

## **PROGRAM ADVISORY ON MEDICATION ADMINISTRATION**

Related to *California Code of Regulations Title 5, Article 4.1:*  
Administering Medication to Students or Otherwise Assisting Students in the  
Administration of Medication During the Regular School Day

### **Contents:**

Purpose

Introduction

Laws, Regulations and Recommendations

Appendices

    Appendix A – *Education Code*

    Appendix B – *California Code of Regulations*

    Appendix C – Glossary

    Appendix D – References

### **Purpose**

This is a program advisory issued pursuant to *Education Code (EC) Section 33308.5*, which provides nonbinding recommendations on administering medication to students and otherwise assisting students in the administration of medication. It is intended to provide recommendations to local educational agencies (LEAs) on pertinent issues that have been determined to be important but are outside the scope of regulations. LEAs are encouraged to use this information to develop and adopt local policies and procedures to enable students to receive medications safely while attending school. The content of this advisory was prepared from information provided by a medication committee that was convened by the CDE to assist with the development of the Title 5 regulations pertaining to medication administration in schools. Recommendations for policy and procedures on the administration of medication are included in the body of this advisory. Relevant sections of the *EC* and the *California Code of Regulations (CCR)* are included in the appendices.

### **Introduction**

Large numbers of students with chronic and acute illnesses, the huge array of available medications, new treatment regimens, and advanced technologies for administering medication have significantly affected our schools. Many students with special needs are able to participate in the educational system because of the effectiveness of the medication they take. Some students who need medication at school require close observation or other health interventions following the administration of medication to achieve positive outcomes and improved health status. The new treatment methods and new medication delivery technology may also require extensive training and supervision of designated school personnel performing those services.

In a highly publicized report, *To Err Is Human*, the Institute of Medicine describes causes of medication errors by licensed health care providers in clinical settings. These causes include lack of sufficient staffing; lack of correct patient identification; and misinterpretation of medication abbreviations, acronyms, and symbols on medication orders. In an informal survey of California school nurses in 2001, the nurses reported that common causes of medication errors by unlicensed designated school personnel included the increased number of medications being administered during the school day; the lack of correct student identification; the misinterpretation of medication dose; the lack of sufficient time to accurately log medication administration resulting in overdosing; and the lack of adequate training and supervision for properly administering medication.

The right of students to receive medication at school exists in the following federal laws:

- Public Law 93-112; 87 Stat. 394; 29 U.S.C. Section 794; (H.R. 8070).  
"Rehabilitation Act of 1973."
- Public Law 101-336; 104 Stat. 327; 42 U.S.C. sections 12101-12213; (S. 933).  
"Americans with Disabilities Act of 1990."
- Public Law 105-17; 111 Stat. 37; 20 U.S.C. sections 1400-1485; (H.R. 5).  
"Individuals with Disabilities Education Act Amendments of 1997."

*EC* Section 49423 provides statutory authority for providing assistance in administering medication in California schools. *EC* Section 49423 states: Notwithstanding the provisions of Section 49422, any student who is required to take, during the regular school day, medication prescribed for him by a physician, *may* be assisted by the school nurse or other designated school personnel *if* the school district receives (1) a written statement from such physician detailing the method, amount, and time schedules by which such medication is to be taken and (2) a written statement from the parent or guardian of the student indicating the desire that the school district assist the student in the matters set forth in the physician's statement. (Emphasis supplied.)

CCR *Title 5*, Division 1, Chapter 2, Subchapter 3, Article 4.1, provides clarification for implementing *EC* Section 49423. Specifically, the regulations clarify who may administer medications to students requiring medication during the regular school day, under what conditions such administration of medication may occur, and the requirements for the delivery, administration, documentation, and disposal of medication.

The following section, "Laws, Regulations, and Recommendations," provides nonbinding guidance to LEAs on the administration of medication in California public schools.

## Laws, Regulations, and Recommendations

This section provides legal and regulatory text, citations, and recommendations for the *Education Code* and *California Code of Regulations* sections cited here in an outline format to help the reader more easily find needed legal references and topic-specific, nonbinding guidance. The full legal citations may be found in the appendices.

### I. Authorization From Authorized Health Care Providers

- A. Relevant laws and regulations: *Education Code (EC)* sections 49400 and 49423; *Business and Professions Code (BPC)* sections 1625, 2051, 2052, 2472, 2746.51, 2836.1, 3041, and 3502.1; *California Code of Regulations (CCR)*, Title 5, sections 600, 601(a), and 602
  1. The required written statement authorizing a medication to be administered in California schools shall be provided by an authorized health care provider who is licensed by the State of California to prescribe medication (*CCR*, Title 5, Section 601[a]). Authorized health care providers include the following persons:
    - a. California-licensed physicians and surgeons (*BPC* Section 2051)
    - b. California-licensed dentists (*BPC* Section 1625), optometrists (*BPC* Section 3041), and podiatrists (*BPC* Section 2472)
    - c. California-licensed nurse practitioners (*BPC* 2836.1) and California-certified nurse midwives (*BPC* Section 2746.51)
    - d. California-licensed physician assistants (*BPC* Section 3502.1)
  2. Authorization for medications to be administered in California schools that are written by health care providers not licensed in the State of California shall be authorized by a physician and surgeon licensed in the State of California (*BPC* Section 2052).
- B. On the basis of these laws and regulations, it is recommended that:
  1. LEAs require the furnishing numbers of nurse practitioners and nurse midwives, and the name, address, and telephone number of the supervising physician.
  2. LEAs require the name, address, and telephone number of the supervising physician for all written statements from physician assistants.
  3. LEAs that have students attending California schools and who live in another bordering state consult with their local public health physician or school physician for guidance and assistance in administering medications in school that are authorized by out-of-state health care providers.
  4. A faxed written statement is an acceptable form of the authorized health care provider's written statement as long as the details of the authorization are clear and legible.
  5. LEAs not accept telephone authorization for the administration of medication to students.
  6. LEAs develop policies for handling emergency situations related to obtaining the authorized health care provider's written statement.

7. All written statements for medication administration at school contain the following information:
  - a. Student's name and date of birth
  - b. Name of the medication to be administered and reason for administration
  - c. Amount or dose of the medication (EC Section 49423)**
  - d. If authorized changes in medication dosage require pill splitting, the only pills that may be split are those that are scored. Scored pills may be split in half only. Pill splitting may be done with a commercial pill-splitting device.
  - e. Method of administration (EC Section 49423)**
  - f. Time the medication is to be administered at school (EC Section 49423)**
  - g. Possible side effects
  - h. For medication prescribed on an as needed basis (PRN), the specific symptoms that necessitate administration of medications, the allowable frequency for administration, and indications for referral for medical evaluation
  - i. For medication that is to be self-administered by the student, a statement that, in the authorized health care provider's opinion, the student is competent to safely self-administer the medication according to the conditions in the provider's written statement
  - j. Name, address, telephone number, and signature of the California authorized health care provider
8. The parent or guardian obtain and provide the school with the signed authorized health care provider's written statement for medication administration in school.
9. Written statements authorizing medications to be administered at school be renewed yearly or whenever changes in medication or authorized health care provider occur.
10. Changes in medication authorization that generate a new written statement include the following circumstances:
  - a. Changes in medication dose, time, and method of administration
  - b. Change in medication
  - c. Change in California authorized health care provider
  - d. Discontinuance of medication administration

## II. Written Statement from the Parent or Guardian

- A. Relevant laws and regulations: *EC* sections 44871, 44873, 44874, 44875, 44876, 44877, 44878, 49400, 49422(a), 49423, and 49480; *Government Code* (GC) Section 815.2(a); *CCR, Title 5*, sections 600, 601(f), 602, and 603  
The parent or guardian shall provide the school with a written statement indicating their desire that the school assist the student with medication administration as set forth in the written statement from the authorized health care provider (*EC* Section 49423).

