

Medication Administration Guidelines in the School and Child Care Settings



COLORADO
Department of Education

Health and Wellness
201 E. Colfax Ave. – Room 300
Denver, CO 80203
303.866.6779

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- ❖ Sarah Blumenthal, MSN, RN, NCSN - Colorado Department of Education
State School Nurse Consultant
- ❖ Kathleen A. Patrick, RN, MA, NCSN – Former Colorado Department of
Education State School Nurse Consultant
- ❖ Theresa Rapstine, MS, RN - Healthy Child Care Colorado Child Care Health
Consultation Coordinator
- ❖ Colorado School Nurse Leaders

Medication Administration Guidelines in the School and Child Care Settings 2019

OVERVIEW

A significant number of children have health problems that require the administration of medication during the school day or during child care. The issue of medication administration within the school or child care setting is critical because medications keep children in school and ready to learn. Medication administration in these environments has become more complex due to a variety of factors, including federal and state disability laws, new pharmaceutical and medical technologies, evolving mental and medical health practices, fewer full-time school nurses, and increasing numbers of children with complex and routine health needs. Children who require medications in order to fully benefit from a free and appropriate public education (FAPE) are protected by federal and state disability laws (IDEA and Section 504). There are a number of reasons why students might require medications during school and school sponsored activities, including but not limited to:

- Chronic conditions requiring medication to benefit from classroom instruction,
- Acute, but temporary medical needs that require medicine during the day, such as an antibiotic for an infection,
- Conditions that might require emergency medication, such as a rescue inhaler for asthma

The School Nurse and Child Care Health Consultant has the educational background, knowledge, expertise and licensure to direct the administration of medications in group settings. Medications, when administered and used appropriately, can improve children's health but may be harmful if administered incorrectly (NASN 2017). If a child needs specific medication during the course of the day to attend school or child care and benefit from their educational program, it is in the school's and child care's interest to make these accommodations. School districts should have well written policies and procedures that focus on safe administration of medication at school and school sponsored activities.

This document provides guidance for school nurses in the K-12 setting and for Child Care Health Consultants in the child care setting, including preschools, unless otherwise written in state rules. The terms school nurse and child care health consultant are used interchangeably. The use of "school" in this document is inclusive of licensed child care programs in Colorado.

LEGAL CONSIDERATIONS

Districts are best protected from liability when policies and procedures are established with collaborative input from school nursing professionals, district administrators and parents. Special issues to address include: self-administration of medications, administration of medication at school-sponsored events and field trips, over the counter (OTC) medications, and alternative medications. Policies regarding administration and storage of medication should be clearly defined and designed to protect: the child, the staff administering the medication, the nurse responsible for delegation of that responsibility, the school, and the local school district regardless of whether the medication is administered at school during the school day, after school at school sponsored activities, or at off-site events. These policies and procedures should be clearly and regularly communicated to students, their parents, school staff, and community health care providers.

Colorado law provides immunity to any school employee who administers any medication to a student in accordance with written instructions from a parent or legal guardian if there is an adverse drug reaction suffered by the student as a result of dispensing such drug ([§ 22-1-119 C.R.S.](#))

If a student requires medication in order to access a free and appropriate public education (FAPE) under federal and state disability laws, then the administration of such medication is an appropriate “related” or support service as defined by federal law. The service should be incorporated into the student’s IEP or Section 504 accommodation plan. State law and regulation and local district policies define how medication should be administered to students for whom this is a related service and for students whose needs for medication may be for a temporary condition.

Depending on the child and school policy, medications may be administered by the:

- School nurse/child care health consultant
- Trained and delegated staff
- Parent/guardian of the child
- Student who has been approved to self-administer

To insure student safety and protect school and staff from liability, schools must provide for the safe administration of medication to students under strict guidelines. In settings where school’s registered professional nurse (school nurse) or child care health consultant is not on campus at all times, the nurse must delegate the task of medication administration to a school staff member who has been trained and delegated to administer medications. Delegation is defined as the ability of the nurse to transfer the responsibility of a nursing task to an unlicensed person while the nurse continues to be accountable for the outcomes (American Nurses Association [ANA] 2007). For more information on delegation, refer to the [Guidance of Delegation for Colorado School Nurses and Childcare Consultants](#) (2015).

