

Michigan School Health: Medication Administration

CONSIDERATIONS FOR PRACTICE

In Michigan, the Public Health Code is the primary statute that defines regulations for nurses and other health care professionals. School nursing practice is also influenced by federal, state, local laws and in some instances, the Michigan School Code. School Nursing: Scope and Standards of Practice are “expectations that guide the practice of school nursing” (2017, preface, ix). This document contains important information that is not all inclusive or a substitute for a nurse’s decision making or judgement. It is intended as a broad direction for school nurse practice.

OVERVIEW

Many students need medication(s) during school hours. The administration of medication in the school setting is a service that is provided to promote wellness, decrease absenteeism and to remove a barrier to learning. When there is a need for a student to receive medication in school, safe and proper administration is essential. Schools are required to have a medication policy in accordance with Section 380.1178 of the Michigan School Code.¹ This policy reflects guidelines set forth in a Michigan Department of Education memorandum dated November 20, 2002.²

This medication policy and the medication authorization/parental consent form should be communicated to parents, local physicians, dentists, and health care providers at least annually in the school’s handbook by posting on the school’s website or notifying parents and physicians where a copy can be obtained.

National Resources

National Association of School Nurses (NASN)

- [Medication Administration in the School Setting](#)
- [Medication Administration at School Guideline Examples](#)
- [Emergency Medication Toolkit](#)
- [Emergency Medication Administration-Policy and Procedure Considerations](#)
- [Model Policy: Student Possession and Self Administration of Emergency Medication](#)
- [Naloxone in Schools School Nurse Toolkit](#)

¹ Section 380.1178 of the Michigan School Code, [The Revised School \(Excerpt\) Act 451 of 1976](#)

² This guideline is based on [MDE’s Model Policy and Guidelines for Administration of Medication \(2002\)](#).

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Federal Laws

<p>Family Educational Rights and Privacy Act (FERPA) 34 CFR 99</p> <p>Joint Guidance on the Application of FERPA and HIPAA to Student Health Records 2019</p>	<p>Provides privacy restrictions on student records. School health records are covered under this act. At the elementary or secondary school level, students’ immunization and other health records that are maintained by a school district or individual school, including a school-operated health clinic, that receives funds under any program administered by the U.S. Department of Education are “education records” subject to FERPA, including health and medical records maintained by a school nurse who is employed by or under contract with a school or school district.</p> <p>Clarifies for school administrators, health care professionals, families and others how FERPA and HIPAA apply to education and health records maintained about students. This updated guidance includes additional frequently asked questions and answers addressing when a student’s health information can be shared without the written consent of the parent or eligible student under FERPA, or without written authorization under the HIPAA Privacy Rule.</p>
<p>Health Insurance Portability and Accountability Act of 1996 HIPAA Public Law 104-191</p>	<p>Provides privacy restrictions on student records. When a school provides health care to students in the normal course of business, such as through its health clinic, it is also a “health care provider” as defined by HIPAA. If a school also conducts any covered transactions electronically in connection with that health care, it is then a covered entity under HIPAA. As a covered entity, the school must comply with the HIPAA Administrative Simplification Rules for Transactions and Code Sets and Identifiers with respect to its transactions (United States Department of Education, Office of Elementary and Secondary Education (2008)).</p>
<p>Individuals with Disabilities Act of 1997 (IDEA) 34 CFR Part 300</p>	<p>Guarantees access to education and related services to assist children with disabilities benefit from special education. Reauthorization of 2004, Sec. 62 (26) lists school nurse services as a related service.</p>
<p>Section 504, Rehabilitation Act of 1973</p>	<p>Protects the rights of children with special health-care needs (CSHCN) by providing related services, including health services, to those not eligible for special education.</p>

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Michigan Resources

Michigan Department of Education (MDE)

- [Medication Management](#)
- [Model Policy and Guidelines for Delivering Medication at School \(2002\)](#) MDE memo to school superintendents outlining a model medication policy.
- [Guidelines for Responding to an Anaphylaxis Emergency School](#) (2014)

