



ADMINISTRATION OF MEDICATION IN SCHOOLS

Maryland State School Health Services Guidelines

August 2023



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Forward

There is a strong relationship between academic achievement and a child's physical, emotional and mental health. This link is the foundation for providing school health services as an important component of a school program. School health services provide primary prevention aimed at keeping students in schools through appropriate screenings, early identification of children at risk for physical, emotional and mental health concerns, and case management of students with chronic health concerns.

The Maryland Code Annotated, Education § 7-401 (Md. Code Ann., Educ. § 7-401) requires the Maryland State Department of Education (MSDE) and the Maryland Department of Health (MDH) to jointly develop public standards and guidelines for school health programs. The following guidelines were developed in accordance with that requirement and are based on the expressed needs of the local school health services programs. The guidelines developed under Md. Code Ann., Educ. § 7-401 contain recommendations for minimum standards of care and current best practices for the health service topics addressed. It is intended that these guidelines will be used by the local education agencies (LEAs) in developing policies and procedures to assist local school health services programs in providing consistent and safe care to the students of Maryland. Specific laws and regulations that direct school nursing practice or other health services are identified in the guidelines.

To implement these guidelines, LEAs and local health departments should consult with MSDE and MDH who will:

- Assist and provide technical assistance to local school health programs to support their efforts to plan for students with special health needs;
- Provide training to all appropriate school staff regarding issues related to students with special health needs including, but not limited to, planning, maintaining a safe environment, and medication administration issues; and
- Monitor the implementation of school health services programs including, but not limited to, programs and policies related to students with special health needs.

Section I: Introduction

BACKGROUND

The administration of medication in the school setting is a service that is provided to promote wellness and decrease absenteeism. Medication administration is part of student acute and/or chronic disease management and allows schools to provide a free and appropriate public education (FAPE) to all students consistent with federal requirements. Parents/guardians should administer medications at home whenever possible and should collaborate with their child's health care provider to establish medication schedules that minimize administration at school whenever possible, as medically appropriate. When there is a need for a student to receive medication in school, safe and proper administration is essential.

PURPOSE

The purpose of this guideline is to:

- Provide guidance to school health services staff to assure safe administration of medication consistent with all applicable state and federal laws and regulations for students who require medication during the school day and school related activities;
- Define the roles and responsibilities of school health services staff, school administrators, other school staff, parents/guardians, and students in the processes for the administration of medications in schools.

Section II: Medication Administration Management

PRESCRIPTION MEDICATION

All prescription medication given in school must be ordered by a person authorized to prescribe the medication. The Maryland Code Annotated, Health Occupations § 12-101(b) defines an authorized prescriber to be a physician, nurse practitioner, podiatrist, physician assistant, or dentist. The LEAs are required to use a standard medication form. There is an approved Maryland state form for medication administration/authorization (see Appendix I). The LEAs may develop their own standard form that contains the minimum required elements listed below:

- Date of order;
- Name of student;
- Student date of birth;
- Diagnosis;
- Name of medication to be administered;
- Dosage;
- Time of administration;
- Route of administration;
- Duration of medication order;
- Prescriber name/title and signature;
- Possible side effects;
- Special instructions (e.g., take with food);
- Whether or not medication may be self-carried/self-administered; and
- Parent/guardian signature.

The medication administration/authorization form must be signed by the authorized prescriber and the parent/guardian. A stamp with the prescriber's signature is permitted; however, a printed name stamp alone is not acceptable. A separate medication form is needed for each medication to be administered in school unless there is a specific state order form identified for chronic disease management (such as diabetes or allergies) that allows multiple medications to be ordered on one form. All prescription medication orders shall be renewed annually. The medication administration/authorization form is to be filed in the student's school health record per the [Maryland Student Records System Manual](#).

