school hours will be permitted only when failure to take such medicine would jeopardize the health of the student, administration of the medication is necessary during school hours in order for the student to benefit from the instruction that is being provided, or the student would not be able to attend school if the medicine were not made available to him/her during school hours.

For purposes of this policy, "medication" shall include all medicines prescribed by a physician for the particular student or medications prescribed by the district physician on standing orders. Medications shall include emergency medication in the event of bee stings, medication for asthma, diabetes, adrenal insufficiency or other medical diagnosis requiring medication during the school day, opioid antidote, and all non-prescription "over the counter" medication (see policy 5141).

Before any medication may be administered to any student during school hours, either by designated school staff or by the student themselves, the board shall require the written consent of the parent/guardian which shall give permission for such administration and relieve the board and its employees of liability for administration of medication. In addition, the board requires the written order of the prescribing physician which shall include:

- A. The purpose of the medication;
- B. The dosage;
- C. The time at which or the special circumstances under which medication shall be administered;
- D. The length of time for which medication is prescribed;
- E. The possible side effects of the medication.

Both documents shall be kept on file in the office of the school nurse.

The district medical inspector shall develop procedures for the administration of medication which provide that:

- A. All medications, whether prescribed or "over the counter", shall be administered by the medical inspector, school nurse or substitute school nurse, the parent/guardian or the student himself/herself where the parent/guardian so permits and with the school nurse present;
- B. Medications shall be securely stored and kept in the original labeled container;
- C. The school nurse shall maintain a record of the name of the student to whom medication may be administered, the prescribing physician, the dosage and timing of medication and a notation of each instance of administration;
- D. All medications shall be brought to school by the parent/guardian or adult student and shall be picked up at the end of the school year or the end of the period of medication, whichever is earlier;
- E. A student may self-administer medication without supervision of the school nurse for asthma or other life-

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threatening illnesses, a life-threatening allergic reaction or adrenal insufficiency, provided that the applicable requirements of this policy for such self-administration, as described below, are met. "Life-threatening illness" has been defined as an illness or condition that requires an immediate response to specific symptoms or sequelae that, if left untreated may lead to potential loss of life such as, but not limited to, the use of an inhaler to treat an asthma attack or the use of an adrenalin injection to treat a potential anaphylactic reaction.

Nebulizers

Each school in the district shall have and maintain at least one nebulizer in the office of the school nurse or at a similar accessible location. The chief school administrator shall prepare and the board shall adopt regulations on the administration of asthma medication through the use of a nebulizer by the school nurse or his/her designee(s). Regulations shall be in accord with New Jersey statute and administrative code and shall include, but not be limited to, the following:

- A. Requirement that each school nurse shall be authorized to administer asthma medication through use of a nebulizer;
- B. Requirement that each school nurse receive training in airway management and in the use of nebulizers and inhalers consistent with nationally recognized standards;
- C. Requirement that each student authorized to use asthma medication or a nebulizer have an asthma treatment plan prepared by the student's physician that identifies, at a minimum, asthma triggers and an individualized health care plan for meeting the medical needs of the student while attending school or a school-sponsored event.

Student Self-Administration of Medication

The board shall permit self-administration of medication for asthma, diabetes, other potentially life-threatening illnesses, a life-threatening allergic reaction or adrenal insufficiency by students who have the capability for self-administration of medication, both on school premises during regular school hours and off-site or after regular school hours when a student is participating in field trips or extracurricular activities. The parents/guardians of the student must meet the following conditions:

- A. Provide the board with written authorization for the student's self-administration of medication;
- B. Provide written certification from the student's physician that the student has asthma, diabetes, another potentially life-threatening illness, is subject to a life-threatening allergic reaction, or has adrenal insufficiency and is capable of and has been instructed in the proper method of self-administration of medication; and
- C. Sign a statement acknowledging that the district shall incur no liability as a result of any injury arising from the self-administration of medication by the student and that the parents/guardians shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the self-administration of medication by the student.