Staff should be trained using the state approved training that covers the basic tenets of medication administration: *A Training for Unlicensed Assistive Personnel in Public, Charter, Private and Parochial Schools, Child Care Centers, Preschools, School-Age Child Care, Residential Camps, Day Camps, and Family Child Care Homes, 2017, Sixth Edition (MAT)*.

The process of administering medication does not include dispensing. Only pharmacists, advanced practice nurses, physicians, and practitioners licensed to do so may dispense drugs. Nurses, unless

licensed as advanced practice nurses with prescriptive authority, may only administer medications and therefore may only delegate the administration of medications.

While state law prohibits dispensing of medications by nurses, many Colorado school district policies on administration of medication in school refer to administration and dispensing in the same policy.

Administering medications to the child in schools and child care settings without a nursing license is a violation of the Colorado Nurse Practice Act.

The Colorado Medical Practice Act governs the administration of medication. Licensed professional and practical nurses are allowed to administer medication to “their patients” through a delegated medical function. Each carries independent responsibility through licensure to use appropriate nursing judgement when administering medications. Administering medications without a nursing license is in violation of the Colorado Nurse Practice Act ([§12-38-103 \(13\) C.R.S.](#)). The “delegatory clause” of the Nurse Practice Act permits a registered nurse to delegate nursing tasks of a routine and repetitive nature that do not require nursing judgment to unlicensed persons who have been trained to administer medications. The rules and regulations implementing the law allow for delegation of the administration of medication in schools and child care settings can be found in [Chapter 13 Rules for Delegation](#). (3 CCR 716-1).

Chapter 13, Section 7 requires that the delegatee successfully complete appropriate training. The trainer materials for the state approved Medication Administration Training can be found at <https://healthychildcareco.org>. This training is available in 2 options - face to face or hybrid (Part 1 on-line and Part 2 skills face to face.) The Part 1 hybrid training for K-12 school staff can be accessed on CO.Train (www.co.train.org). Instructions to access this training can be found at <http://www.cde.state.co.us/healthandwellness-1>. The Part 1 hybrid training for child care staff can be found at <https://ecpd.costartstrong.org>. Both hybrid courses requires skills training before delegating by the nurse. This training and delegation allow staff to administer routine medication such as oral, topical, eye and ear drops, inhaled medications and one injectable, the epinephrine auto-injector. Only routes addressed in this training are covered under this delegation. All other medications would need to be delegated on a one-to-one basis. If the nurse prefers to teach the full class to staff, the PowerPoints, teaching guides, and other training materials can be accessed on Healthy Child Care Colorado (<https://healthychildcareco.org/>) under the Health Hub. The nurse will have to first register to gain access to the site and all the materials.

Six Rights of Medication Administration	
Right	Patient
Right	Route
Right	Time
Right	Medication
Right	Dose
Right	Documentation

Medications may be administered to a child only if a parent or guardian has specifically requested such action and there is a reason to administer the medication when the child is at school or child care. A written signed order from an individual who has authority to delegate medical functions according to the [Colorado Nurse Practice Act and Chapter 13](#) rules must be on file in order to administer medications. Medication may be legally given only by trained personnel that have participated in the required Medication Administration Training and to whom a registered nurse has delegated the task of administering medication. Neither the school nurse nor the delegatee is permitted to administer medication unless:

- The non-expired medication is in the original properly labeled container. If it is a prescription medication, the student's name, name of the drug, dosage, time for administering, and name of the medical provider and current date is printed by the pharmacy on the container.
- Written orders from the student's healthcare provider are included: provider signature, name of drug, dosage, purpose of the medication, time of day medication is given, anticipated number of days it needs to be given, and possible side effects.
- Written orders from the provider are obtained annually at the start of each school year and ongoing basis as needed; or annually/ongoing based on enrollment in the childcare facility.
- The parent/guardian provides written permission to administer a prescription or over-the-counter medication.
- School personnel keep an individual record of any medication administered.
- Medication is stored in a clean, locked location. Special consideration for controlled substances such as Ritalin which should be stored in a locked cabinet or safe. Emergency medications should be stored easily accessible to staff.

ROLE OF THE NURSE IN MEDICATION ADMINISTRATION

Training School and Child Care Staff Delegation

The responsibility of the professional nurse is to assure that procedures are in place for the safe administration of all prescription and over-the-counter medications, including administration, documentation, storage, proper disposal, and follow-up/evaluation.

