

POLICY

BOARD OF EDUCATION WASHINGTON TOWNSHIP

PUPILS

5330/page 1 of 3

Administration of Medication

M

5330 ADMINISTRATION OF MEDICATION

The Board of Education disclaims any and all responsibility for the diagnosis and treatment of the illness of any pupil. However, in order for many pupils with chronic health conditions and disabilities to remain in school, medication may have to be administered during school hours. Parents and legal guardians are encouraged to administer medications to children at home whenever possible as medication should be administered in school only when necessary for the health and safety of pupils. The Board will permit the administration of medication in school in accordance with applicable law.

Medication will only be administered to pupils in school by the school physician, a certified or noncertified school nurse, a substitute school nurse employed by the district, the pupil's parent(s) or legal guardian(s), a pupil who is approved to self-administer in accordance with N.J.S.A. 18A:40-12.3 and 12.4, and school employees who have been trained and designated by the certified school nurse to administer epinephrine in an emergency pursuant to N.J.S.A. 18A:40-12.5 and 12.6 and/or to administer glucagon pursuant to N.J.S.A. 18A:40-12.14 and as specified in P/R 5338 *Diabetes Management*.

Self-administration of medication by a pupil for asthma or other potentially life-threatening illness or a life threatening allergic reaction is permitted in accordance with the provisions of N.J.S.A. 18A:40-12.3.

Medication no longer required must be promptly removed by the parent(s) or legal guardian(s).

The school nurse shall have the primary responsibility for the administration of epinephrine. However, the certified school nurse shall designate, in consultation with the Superintendent/designee, additional employees of the district who volunteer to be trained in the administration of epinephrine via a pre-filled auto-injector mechanism using standardized training protocols established by the Department of Education in consultation with the Department of Health and Senior Services when the school nurse is not physically present at the scene.

Pursuant to 18A:40-12.5, the school nurse or designee shall be promptly available on site at the school and at school-sponsored functions in the event of an allergic reaction. In addition, the parent(s) or legal guardian(s) must be informed that the school district, its employees and agents shall have no liability as a result of any injury arising from the administration of epinephrine to the pupil.

The parent(s) or legal guardian(s) of the pupil must sign a statement acknowledging their understanding that the district shall have no liability as a result of any injury arising from the administration of the epinephrine via a pre-filled auto-injector mechanism to the pupil and the



POLICY

BOARD OF EDUCATION WASHINGTON TOWNSHIP

PUPILS

5330/page 2 of 3

Administration of Medication

M

parent(s) or legal guardian(s) shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of the epinephrine via a pre-filled auto-injector mechanism to the pupil.

The permission for the emergency administration of epinephrine via a pre-filled auto-injector mechanism containing epinephrine to pupils for anaphylaxis is effective for the school year it is granted and must be renewed for each subsequent school year.

Each school in the district shall have and maintain for the use of pupils at least one nebulizer in the office of the school nurse or a similar accessible location. Each certified school nurse or other persons authorized to administer asthma medication will receive training in airway management and in the use of nebulizers and inhalers consistent with State Department of Education regulations. Every pupil that is authorized to use self-administered asthma medication pursuant to N.J.S.A. 18A:40-12.3 or a nebulizer must have an asthma treatment plan prepared by the pupil's physician which shall identify, at a minimum, asthma triggers, the treatment plan, and other such elements as required by the State Board of Education. The asthma treatment plan shall be part of the pupil's Individual Healthcare Plan (IHP) which shall be developed by the certified school nurse.

All pupil medications shall be appropriately maintained and secured by the school nurse, except those medications to be self-administered by pupils. In those instances the medication may be retained by the pupil with the prior knowledge of the school nurse. The school nurse may provide the Principal and other teaching staff members concerned with the pupil's educational progress with such information about the medication and its administration as may be in the pupil's best educational interests. The school nurse will report to the parent/guardian and/or pupil's physician any pupil who appears to be affected adversely by the administration of medication and may recommend to the Principal the pupil's exclusion pursuant to law. The school nurse may also consult with the school physician.

The school nurse shall document each instance of the administration of medication to a pupil. Pupils self-administering medication during the regular school day shall report each incident of self-administration to the school nurse or in cases involving school-sponsored activities beyond the school day to a teacher, coach, or other individual designated by the school nurse and supervising the pupil during the school activity when the pupil self-administers. These designated individuals shall report such incidents to the school nurse within twenty-four hours of the self-administration of medication. The school nurse shall preserve records and documentation regarding the self-administration of medication in the pupil's health file.

N.J.S.A. 18A:6-1.1; 18A:40-3.1; 18A:40-6; 18A:40-7; 18A:40-12.3;
18A:40-12.4; 18A:40-12.5; 18A:40-12.6; 18A:40-12.7; 18A:40-12.8

N.J.S.A. 45:11-23



POLICY

BOARD OF EDUCATION WASHINGTON TOWNSHIP

PUPILS

5330/page 3 of 3

Administration of Medication

M

N.J.A.C. 6A:16-2.3(b)

Adopted: 25 August 1998

Revised & Approved: 27 July 1999

Revised & Approved: 18 December 2001

New in its Entirety: 16 August 2010

[Policy Alert 145]

[Policy Alert 157]

[Policy Alert 179]