- B. On the basis of these laws and regulations, it is recommended that:
1. The written statement from the parent or guardian also include:
    - a. Consent for the school nurse, other duly qualified supervisor of health, or site administrator to communicate with the authorized health care provider and the pharmacist with regard to the provider's written statement for administration of medication at school.
    - b. Agreement that the parent or guardian will provide the necessary medication, supplies, and equipment.
    - c. Agreement that the parent or guardian will notify the school nurse, other duly qualified supervisor of health, or site administrator, if there is a change in the student's medication, health status, or authorized health care provider.
    - d. Agreement that the parent or guardian will notify the school nurse, other duly qualified supervisor of health, or site administrator immediately and provide new consent for any changes in authorized health care provider's authorizations.
  2. A new written statement from the parent or guardian be provided annually or whenever there is a new written statement from the authorized health care provider.
  3. LEAs not require the parent or guardian to waive any rights, hold the LEA harmless, or agree to any particular placement or related services as a condition of assisting a student in the administration of medication at school.
  4. LEAs allow the parent or guardian to submit to the school a written statement rescinding their consent for administration of medication at school at any time.
  5. LEAs not accept or act on parent or guardian generated changes or modifications to the medication administration directions in the authorized health care provider's statement unless the LEA receives such changes in writing from the authorized health care provider.

### **III. Review of Authorized Health Care Provider's and the Parent or Guardian's Written Statements by a School Nurse or Other Duly Qualified Supervisor of Health**

- A. Relevant laws and regulations: *EC* sections 44871, 44873, 44874, 44875, 44876, 44877, 44878, 49400, 49422(a), 49423, and 49480; *CCR, Title 5*, Section 600, and *Title 16*, Section 1443.5(6)
- B. On the basis of these laws and regulations, it is recommended that:
1. A school nurse, other duly qualified supervisor of health, or site administrator review all written statements from authorized health care providers and the parent or guardian regarding the administration of medication at school to ensure that the written statements are complete and that the medication may safely be administered in accordance with the written statements.
  2. The review of written statements includes checking for:
    - a. Student's name and date of birth
    - b. Name of medication and reason for administration

- c. Amount or dose of medication
  - d. Method of administration
  - e. Time the medication is to be administered at school
  - f. Possible side effects
  - g. The specific symptoms that make the administration of medication prescribed on an as needed basis (PRN) necessary, the allowable frequency for medication prescribed on an as needed basis (PRN), and instructions for when to initiate a medical referral related to medication prescribed on an as needed basis (PRN)
  - h. The opinion of the authorized health care provider that the student is competent to safely self-administer the medication according to the conditions in the provider's written statement
  - i. Name, address, telephone number, and signature of the authorized health care provider
  - j. Resources to validate correct medication dose, frequency, and reason for administration, including the contact information for the authorized health care provider and the pharmacist
  - k. All related information and requirements for the administration of the medication in school, and the authorized health care provider's professional assessment of level of staffing needed to safely administer the medication in school, as applicable
3. If the school nurse, other duly qualified supervisor of health, or site administrator has questions or concerns regarding the written statement, he or she communicate with the student's authorized health care provider or pharmacist to resolve those questions or concerns. If after such communication the school nurse or other duly qualified supervisor of health still has concerns regarding the student's health and safety, he or she communicate those concerns to the site administrator and school health services administrator. It is an administrative responsibility to inform the parent or guardian of these concerns, resolve the concerns, and address the student's entitlement to a necessary service.

#### **IV. Persons Authorized to Administer Medication at School**

- A. Relevant laws and regulations: *EC* sections 44871, 44873, 44874, 44875, 44876, 44877, 44878, 49400, 49422(a), and 49423; *CCR, Title 5*, sections 600, 601(e)(f)(h), and 604
- B. On the basis of these laws and regulations, it is recommended that:
  1. Medication be administered at school by the school nurse, other duly qualified supervisors of health, site administrator or designee as allowed by law, the parent or guardian or their designee as allowed by law or LEA policy, a contracted licensed health care professional whose licensure permits administration of the medication, or by the student under specified conditions.
  2. Unlicensed school personnel designated by the site administrator administer medication if:

- a. The unlicensed staff member is willing to perform medication administration.
  - b. The unlicensed staff member is trained and determined to be capable and competent to be able to safely and accurately administer the medication by a licensed health care professional, who is legally authorized to provide such training and determine competence.
  - c. The unlicensed staff member performing medication administration is supervised by the licensed health care professional who provided the training, and the supervision, review, and monitoring of the medication administration is documented.
  - d. The unlicensed staff member does not administer medications that must be administered by injection, medications that have potential for immediate severe adverse reactions, or medications that require a nursing assessment or dosage adjustment before administration, except for emergency medications as allowed by law.
  - e. The unlicensed staff member designated to administer life-sustaining emergency medication as allowed by law receives documented training and maintains current certification in cardiopulmonary resuscitation (CPR) from a recognized source of such training, such as the American Red Cross or the American Heart Association.
  - f. If designated school personnel do not volunteer or consent to administer medication, the governing board of the LEA employs appropriately trained or licensed staff to administer medication.
3. The parent or guardian or designee, who is not employed by the LEA administer medication to their child at school, if:
- a. The parent or guardian signs an agreement, provided by the LEA, identifying who will administer the medication, stating the conditions under which the medication will be administered, and releasing the LEA from the responsibility of administering the medication.
  - b. Such agreements include procedures for handling the illnesses or absences of the parent, guardian, or a designee, or student.
  - c. All the medications administered in school by the parent, guardian, or designee are administered in accordance with LEA policies and procedures regarding safety, the appropriate location for administration, the privacy of the student, and universal precautions.
4. Students be allowed to carry and self-administer emergency or otherwise necessary medications if such self-administration is pursuant to the written statement of the authorized health care provider, written parental consent, and the school nurse or other duly qualified supervisor of health observation and documentation of the student's capability to safely and competently perform the task according to the authorized health care provider's written statement. Documented observation includes the following activities:
- a. Observation of the student self-administering the medication.
  - b. Determination of the student's capability to have in his or her possession all necessary equipment and supplies.