Michigan Association of School Nurses

- [Michigan School Health: Seizure Rescue Medication](#)
- [Michigan School Health: Delegation](#)

Michigan Department of Environmental Quality

- [Epinephrine Auto Injector Disposal Guide](#)

Michigan Laws

Liability Revised School Code Section 380.1178	Sets forth legal provisions for the immunity of school employees, designated by the school administrator , against an allegation of “simple” negligence if the employee administers the medication under certain requirements including being in the presence of another adult.
Revised School Code Section 380.1179 Asthma Inhaler Law PA 73 of 2004 Stock Epinephrine Law PA 187 of 2013 FDA Approved OTC Law PA 243 of 2018 PA 221 of 2015	Section 380-1179 Student may self-carry an asthma inhaler or an epinephrine auto injector providing provisions have been met. PA 187 Section 11.78 (1), A school board shall insure in each school it operates with an instructional and administrative staff of at least 10, there is at least 2 employees at the school who have been trained in the appropriate use and administration of an epinephrine auto-injector and that, in each school it operates with an instructional and administrative staff of fewer than 10, there is at least 1 employee at the school who has been trained in the appropriate use and administration of an epinephrine auto-injector. Person(s) or entity administering an epinephrine auto injector must complete an initial anaphylaxis training program and a subsequent anaphylaxis training program at least every 2 years.
Administration of Opioid Antagonists Section 15.671 Public Act 39 of 2019 Opioid Antagonist Law Public Act 385 of 2016	Protects an employee or agent who possesses or in good faith administers an opioid antagonist, to be immune from civil liability if the conduct does not amount to gross negligence that is the proximate cause of the injury or damage. PA 385 – Repeals Section 1179b of the Revised School Code, which allows a school board to require, in each school it operates, that there are at least two employees who have been trained in the appropriate use and administration of an opioid antagonist.

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<p>Storage of Controlled Substances Michigan Administrative Code 338.3143 Rule 43</p>	<p>(1) A controlled substance that is listed in schedule 1 of R 338.3111 to R 338.3114a shall be stored in a securely locked, substantially constructed cabinet that is anchored to a wall or the floor.(2) A controlled substance that is listed in schedules 2, 3, 4, and 5 of R 338.3116 to R 338.3126 shall be stored in a securely locked, substantially constructed cabinet, room, or cart.</p>
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Definitions:

Medication Administration: The Michigan Department of Education, in interpreting [Section 380.1178](#) of the School Code, defines administration as “maintaining and providing medication to students in the school setting”.

Medication: includes both prescription and non-prescription medications taken by mouth, by inhaler, injectable (i.e. auto-inject epinephrine, insulin, and glucagon), rectal installation, and applied as drops to eye or nose, or applied to the skin.

Considerations for School Nurse Practice

Adequate school nurse staffing must be available for the school nurse to supervise the LPNs and UAPs assigned to administer medications.³

I. PRESCRIPTION MEDICATION

A. Authorization to Administer Medication

All prescription medication to be given in school must be ordered by a licensed healthcare provider authorized to prescribe medication. In Michigan, an authorized prescriber is a licensed dentist, a licensed doctor of medicine, a licensed doctor of osteopathic medicine and surgery, a licensed doctor of podiatric medicine and surgery, or a licensed optometrist. Nurse practitioners and physician assistants can prescribe under delegation of MD or DO. An approved medication administration/authorization (MAA) form (see Appendix Sample Forms) should be used and contain the following information:

- Date of order;
- Name of student;
- Diagnosis;
- Name of medication to be administered;
- Dosage;
- Time of administration;
- Route of administration;
- Duration of medication order;
- Possible side effects;
- Special requirements such as “take with food” and
- Whether or not medication may be self-administered.