Appropriate activities include:

- Reviewing and understanding state laws, regulations, and rules related to medication administration, delegation, and ongoing supervision.
- Reviewing existing local school district policies, procedures, and forms related to medication and suggesting revisions as necessary to comply with federal and state mandates, nursing standards, and current best practices.
- Reviewing pharmacology and dosage of medications to be administered.
- Ensuring that medication administration is accompanied by proper written parental/guardian permission and prescriber orders in accordance with state and local policy within the past year.

- Establishing and ensuring documentation and quality control systems for storage and administration of medications on-site and off-site at school-sponsored events.
- Ensuring the proper disposal of expired and outdated medications.
- Establishing procedures for training, ongoing supervision, and evaluation of unlicensed assistive personnel (UAP) for any delegation.
- Working with school staff to clarify language referring to medication administration in all individualized education programs (IEPs and 504 plans). Individualized healthcare plans (IHPs), and/or emergency healthcare plans.
- Training all school staff to recognize signs and symptoms of medication adverse reactions and/or problems such as overdoses, skipped dosage(s), and necessary action steps.
- Reviewing the ability of all students who are allowed to self-carry.
- Developing a communication plan with parent, healthcare provider and student to address challenges with self-administration.
- Communicating medication administration policies and procedures on a regular basis to students, parents, and school staff.
- Observing and evaluating student health status and response to medication.
- Assuring that school transportation, field trips and emergency/disaster plans consider medication issues.

The school nurse needs to ensure that any order for a prescription medicine is properly authorized as described above.

Additional recommendations include:

- Establishment of procedures for reauthorization of the permission and consent form for the new school year or within the past year.
- Annual medication authorization form signed and dated by the parent and healthcare provider, along with changes in the prescription label, for any changes in the original prescription
- Initial doses of a medication should be administered at home if possible, by the parent to observe for adverse reactions or side effects.
- Documentation of special limitations or orders to delegation instructions (e.g. mixing instructions, administration routes, instructions to administer medication before/after eating, etc).

Who is a Licensed Authorized Prescribing Practitioner?

Physician (MD and DO)

Advanced practice registered nurse (NP) with prescriptive authority

Physician Assistant (PA) who has direction from a physician

Dentist

Podiatrist

Who is not a Licensed Authorized Prescribing Practitioner?

Licensed Practical or Registered Nurse
Medical Assistant
Nutritionist
Psychologist
Naturopathic (ND) – may prescribe epinephrine only
Chiropractor

Refer to the State Board of Pharmacy: Prescriptive/Drug Procurement Table at
www.colorado.gov/pacific/dora/Pharmacy_Prescriptive_Authority

BEST PRACTICE: adhering to the *“Guide for Medication Administration: An Instructional Program for Training Unlicensed Personnel to give Medications in Out-of-home Child Care, School, and Camp Settings”* and *“A Training for Unlicensed Assistive Personnel in Public, Charter, Private and Parochial Schools, Child Care Centers, Preschools, School-Age Child Care, Residential Camps, Day Camps, and Family Child Care Homes, 2017, Sixth Edition”* in delegating, supervising, monitoring, and documenting medication administration.

Delegation

A professional nurse (RN) employed or contracted by a school may delegate the administration of oral, topical including eye and ear drops, and inhaled medications to a specific delegatee for the population of a school, with a specific time frame not to exceed one school year as specified in the Chapter 13 Rules for Delegation from the Board of Nursing (3 CCR 716-1).

The Delegatory Clause of the Nurse Practice Act authorizes unlicensed assistive personnel (UAP) to administer medications under the delegation with ongoing supervision of the school’s registered nurse. Delegation to administer medications by the professional school nurse to a UAP can only be done if the medication administration fits the criteria of the Colorado Nurse Practice Act and the UAP has completed a medication course training such as the state approved education course.

Tasks that are delegated by a RN to a UAP:

- Must be within the scope of practice of the RN
- Must be within the knowledge, skills, and ability of the RN
- Must be of a routine and repetitive nature
- Must be defined in specific written protocol provided by the RN
- Must not require delegatee to exercise nursing judgement or interventions that have not been delegated or clearly defined
- Must not allow the selection of medications to be administered [C.R.S. 12-38-132](#).
- Cannot be further delegated to another unlicensed individual
- Must be documented, supervised, and periodically evaluated by the RN

Unlicensed school personnel must complete a medication training course specific to schools before delegation can be assigned. Individuals who may indicate that they are QMAP certified still need to complete a school specific medication course and be assigned delegation. QMAP is specific to nursing homes and group homes and is not the correct training for the school setting.