- c. Determination of the student's capability to adhere to standard precautions and appropriate handling of syringes, needles, lancets, and other medical equipment.
- d. Determination of the student's capability to maintain safety and privacy.
- e. Development of an individualized school healthcare plan (ISHP) by the school nurse or other duly qualified supervisor of health if the student's health condition and status require monitoring and supervision.
- f. Development of a written agreement with the student that includes:
  - (i) Procedures for reporting to designated school personnel any problems with medication, supplies or equipment, or if and when the student needs assistance.
  - (ii) A monitoring system for tracking self-medicating student outcomes.
  - (iii) Information for the student of what constitutes responsible behavior and that any act of inappropriate behavior with regard to self-administration of medication, such as sharing medications with peers, may result in the school administrator informing the parent or guardian and revoking the privilege of self-administration.
  - (iv) Provision for the student to keep on his or her person a copy of the authorized health care provider and parent or guardian written statements.
  - (v) Recommendation that the student carry photo identification.
5. Untrained and unsupervised personnel or inadequately supervised personnel do not administer medication.
6. Students do not administer medication to other students, unless the student administering the medication is a sibling who has been designated by the parent with school administration approval to administer medication to his or her own sibling.
7. A parent or guardian not be required by school officials to administer medication to their child as a condition of receiving medication at school or of receiving any placement or related services to which the student is entitled.
8. A written statement from an authorized health care provider not be required when a parent, guardian, or designee administers medication to their child in school.

## **V. Delivery and Storage of Medication at School**

- A. Relevant laws and regulations: *EC* sections 44871, 44873, 44874, 44875, 44876, 44877, 44878, 49400, 49422(a), and 49423; *CCR, Title 5*, sections 600, 601(b), and 606
- B. On the basis of these laws and regulations, it is recommended that:
  1. The parent, guardian, or adult designee deliver to school all medications needed for administration at school, except those medications that the student is authorized to carry and self-administer.

2. The parent, guardian, or adult designee deliver the medication to the school office in a container labeled by a pharmacist licensed in the United States.
3. The medication container label indicate the student's name, the physician's name, the name of the medication, and directions for use.
4. The school nurse or other duly qualified supervisor of health confirm that medication containers are labeled in a manner that is consistent with the written statement of the authorized health care provider.
5. If multiple medications are to be administered at school, each medication be delivered to school in a separately labeled container.
6. Over-the-counter medication that has been prescribed by an authorized health care provider be delivered to the school in the original container.
7. Multiple-drug medication packages (e.g., Med-Paks) prepared by pharmacists for school administration do not include more than two medications in a single package.
8. If pill splitting is required to obtain the correct dose of medication to be administered, only pills that are scored be split, that scored pills be split in half only, and that a commercial pill-splitting device be used for correct splitting.
9. All medications, with the exception of those medications that individual students have been authorized to carry and self-administer, be kept in a locked medication cabinet or medication container and be available only to persons authorized to administer medications
10. All medications be stored at school in the manner required to maintain their effectiveness and be locked in a location that is protected from persons not designated to administer medications.
11. Refrigerators that are used for medication storage be kept locked, and their use be reserved exclusively for medication storage.

## **VI. Documentation of Administration of Medication in School**

- A. Relevant laws and regulations: *EC* sections 44871, 44873, 44874, 44875, 44876, 44877, 44878, 49400, 49422(a), and 49423; *CCR, Title 5*, sections 600, 601(b), and 607; *Code of Federal Regulations (CFR), Title 21*, Section 1300.01
- B. On the basis of these laws and regulations, it is recommended that:
  1. Each student receiving medication in school have an individual record or "medication log" for the school nurse, other duly qualified supervisor of health, or other designated school personnel to use to document all medication administered to the individual student.
  2. Medication logs include:
    - a. Name of student
    - b. Name and telephone number of the authorized health care provider
    - c. Date of authorized health care provider's written statement
    - d. Name of medication
    - e. Medication dose (the amount of the medication to be administered)
    - f. Medication route (the method by which the student is to receive the medication)

- g. Time the medication is to be administered
  - h. Special instructions for administration, if any
  - i. Space for daily entry of date and time the medication is actually administered at school, and space for the initials of the school nurse, other duly qualified supervisor of health, or other designated school personnel who administered the medication
  - j. Instructions for logging omitted medication, failure to administer medication in the required manner and at the specified time, and any other error in medication administration, including the reasons for the error and the method and the time of the parent or guardian notification
  - k. A signature space for the school nurse, other duly qualified supervisor of health, or other designated school personnel authorized to administer medication
  - l. A space for maintaining the current count of controlled medication, if applicable
3. The school nurse or other duly qualified supervisor of health be responsible for
- a. Transferring the authorized health care provider's written statement onto the medication log
  - b. Maintaining current information in the medication log
  - c. Informing all other designated school personnel of changes in the authorized health care provider's written statement on each medication and providing any additional training for changes in the authorized health care provider's written statement
  - d. Monitoring accurate logging of medication administration and positive outcomes
4. Written documentation or logging of all medications administered at school occur at the time the medication is administered.
5. The daily counting and logging of the administration of medications classified as "controlled substances," as defined by *CFR, Title 21, Section 1300.01*,\* be provided as follows:
- a. All controlled substances are counted and recorded upon arrival at school in the presence of the parent, guardian, or designee delivering the medication. The staff member who makes and records the count, and the parent or guardian sign the medication log attesting to the entry
  - b. Each dose of the controlled substance that is administered is recorded and subtracted from the total count remaining
  - c. Discrepancies between what has been documented as administered and the amount remaining are reported immediately upon discovery to the site administrator, school nurse or other duly qualified supervisor of health, and if necessary, to the appropriate law enforcement agencies.

---

\* A list of controlled substances identified by the local Drug Enforcement Agency can be obtained from any licensed pharmacist in the United States.

## VII. Errors in Administration of Medication in School

- A. Relevant laws and regulations: *EC* sections 44871, 44873, 44874, 44875, 44876, 44877, 44878, 49400, 49422(a), and 49423; *CCR, Title 5*, sections 600, 601, 602, and 608
- B. On the basis of these laws and regulations, it is recommended that:
  1. Any failure to properly administer medication according to the written statement of the authorized health care provider, including the administration of the wrong medication or the failure to administer medication, be reported immediately upon discovery to the site administrator, to the school nurse or other duly qualified supervisor of health, and to the parent or guardian. Upon being notified of a medication error, the school nurse, other duly qualified supervisor of health, or site administrator notifies the authorizing health care provider, if necessary.
  2. Medication errors include:
    - a. Medication given to the wrong student
    - b. The wrong medication given to a student
    - c. The wrong medication dose given to a student
    - d. Medication given at the wrong time
    - e. Medication given by way of a wrong method or route
    - f. Medication omission
    - g. Medication dropped on the floor and discarded (Discarded medication is recorded on the medication log and witnessed and signed by a second person.)

*Note:* If one medication is dropped on the floor from a multiple medication package (e.g., Med-Pak) holding more than one kind of medication, all the medication contained in that multiple medication package is discarded. Dropping a multiple medication package will necessitate opening another multiple medication package. This occurrence is clearly documented on the student's log and witnessed and signed by a second person.
  3. School site policies include procedures that provide immediate medical assistance, if needed, for the student when errors in medication administration occur. As is deemed necessary by the school nurse, other duly qualified supervisor of health, or the site administrator, Emergency Medical Services (EMS) at 911 may need to be called.
  4. All medication errors generate written documentation of the error on a district approved reporting form.
  5. Information regarding the error be communicated to the parent or guardian and the authorized health care provider, if necessary, at the time of occurrence.

6. If the medication administration error requires an EMS response, a copy of the student's emergency card be given to the EMS responders along with information regarding the error.