³ Bergren, M. & Maughan, E. (2021). School Nursing Evidenced-based Practice Clinical Guidelines: Medication Administration in Schools. [eMfakewQq20XiLu0im9w \(pathlms.com\)](#)

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The approved medication administration/authorization (MAA) form must be signed by the authorized prescriber and the parent /guardian. A printed name stamp is not acceptable. A written parent/guardian authorization must accompany each medication order. An order must be renewed annually (or more often as necessary) even if the order is for an “as needed” medication. The authorization should be filed in the student's school health record.

Faxed medication orders for the administration of medication may be accepted when submitted on a written, approved authorization form and signed by an authorized prescriber. The parent should sign the form within five (5) days.

B. Parental Consent

Written parental consent and request to administer medication is required for each medication ordered and for each new order (even if the medication was previously given in school). Parental consent is required as a part of the authorization. (see Appendix Sample Forms, MAA) and is required before medications will be administered.

Parental consent forms should be filed in the student's school health record. Parental or guardian request/permission should be renewed annually, or more often if necessary.

Prescription and medication supply renewal is the responsibility of the parent/guardian.

C. Labeling, Storage, and Disposal

The medication container shall accompany all medications to be administered in school. Parents/Guardians may request two containers (one for school and one for home) from the pharmacist when prescription is filled. Medications should be brought to the school by the parent or responsible adult, especially for elementary school students. However, if this is not possible, the parent/guardian should work with the school nurse, principal, or designee to make alternate arrangements according to district policy. The amount of medication received, if a controlled medication, should be counted by the school nurse, school administrator, or designee along with the adult/guardian and documented at the time the medication is delivered.

The medication should be kept in a labeled container as prepared by a pharmacy, physician, or pharmaceutical company and labeled with:

- Name of student;
- Name of medication;
- Dosage of medication to be given;
- Frequency of administration;
- Route of administration;
- Name of physician ordering medication;
- Date of prescription and
- Expiration date.

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See note regarding over-the-counter (OTC) medication below.

Expiration dates should be checked periodically, especially on epinephrine auto-injectors and inhalers. Medication should be provided to the school in the exact dosage ordered.

In compliance with the safe standards, all medication must be stored in a securely locked substantially constructed cabinet, room, or cart⁴ (exceptions include self-administration and emergency stock medication). Medications that require refrigeration must be stored in a locked box in a refrigerator that is not used for food. Access to medication locked in the designated space shall be under the authority of the school nurse, the principal, and/or designee.

All medication should be removed from the school premises one week after the expiration date, upon appropriate notification of medication being discontinued, or at the end of the school year. If not retrieved by a parent or responsible adult, unused and unclaimed medication will be disposed of following school district's policy that may include community drop off locations. Empty asthma inhalers may be disposed of in the trash. Sharps (needles and lancets) must be disposed of in a puncture proof container. Used Epinephrine Auto-Injectors are considered mixed medical waste and are required to meet the [requirements](#) that apply to non-hazardous liquids and medical waste. Disposal of this container and other medical waste must follow the Occupational Safety Health Act (OSHA) /Michigan Occupational Safety and Health Administration (MIOSHA) guidelines.

D. Medication Administration Training

MASN's Safe & Legal of Student Health: Physical, Medical, Emotional, and Medication Needs recommends that general Medication Administration Training include a minimum of 4 individuals in each school and four hours in length with actual "hands-on" practice in identifying and dispensing medications.

- Required for anyone to begin administering medication at school.⁵
- Full training recommended:
 - Every 3 years for designated school personnel (DSP) who are routinely administering medication.
 - Annually for DSP who occasionally administer medication.
- Review training recommended annually for DSP who are not receiving full training.

Epinephrine Auto-Injectors

- Required training
 - At least 2 staff members in each building. [PA 187 of 2014](#)
 - Initially and at least every 2 years. [PA 221 of 2015 Sec. 1774d](#)
 - [MDE Administering Medications to Pupils at School: Guidelines for](#)

⁴ Michigan Administrative Rules, [Section R 338.3143](#) Storage of controlled substances.