Verbal orders from an authorized prescriber should only be taken when necessary and must be taken only by a registered nurse (RN) or a licensed practical nurse (LPN) and co-signed by an RN. Verbal orders shall be documented by the nurse in the student's health record and must be followed up within a locally determined amount of time, not to exceed 72 hours, by a medication administration/authorization form completed by

the prescriber. If unable to obtain the written order, the nurse shall attempt to contact both the prescriber and parent/guardian. If the written order is not received within the locally determined amount of time, the medication may no longer be administered in school and must be discontinued.

Faxed/scanned medication orders for the administration of medication may be accepted when submitted on a medication administration/authorization form and signed by an authorized prescriber. The parent/guardian should sign the form within a locally determined amount of time, not to exceed 72 hours after receipt of the form by the authorized prescriber.

PARENTAL / GUARDIAN CONSENT

Written parental/guardian consent documented by parental/guardian signature is required for each medication ordered and for each new order, as required on the medication administration/authorization form. As with the medication orders, parental/guardian consent must be renewed annually. The authorization form documenting parental/guardian consent shall be maintained in the student records in accordance with the [Maryland Student Records System Manual](#).

LABELING, STORAGE, AND DISPOSAL

The original medication container shall accompany all medications to be administered in school. Parents/guardians should request two labeled containers (one for school and one for home) from the pharmacist when getting a prescription filled. Medications should be brought to the school by the parent/guardian or specified responsible adult. The quantity of medication received should be checked by the school nurse or trained designee and documented per local procedure as soon as the parent/guardian delivers the medication. Alternatives to this procedure can be determined by the local school health services program, provided that the student's health and safety is not jeopardized.

The medication must be delivered in the original container, labeled with the following:

- Name of student;
- Student date of birth;
- Name of medication;
- Dosage of medication to be given;
- Strength of medication;
- Frequency of administration;
- Route of administration;
- Name of authorized prescriber ordering medication;
- Date of prescription;
- Manufacturer expiration for over the counter (OTC) medications;
- Pharmacy discard date for prescription medications; and
- Pharmacy contact information.

All medication must be stored in a locked cabinet. Medication that requires refrigeration must be stored in a locked box/locked refrigerator. The refrigerator temperature should be checked daily and logged appropriately. The manufacturer's temperature recommendation is usually between +2°C and +8°C and ideally +5°C; however, confirm with manufacturer instructions. Notify the appropriate individuals if the refrigerator is not maintaining temperature as recommended. Access to the locked medication shall be under the authority of the school health professional, the principal, and/or the principal's designee.

All medication must be removed from school premises upon appropriate notification (to/from the parent/guardian/authorized prescriber/school nurse) of the medication being discontinued, expired, or at the end of the school year. LEAs must plan for the return of medication to parents/guardians during extended school closures. For prescription medications, the discard date on the pharmacy label must be followed regardless of the manufacturers' expiration date. Exceptions may occur due to medication shortages declared by either MDH or the Maryland Board of Pharmacy (MBOP). If not retrieved by a parent/guardian or specified responsible adult, unused and unclaimed medication should be disposed of appropriately. Based on nursing practice standards, opioids and controlled substances should be witnessed during disposal. Empty asthma inhalers may be disposed of in the trash. Sharps (needles and lancets) must be disposed of in a puncture proof container. Disposal of this container and other medical waste must follow Occupational Safety and Health Administration (OSHA)/Maryland Occupational Safety and Health (MOSH), and Bloodborne Pathogens Standard found in the Code of Federal Regulation (29 CFR 1910.1030).

ADMINISTRATION OF MEDICATION

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

The following minimum standards for the administration of medication include:

- Before administration of medications confirm the five rights of medication administration: right patient, right drug, right route, right time, and right dose;
- 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., epinephrine, glucagon);
- The record of each administration shall be maintained and include student's name, date and time of administration, dosage, route and signature of person administering the medication.

EMERGENCY MEDICATION ADMINISTRATION

All LEAs should develop and implement policies for health emergencies. Students who may require administration of emergency medications in the school setting should have a plan to ensure immediate access to emergency medications. This includes, but is not limited to, administration of individual or stock rescue medications for seizures, anaphylaxis, respiratory, blood, cardiac, and endocrine disorders, and for the reversal of a suspected opioid overdose.