A student who is permitted to self-administer medication shall be permitted to carry an inhaler or prescribed medication for allergic reactions, including a pre-filled auto-injector mechanism, or prescribed medication for adrenal insufficiency at all times, provided that the student does not endanger himself or other persons through misuse.

The board shall:

- A. Inform the student and his/her parents/guardians that permission is effective for the school year for which it is granted and must be renewed for each subsequent school year upon fulfillment of requirements listed above;

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- B. Inform parents/guardians in writing that the district and its employees or agents shall incur no liability as a result of any injury arising from the self-administration of medication by the student; and
- C. Maintain the right to revoke a student's permission to self-medicate if he/she has failed to comply with all conditions of this policy and/or has violated in any way the tenets of the agreement to self-medicate.

The chief school administrator shall confer with the school physician and school nurse prior to recommending termination of a student's permission to self-medicate and shall also consult with the student, the student's parents/guardians and the student's physician.

Upon written request of the parent or guardian and as provided in the individual health care plan, the student shall be allowed to attend to the management and care of his/her diabetes in the classroom or on school grounds, if evaluated and determined to be capable of doing so consistent with the plan, and N.J.S.A. 18A:40-12.15 and board policy 5141 Health for specific rules regarding diabetes management.

Emergency Administration of Epinephrine

The board shall permit the school nurse or medical inspector to administer epinephrine via epi-pen or other pre-filled auto-injector mechanism in emergency situations. In their absence, a designee or designees who are employees of the board may do so.

The designees must be properly trained by the school nurse in the administration of the epi-pen or other pre-filled auto-injector mechanism using the standardized training protocol designated by the State Department of Education. Each designee shall receive individual training for each student for whom he/she is designated.

The board shall inform the student's parents/guardians in writing that if the specified procedures are followed, the district, its employees and agents shall have no liability as a result of any injury arising from the administration of the epi-pen or other pre-filled auto-injector mechanism to the student.

Parents/guardians shall provide the board with the following:

- A. Written orders from the physician that the student requires the administration of epinephrine for anaphylaxis and does not have the capability for self-administration of the medication;
- B. Written permission for the administration of epinephrine via epi-pen or other pre-filled auto-injector mechanism by the school nurse and designee(s); and
- C. A signed statement acknowledging their understanding that if the specified procedures are followed, the district shall have no liability as a result of any injury arising from the administration of the epi-pen or other pre-filled auto-injector mechanism by the school nurse or designee(s) to the student and that the district, its employees, and agents shall be indemnified and held harmless against any claims arising out of the administration of the epi-pen or other pre-filled auto-injector mechanism to the student.

Permission for the administration of epinephrine via epi-pen or other pre-filled auto-injector mechanism shall be granted annually and must be renewed each school year upon the fulfillment of the above requirements.

Placement and Availability of Epinephrine, and Transportation to Hospital Emergency Room

Pursuant to N.J.S.A. 18A:40-12.6, school policy requires:

- A. The placement of a student's prescribed epinephrine in a secure but unlocked location easily accessible by the school nurse and designees to ensure prompt availability in the event of an allergic emergency at school or at a school-sponsored function. The location of the epinephrine shall be indicated on the student's emergency care plan. Back-up epinephrine shall also be available at the school if needed;

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- B. The school nurse or designee to be promptly available on site at the school and school-sponsored functions in the event of an allergic reaction; and
- C. The transportation of the student to a hospital emergency room by emergency services personnel after the administration of epinephrine, even if the student's symptoms appear to have resolved.

Emergency Administration of Epinephrine for First Time Allergic Reactions at School

The school nurse or trained designee shall be permitted to administer epinephrine via a pre-filled auto-injector mechanism to any student without a known history of anaphylaxis. This includes students whose parents/guardians have not submitted prior written permission or obtained prescribed medication as indicated in the rules above. Epinephrine may be administered to any student without a known history of anaphylaxis when the nurse or trained designee in good faith believes that the student is having an anaphylactic reaction.