## **VIII. Disposal of Medications at School**

- A. Relevant laws and regulations: *EC* sections 44871, 44873, 44874, 44875, 44876, 44877, 44878, 49400, 49422(a), and 49423; *CCR, Title 5*, sections 600, 601, and 609
- B. On the basis of these laws and regulations, it is recommended that:
  1. All discontinued or outdated medications be returned to the parent or guardian or the adult designee and documented on the student's medication log. The log should also contain the medication name and return date and the signatures of the school personnel returning the medication and of the parent, guardian, or designee receiving the medication.
  2. At the end of the school year, all the remaining medication be returned directly to the parent, guardian, or adult designee and so documented on the student's medication log. The log should also contain the medication name and return date and the signatures of the school personnel returning the medication and of the parent, guardian, or designee receiving the medication.
  3. If the parent or guardian does not arrange to pick up medication within 30 days of a documented notice, the medication be disposed of by the site administrator, school nurse, or other duly qualified supervisor of health in accordance with the applicable state law and local ordinances.
  4. Medications not be flushed down the toilet, and medications not be disposed of in the school trash.
  5. Medication disposal:
    - a. Be witnessed by another school staff member and documented on the medication log.
    - b. Be recorded on the medication log and that the information recorded on the medication log include:
      - (i) Date of disposal
      - (ii) Medication name
      - (iii) Method of disposal
      - (iv) Source for directions of disposal method
      - (v) Signatures of the person disposing of the medication and the witness to the disposal
  6. For the health and safety of all students, medication not be sent home with students.

## **IX. Medication Administration for Field Trips and All School-Related Activities**

- A. Relevant laws and regulations: *EC* sections 44871, 44873, 44874, 44875, 44876, 44877, 44878, 49400, 49422(a), and 49423; *CCR, Title 5*, sections 600 and 601

- B. On the basis of these laws and regulations, it is recommended that:
1. All the staff members who are planning school-sponsored activities, including athletic department staff members who are planning intramural activities, notify the school nurse, other duly qualified supervisor of health, or the site administrator of the schedules for field trips and other related school activities as soon as possible in the school year to allow time to schedule trained staff to attend these functions and administer medications to students if needed.
  2. The school nurse, other duly qualified supervisor of health, or site administrator provides the designated trained staff members with all the necessary student medication (including emergency medication) that will allow students who need medication during the regular school day to participate in the school-sponsored activity.
  3. Medication be provided in pharmacy-prepared individual containers (that contain only the amount to be administered during the activity) with labels that include the student's name, authorized health care provider's name, name of medication, dose of medication, method of administering the medication, and time of administration.
  4. Designated trained school personnel keep all medication in a closed container on his or her person at all times, such as in a fanny pack or back pack.
  5. Only designated trained school personnel be allowed access to student medication and medication administration responsibilities for students needing medication at school-sponsored activities.
  6. The school nurse or other duly qualified supervisor of health provide information about how trained designated school personnel gain access to emergency services.
  7. The LEA provide the designated school personnel with a communication device, such as a two-way radio or cellular telephone, for gaining access to emergency services at school-sponsored activities.
  8. A medication log to record the time the medication was administered accompany each medication that is to be administered during the school-sponsored activity. The process must ensure that:
    - a. Documentation of medication administration on all field trips and school-sponsored activities occurs at the time and place of administration.
    - b. On return to school, the log is returned to the health office, is reviewed by the school nurse, other duly qualified supervisor of health, or site administrator and is placed in the student's health folder.
  9. The school nurse, other duly qualified supervisor of health, or site administrator be responsible for ensuring that all students who are carrying and self-administering medication have the medication with them for all school-sponsored activities. Verification of adequate amounts of medication and supplies should be checked for students carrying their own medication. Students may need guidance for use of the medication in the environment of the school activity.

10. When a school activity involves several days or overnight stays, careful plans be made for keeping medications safe and ensuring the confidentiality of those students who are required to take medication.

11. If the parent or guardian of students attend school-sponsored activities and agree to administer medications to their child, this agreement be documented on the student's medication log.

#### **X. Disaster Preparedness and Administration of Medication**

- A. Relevant laws and regulations: *EC* sections 35295, 35296, 35297, 49400, and 49423; *CCR, Title 5, Section 600*
- B. On the basis of these laws and regulations, it is recommended that:  
Every school disaster plan developed pursuant to *EC* Section 35295 or earthquake emergency procedure developed pursuant to *EC* sections 35296 and 35297 include procedures for the access to and administration of medications to students during such emergencies.

#### **XI. Administration of Prescribed-As-Needed or PRN (*pro re nata*) Medication in School**

- A. Relevant laws and regulations: *EC* sections 44871, 44873, 44874, 44875, 44876, 44877, 44878, 49400, 49422(a), and 49423; *CCR, Title 5, sections 600 and 601*
- B. On the basis of these laws and regulations, it is recommended that:
  - 1. Medication that is to be administered to students on an "as needed" (PRN) basis have a written statement from the authorized health care provider and a written statement from the parent or guardian.
  - 2. The authorized health care provider's written statement include the following information:
    - a. Identification of specific symptoms experienced by the student that would necessitate the administration of the PRN medication
    - b. Specification of the frequency of doses or the time interval before a repeat dose of the medication is administered
    - c. Instructions for when a medical referral is to be made
  - 3. Before a PRN medication is administered to a student, designated school personnel validate when the medication was last given to determine that the administration time complies with authorized frequency of administration. This determination may be accomplished by taking one or all of the following actions:
    - a. Referring to the student's medication log for documentation of the time the last dose was administered
    - b. Noting the time of the request and validating that the student has been in attendance at school for the length of time of the authorized frequency for PRN medication administration
    - c. Calling the parent to validate when the medication was last given at home when the student has been in attendance at school less than the length of

time of the authorized frequency for the administration of the PRN medication

4. Before administering PRN medications, the school nurse, other duly qualified supervisor of health, or designated school personnel validate the symptoms being experienced by student as the symptoms identified by the authorized health care provider in allowing for the administration of the medication.
5. When a PRN medication is administered, the information recorded on the medication log include the symptoms for which the PRN medication was administered and whether or not the student was referred to the authorized health care provider for a medical consultation.

## **XII. Administration of Emergency Medications in School**

- A. Relevant laws and regulations: *EC* sections 44871, 44873, 44874, 44875, 44876, 44877, 44878, 49400, 49422(a), and 49423; *CCR, Title 5*, sections 600 and 601 Except as otherwise provided by law, written statements from the authorized health care provider and parent or guardian are required for emergency medications to be administered at school (*CCR, Title 5, Section 600*).
- B. On the basis of these laws and regulations and in addition to the recommendations found in sections I through XI of this advisory, it is recommended that:
  1. Unlicensed designated personnel responsible for the administration of emergency medications receive training on standard procedures and be supervised and monitored by a school nurse, other duly qualified supervisor of health, or authorized health care provider.
  2. All designated trained school personnel responsible for providing emergency medications maintain current cardiopulmonary resuscitation (CPR) certification.
  3. All students requiring the potential administration of emergency medication at school have a written emergency health care plan developed by the school nurse or other duly qualified supervisor of health.
  4. The initiation of the administration of an emergency medication also generate a call to Emergency Medical Services (EMS) at 911.
  5. A list of current CPR-certified school personnel be maintained at school and be available to all designated trained school personnel who are responsible for administering emergency medication to students.
  6. The school nurse, other duly qualified supervisor of health, or authorized health care provider be available at all times by pager or cellular telephone to respond to emergency situations and support designated trained school personnel in providing emergency care.