Each LEA is required to have stock epinephrine and naloxone for emergency administration according to the Md. Code Ann., Educ., § 7-426.1 (Children with Anaphylactic Allergies) and Md. Code Ann., Educ. § 7-426.5 (Naloxone Administration).

Emergency action plans (EAPs) must be developed for students with known life-threatening conditions. These plans include the training of school staff to administer medication under authorized parameters. Schools shall work with parents/guardians to ensure there is sufficient supply of emergency medication provided for students with known life-threatening conditions.

Self-Carry/Self-Administration: The Md. Code Ann., Educ. § 7-421 (Use of Asthma Drugs and Related Medication) allows for students to self-carry and/or self-administer medications. An authorized prescriber must provide a written order for self-carry and/or self-administration of medication and there must be written approval of the parent/guardian. The school nurse **must assess and approve** the student's ability to self-carry and/or self-administer medication. A plan shall be developed by the authorized prescriber, parent/guardian, and school nurse for students who self-carry and/or self-administer their medications. The plan shall address the following considerations:

- The need to have ready access to emergency medication;
- The developmental ability of the student;
- The safe carrying of medication; and
- A process of recording the medication administration.

OPIOIDS AND OTHER CONTROLLED SUBSTANCES

Schools shall refrain from administering opioids for the purpose of post-operative pain and severe acute pain management. If an opioid must be administered in school, the guidelines for prescription medications should be followed with the following modifications:

- The designated school health services staff shall immediately count and record the amount of medication received while witnessed by the parent/guardian or adult delivering the medication;
- The designated school health services staff shall count opioids and other controlled substances on a scheduled basis while witnessed by a responsible employee. This count should be reconciled with the prior count and medication administration record;
- The designated school health services staff shall maintain no more than a 30-day supply of opioids and other controlled substances for an individual student;
- The authorized prescriber and parent/guardian shall provide a new opioid order and authorization every 30 days EXCEPT if the opioid is to be given as needed; and
- The school nurse should contact the parent/guardian and prescriber to confirm the continued need for the opioid if the medication is to be given PRN for more than 30 days.

OVER-THE-COUNTER (OTC) MEDICATIONS

Administration of OTC medication must be conducted in accordance with the guidelines for prescription medications (outlined above). OTC medication must be brought to school in an original, unopened container.

The only exception to this rule is if the LEA and school health services program have adopted an “authorized prescriber-directed nursing protocol,” also known as a “discretionary medication protocol,” for the administration of OTC medications in compliance with the Maryland Nurse Practice Act (COMAR, Title 10, Subtitle 27).

Authorized Prescriber-Directed Nursing Protocols:

If the LEA and local school health services program have adopted an “authorized prescriber-directed nursing protocol” the following should be incorporated into the protocol/procedure:

- The LEA and the school health services program shall determine which OTC medications are to be administered under its protocol/procedures;
- Parent/guardian authorization is required annually for the administration of the OTC medications identified in the protocol/procedure;
- Administration of the identified OTC medications must be part of a nursing protocol/procedure which has been approved by the LEA, the School Health Services Coordinator, and the medical director;
- Only RNs/LPNs may make the assessment and the decision to administer an OTC medication, therefore an “authorized prescriber-directed nursing protocol” may only be used in schools that are staffed by a fulltime RN/LPN;
- “An authorized prescriber-directed nursing protocol” may not take the place of a prescription that is administered for a diagnosed chronic medical condition. The guidelines for prescription medication must be followed when this occurs;
- The OTC medications stocked under the local protocol/procedure must be approved by the prescriber of the “authorized prescriber directed nursing protocol”; and
- The formulary of the OTCs may not be substituted by the parent/guardian.

ALTERNATIVE AND COMPLEMENTARY THERAPEUTIC PRODUCTS

Alternative and complementary therapeutic products should be administered in accordance with the guidelines for prescription drugs. These include dietary supplements such as herbs, vitamins, minerals, and probiotics; homeopathic products and traditional or cultural therapeutic products that are ingested, inhaled, or applied topically. Medical cannabis is not an alternative or complementary therapeutic product. For more information about medical cannabis, refer to the [Health Services Guidance](#).