The district shall maintain a supply of epinephrine auto-injectors that is prescribed under a standing protocol from a licensed physician or an advanced practice nurse in a secure but unlocked and easily accessible location. The supply of epinephrine auto-injectors shall be accessible to the school nurse and trained designees for administration to a student having an anaphylactic reaction.

Liability

No school employee, including a school nurse, or any other officer or agent of a board, or a physician or an advanced practice nurse providing a prescription under a standing protocol for school epinephrine shall be held liable for any good faith act or omission consistent with the provisions of law for the administration of epinephrine (N.J.S.A. 18A:40-12.5 et seq.). No action shall be taken before the New Jersey State Board of Nursing against a school nurse for any such action taken by a person designated in good faith by the school nurse to administer epinephrine according to law (N.J.S.A. 18A:40-12.6). Good faith shall not include willful misconduct, gross negligence or recklessness.

Emergency Administration of Hydrocortisone Sodium Succinate for Adrenal Insufficiency

In the event of an emergency, hydrocortisone sodium succinate shall be administered through an appropriate delivery device and equipment to a student for adrenal insufficiency provided that:

- A. The parents/guardians of the student provide to the board written authorization for the administration of hydrocortisone sodium succinate;
- B. The parents/guardians of the student provide to the board written orders from the physician or advanced practice nurse that the student requires the administration of hydrocortisone sodium succinate for adrenal insufficiency;
- C. The board informs the parents/guardians of the student in writing that the district and its employees or agents shall have no liability as a result of any injury arising from the administration of hydrocortisone sodium succinate; and
- D. The parents/guardians sign a statement acknowledging that the district shall incur no liability as a result of any injury arising from the administration of hydrocortisone sodium succinate to the student and that the parents/guardians shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of hydrocortisone sodium succinate.

The permission is effective for the school year for which it is granted and is renewed for each subsequent school year.

Placement and Availability of Hydrocortisone Sodium Succinate, and Transportation to Hospital

The school nurse shall oversee the following school policy requirements for compliance with law (N.J.S.A.

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18A:40-12.3):

- A. The placement of a student's prescribed hydrocortisone sodium succinate in a secure but unlocked location easily accessible by the school nurse and designees to ensure prompt availability in the event of emergency situations at school or at a school-sponsored function. The location of the hydrocortisone sodium succinate shall be indicated on the student's emergency care plan. Back-up hydrocortisone sodium succinate, provided by the parent/guardian, shall also be available at the school if needed;
- B. The school nurse or designee shall be promptly available on site at the school and school-sponsored functions in the event of an emergency; and
- C. The transportation of the student to a hospital emergency room by emergency services personnel after the administration of hydrocortisone sodium succinate, even if the student's symptoms appear to have resolved.

Nothing in this policy shall be construed to prohibit the emergency administration of hydrocortisone sodium succinate to a student for adrenal insufficiency by the school nurse or other employees designated when the student is authorized to self-administer hydrocortisone sodium succinate.

Designee Training to Administer Hydrocortisone Sodium Succinate

The school nurse shall have the primary responsibility for the emergency administration of hydrocortisone sodium succinate. The school nurse shall designate, in consultation with the board, additional employees or volunteers to administer hydrocortisone sodium succinate to a student for adrenal insufficiency when the nurse is not physically present at the scene. The school nurse shall recruit and train, in consultation with the board of education, volunteer designees who are determined acceptable candidates by the school nurse within each school building, as deemed necessary by the nursing service plan.

The school nurse shall determine that:

- A. The designees have been properly trained in the administration of hydrocortisone sodium succinate using standardized training protocols established by the Department of Education in consultation with the Department of Health;
- B. The parents/guardians of the student consent in writing to the administration of hydrocortisone sodium succinate by the designees (in addition to the school nurse); and
- C. The parents/guardians of the student have received a written statement that the district and its employees or agents shall have no liability as a result of any injury arising from the administration of hydrocortisone sodium succinate to the student, and that the parents/guardians have signed a statement acknowledging that the district shall incur no liability as a result of any injury arising from the self-administration of medication by the student and that the parents/guardians shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the self-administration of medication by the student.