⁵ MASN's Safe & Legal of Student Health: Physical, Medical, Emotional, and Medication Needs.

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[Responding to an Anaphylaxis Emergency At School](#), recommends annual training but does not require annual training.

- Student specific training may be necessary based on the individual student needs.
- This training should occur annually and as necessary.
- Documentation of initial and ongoing training and any competency assessment should be maintained and made available, on request, to a pupil, parent/guardian, physician, licensed registered professional professional nurse or a school district official.⁶
- The Skill Checklist, Medication Audit, and Medication Audit Tool (see Appendix Samples Forms) may be used as a continuation of the school nurse’s competency assessment if appropriate.
 - The Skills Checklist is completed at the end of the initial medication training and can continue to be use used an assessment tool as needed.
 - The Medication Audit monitors the compliance, security, and documentation of medication administration after the initial medication training and can continue to be used as an assessment tool as needed.

E. Administration of Medication

The school nurse, in collaboration with the school administrator, implements the medication policy. School staff and parents shall be informed annually of the medication policies and procedures.

- The parent/guardian should give the first dose of any new prescription or over-the-counter medication, except for “as needed” emergency medications (e.g. auto-inject epinephrine, glucagon, seizure rescue medication).
- [Section 380.1178](#) Michigan School Code states medication must be administered by one adult in the presence of a second adult (except in an emergency that threatens the life of the student), with both individuals being designated by the school administrator, approved by the school nurse and trained.
- An individual record medication administration log or record (MAR), must be maintained each time a medication is administered.
- The MAR shall include: student's name, name of medication, date and time of administration, dosage, and signature of person administering the medication. The witness (second adult in attendance) should initial the MAR. If an error is made in recording, the person who administered the medication should draw a line through the error, initial the error, and make the correction in the MAR.
- The individual student MAR should be kept until one year after the student's graduation from high school.

⁶ Bergren, M. & Maughan, E. (2021). School Nursing Evidenced-based Practice Clinical Guidelines: Medication Administration in Schools. [eMfakewQq20XiLuoin9w \(pathlms.com\)](#)

F. Self-Administration of Medication

- A school nurse must determine whether a student who self-administers medication is responsible to self-carry their medication. The developmental ability of the student, the need to have ready access to emergency medication and the safe storage of medication must be taken into account when making this decision.
- A plan should be developed for students who self-administer. A physician must authorize self-administration of medication. The plan shall address how to keep a record of administrations and when the student must seek assistance.
- The student's parent/guardian must provide written permission and request the school to allow student to self-possess and self-administer medication.
- The parental or guardian request/permission and physician's instructions should be renewed annually, or more often if necessary.
- All medication should be kept in a labeled container as prepared by a pharmacy or pharmaceutical company and labeled with dosage and frequency of administration. This language also pertains to refills.
- Together, the school nurse/building administrator may determine it is necessary to discontinue the student self-administration privilege upon advance notification to the parent/guardian. If a student is under an Individualized Educational Program (IEP) or Section 504 Plan, the action must be taken in accordance with Individuals with Disabilities Education Act (IDEA), Section 504 or the Rehabilitation Act requirements.
- A student who requires the use of an inhaler for relief or prevention of asthma symptoms will be allowed to carry and use the inhaler if there is written approval from the student's physician, parent/guardian and if there is an Asthma Action Plan on file.
- A student who is in possession of an inhaler or other medications approved for self-carry under the above conditions shall have each teacher notified of this by the building administrator/or designee.