DELEGATION OF MEDICATION ADMINISTRATION TO AN UNLICENSED INDIVIDUAL

COMAR 10.27.11.05G and COMAR 10.39.04.09 require that persons routinely administering medication under the direction of a registered nurse be appropriately trained and supervised. The School Health

Medication Administration Training Program: Certified Medication Technician (CMT program) is the approved program for school health services program staff. This training provides instruction in the administration of oral medications. Administration of medication by any other route requires additional training. Records of the date and nature of the initial training and every two-year re-certification must be maintained via the Maryland Board of Nursing (MBON). The RN Case Manager/Delegating Nurse (RN CM/DN) will maintain documentation of the required 45-day delegation assessment per the MBON approved curriculum for school health services and according to local school health services program policy/procedure.

The school nurse shall collaborate with the school administrator to develop plans for the administration of medication in the unexpected absence of the nurse and/or CMT. The decision regarding the temporary responsibility of medication administration should be considered in conjunction with other school duties. Comprehensive planning that includes training will allow the most appropriate person to be identified and assigned to each task and medication administration to be completed in a safe manner. 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.

In all cases, the person to whom the administration of medication is delegated (routinely or unexpectedly), should meet the following criteria set forth in COMAR 10.27.11 and COMAR 10.39.04:

- In the judgement of the nurse, the task can be properly and safely performed by the unlicensed individual without jeopardizing the client's welfare; and
- That person is competent to perform the task assigned.

Additionally, the person should:

- Be an employee of the LEA or health department;
- Agree to this responsibility;
- Have good attendance;
- Be familiar with the students in the school;
- Possess good organizational skills; and
- Handle stress in a calm manner.

Medication administration is not an appropriate assignment for an unlicensed school/parent volunteer.

TRAINING FOR ADMINISTRATION OF EMERGENCY MEDICATIONS

In the event of a medical emergency, the registered nurse/school nurse may delegate certain nursing tasks to unlicensed individuals in the school setting. Under COMAR 10.27.11.01-.06 and COMAR 10.27.09.03I, the Maryland Nurse Practice Act provides the legal parameters for nurses to follow when delegating nursing tasks to unlicensed individuals. The Nurse Practice Act charges the delegating registered nurse with the responsibilities of choosing, training, and supervising unlicensed persons in the school setting to whom they may delegate nursing tasks. Thus, school staff trained by the school nurse may administer emergency medication to a student. This includes, but is not limited to, administration of rescue medications for

seizures, anaphylaxis, respiratory, blood, cardiac and endocrine disorders, and for the reversal of suspected opioid overdose.

ADMINISTRATION OF MEDICATION DURING SCHOOL-SPONSORED ACTIVITIES

Routine medications should be administered to students participating in school-sponsored activities only when absolutely necessary. Timing of doses should be adjusted (in consultation with the authorized prescriber) to occur outside of the timeframe of the school-sponsored activity when medically appropriate. Medications may be administered during school-sponsored activities when previously administered (i.e., not the first dose), and a parent/guardian authorization form and authorized prescriber order is on file. The only exception to this guideline is administration of the aforementioned rescue medications. The determination of whether a medication is administered during a school-sponsored activity and by whom, shall be determined by the registered nurse/school nurse in collaboration with the school administrator and parents/guardian. Options for administration of medications during school sponsored activities may include the following:

- The parent/guardian may accompany the student to the school-sponsored activity and administer the medication; or
- A single dose of the medication may be placed in a properly labeled envelope or container by the licensed registered school nurse and stored in a locked cabinet in the school health suite. The medication can then be administered at the school-sponsored activity by selected school personnel; or
- A parent may bring in a single dose of medication for the school-sponsored activity in a properly labeled prescription or OTC container to be given at the school-sponsored activity by school personnel; or
- Overnight and extended school-sponsored activities may require a separate authorized prescriber order form for administration of medications outside of normal school hours. The LEA, in collaboration with school health services, shall develop a plan for transport and administration of medication on these overnight and extended school-sponsored activities.