The permission is effective for the school year for which it is granted and is renewed for each subsequent school year upon fulfillment of the above-listed requirements in this section.

Emergency Administration of Opioid Antidote

"Opioid antidote" means any drug, regardless of dosage amount or method of administration, which has been approved by the United States Food and Drug Administration (FDA) for the treatment of an opioid overdose. "Opioid antidote" includes, but is not limited to, naloxone hydrochloride, in any dosage amount, which is administered through nasal spray or any other FDA-approved means or methods.

"Opioid overdose" means an acute condition including, but not limited to, extreme physical illness, decreased

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level of consciousness, respiratory depression, coma, or death resulting from the consumption or use of an opioid drug or another substance with which an opioid drug was combined, and that a layperson would reasonably believe to require medical assistance.

The school physician shall include an opioid antidote in the prescribed standing order for the schools of the district that include any of the grades nine through twelve. The chief school administrator, in consultation with the building principal of any school other than those including grades nine through twelve, shall determine whether the school physician shall include an opioid antidote in the prescribed standing order for such schools and shall report that determination to the board. The opioid antidote may be administered to any student, school personnel or other person reasonably believed to be experiencing an opioid overdose. The opioid antidotes shall be accessible in the school during regular school hours and during school-sponsored functions that take place in the school or on school grounds adjacent to the school building. The chief school administrator, in consultation with each building principal regardless of grade, shall determine whether to make opioid antidotes accessible during school-sponsored functions that take place off school grounds and shall report each school's determination to the board.

The opioid antidote shall be stored in a secure but unlocked and easily accessible location, and according to the manufacturer's directions. To the extent that is safe and practical, the opioid antidote shall be stored at a reasonable proximity of an automated external defibrillator (AED). The school nurse shall be responsible for monitoring the on-site inventory of the opioid antidote, arranging for the replacement of the opioid antidote supply and ensuring the appropriate and safe disposal of administered and expired opioid antidote applicators.

Any student suspected of being under the influence of drugs or alcohol, including students suspected of an opioid overdose, shall be subject to board policy 5131.6, Drugs, Alcohol, Steroids and Tobacco, and applicable law (including, but not limited to, N.J.A.C. 6A:16-3) regarding prevention, identification, examination, treatment, intervention and referral for substance abuse.

The school nurse shall be primarily responsible for the assessment of any student suspected of being under the influence of drugs or alcohol, including, but not limited to, any student suspected of an opioid or other drug overdose. The board shall designate additional district employees ("designated employees") who volunteer to administer an opioid antidote in the event a person experiences an opioid overdose when the nurse is not physically present at the scene. Such designated employees shall receive training in administration of the opioid antidote in accordance with applicable law. The school nurse or designated employee who believes in good faith that a person is experiencing an opioid overdose may administer the opioid antidote.

The school nurse or his or her designee or a designated employee shall immediately call 911 upon suspecting an overdose, and notify the parents/guardians as soon as practicable. The school nurse or designee and any designated employee responding to a suspected overdose shall notify the building principal of any suspected overdose and all actions taken including the administration of opioid antidote and the notification of emergency medical services.

If the school nurse or a designated employee are not immediately available and a district employee observes a person overdosing, the employee may contact emergency services. The employee who has contacted emergency services regarding a person suspected to have overdosed shall notify the building principal of any suspected overdose and all actions taken including the administration of opioid antidote and the notification of emergency medical services.

An overdose victim shall be transported by emergency services personnel to the nearest hospital emergency room, including where the victim's symptoms appear to have resolved. The principal shall designate a member of the school staff to accompany the student to the hospital. The principal shall notify the chief school administrator whenever an opioid antidote is administered.