## **XIII. Administration of Over-the-Counter (OTC) Medications in School**

- A. Relevant laws and regulations: *EC* sections 44871, 44873, 44874, 44875, 44876, 44877, 44878, 49400, 49422(a), and 49423; *CCR, Title 5*, sections 600 and 601(b)

All over-the-counter (OTC) medications administered in school under *CCR, Title 5, Article 4.1* shall have a written statement from the authorized health care provider and the parent or guardian (*CCR, Title 5, sections 600 and 601[b]*).

- B. On the basis of these laws and regulations, and in addition to the mandates and recommendations described in sections I through XI, it is recommended that:
1. LEAs desiring to administer selected OTC medication in school without a written statement from a student's authorized health care provider but with a written statement from solely the parent or guardian do so only if the LEA's school physician or other authorized health care provider working with the LEA authorizes standard protocols and procedures for the administration of selected OTC medications.
  2. Procedures developed for administering selected OTC medication in school and authorized by the school physician or other authorized health care provider working with the LEA, be approved by the governing board of the LEA.
  3. Before administering any selected OTC medication that has not been prescribed by the student's authorized health care provider, the parent or guardian be notified that selected OTC medications may be administered at the parent or guardian written request.
  4. All designated school personnel responsible for administering OTC medications in school be trained in compliance with protocols and procedures for safe administration of OTC medications approved by the LEA and local governing board.

*Note:* There is no law expressly governing the administration of over-the-counter (OTC) medications to students. Taken inappropriately by persons who are sensitive to one or more of the ingredients or taken in excess, OTC medications have the potential to cause harm, injury, or adverse side effects. A student's authorized health care provider has the medical knowledge and information necessary to evaluate any potential risks to a student before authorizing the OTCs to be given at school. A school physician, in collaboration with the school nurse or other duly qualified supervisor of health, may provide standard protocols and procedures for selected OTCs, thus allowing some common OTCs to be administered at school with only the written consent of the parent or guardian.

#### **XIV. Universal Precautions in Administration of Medication**

- A. Relevant laws and regulations: *EC* sections 49400 and 49423; *CCR, Title 5*, sections 600 and 601
- B. On the basis of these laws and regulations, it is recommended that:

1. Communicable disease control procedures, also referred to as universal precautions, be included in the training of all designated school personnel responsible for administering medications. These precautions include:
  - a) Treating all blood and bodily fluids as though they are potentially infectious
  - b) Proper hand washing before administering medication
  - c) The use of disposable non latex gloves when the person administering medications may come in contact with body fluids
  - d) Proper disposal of wastes, including materials contaminated with blood or other body fluids and all sharps (needles and lancets)
  - e) Use of disinfectants approved by the Environmental Protection Agency (EPA) and Occupational Safety and Health Administration (OSHA) for cleaning spills of body fluids

#### **XV. Medication Provided Pursuant to an Individualized Education Program or Section 504 Plan**

- A. Relevant laws and regulations: *EC* sections 49400, 49422(a), and 49423; Individuals with Disabilities Education Act Amendments of 1997 (IDEA): *PL 105-17*; Title II of the Americans with Disabilities Act of 1990 (ADA Title II): *PL 101-336*; Rehabilitation Act of 1973 (Section 504): *PL 93-112*; *CCR, Title 5*, sections 600, 601, and 610(d)
  1. A student with an individualized education program (IEP) or Section 504 plan who requires medication during the school day is entitled to receive such medication in accordance with his or her written plan (*CCR, Title 5, Section 610[d]*).
- B. On the basis of these laws and regulations, it is recommended that the *Title 5* regulations and this advisory serve as a guide to LEAs in administering medications to students with IEPs and Section 504 plans as long as the regulations or the advisory do not conflict with the student's individually determined plan.

#### **XVI. Personnel Qualifications**

- A. Relevant laws and regulations: *EC* sections 44871, 44873, 44877, 49400, 49422(a), and 49423; *CCR, Title 5*, sections 600 and 601
  1. LEAs are required to provide diligent care for the health and development of students, and LEAs may employ qualified persons to provide that care (*EC Section 49400*).
  2. To function as a school nurse or other duly qualified supervisor of health in California public schools, persons must be appropriately credentialed and licensed (*EC* sections 44871, 44973, 44877, and 49422[a]).
- B. On the basis of these laws and regulations, it is recommended that LEAs employ duly qualified supervisors of health (school nurses or school physicians) to provide and supervise medication administration and school health services.

If there are questions about this Program Advisory, please contact Linda Davis-Alldritt, RN, School Nurse Consultant, at (916) 319-0284 or by e-mail at [ldavisal@cde.ca.gov](mailto:ldavisal@cde.ca.gov).

The guidance in this Program Advisory is not binding on local education agencies or other entities. Except for statutes, regulations, and court decisions that are referenced herein, this Program Advisory is exemplary, and compliance with it is not mandatory. (See *Education Code* Section 33308.5)

## **APPENDIX A: Relevant Sections of the California *Education Code***

### ***Education Code Section 44871:***

The qualifications of supervisors of health shall be as provided in Sections 44873 to 44878, inclusive.

### ***Education Code Section 44873:***

The qualifications for a physician and surgeon employed to serve on a half-time or greater than half-time basis shall be a valid certificate to practice medicine and surgery issued by the Medical Board of California or Osteopathic Medical Board of California and either a services credential with a specialization in health or a valid credential issued prior to November 23, 1970. The qualifications for a physician and surgeon employed for less than half time shall be a valid certificate to practice medicine and surgery issued by the Medical Board of California. Any school district may employ and compensate physicians and surgeons meeting the foregoing qualifications for the performance of medical services for that district and shall provide liability insurance coverage for the period of his or her employment.

As used in this section "medical services" includes, but is not limited to, any medical services required to be performed while required to be in attendance at high school athletic contests or meets.

### ***Education Code Section 44874:***

The qualifications for a psychologist or social worker are a valid certificate issued by the appropriate California agency authorized by law to certify such persons and a services credential with a specialization in health. Any school district may employ and compensate psychologists and social workers meeting the foregoing qualifications.

### ***Education Code Section 44875:***

The qualifications for a dentist are a valid certificate issued by the Board of Dental Examiners and a services credential with a specialization in health or a valid credential issued prior to November 23, 1970. Any school district may employ and compensate dentists meeting the foregoing qualifications.

### ***Education Code Section 44876:***

The qualifications for a dental hygienist shall be a valid certificate issued by the Board of Dental Examiners of California and either a health and development credential, a standard designated services credential with a specialization in health, or a services credential with a specialization in health.

**Education Code Section 44877:**

The qualifications for a nurse shall be a valid certificate of registration issued by the Board of Nurse Examiners of the State of California or the California Board of Nursing Education and Nurse Registration and a health and development credential, a standard designated services credential with a specialization in health, or a services credential with a specialization in health.

The services credential with a specialization in health authorizing service as a school nurse shall not authorize teaching services unless the holder also completes the requirements for a special class authorization in health in a program that is approved by the commission.

On and after January 1, 1981, the qualifications for a nurse shall also include proof satisfactory to the school district that the nurse has acquired training in child abuse and neglect detection. This requirement may be satisfied through participation by the nurse in continuing education activities relating to child abuse and neglect detection and treatment.