G. Stock Medications

Michigan school districts are required by [PA 187 of 2013](#) to stock non-specific Epinephrine. [Anaphylaxis Policy Requirements](#) are addressed in the Michigan Department of Education (MDE) Addendum to the 2002 Model Policy and Guidelines For Administering Medications to Pupils at School: Guidelines for Responding to an Anaphylaxis Emergency At School. "Each school board shall adopt and implement a a policy consistent with that of the Michigan Department of Education (MDE) for the training, possession, and administration of epinephrine in every school. Policies shall include:

- assignment and training of at least two staff persons per school building to administer epinephrine in the case of anaphylaxis. Schools with fewer than ten staff will designate at least one such employee. All trainings shall be conducted under the supervision of, and shall be evaluated by, a licensed, registered professional nurse;

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- Each school building operated by the district school board shall possess at least two epinephrine auto-injectors;
- Recognition of common allergens, anaphylaxis symptoms, and emergency treatment for a life-threatening anaphylaxis situation;
- Procedures for documenting, tracking, and reporting of a suspected anaphylaxis event to parent/guardians (as soon as possible) and to MDE (annually);
- Procedures for obtaining a prescription, purchase, reorder, storage, and maintenance of at least two epinephrine auto-injectors in each school building”.⁷

Information on disposal of Epinephrine Auto-Injectors can be found at the [Michigan Department of Environmental Quality](#).

Naloxone

At this time, Michigan does not have a law that requires schools to stock Naloxone for opioid overdose. It is up to individual district to decide whether they will stock this medication. The Naloxone in Schools Toolkits [NASN](#) can be used as guidance if your district adopts such a policy.

II. Narcotics and Other Controlled Medications

If a narcotic or other controlled medication must be administered in school, the guidelines for prescription medications should be followed with the modifications below:

- The parent/guardian shall bring the medication to school;
- The amount of medication received, if a controlled medication, should be counted by the school nurse, school administrator, or designee along with the adult/guardian and documented at the time the medication is delivered (See Appendix Sample Forms).
- Narcotics or other controlled medications shall be counted on a scheduled basis (monthly, bi-weekly) by the school nurse and witnessed by a responsible employee. This count should be reconciled with the prior count and medication administration record;
- The school nurse should maintain no more than a 30-day supply of narcotics;
- There must be a new order and parent authorization every 30 days EXCEPT if the narcotic is to be given “as needed”. If the narcotic is to be given “as needed” and for more than thirty days, the school nurse should contact the parent or prescriber to confirm the continued need for the medication, especially in cases where the medication is classified as a narcotic.

III. Over-the-Counter (OTC) Medications

Administration of OTC medication should be conducted in accordance with the guidelines for prescription medication. The only exception is if the school has adopted “physician directed nursing protocols” for the administration of OTC medication. If the school

⁷ MDE Addendum to the 2002 Model Policy and Guidelines For Administering Medications to Pupils at School: Guidelines for Responding to an Anaphylaxis Emergency At School. [Addendum to the 2002 Model Policy and Guidelines for Administering Medications to Pupils at School \(michigan.gov\)](#)

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district has adopted “physician directed nursing protocols”, the following should be incorporated in the policy:

- The school and school nurse shall identify which OTC medications are to be administered under its policy;
- Parental consent is required annually for the administration of the identified OTC medications;
- Administration of the identified OTC medications must be part of a nursing protocol which has been approved by the school, the school nurse program manager, and the medical director;
- Only registered nurses may make the assessment and the decision to administer an OTC medication (therefore the school’s “physician directed nursing protocols” may only be used in schools when a licensed nurse is present);
- Medications administered under the school’s “physician directed nursing protocols” are not to be given for a problem/health concern diagnosed by the child’s primary care physician. The guidelines for prescribed medication must be followed when this occurs;
- In the absence of an order from an authorized prescriber for a medication that is included in the “physician directed nursing protocols” the school’s “physician directed nursing protocols” may be followed if parental permission is obtained;
- A student’s specific medication order from an authorized prescriber shall take precedence over the school’s “physician directed nursing protocols” and
- OTC medication must be brought to school in an original container that should be unopened. The OTC container will be labeled with the student’s name and DOB by the school nurse or designee.