The school nurse shall document the incident including but not limited to:

A. Date, time and location of the incident;

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- B. Names of any staff members or students reporting the incident;
- C. A description of the incident;
- D. Description of the evaluation conducted;
- E. The administration of naloxone including the form and dosage;
- F. All actions taken, including when 911 was called, when emergency services arrived, and staff members assigned to accompany the student.

The documentation shall be in the same manner as the documentation of administration of other medications under a non-patient specific order.

A school may enter into a shared services agreement for the provision of opioid antidotes pursuant to applicable law if the arrangement will result in cost savings.

Training

The school nurse shall have the primary responsibility for the emergency administration of an opioid antidote. As described above, the board shall designate additional employees ("designated employees") to administer the opioid antidote who shall be authorized to administer the antidote only after receiving training in accordance with applicable law. The school nurse shall not be solely responsible to train designated employees.

Parent Notification

Written notification of the board opioid overdose policy shall be distributed annually to parents/guardians and adult students. The notification shall inform parents/guardians and adult students that the board authorizes the certified school nurse and/or other appropriately licensed school health professionals as well as designated employees to administer opioid antidotes

The school nurse, in consultation with the chief school administrator, shall be responsible for the development and regular review of policies and procedures regarding administration of opioid antidotes. The policies and procedures for the use of opioid antidotes shall be included in district emergency response procedures.

Liability for the Administration of Opioid Antidote

No school employee, including a school nurse, or any other officer or agent of a board of education, charter school, or nonpublic school, or a prescriber of opioid antidotes for a school through a standing order, shall be held liable for any good faith act or omission consistent with the provisions of applicable law. Good faith shall not include willful misconduct, gross negligence, or recklessness.

Policy Implementation

The board may adopt additional regulations on all aspects of the administration of medication. When implementing school policy and N.J.S.A. 18A:40-12.6, staff will consult these New Jersey Department of Education guidance documents:

- A. Training Protocols for the Emergency Administration of Epinephrine (9/08);
- B. Guidelines for the Management of Life-Threatening Food Allergies in Schools (9/08).

Any person who acts in good faith in accordance with law and board policy shall be immune from any civil or criminal liability arising from actions performed pursuant to law and this board policy.

ADMINISTERING MEDICATION (continued)

Date:

Legal References: Use legal reference sheet.

Cross References: List your appropriate policies. See legal reference sheet for possibilities.

Key Words

Administering Medication, Medication in School, Nebulizer, Epinephrine, Anaphylaxis, Asthma, Opioid Antidote



Legal References

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QSAC Monitored:

DPR: Governance – 1

SRO: Governance – 1

Mandated:

N.J.S.A. 18A:40-12.3 (as amended by P.L. 2019, c.118) regarding self-administration of medication permits students who are authorized by their parent/guardian and their physician to self-administer hydrocortisone sodium succinate for adrenal insufficiency. The law also requires the board to develop a policy in accordance with the guidelines established by the Department of Education for the emergency administration of hydrocortisone sodium succinate through appropriate delivery devices and equipment to a student for adrenal insufficiency.

N.J.S.A. 18A:40-12.5 through -12.6 requires policy for the administration of epinephrine via epi-pen for pupil anaphylaxis. Parental permission and a doctor's authorization are required for students with known allergies that cause anaphylaxis. N.J.S.A. 18A:40-12.5 was amended to include provisions for the school nurse or trained designee to treat students having an anaphylactic reaction with epinephrine when the student has no known history of anaphylaxis. Districts are required to maintain an accessible supply of epinephrine prescribed under a standing protocol from a licensed physician or an advanced practice nurse.

N.J.S.A. 18A:40-12.8 requires the adoption of administrative code by the State Board that would require board policy on the administration of asthma medication through the use of a nebulizer by the school nurse or other designee.