**Education Code Section 44878:**

The qualifications for an optometrist are a valid certificate issued by the State Board of Optometry and a services credential with a specialization in health or a credential issued prior to November 23, 1970. Any school district may employ and compensate optometrists meeting the foregoing qualifications.

**Education Code Section 49400:**

The governing board of any school district shall give diligent care to the health and physical development of students, and may employ properly certified persons for the work.

**Education Code Section 49422(a):**

a) No physician, psychiatrist, oculist, dentist, dental hygienist, optometrist, otologist, podiatrist, audiologist, or nurse not employed in that capacity by the State Department of Health Services, shall be, nor shall any other person be, employed or permitted to supervise the health and physical development of students unless he or she holds a services credential with a specialization in health or a valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990.

**Education Code Section 49423:**

Notwithstanding the provisions of Section 49422, any student who is required to take, during the regular school day, medication prescribed for him by a physician, may be assisted by the school nurse or other designated school personnel if the school district receives (1) a written statement from such physician detailing the method, amount, and time schedules by which such medication is to be taken and

(2) a written statement from the parent or guardian of the student indicating the desire that the school district assist the student in the matters set forth in the physician's statement.

***Education Code Section 49480:***

The parent or legal guardian of any public school pupil on a continuing medication regimen for a nonepisodic condition, shall inform the school nurse or other designated certificated school employee of the medication being taken, the current dosage, and the name of the supervising physician. With the consent of the parent or legal guardian of the pupil, the school nurse may communicate with the physician and may counsel with the school personnel regarding the possible effects of the drug on the child's physical, intellectual, and social behavior, as well as possible behavioral signs and symptoms of adverse side effects, omission, or overdose. The superintendent of each school district shall be responsible for informing parents of all pupils of the requirements of this section.

## **APPENDIX B: Relevant Articles of the *California Code of Regulations***

### **Title 5. EDUCATION Division 1. California Department of Education Chapter 2. Pupils Subchapter 3. Health and Safety of Pupils**

#### ***Add Article 4.1. to read:***

#### **Article 4.1. Administering Medication to Pupils or Otherwise Assisting Pupils in the Administration of Medication During the Regular School Day.**

#### **§ 600. Authorization.**

Pursuant to Section 49423 and subdivision (b) of Section 49423.6 of the Education Code, any pupil who is required to take, during the regular school day, prescribed medication may be assisted by a school nurse or other designated school personnel if both of the following conditions are met:

(a) The pupil's authorized health care provider executes a written statement specifying, at a minimum, the medication the pupil is to take, the dosage, and the period of time during which the medication is to be taken, as well as otherwise detailing (as may be necessary) the method, amount, and time schedule by which the medication is to be taken.

(b) The pupil's parent or legal guardian provides a written statement initiating a request to have the medication administered to the pupil or to have the pupil otherwise assisted in the administration of the medication, in accordance with the authorized health care provider's written statement.

NOTE: Authority cited: Sections 33031 and 49423.6, Education Code. Reference: Sections 49423 and 49423.6, Education Code.

#### **§ 601. Definitions.**

As used in Section 49423 and subdivision (b) of Section 49423.6 of the Education Code and in this article:

(a) "Authorized health care provider" means an individual who is licensed by the State of California to prescribe medication.

(b) "Medication" may include not only a substance dispensed in the United States by prescription, but also a substance that does not require a prescription, such as over-the-counter remedies, nutritional supplements, and herbal remedies.

(c) "Medication log" may consist of a form developed by the local education agency for the documentation of the administration of the medication to the pupil or otherwise assisting the pupil in the administration of the medication. The medication log may include the following:

- (1) Pupil's name;
  - (2) Name of medication the pupil is required to take;
  - (3) Dose of medication;
  - (4) Method by which the pupil is required to take the medication;
  - (5) Time the medication is to be taken during the regular school day;
  - (6) Date(s) on which the pupil is required to take the medication;
  - (7) Authorized health care provider's name and contact information; and
  - (8) A space for daily recording of medication administration to the pupil or otherwise assisting the pupil in administration of the medication, such as date, time, amount, and signature of the individual administering the medication or otherwise assisting in administration of the medication.
- (d) "Medication record" may include:
- (1) The authorized health care provider's written statement;
  - (2) The written statement of the parent or legal guardian;
  - (3) The medication log; and
  - (4) Any other written documentation related to the administration of the medication to the pupil or otherwise assisting the pupil in the administration of the medication.
- (e) "Other designated school personnel" may include any individual employed by the local education agency who:
- (1) Has consented to administer the medication to the pupil or otherwise assist the pupil in the administration of medication; and
  - (2) May legally administer the medication to the pupil or otherwise assist the pupil in the administration of the medication.
- (f) "Parent or legal guardian" means the individual recognized by the local education agency as having authority to make medical decisions for the pupil.
- (g) "Regular school day" may include not only the time the pupil receives instruction, but also the time during which the pupil otherwise participates in activities under the auspices of the local education agency, such as field trips, extracurricular and cocurricular activities, before- or after-school programs, and camps or other activities that typically involve at least one overnight stay away from home.
- (h) "School nurse" means an individual employed by the local education agency who is a currently licensed registered nurse and is credentialed pursuant to Education Code section 44877.

NOTE: Authority cited: Sections 33031 and 49423.6, Education Code. Reference: Sections 44877, 49423, and 49423.6 Education Code.

## **§ 602. Written Statement of Authorized Health Care Provider.**

- (a) A local education agency may establish specifications for the authorized health care provider's written statement in order to ensure that:
- (1) The pupil is clearly identified;
  - (2) The medication is clearly identified;
  - (3) The dosage is clearly specified;
  - (4) The period of time during which the medication is to be taken is clearly specified;

and

(5) Other information is obtained that is relevant to administering the medication to the pupil or otherwise assisting the pupil in administration of the medication.

(b) A pupil's parent or legal guardian may deliver the authorized health care provider's written statement to an authorized representative of the local education agency, such as the schoolsite administrator or his or her designee.

(c) A local education agency may require that an amended or new written statement be provided annually and whenever there is a change in the pupil's authorized health care provider, or a change in the medication, dosage, method by which the medication is required to be taken, or date(s) or time(s) the medication is required to be taken.

NOTE: Authority cited: Sections 33031 and 49423.6, Education Code. Reference: Sections 49423 and 49423.6, Education Code.

### **§ 603. Written Statement of the Parent or Legal Guardian.**

(a) A local education agency may establish specifications for the written statement of the pupil's parent or legal guardian in order to ensure that:

(1) The pupil is clearly identified.

(2) Permission is obtained for an authorized representative of the local education agency to communicate directly with the pupil's authorized health care provider, as may be necessary, regarding the authorized health care provider's written statement.

(3) The parent or legal guardian understands what employees of the local education agency will do to administer the medication to the pupil or otherwise assist the pupil in the administration of the medication.

(4) The parent or legal guardian understands his or her responsibilities to enable employees of the local education agency to administer the medication to the pupil or otherwise assist the pupil in administration of the medication, e.g., to ensure that a current authorized health care provider's written statement has been delivered to an authorized representative of the local education agency, or to ensure that the medication is delivered to the schoolsite in a proper container by an individual legally authorized to be in possession of the medication.

(5) The parent or legal guardian understands how he or she may terminate consent for administration of the medication to the pupil or otherwise assisting the pupil in the administration of the medication.