IV. Delegation of Medication Administration to Unlicensed Staff

A. Delegation

In accordance with the Board of Nursing General Rules on Delegation⁸, only a registered nurse may delegate nursing acts, functions, or tasks. As part of the delegation procedure, the school nurse will determine which student care activities may be delegated, under what circumstances it is appropriate to delegate, and by whom the delegated portions of care can safely be provided.⁹ The assignment of those functions is jointly decided upon by the school administrator and the nurse.

B. Liability

[Sec. 380.1178.](#)¹⁰ "A school administrator, teacher, or other school employee designated by the school administrator, who in good faith administers medication to a pupil in the presence of another adult or in an emergency that threatens the life or

⁸ [Section R 338.10104 of the Board of Nursing General Rules on Delegation](#) (Rule 104).

⁹ [Michigan Board of Nursing General Rules Section 333.17207](#)

¹⁰ THE REVISED SCHOOL CODE (EXCERPT) Act 451 of 1976, [Sec. 380.1178](#) Administration of medication to pupil; liability; school employee as licensed registered professional nurse.

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health of the pupil, pursuant to written permission of the pupil's parents or guardian, and in compliance with the instructions of a physician is not liable in a criminal action or for civil damages, as a result of the administration except for an act or omission amounting to gross negligence or willful and wanton misconduct."

C. School Staff Selected to Administer Medication

Plans for the administration of medications in the absence of the nurse shall be developed collaboratively by the school nurse and the school administrator, according to district policy. The decision regarding designation of staff for medication administration should be considered in conjunction with other school duties, such as lunch and recess supervision. Such comprehensive planning will ensure that the most appropriate person is assigned to each task and that medication administration is completed in a safe manner.

Criteria for Personnel Selected to Administer Medication in the Absence of the School Nurse: In all cases, the person should:

- Be an employee and agree to this responsibility;
- Have good attendance;
- Be familiar with the students in the school;
- Possess good organizational skills;
- Handle stress in a calm manner;
- Have coverage/assistance available for regularly assigned job duties during peak times when medications must be given (usually between 11:00 a.m.-1:00 p.m.) and
- Have access to a quiet environment that allows for safe and effective administration of medications.

Medication must be administered by one adult in the presence of a second adult (except in an emergency that threatens the life of the student), with both individuals being designated by the school administrator, approved by the school nurse and trained.

Since the majority of medication doses are scheduled for administration between the hours of 11:00 a.m. and 1:00 p.m., plans must include considerations for these designated school personnel's lunch.

Delegation by a School Nurse

Safe nursing practice requires that persons administering medications under the direction of a nurse be appropriately trained and supervised.¹¹ School staff delegated to administer medication must complete the School Nurse Program's approved Medication Administration Course. This training provides instruction in the administration of oral and topical medications. Administration of medication by any

¹¹ Defined by [Michigan PUBLIC HEALTH CODE \(EXCERPT\), Act 368 of 1978, 333.16109 Definitions; S to T.](#)

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other route requires that the nurse train the unlicensed person. Records of the date and nature of the initial training and re-certification must be maintained. At the conclusion of the training, the school administrator and nurse should make a final decision as to the appropriateness of the assignment for the individuals trained.

Schools must make plans for periodic direct supervision by licensed nurses of personnel assigned responsibility for medication administration. Registered nurses (or LPN's if designated to do so by a RN) should maintain records of this supervision. (See Appendix Sample Forms Skills Checklist).

Each person assigned routine responsibility for medication administration should have at least one person designated as an alternate to substitute in the case of absence. Selection and training of alternates should follow the same criteria and Medication Administration training process outlined above. School staff assigned responsibility for medication administration should have regular opportunities to administer medications in order to reinforce training and ensure that skills are maintained.

Medication administration is not an appropriate assignment for a school volunteer.