N.J.S.A. 18A:40-12.24 through N.J.S.A. 18A:40-12.28 requires each board of education, board of trustees of a charter school and chief school administrator of a nonpublic school (board) to develop a policy for the emergency administration of an opioid antidote to a student, staff member or other person experiencing an opioid overdose:

- A. A board is required to develop a policy for any school in the district or charter school that has any of the grades nine through 12;
- B. The board may develop a policy for any other school in the district that do not have grades nine through 12.

N.J.S.A. 18A:40-12.24 (P.L. 2018. C.106) requires the board of education, with any of the grades nine through twelve, to adopt a policy requiring that school to obtain a standing order for opioid antidotes and to maintain a supply of such opioid antidotes in a secure but unlocked and easily accessible location. The statute also requires the board to adopt a policy that permits schools other than those including any of the grades nine through twelve to obtain a standing order for opioid antidotes and to maintain a supply of such opioid antidotes in a secure but unlocked and easily accessible location. The policy shall also permit the school nurse or a designated and properly trained employee to administer an opioid antidote to any person whom the nurse or trained employee, in good faith, believes is experiencing an opioid overdose.

The opioid antidotes shall be accessible in the school during regular school hours and during school-

sponsored functions that take place in the school or on school grounds adjacent to the school building. A board of education, board of trustees of a charter school, or chief school administrator of a nonpublic school may, in its discretion, make opioid antidotes accessible during school-sponsored functions that take place off school grounds. The policy shall require that an overdose victim be transported to a hospital emergency room by emergency services personnel after the administration of an opioid antidote, even if the person's symptoms appear to have resolved.

The school nurse shall have the primary responsibility for the emergency administration of an opioid antidote. The board shall designate additional employees or volunteers to administer the opioid antidote who shall be authorized to administer the antidote only after receiving training on standardized protocols for the administration of the opioid antidote and information regarding overdose prevention pursuant to the Overdose Prevention Act (P.L. 2013, c. 46). The policy guidelines developed by the New Jersey Department of Education in consultation with the New Jersey Department of Human Services shall specify an appropriate entity or entities to provide the training. The school nurse or a trained employee designated shall administer an opioid antidote to any person whom the nurse or trained employee in good faith believes is experiencing an opioid overdose. The designated employee shall only be authorized to administer opioid antidotes after receiving overdose prevention information described in subsection a. of section 5 of the "Overdose Prevention Act," P.L. 2013, c.46 (C.24:6J-5). The guidelines shall specify an appropriate entity or entities to provide the training, and a school nurse shall not be solely responsible to train the employees designated pursuant to subsection c. of section 2 of this act.

Pursuant to N.J.S.A. 18A:40-12.26: "No school employee, including a school nurse, or any other officer or agent of a board of education, charter school, or nonpublic school, or a prescriber of opioid antidotes for a school through a standing order, shall be held liable for any good faith act or omission consistent with the provisions of this act (N.J.S.A. 18A:40-12.23 et al.). Good faith shall not include willful misconduct, gross negligence, or recklessness."

N.J.S.A. 18A:40-12.27 (P.L. 2018, C.106) authorizes each school district to enter into a shared services agreement for the provision of opioid antidotes if such an arrangement will result in cost savings.

N.J.S.A. 24:6J-1 et seq. Overdose Prevention Act authorizes physicians to prescribe naloxone to anyone in a position to assist others during an overdose (third-party prescribing). The law provides immunity from civil and criminal liability for a health care professional or pharmacist who, acting in good faith, prescribes or dispenses an opioid antidote; non-health care professionals who have received patient overdose information issued by the Department of Human Services for administering an opioid antidote; and persons seeking medical assistance of someone experiencing a drug overdose.

N.J.A.C. 6A:16-2.1(a) 2 requires written policy, procedures and mechanisms for the provision of health, safety and medical emergency services and to ensure staff are informed regarding the administration of medication to students at school by authorized individuals.