A registered nurse may delegate nursing procedures or the administration of emergency medications given by injection, rectally, or other routes not specifically covered in the state approved Medication Administration Training. This is done on a case by case basis for individual students to a specific delegatee who has completed appropriate training and is judged by the RN to be competent to perform the task. The administration of stock epinephrine auto-injectors for life threatening allergies or naloxone for opioid overdose according to school district policy is not considered a delegation but rather a training by the school nurse.

For further information on delegation in Colorado schools, refer to the document [*Guide to Delegation for Colorado School Nurses and Child Care Health Consultants.*](#)

The School Registered Nurse must:

- Observe and document competency of the UAP to administer medication.
- Delegate to the UAP the task of medication administration to include routine medications covered in the state approved Medication Administration Training (MAT).
- Any medications not covered in the medication training must be delegated on a case-by-case basis.
- Provide and document ongoing supervision and evaluation of the delegatee in the administration of medication.
- Perform on-site medication audits, at least annually.
- Establish methods of communications with the UAP so that questions about medication side effects, errors or adverse reactions can be addressed in a timely manner.
- Review and renew delegation annually.

The registered nurse is responsible for withdrawing delegation if the delegatee is not performing the task according to protocol.

Procedure for Administration of Medication

1. Identify the student,
2. Identify the medication
 - a. Note student's name on the original container
 - b. Note and compare picture (if available) to child
 - c. Note date of medication on the original container
 - d. Note name of medication on the original container
 - e. Note dosage of medication on the original container
 - f. Note any special instructions on the original container for giving medication
3. Compare information on the original medication container with medication authorization
4. Check to see that another individual has not already given the medication for that day and time
5. Administer medication to the child as directed by written order
6. Initial and record time the medication was given on the student's medication log
7. Return medication to a secured location

Documentation and Record Keeping

School health personnel should maintain accurate individualized daily records of medications administered, any special circumstances related to the procedure, and any unusual reaction or response. A separate medication log must be kept for each student and for each medication. It may be a paper or electronic log. If using a paper log, permanent ink must be used. This log becomes a permanent record and provides legal protection to those who administer medications in schools.

The log should contain:

- Student's name;
- Name of the medication, dosage and route;
- Time medication should be given;
- Special instructions; and
- Name and initials of the individuals giving the medication.

A picture of the student attached to the log is helpful in assuring that the proper student gets the proper medication. Student confidentiality must be protected as outlined in the [Family Educational Rights & Privacy Act \(FERPA\)](#). It is recommended that medication logs be retained in the district for at least 3 years from the date of log OR according to district archival policy.

Medication Incidents

School policies and procedures should include what an individual must do if there is an "irregularity" involving medication. A medication incident includes any failure to administer a medication as prescribed for a particular student. Medication errors most often occur when an individual is interrupted or distracted. Eliminating distractions and/or other responsibilities during periods of concentrated medication administration can increase safety and decrease the potential for errors.

Medication errors include:

- Omitting a medication
- Administering a medication to the wrong student
- Administering an incorrect dose of medication
- Administering the wrong medication to the student
- Administering a medication at the wrong time
- Administering the medication by the wrong route
- Student refusal

Schools should have policies to address handling situations with students who do not appear or refuse to take ordered medications. If a medication is not administered, policies should address the extent to which school personnel will attempt to administer the medication and parent notification procedures. Any medication "irregularity" should be documented on an "incident report form" and reported to the school nurse and parents, as well as the prescribing provider and school administrator if deemed appropriate by the school nurse. When medication errors occur, the school nurse should review the report and take necessary steps to avoid problems in the future.

Storing Medications

All medications, except emergency medications, should be stored in a locked drawer or cabinet used exclusively for medications. Cabinets should not contain glass doors and should be anchored securely to a solid surface. Medications requiring refrigeration should be stored in a locked refrigerator or in an impervious secondary container in the refrigerator.

There may be circumstances where a student's medications must be kept in the classroom. In these situations, care should be taken to ensure that the location is secure and not easily accessible to students.