(b) A local education agency may provide reasonable accommodations to a parent or legal guardian who has insufficient English language proficiency to produce a written statement without assistance or who has a disability that makes it difficult to produce a written statement.

NOTE: Authority cited: Sections 33031 and 49423.6, Education Code. Reference: Sections 49423 and 49423.6, Education Code.

**§ 604. Administration of Medication to Pupils or Otherwise Assisting Pupils in the Administration of Medication.**

(a) A school nurse may administer medication to a pupil or otherwise assist a pupil in the administration of medication as allowed by law and in keeping with applicable standards of professional practice.

(b) Other designated school personnel may administer medication to pupils or otherwise assist pupils in the administration of medication as allowed by law and, if they are licensed health care professionals, in keeping with applicable standards of professional practice for their license.

(c) The pupil's parent or legal guardian may administer medication to the pupil or otherwise assist the pupil in the administration of medication as allowed by law.

(d) An individual designated to do so by the parent or legal guardian may administer medication to the pupil or otherwise assist the pupil in the administration of medication as allowed by law. A local education agency may establish rules governing the designation of an individual by a parent or legal guardian in order to ensure that:

- (1) The individual is clearly identified;
- (2) The individual is willing to accept the designation;
- (3) The individual being designated is permitted to be present on the school site;
- (4) Any limitations on the individual's authority in his or her capacity as designee are clearly established; and

(5) The individual's service as a designee would not be inconsistent or in conflict with his or her employment responsibilities, if the individual being designated is employed by the local education agency.

NOTE: Authority cited: Sections 33031 and 49423.6, Education Code. Reference: Sections 49423 and 49423.6, Education Code.

**§605. Self-Administration of Medication.**

With the approval of the pupil's authorized health care provider and the approval of the pupil's parent or legal guardian, a local education agency may allow a pupil to carry medication and to self-administer the medication. A local education agency may establish rules governing self-administration in order to protect the health and safety both of the pupil and of the whole student body and staff at the schoolsite. Through such rules, a local education agency may describe circumstances under which self-administration may be prohibited.

NOTE: Authority cited: Sections 33031 and 49423.6, Education Code. Reference: Sections 49423 and 49423.6, Education Code.

**§ 606. Delivery and Storage of Medication.**

A local education agency may establish policies governing the delivery of medication to the schoolsite (other than medication a pupil is allowed to carry for purposes of self-

administration), as well as the storage of medication in a manner that is secure and maintains the medication's effectiveness.

NOTE: Authority cited: Sections 33031 and 49423.6, Education Code. Reference: Sections 49423 and 49423.6, Education Code.

### **§ 607. Documentation.**

A local education agency may establish policies regarding documentation of the administration of medication to pupils or otherwise assisting pupils in the administration of medication to ensure that:

- (a) Pupil confidentiality is appropriately maintained;
- (b) A medication record is maintained for each pupil to whom medication is administered or other assistance is provided in the administration of medication; and
- (c) An appropriate record is kept of pupils who are allowed to carry and self-administer medication.

NOTE: Authority cited: Sections 33031 and 49423.6, Education Code. Reference: Sections 49423 and 49423.6, Education Code.

### **§ 608. Deviation from Authorized Health Care Provider's Written Statement.**

A local education agency may establish policies regarding any material or significant deviation from the authorized health care provider's written statement in order to ensure that, as quickly as possible upon discovery, appropriate notification of the deviation is made:

- (a) In accordance with applicable standards of professional practice, if the discovery is made by a licensed health care professional; or
- (b) To the schoolsite administrator, the pupil's parent or legal guardian, an employee of the local education agency who is a licensed health care professional (if any), and the pupil's authorized health care provider, if the discovery is made by an individual who is not a licensed health care professional.

NOTE: Authority cited: Sections 33031 and 49423.6, Education Code. Reference: Sections 49423 and 49423.6, Education Code.

### **§ 609. Unused, Discontinued and Outdated Medication.**

A local education agency may establish policies regarding unused, discontinued, and outdated medication in order to ensure that:

- (a) Such medication is returned to the pupil's parent or legal guardian where possible;
- (b) Such medication that cannot be returned to the pupil's parent or legal guardian is disposed of by the end of the school year in accordance with applicable law.

NOTE: Authority cited: Sections 33031 and 49423.6, Education Code. Reference: Sections 49423 and 49423.6, Education Code.

### **§ 610. Applicability of this Article.**

Nothing in this article may be interpreted as creating a state-mandated local program or as affecting in any way:

(a) The statutes, regulations, or standards of practice governing any health care professional licensed by the State of California in the carrying out of activities authorized by the license;

(b) The statutes or regulations governing the administration of medication to pupils or otherwise assisting pupils in the administration of medication by individuals who are not licensed health care professionals, other than Section 49423 and subdivision (b) of Section 49423.6 of the Education Code;

(c) The use of emergency epinephrine auto-injectors pursuant to Section 49414 of the Education Code;

(d) The content or implementation of a pupil's individualized education program prepared in accordance with applicable provisions of federal and state law, or a pupil's Section 504 Accommodation Plan prepared in accordance with applicable provisions of the federal Rehabilitation Act of 1973.

NOTE: Authority cited: Sections 33031 and 49423.6, Education Code. Reference: Sections 49414, 49423 and 49423.6, and Part 30 (commencing with Section 56000) of Division 4 of Title 2, Education Code.

### **§ 611. Issuance and Periodic Updating of Advisory.**

The California Department of Education, with the approval of the State Board of Education, may issue and periodically update an advisory providing non-binding guidance on the administration of medication to pupils and otherwise assisting pupils in the administration of medication. The advisory shall be a program guideline under Education Code Section 33308.5, and shall meet the requirements of Education Code Section 33308.5 (including the written notification that the guideline is merely exemplary and that compliance with the guideline is not mandatory).

NOTE: Authority cited: Sections 33031 and 49423.6, Education Code. Reference: Sections 33308.5, 49423 and 49423.6, Education Code.

## APPENDIX C: GLOSSARY

**authorized health care provider.** A person who is licensed by the State of California to prescribe medication (*California Code of Regulations (CCR), Title 5, Section 601[a]*).

**capable.** Having the ability to perform a task correctly and competently.

**controlled substances.** Controlled substances are drugs that are regulated by the U.S. Drug Enforcement Administration (DEA). These drugs generally have potential for abuse or illicit distribution. The DEA has divided controlled substances into five schedules according to their potential for abuse. Schedule I drugs have the greatest potential for abuse and Schedule V drugs have the least. **It is a criminal act to violate federal law related to controlled substances.** A Schedule II drug that is commonly administered in schools is Ritalin (methylphenidate). More information about the five schedules of controlled substances may be found on the DEA Web site at <http://www.usdoj.gov/dea/pubs/csa.html>

**designated school personnel.** Persons employed by the local education agency who satisfy the following requirements:

1. Has consented to administer the medication to a student or otherwise assist a student in the administration of medication (unlicensed personnel). (*CCR, Title 5, Section 601[e][1]*)
2. May legally administer the medication to a student or otherwise assist a student in the administration of the medication (licensed health care personnel) (*CCR, Title 5, Section 601[e][2]*).

**duly qualified supervisor of health.** A California credentialed school nurse or a California licensed physician and surgeon may serve as supervisors of health (*EC sections 44871 - 44878*).