N.J.A.C. 6A:16-2.1(a) 5 incorporates the statutory requirement in N.J.S.A. 18A:40-12.8. Boards shall develop policies for the treatment of asthma in the school setting, requiring that each school nurse be authorized to administer medication through the use of a nebulizer; be trained in airway management and the use of the nebulizer; and that each student authorized to use asthma medication have an Asthma Action Plan (AAP).

**Other Reasons:**

Bernards Township commissioner decision declared only school nurses could administer medication. Communications Workers of America state board decision declares registered nurse can also administer medication. N.J.S.A. 18A:40-12, as amended by P.L. 2007, c. 57, requires the school nurse to recruit and train additional school employees as "volunteer designees" to administer epinephrine for anaphylaxis when the nurse is not physically present.

N.J.S.A. 18A:40-12.3 requires the board to permit pupil self-administration of medication for asthma or other potentially life-threatening illnesses.

In September 2008, the New Jersey Department of Education (NJDOE) issued two guidance documents,

which are available on the NJDOE web site:

- A. Training Protocols for the Emergency Administration of Epinephrine (9/08)
- B. Guidelines for the Management of Life-Threatening Food Allergies in Schools (9/08)

When implementing school policy and P.L. 2007, C. 57, staff should consult these NJDOE documents.

N.J.S.A. 18A:40-12.5 requires the placement of a pupil's prescribed epinephrine and a supply of epinephrine prescribed under the standing protocol from a licensed physician in a secure but unlocked location easily accessible by the school nurse and trained designees to ensure prompt availability in the event of an allergic emergency at school or at a school-sponsored function.

N.J.S.A. 18A:40-12.6c authorizes the school nurse in consultation with the board of education to recruit and train additional school employees to administer epinephrine.

**Recommendation:**

A policy outlining conditions under which medication may be administered to pupils during the school day. Policy should address parent/guardian administration and student self-administration under supervision of the school nurse. The administration of epinephrine by the school nurse or designee(s) via epi-pen and administering asthma medication through the use of a nebulizer should also be included.

The board must also allow pupil self-administration of medication without supervision of the nurse for asthma or other life-threatening illnesses.

The policy for districts with grades 9-12 should cover the requirements related to the acquisition of standing orders for the opioid antidote, the accessible location of the opioid antidote, staff member training in the administration of the antidote, and liability.

**Legal References:**

<u>N.J.S.A.</u> 18A:11-1	General mandatory powers and duties
<u>N.J.S.A.</u> 18A:40-1	Employment of medical inspectors, optometrists and nurses; salaries; terms; rules
<u>N.J.S.A.</u> 18A:40-3.2 <u>et seq.</u>	Medical and Nursing Personnel
<u>N.J.S.A.</u> 18A:40-4	Examination for physical defects and screening of hearing of pupils
<u>N.J.S.A.</u> 18A:40-12.3 through -12.4	Self-administration of medication by pupil; conditions
<u>N.J.S.A.</u> 18A:40-12.5	Policy for emergency administration of epinephrine to public school pupils
<u>N.J.S.A.</u> 18A:40-12.6 through -12.6d	Administration of epinephrine; primary responsibility; parental consent
<u>N.J.S.A.</u> 18A:40-12.7	Nebulizer
<u>N.J.S.A.</u> 18A:40-12.8	Administration of asthma medication by school nurse through nebulizer; training; pupil asthma treatment plan
<u>N.J.S.A.</u> 18A:40-12.11	Children with diabetes
<u>N.J.S.A.</u> 18A:40-12.12	Definitions
<u>N.J.S.A.</u> 18A:40-12.13	Health care plans for children with diabetes
<u>N.J.S.A.</u> 18A:40-12.14	Employees authorized to administer glucagon
<u>N.J.S.A.</u> 18A:40-12.15	Management by student permitted
<u>N.J.S.A.</u> 18A:40-12.16	Notice to bus driver
<u>N.J.S.A.</u> 18A:40-12.17	Posting of reference sheet
<u>N.J.S.A.</u> 18A:40-12.18	Medical information release
<u>N.J.S.A.</u> 18A:40-12.19	Immunity
<u>N.J.S.A.</u> 18A:40-12.20	Authorized possession of syringe
<u>N.J.S.A.</u> 18A:40-12.21	School choice not restricted
<u>N.J.S.A.</u> 18A:40-12.22	Administration of medical marijuana