Transporting Medications

Medications should be transported to and from school by a responsible adult who delivers the medications to a designated individual in the school. Medications should be delivered in original pharmacy or manufacturer labeled containers. Students who have been approved to carry and self-administer their own medications may transport them to and from school. Controlled substances should not be transported by students.

SPECIAL CIRCUMSTANCES

Controlled Substances

Although Federal Drug Enforcement Administration regulations apply only to health facilities and not schools, controlled medications should be:

- Delivered to the school by a responsible family member and not carried by the student.
- Safely secured and inaccessible to students stored in a locked cabinet or safe.
- Counted when received in the health office and at least weekly thereafter. The count should be documented in the inventory log according to district protocol. If the count is discrepant with records, theft should be suspected and local law enforcement should be notified.
- Disposed of either by returning unused quantities to a responsible family member or in accordance with the [United States Environmental Protection Agency \(EPA\) and Colorado Department of Public Health and Environment \(CDPHE\)](#). It is no longer recommended to dispose even small quantities of medications into the water system via the sink, toilet or other routes.

PRN Medications

Occasionally a parent/guardian may request that medication be kept at school for situations where the student either forgot their morning medication or additional medication is needed for a behavioral issue. PRN is an abbreviation which translates to "as needed". School nurses should be cautious when asked to delegate medication on an "as needed" basis. As with all medications, there should be a parental/guardian request on file as well as orders from an authorizing provider. The prescriber should include very specific circumstances and/or behaviors for when this medication should be administered.

It should not require nursing assessment or judgement by the delegatee. Best practice is that the school nurse is notified when a PRN dose is needed and the nurse makes the determination after an assessment of the student. If a dose is missed in the morning, the school nurse should contact the parent to confirm before allowing the medication to be administered.

Self-Administration

Parents or healthcare providers may request that students be allowed to carry and self-administer their own medications. It is recommended that additional medication be kept in the health office in the event the student does not have their medication with them. Individual school districts should have specific policies on self-administration of medications, especially in the case of emergencies.

Colorado law does allow responsible students to carry and self-administer their rescue inhaler and/or epinephrine auto-injector ([C.R.S.22-1-119.5](#)). In 2012, the law was extended to prescription medication. This law ([C.R.S 22-1-119.3](#)) allows the student to carry sufficient medication for a single day or for the duration of the event with approval of provider, parent and administrator. The school nurse should facilitate the discussion with the student, healthcare provider, parent and school administrator and consider that:

- Student is self-directed and knowledgeable about their condition and medication
- Severity of health condition warrants carrying and self-administration
- Student demonstrates ability to self-administer medication properly
- Student is confirmed to be responsible and mature enough to carry medication
- Written authorization is obtained from the parent and healthcare provider
- School nurse is able to monitor the self-administration process

Students must be informed that this is a privilege granted to them as an individual and be advised that medications must be kept on their person or in a private school locker and must not be shared with peers. Any student self-administering their medication inappropriately or outside the bounds of district policy should be counseled and the parent notified. Medications should be confiscated and self-administration privileges be revoked if a student shares medication with others.

Over the Counter Medications (OTC)

There are many products that affect the health and well-being of individuals that are not subject to prescribing and dispensing regulations and are readily available to consumers without an authorized prescriber's order. The products can be herbs, homeopathic remedies, vitamins, remedies for minor ailments, salves, essential oils, and the like. Just because over the counter (OTC) preparations can be purchased without a prescription does not mean they are harmless. Many of these OTC products have side effects, adverse reactions, and interactions with other medications and foods. Never use a drug for children at ages below which the drug is not approved.

The Colorado Nurse Practice Act allows a nurse to delegate to school staff over-the-counter medications. This requires written parental permission and a physician's standing order. ([C.R.S. 12-38-132.3](#)). School districts in consultation with their school nurses should consider whether the benefits of administration of OTC medications outweigh the risks. (AAP, 2009)

In Colorado, school nurses generally cover several schools and large geographic areas. They delegate the administration of medications to unlicensed school staff who have no formal nursing training. Authority to administer medications to students at the request of parents without an order from a physician cannot be delegated by the school nurse.

If a district chooses to develop policies that allow school staff to administer OTC medications with written parental permission, a standing order from a physician is required before the school nurse can delegate this task. ([C.R.S. 12-38-132.3](#)) Childcare rules prohibit the administration of stock medications. Specific protocols should be developed as to when and why the medication should be administered. It is recommended that OTC medications not be administered more than 3 days without notifying parents.