Upon completion of the activity, 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 medication in accordance with local policy. If the parent accompanies the student on the school-sponsored activity and administers medication not from the school supply, the parent should notify the school nurse of the time the medication was administered.

VARIANCE IN ADMINISTRATION OF MEDICATION

The local school health services program shall develop procedures to ensure accurate documentation of a medication variance. If a variance in medication administration occurs (such as missing a dose, giving the incorrect dose, giving a dose at the wrong time, giving an incorrect medication to the student, or giving a student another student's medication), the following procedures should be followed:

- Observe the student for side effects;
- Contact poison control as appropriate;

- Take appropriate action based on nursing judgement and/or authorized prescriber order;
- Notify the parent, school administrator, nursing supervisor and student's health care provider as needed;
- Complete the appropriate LEA reporting forms; and
- Document the occurrence and the action taken.

STOLEN OR LOST MEDICATION

If any medication is reported missing, the school administrator and the local school health services coordinator shall be notified and procedures for missing property on school grounds should be followed. If the incident involves controlled, dangerous substances, notification of the police may be appropriate. Parents shall also be informed in order to replace the medication. Appropriate documentation shall be completed in accordance with the LEA procedures. The designated school health professional shall keep a copy of the documentation as per LEA procedures.

EDUCATION ON THE USE OF MEDICATION

The school nurse shall 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 shall 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 should work with the parent/guardian and school team to address issues surrounding the use of medication at school. This may include, but is not limited to, developing plans for assisting students to remember to come to the health suite or their medication(s) or timing of doses around meals. The school nurse shall work with the parent and other staff to establish health goals as part of an IEP or 504 plan as deemed appropriate by the multi-disciplinary team. Policies, procedures, and forms regarding medication administration in schools should be shared with local health care providers for continuity of care and to maintain a collaborative relationship with students' health care providers.

COMMUNICATION WITH AUTHORIZED PRESCRIBER REGARDING THE TREATMENT OF A STUDENT

The school nurse may communicate with an authorized prescriber for concerns or clarification of the medical orders or to share information relevant to the treatment regimen without written authorization of the parent. Regardless of the health care setting, scope and standards of practice for nurses require verification when administering medications.

For all other communications with health care providers, the school nurse shall follow all Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPPA) regulations.

***NOTE: Local school health services programs contracting private duty nursing services shall require the contracted services to follow these school health services medication guidelines. ***

Section III: Glossary, References, and Appendices

GLOSSARY

Authorized Prescriber: A physician, nurse practitioner, certified midwife, podiatrist, physician assistant or dentist, according to the Maryland Annotated Code, Health Occupations § 12-101(b).

Certified Medication Technician (CMT): An individual who completes a 20-hour course in medication administration approved and certified by the Board of Nursing (COMAR 10.27.11.02.12).

Delegation: The act of authorizing an unlicensed individual, a certified nursing assistant, or a medication technician to perform acts of registered nursing or licensed practical nursing (COMAR 10.27.11.02(B)(6)).

Emergency Action Plan (EAP): A document that specifies the actions needed to manage a student's specific medical condition in the event of a medical emergency.

Family Educational Rights and Privacy Act (FERPA): (20 U.S.C. § 1232g; 34 CFR Part 99) A federal law that protects the privacy of student education records. The law applies to schools receiving federal funds under an applicable program of the U.S. Department of Education. FERPA gives parents certain rights with respect to their student's education records and these rights transfer to the student when the student reaches age 18 or attends a school beyond the high school level. FERPA permits school officials to disclose, without consent, education records, or personally identifiable information from education records, to appropriate parties in connection with an emergency, if knowledge of that information is necessary to protect the health or safety of the student or other individuals (e.g., on a need-to-know basis).