**emergency medication.** Life sustaining medication that is provided to avert death. Staff administering life-sustaining medication should be prepared to provide additional life support, such as cardiopulmonary resuscitation (CPR), if needed.

**medication.** Includes substances dispensed in the United States by prescription and substances that do not require prescriptions, such as over-the-counter remedies, nutritional supplements, and herbal remedies (*CCR, Title 5, Section 601[b]*).

**medication error.** Any preventable event that may lead to or cause inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice, health care products, procedures, and systems, such as prescribing; order communication; product labeling, packaging, and nomenclature; compounding; dispensing; distribution; administration; education; monitoring; and use (National

Coordinating Council for Medication Error Reporting and Prevention:  
<http://www.nccmerp.org/aboutMedErrors.html>).

**medication log.** A form used by the local educational agency (LEA) for the documentation of the administration of the medication to a student or otherwise assisting the student in the administration of the medication (*CCR, Title 5, Section 601 [d][3]*).

**medication record.** May include the following information:

1. The authorized health care provider's written authorization
2. The written statement of the parent or legal guardian
3. The medication log
4. Any other written documentation related to the administration of the medication to the student or otherwise assisting the student in the administration of the medication (*CCR, Title 5, Section 601[d][1-4]*)

**med-pak.** A prescribed medication package containing more than one medication.

**parent or guardian.** The person who has the legal responsibility to care for a specific student is recognized by the LEA as having authority to make medical decisions for the student.

**Parent or guardian consent for medication administration.** A written statement from the parent or guardian of the student permitting the LEA to assist the student according to the California licensed health care provider's statement and to communicate with the student's health care provider, as necessary, regarding the medication. The written statement also indicates the parent or guardian's understanding of his or her role and responsibilities for medication administered to his or her child at school (*CCR, Title 5, Section 603*).

**PRN (*pro re nata*) medication.** This medication is administered as needed to the patient. These authorized medications are administered when specific described signs and symptoms are present.

**regular school day.** A regular school day includes the time a student receives instruction and the time during which a student otherwise participates in activities under the auspices of the LEA, such as field trips, extracurricular and cocurricular activities, before or after-school programs, and camps or other activities that typically involve at least one overnight stay away from home (*CCR, Title 5, Section 601 [g]*).

**school nurse.** A person employed by the LEA who is a currently licensed registered nurse and is credentialed pursuant to *EC Section 44877*.

**Sharps.** Objects that can penetrate the skin including needles and lancets.

**sharps container.** A container approved by the California Occupational Safety and Health Association for the disposal of sharps.

**Specialized physical health care services.** These services are prescribed by a physician, may require medically related training to perform, and are necessary for the student to attend school (*EC* Section 49423.5[d]; *CCR, Title 5, Section 3051.12[b][1][A]*).

**Standard.** “That which is established by custom or authority as a model, criterion, or rule for comparison of measurement.” (*Taber’s Cyclopedic Medical Dictionary*, Edition 18, Edited by C.L. Thomas, Philadelphia: F.A. Davis Company, 1997)

**standardized procedures.** Protocols and procedures developed through collaboration among school or hospital administrators and health professionals, including licensed physicians, surgeons, and nurses to be utilized in the provision of the specialized physical health care services (*CCR, Title 5, Section 3051.12 [b][1][B]*).

**Supervision.** Review, observation, or instruction of a designated school person’s performance and of physical health care services, but does not necessarily require the immediate presence of the supervisor at all times.

1. Immediate supervision means that the supervisor shall be physically present while a procedure is being administered (*CCR, Title 5, Section 3051.12[b][1][D][1]*).
2. Direct supervision means that the supervisor shall be present in the same building as the person being supervised and available for consultation or assistance (*CCR, Title 5, Section 3051.12[b][1][D][2]*).
3. Indirect supervision means that the supervisor shall be available to the qualified designated school employee either in person or through electronic means to provide necessary instruction, consultation, and referral to appropriate care and services as needed (*CCR, Title 5, Section 3051.12[b][1][D][3]*).
4. Supervision of designated school persons shall include review on-site by a qualified school nurse, qualified public health nurse, or qualified licensed physician and surgeon. Supervision shall also include review of the competence of that individual in performing the specialized health care service, maintenance of appropriate records, physical environment, and equipment (*CCR, Title 5, Section 3051.12[b][1][D][3]*).

**Training.** Preparation in the appropriate delivery and skillful performance of standard procedures for the administration of medication in school provided by a duly qualified supervisor of health or obtained in an approved program provided by an appropriate agency (*CCR, Title 5, Section 3051,12 [b][1][E]*).

**universal precautions.** Body fluid and blood exposure precautions and controls are used by persons providing health care or assisting with daily living skills as required by the California Occupational Safety and Health Association. These precautions include

proper hand washing, the use of protective gloves when dealing with body fluids, and the proper disposal of wastes and approved environment disinfectants.

**unlicensed designated school personnel.** May include any person employed by the LEA who does not possess a current California license for health care.

## APPENDIX D: REFERENCES:

American Academy of Pediatrics. *Guidelines for Administration of Medication in School*. September 2003.

<http://aappolicy.aappublications.org/cgi/reprint/pediatrics;112/3/697.pdf>.

(Accessed May 26, 2004)

California Department of Health Services *Self-Assessment Manual for Proper Management of Medical Waste*.

<http://www.dhs.ca.gov/medicalwaste/LawRegs/SelfAssessmentManual.pdf>. (Accessed

May 26, 2004)

California Medical Waste Management Program. <http://www.dhs.ca.gov/medicalwaste/>.

(Accessed May 26, 2004)

California Parent Teachers Association Parent Survey: *Parent Satisfaction with Medication Administration in Schools and OTC Medications, 2000-2001 School Year*.

California School Nurses Organization Position Statement. *Medication Administration in the School Setting*. 1999. <http://www.csno.org/legislation/statements/Positions2004.htm>.

(Accessed May 26, 2004)

Committee on Quality of Health Care in America, Institutes of Medicine. *To Err Is Human: Building a Safer Health System*. Edited by J. M. Corrigan, M. S. Donaldson, and L.T. Kohn, Washington: D.C., 2000: The National Academies Press.

Institute for Safe Medication Practices (ISMP). <http://www.ismp.org>. See also

<http://www.ismp.org/msaarticles/qualitychasm.html>. (Accessed May 26, 2004)

National Association of School Nurses Position Statement. *Medication Administration in the School Setting*. 2003. <http://www.nasn.org>. (Accessed May 26, 2004)

National Coordinating Council for Medication Error Reporting and Prevention. *About Medication Errors*. 1998-2004. <http://www.nccmerp.org/aboutMedErrors.html>.

(Accessed May 26, 2004)

Thomas, C.L., ed., *Taber's Cyclopedic Medical Dictionary*. Edition 18. F.A. Davis Company, Philadelphia, 1997

United States Government Printing Office. *United States Code: Code of Federal Regulations, Title 21*. Volume 9, Chapter II, Part 1300.01. Definitions Relating to Controlled Substances. <http://www.gpoaccess.gov/cfr/retrieve.html>. (Accessed May 26, 2004)

United States Department of Labor, Occupational Safety and Health Administration.  
Blood Borne Pathogens. <http://www.osha.gov>. See also  
<http://www.osha.gov/SLTC/bloodbornepathogens/index.html>