Stock Medications

According to [C.R.S 22-1-119.5](#), schools may adopt a policy to stock epinephrine auto injectors for use on any student the school nurse or designated personnel believes is experiencing a life threatening allergic reaction. The Chapter 13 rules on delegation state that the use of stock epinephrine is considered a training and not a delegation. [Stocking Non-Specific Epinephrine Auto-injectors In Colorado Schools](#) can provide guidance if your district adopts a policy to stock epinephrine auto injectors.

While there is no law regarding stocking naloxone for opioid overdose in schools, it is up to individual districts to decide whether they will stock this medication. The National Association of School Nurses (NASN) has a [Naloxone in Schools Toolkit](#) that can be used as guidance if your district adopts such a policy.

Complementary and Alternative Medication

Complementary and alternative medicine (CAM) is the term for medical products and practices that are not part of standard medical care. The [National Center for Complementary and Integrative Health](#) is a government agency that has useful information regarding the use of CAM. On their website, Herbs at a Glance is a series of brief fact sheets that provides basic information about specific herbs or botanicals—common names, what the science says, potential side effects and cautions, and resources.

Alternative remedies are subject to less federal regulation. While there are indications that some may be helpful, more needs to be learned about the effects of these products, especially in children and about their safety and potential interactions with medicines and other natural products.

Homeopathic medications are not allowed to be administered to children in licensed child care centers or preschools.

District policies for alternative remedies should require:

- A written order from an authorized health care provider and it should include the condition for which the product is being used;
- A written request from the parent/guardian to administer the remedy;
- Verification that the product and requested dosage are safe for the student (considering age, body weight, and condition), and
- Reasonable information about therapeutic and untoward effects and interactions.

The school nurse should consider the following when determining whether to administer alternative medication in the schools:

- The approved Colorado Medication Administration course does not include homeopathic or herbal preparations as a routine medication so unlicensed person have not had training specific to these products.
- Dosage requirements are unlikely to exist for the administration of these types of preparations to children.
- Conduct research on the safety and efficacy of this medication in children
- Contact the prescribing provider to clarify the desired outcome of the therapy, how long the student has been receiving this therapy, the importance of administering this alternative therapy during the school day, safety concerns for this therapy, possible interactions with other medications the student is currently receiving
- Determine if the medication is United States Pharmacopoeia (USP) verified or National Sanitation Foundation (NSF) certified. USP-verified and NSF-certified products have been evaluated to ensure their quality. This ensures that the label is accurate in terms of potency, product does not contain contaminants and good manufacturing practices were used.

One of these badges should be found on the product label:



- If the school nurse is able to comply with criteria from the Nurse Practice Act, then these medications may be delegated on a case-by-case basis.

The use of essential oils and diffusers have become popular for a variety of ailments. The oils can be used in a variety of ways and include diffusing them into the air by using a vaporizer or rubbing them on the skin. It is important to consider the effect the essential oils and perfumes have on other children and staff who may be sensitive to the smell including triggering asthma or other respiratory symptoms. While the Colorado Board of Health rules do not prohibit the use of essential oils and diffusers in the K-12 setting, **they are not permitted in childcare facilities which includes preschools and after school care** ([6 CCR 1010-7](#)).

Alternative medication does not include marijuana or any of its derivatives.

Experimental Medications

It is recommended that a parent's request to administer experimental medications at school should be evaluated on a case-by-case basis with the parent, the prescribing healthcare provider, and the school nurse.

Clinical Trial Medications

The request to administer medication at school should be accompanied by:

- A copy of the written protocol or student summary from the research organization
- A copy of the detailed consent form signed by the parent/guardian that describes the study (including the potential benefits and risks)
- The signs and symptoms of adverse reactions to be reported
- The name and telephone numbers of the investigators or research team
- Written and signed orders from the prescriber

If these criteria can be fulfilled, the medication may be administered by a RN or delegated on a case-by-case basis.