<u>N.J.S.A.</u> 18A:40-12.23 through <u>N.J.S.A.</u> 18A:40-12.28	Emergency administration of opioid antidotes
<u>N.J.S.A.</u> 18A:40-21.1	Required Hepatitis B vaccination
<u>N.J.S.A.</u> 18A:40-21.2	Distribution of fact sheet on meningitis
<u>N.J.S.A.</u> 18A:40-23	Findings and Declarations
<u>N.J.A.C.</u> 18A:40-24	Definitions
<u>N.J.A.C.</u> 18A:40-25	Nursing services to students in non-public schools
<u>N.J.S.A.</u> 18A:40-26	Medical services to non-public school students
<u>N.J.S.A.</u> 18A:40-27.1	Nursing services to non-public preschool students
<u>N.J.S.A.</u> 18A:54-20	Powers of board (county vocational schools)
<u>N.J.S.A.</u> 24:6J-1 <u>et seq.</u>	Overdose Prevention Act
<u>N.J.S.A.</u> 45:11-23	Definitions
<u>N.J.A.C.</u> 6A:16-1.1 <u>et seq.</u>	Programs to Support Student Development
See particularly:	
<u>N.J.A.C.</u> 6A:16-1.3	Definitions
<u>N.J.A.C.</u> 6A:16-2.1	Health services policy and procedural requirements
<u>N.J.A.C.</u> 6A:16-2.2	Required health services
<u>N.J.A.C.</u> 6A:16-2.3	Health services personnel
<u>N.J.A.C.</u> 6A:16-2.4	Required student health records
<u>N.J.A.C.</u> 6A:16-2.5	School health services to nonpublic schools
<u>N.J.A.C.</u> 6A:16-4.1	Policies and procedures for the prevention of drug and alcohol abuse
<u>N.J.A.C.</u> 6A:23A-5.3(e)	Failure to maximize SEMI Aid
<u>N.J.A.C.</u> 6A:32-6.3	Requirements of physical examinations

P.L. 2018. C.106 (A542, S1830), an act concerning the emergency administration of opioid antidotes in schools, supplementing chapter 40 of Title 18A of 2 the New Jersey Statutes, and amending P.L.2013, c.46

P.L. 2019, c. 118, an act concerning the self-administration and emergency administration of hydrocortisone sodium succinate for adrenal insufficiency

Overdose Prevention Act, P.L. 2013, c. 46

Bernards Township Education Association v. Bernards Township Board of Education, 1981 S.L.D. (9/29/81), aff'd State Board, 1982 S.L.D. 4/7/82, aff'd App. Div., unpublished opinion (A-4211-81T3, 5/18/83)

Communications Workers of America, Local 1033, On behalf of Karen Norton, Barbara Woolston, Mary Ellen Schoen et al. v. New Jersey State Department of Education, Marie H. Katzenbach School for the Deaf, State Board Docket #52-91

Protocol and Implementation Plan for the Emergency Administration of Epinephrine by a Delegate Trained by the School Nurse, New Jersey State Department of Education, October, 1998

For training for the administration of naloxone see:  
<http://www.state.nj.us/humanservices/dmhas/initiatives/naloxone.html>

**Possible**

**Cross References:**

*5131.6	Drugs, alcohol, tobacco (substance abuse)
*5141	Health
*5141.1	Accidents
*5141.2	Illness
*5141.3	Health examinations and immunizations
*6153	Field trips

\*Indicates policy is included in the Critical Policy Reference Manual.