Free and Appropriate Public Education (FAPE): Education provided by public schools to students with disabilities is designed to meet their individual needs to the same extent that the needs of nondisabled students are met. An appropriate education may include regular or special education and related aids and services to accommodate the unique needs of individuals with disabilities

Individualized Education Program (IEP): A written document required under the Individuals with Disabilities Education Improvement Act (IDEIA) for students with disabilities that outlines their need for special education and related services.

Individualized health care plan (IHP): A type of nursing care plan developed by the school nurse utilizing data from a nursing appraisal/assessment. It is specific for a student with a chronic health condition and designed to meet the student's unique health care needs.

Medication Administration: A term used to describe a nursing process that incorporates the application of knowledge of a product/medication; its interaction with other products/medications; as well as the duty to educate the person/patient on the use, effects, side effects and indications for the use of a product/medication.

Nurse Practice Act: A statute enacted by the legislature of any state or by the appropriate officers of the district that delineates the legal scope of the practice of nursing within the geographical boundaries of the jurisdiction. The Maryland Nurse Practice Act is codified in the Maryland, Code Annotated, Health Occupations Article, Title 8. The accompanying regulations are found in the Code of Maryland Regulations, Title 10, Subtitle 27.

Nursing Appraisal: The process by which a designated school health services professional identifies health problems that may interfere with learning. These may include health observations, interviews, and conferences with parents/guardians, students, educators, and other health professionals.

Nursing Assessment: The act of gathering and identifying data that assists the nurse, the client (e.g., student in the school setting), and the client's parent/caregiver to identify the client's health concerns and needs. (Maryland Nurse Practice Act, Maryland Code Annotated, Health Occupations Article, Title 8; COMAR Title 10, Subtitle 27).

School Health Professional: Individuals employed (by the Local Education Agency or Local Health Department) as members of the health services delivery model. These members include, but are not limited to, the following: RN, LPN, CNA, CMT, Health Assistant or Health Technician.

School Nurse: A registered nurse currently licensed by the Maryland Board of Nursing who works in a school setting.

School-Sponsored Activities: Academic and non-academic school programs and activities at schools that receive federal financial assistance and are therefore subject to Section 504 of the Rehabilitation Act of 1973 (see 34 C.F.R. Part 104). These activities are those the student attends as a participant and not those attended as an observer.

School Team: Refers to all members of the school academic team including, but not limited to, teachers, para-educators, school counselors, school psychologists, and school administrators.

Section 504 Plan: An education plan developed by a school team for a student with a disability in accordance with Section 504 of the Rehabilitation Act of 1973 and 34 C.F.R. Part 104 that specifies services designed to meet the student's individual educational needs so the student can access a free and appropriate public education (FAPE).

Self-Administration: The application or consumption of medication by an individual in a manner directed by the health practitioner without additional assistance or direction (Md. Code Ann., Educ. § 7-421).

Self-Carry: The possession of a medication on an individual's person to allow quick access to and administration of the medication and to allow self-administration when specified.

Unlicensed School Staff: Non-medical school staff who are not part of the school health services program and meet the definition of an "Unlicensed Individual" under COMAR 10.27.11.02(B)(24). This may include, but is not limited to teachers, coaches, athletic trainers, administrators, and cafeteria workers.

Variance: An event that occurs, or may occur, that is a deviation from the expected practice of prescribing, administering, or dispensing medications.

REFERENCES

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<https://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=ged§ion=7-426.5&enactments=False&archived=False>
- School Health Program, Md. Code Ann., Educ. § 7-401.
<https://mgaleg.maryland.gov/mgawebsite/laws/StatuteText?article=ged§ion=7-401&enactments=false>
- Use of Asthma Drugs and Related Medications, Md. Code Ann., Educ. § 7-421.
<https://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=ged§ion=7-421&enactments=False&archived=False>

APPENDIX A: MARYLAND STATE SCHOOL MEDICATION AUTHORIZATION FORM

Maryland State School Medication Administration Authorization Form (fillable version):

https://www.marylandpublicschools.org/about/Documents/DSFSS/SSSP/SHS/SHSGuidelines/MedicationAdministrationForm_Fillable_a.pdf