Off-Label Use of Medications

Off-label use of medications refers to those drugs that are used for a purpose other than that identified by the manufacturer or approved use by the Federal Drug Administration (FDA). One example is Clonidine which is normally used to lower blood pressure but can be used to treat ADHD. Parents or healthcare providers should provide the school nurse with adequate information to support the safe administration at school, such as:

- Published anecdotal reports of use in children for the specific condition for which the medication is being prescribed
- Manufacturer reports or reports from a reliable pharmacy
- Current medical journals
- Information from a pediatric medical or mental health facility
- Consent form signed by the parent or guardian and written signed orders from an authorized prescriber

Medical Marijuana

Marijuana is derived from the plant *Cannabis sativa* (*C. sativa*). Thus far, more than 100 distinct cannabinoids have been identified in the plant. (Hill 2012). The psychotropic effect which is generally desirable for recreational use of marijuana is from a specific cannabinoid, delta-9-tetrahydrocannabinol or THC (Borglet 2013). Other cannabinoids such as cannabidiol (CBD) do not possess euphoric properties. CBD has been used in treating neurologic disorders such as epilepsy and muscle spasms. There has been some research evaluating the use of marijuana in various neurologic disorders but the research in the use of *C. sativa* products in children is lacking (Cannabis and Cannabinoids 2016). Of significance, there is a contradiction between the federal law classifying cannabis as a Schedule I Controlled Substance and Colorado law decriminalizing its use medically and recreationally.

Applications for a medical marijuana (MM) registration card are submitted to the Colorado Department of Public Health and Environment (CDPHE). In order for a minor applicant, (under age 18), to apply for a medical marijuana registration card, the parents/guardians must be legal residents of Colorado and submit a complete application form, along with a parental consent form, a certified copy of the minor's state-issued birth certificate, a copy of both parent's/legal guardian's Colorado driver's license or ID's,

the required fees, and two physician certifications completed by two MDs or DOs licensed to practice in Colorado. The physician certification is submitted in the form of a recommendation and not a prescription since a physician cannot legally prescribe marijuana.

In 2016, Colorado passed legislation allowing a parent or “primary caregiver” to administer medical marijuana on school grounds, on a school bus or school sponsored events, known as [Jack’s Law](#) (HB16-1373). In all cases, smokable forms of marijuana are prohibited on school grounds. Medical marijuana should not be stored on school grounds and must be removed by the parent or caregiver after administering the drug. In 2018, the law was further broadened by [Quinten’s Law](#) (HB18-1286) to allow school personnel to administer MM and allowed districts to adopt policies regarding who may act as school personnel pursuant to this subsection (3)(d.5) and the reasonable parameters of the administration. It is important to note that physicians are not writing a prescription for this drug and are only recommending its use. In most cases parents determine the therapeutic levels for their child. The U.S. Food and Drug Administration (FDA) does not regulate medical marijuana and verification of purity and content cannot be determined.

Any state-approved medical marijuana products will be stamped with the following universal symbol:



Some products, if grown at home or by a caregiver for medicinal use, will not have this symbol.

Hemp

Hemp is another variety of the plant *Cannabis sativa*. C.R.S. 35-61-101 defines "Industrial hemp" as a plant of the genus cannabis containing a delta-9 tetrahydrocannabinol (THC) concentration of no more than three-tenths of one percent on a dry weight basis. While hemp is considered a schedule 1 drug according to the federal government, under Colorado law if the hemp plant contains less than 0.3% THC, it is not considered marijuana. The hemp plant can contain cannabinoids other than THC, such as CBD, and therefore is often a source of extracts, among them hemp oil, used in products marketed for medicinal purposes, (e.g. Charlotte’s web). Hemp oil can be accessed for children without a medical marijuana card and are not stamped with the universal symbol shown above. Local school policies may or may not require proof of a medical marijuana card in order to verify medical necessity for the administration of hemp products but there should be a provider authorization or order.

Field Trips

A child may not be prevented from participating in a school-related activity, such as a field trip, solely on the basis of a special health needs such as the administration of a medication.

The school nurse should establish procedures to handle administration of medications when students go on field trips or participate in after-school activities. If possible, the school nurse should prepare the

medication themselves and not delegate this task. If that responsibility must be delegated, the school nurse should include training in the preparation of field trip medications in the delegation training of the school staff member who will be responsible. Medical marijuana cannot be taken on field trips or activities out of the state of Colorado.