V. Administration of Medication on School-Sponsored Activities

Medications should be administered to students on school-sponsored trips only when absolutely necessary. Timing of doses should be adjusted to occur outside of the school-sponsored activity period if medically appropriate. Medications may be administered on school-sponsored trips only when previously administered and a parent permission form is on file. The only exception is emergency "as needed" medications. A written, approved authorization form is required for all medications. The determination of whether a medication is administered during a school-sponsored activity and by whom shall be determined by the school nurse in collaboration with the school administrator and parents. Options for administration of medications during field trips may include the following:

- Parent/guardian may accompany student on the field trip and administer the medication. This is never a requirement.
- A parent may request from the pharmacy that a single dose of medication for the field trip be placed in a properly labeled prescription bottle or OTC container to
- be given on the school-sponsored trip by trained school personnel in the presence of a witness.
- The medication bottle that the school has can be sent on the field trip. Upon completion of the field trip, the labeled container should be returned to the health suite. A notation shall be made on the student's medication record that the medication was administered. The person who administered the medication is responsible for documenting the administration of that medication in accordance with policy.

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VI. Errors in the Administration of Medication

If an error in medication administration occurs (such as missing a dose, giving the incorrect dose, giving a dose at the wrong time, giving incorrect medication to the student, or giving a student another student's medication even if the medication was the same drug and dose), follow the procedures listed below:

- Contact the school nurse and building administrator and School Nursing Program Manager, if appropriate, immediately;
- Observe the student for untoward side effects;
- Take appropriate action based on nursing judgment and/or physician order. If necessary, 911 should be called;
- The building administrator or designee should notify the parent and suggest consultation with the physician/pharmacist/school nurse program manager and primary care provider of the child;
- Complete the appropriate reporting forms (see Incident Report in the Appendix Sample Forms) and
- Document the specifics of the incident and the action taken. A report of the error should be made and filed per school district policy.

A nonpunitive system encourages staff to report medication errors and encourages accurate reporting. It also helps to identify causes of errors as well as remediation strategies and prevention.¹²

VII. Stolen or Lost Medication

If any medication is reported missing, the school administrator and the School Nursing Program Manager shall be notified and procedures for missing property on school grounds should be followed. Since the incident may involve controlled, dangerous substances, notification of the police may be necessary. Parents shall also be informed in order to replace the medication. Appropriate documentation shall be completed and the school nurse shall keep a copy of the documentation.

VIII. Education on the Use of Medication

Depending on the school nurse's assignment, it is strongly recommended that the school nurse assess and provide health education for students regarding their prescribed medications. This education should support/supplement the educational program implemented by the student's health care provider. Health education should include appropriate management of all aspects of a student's health maintenance including medication administration.

Since medication taken in school often assists the student to be available for instruction, the school nurse may work with the parent and school team to address issues surrounding

¹² American Academy of Pediatrics. (2009). Policy Statement-Guidance for Medication Administration in School. <https://pediatrics.aappublications.org/content/124/4/1244>

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the use of medication at school. This should include developing plans to assist students to remember to come to the health room for their medication.

IX. HIPAA (Health Insurance Portability and Accountability Act)

If the school nurse has concerns about the medical orders or wants to share information that may be relevant to the treatment regimen with the physician, the school nurse and physician may communicate with each other regarding the medical orders and treatment regimen without written authorization of the parent. HIPAA allows health care professionals to share protected health information if it is for treatment purposes. Furthermore, regardless of the healthcare setting, state licensure statutes and professional standards of practice for nurses and physicians require nurses to question and clarify medical orders, when indicated, before carrying them out. They also require physicians to provide nurses with sufficient information for safe execution of the treatment plan. Therefore, such communication is based on state law and necessary. (See Appendix Sample Forms).

WHERE TO GO WITH QUESTIONS?

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Appendix Sample Forms

Medication Adm, Authorization Form (MAA) (1)

Medication Adm. Authorization (MAA) (2)

Medication Adm. Record (MAR)

PRN Medication Adm. Record (PRN MAR)

Incident Report

Skills Checklist

Medication Audit Tool

Medication Audit Report

Individual Narcotic Count Sheet

HIPAA Authorization

Training/Supervision of School Personnel Administering Medication