Preparation of individual doses of medications for field trips is not considered dispensing according to the Colorado Pharmacy Board if the parent has provided the medication to the school. Generally, preparation of an individual dose can be considered part of the administration process. However, if multiple doses are required, it is recommended that they be individually packaged by a pharmacy or sent in their original container filled with the number of doses required for the field trip.

Although it is recommended that those who administer medications on field trips have medication administration training, it is recognized that this may not be possible. If necessary, individuals that participate in these activities may be provided with a case-by-case delegation and a one-time responsibility to administer medication(s) that ends when the field trip is over. The school nurse should be reasonably assured that the person who will be giving the medication is a responsible person who is competent to perform the task. That person should be provided a labeled, repackaged dose of the medication, with written instructions about possible adverse effects and reasons not to administer the medication, and should be required to document that the medication was or was not given. Childcare rules require the administration of medication be done by staff members who have completed the medication training and been delegated.

If emergency medications such as epinephrine auto-injectors and rescue inhalers will be taken on a field trip, the delegated staff member should be available to those students at all times. Remember to include the emergency action plan with the medication.

Self-directed students on field trips or after school activities:

Teachers or other school staff may carry the student's medication so the student can take his/her medication at the appropriate time or responsible students may be given permission to carry their own medication. The person responsible for the medication should report to the school nurse that it was or was not taken and document accordingly.

Self-directed students:

- Know that they must take a medication;
- Can recognize that they are taking the correct medication;
- Understand how much they should take;
- Explain when they should take the medication;
- Acknowledge and comply with the responsibility involved in taking their own medication
- Are assertive enough to refuse to take a medication that is not the right one.

Students who are not self-directed:

The school had several options:

- A trained medication delegate can attend the activity and administer the medication

- Staff that will participate in the activity can be provided with the one time responsibly to carry and administer the medication
- The parent/guardian may be invited to attend the activity and administer the medication, but this cannot be a requirement in order that their child may participate in the activity
- The student's healthcare provider can be consulted and may order the medication time to be adjusted or the dose eliminated for that day.

If no alternative can be found, the medication must be administered by a licensed professional nurse or licensed practical nurse (LPN). A child may not be prevented from participating in a school-related activity, such as a field trip, solely on the basis of a special health need.

Field trip medication should be individually prepared for each student and the container should be labeled with the following information:

- Name of student
- Name of medication to be given
- Route of administration
- Time medication should be given
- Frequency of the medication
- Copy of the log to record that the medication was given.

If the school-sponsored trip takes place in a different state or country and requires the presence of the school nurse, there will be licensing laws that need to be considered, so the school nurse can legally provide nursing services in that state or country. The [Nurse Licensure Compact \(NLC\)](#) allows nurses to have one multistate license with the ability to practice in both their home state and other compact states (NCBSN, 2019). Some states do not have a compact law. The school nurse must practice according to the laws in the state that care is being provided. For trips occurring out of the United States, the nurse or a school representative should contact the U.S. State Department, which will direct the inquiry to the appropriate international contact (Erwin et al., 2014).

NASN's booklet *Principles for Practice: Nursing Delegation to Unlicensed Assistive Personnel in the School Setting* (NASN, 2018) contains a delegation decision tree with a specific section that addresses delegation for out of state school-sponsored events:

Are both the home and visiting states members of the Nurse Licensure Compact?

- NO – Cannot delegate
- YES – Does the visiting state allow delegation to UAP?
 - ❖ NO – Cannot delegate
 - ❖ YES – Can delegate

It is important to remember that the decision to delegate can only be made by the registered professional nurse (RN). The task being delegated should not require the professional judgment of a registered nurse. If the task cannot be delegated, a nurse should accompany the group to provide care.

RESOURCES

[Colorado Laws](#)

[Colorado Rules and Regulations](#)

[Rules for the Administration of Medications 1-CCR-301-68](#)

A Training for Unlicensed Assistive Personnel in Public, Charter, Private and Parochial Schools, Child Care Centers, Preschools, School-Age Child Care, Residential Camps, Day Camps, and Family Child Care Homes, 2017, Sixth Edition.

- School Staff: www.co.train.org
- Child Care Staff: <https://ecpd.costartstrong.org/ets/home>

Training materials and forms can be accessed at Healthy Child Care Colorado at <https://healthychildcareco.org/health/health-hub/>. You must register as a trainer to access this site.

[The National Council of State Boards of Nursing \(NCSBN\) Guidelines for Medical Marijuana](#)

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