

R 5330 ADMINISTRATION OF MEDICATION (M)

A. Definitions

1. “Medication” means any prescription drug or over-the-counter medicine or nutritional supplement and includes, but is not limited to, aspirin and cough drops.
2. “Administration” means the taking of any medication by ingestion, injection, or application to any part of the body or the giving of direct physical assistance to the person who is ingesting, injecting, or applying medication.
3. “Self-administration” means carrying and taking medication without the intervention of the school nurse, approved through the school district policy and restricted to students with asthma, other potentially life-threatening illnesses, life-threatening allergic reaction, or adrenal insufficiency.
4. “Life-threatening illness” means an illness or condition that requires an immediate response to specific symptoms or sequelae (an after effect of disease or injury) that if left untreated may lead to potential loss of life.
5. “A pre-filled auto-injector mechanism containing epinephrine” is a medical device used for the emergency administration of epinephrine to a student for anaphylaxis.
6. “Noncertified nurse” means a person who holds a current license as a registered professional nurse from the State Board of Nursing and is employed by the district, and who is not certified as a school nurse by the New Jersey Department of Education (NJDOE).
7. “Substitute school nurse” means a person who holds a current license as a registered professional nurse from the State Board of Nursing and who has been issued a county substitute certificate to serve as a substitute for a certified school nurse in accordance with N.J.A.C. 6A:9B-7.6.
8. “School physician” means a physician with a current license to practice medicine or osteopathy from the New Jersey Board of Medical Examiners who works under contract or as an employee of



the district. This physician is referred to as the medical inspector in N.J.S.A. 18A:40-4.1.

9. “Advanced practice nurse” means a person who holds a current license as nurse practitioner/clinical nurse specialist from the State Board of Nursing.
10. “Certified school nurse” means a person who holds a current license as a registered professional nurse from the State Board of Nursing and an Educational Services Certificate with a school nurse endorsement or school nurse/non-instructional from the Department of Education pursuant to N.J.A.C. 6A:9B-14.3 and 14.4.

B. Permission for Administration by a School Nurse or Registered Nurse

1. Permission for the administration of medication in school or at school-sponsored functions will be given only when it is necessary for the health and safety of the student.
2. Medication will not be administered to a student who is physically unfit to attend school or has a contagious disease. Any such student should not be permitted to attend school and may be excluded in accordance with Policy 8451.
3. Parent requests for the administration of medication in school must be made in writing and signed by the parent.
4. The parent must submit a certified statement written and signed by the student’s physician. The statement must include:
 - a. The student’s name;
 - b. The name of the medication;
 - c. The purpose of its administration to the student for whom the medication is intended;
 - d. The proper timing and dosage of medication;
 - e. Any possible side effects of the medication;



- f. The time when the medication will be discontinued;
 - g. A statement that the student is physically fit to attend school and is free of contagious disease; and
 - h. A statement that the student would not be able to attend school if the medication is not administered during school hours.
- 5. The request for the administration of medication must be made to the Superintendent or designee prior to any administration of medication or delivery of the medication to the school. The Superintendent or designee may consult with the school nurse and the school physician in making his/her final determination to allow or deny the request.
 - a. An approved request will be signed by the Superintendent or designee and given to the school nurse and the student's parent.
 - b. The parent will be informed of a reason for a denied request.

C. Administration of Epinephrine to Students

- 1. In accordance with N.J.S.A. 18A:40-12.5, the parent may provide the Superintendent or designee authorization for the emergency administration of epinephrine via a pre-filled auto-injector mechanism containing epinephrine to a student for anaphylaxis provided:
 - a. The parent provides the Superintendent or designee a written authorization for the administration of epinephrine;
 - b. The parent of the student provides the Superintendent or designee with written orders from the physician or an advanced practice nurse that the student requires the administration of epinephrine for anaphylaxis;
 - c. The parent is informed in writing by the Board of Education or Superintendent or designee that the school district and its employees or agents shall have no liability as a result of any injury to a student arising from the administration of epinephrine via a pre-filled auto-injector mechanism;



- d. The parent signs a statement acknowledging their understanding the district shall incur no liability as a result of any injury arising from the administration of epinephrine via a pre-filled auto-injector mechanism to the student and the parent shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of epinephrine via a pre-filled auto-injector mechanism to the student;
- e. The permission for the emergency administration of epinephrine via a pre-filled auto-injector mechanism is effective for the school year it is granted and must be renewed for each subsequent school year upon the fulfillment of the requirements as outlined in a. through d. above;
- f. The Superintendent or designee requires:
 - (1) The placement of the student's prescribed epinephrine to be in a secure but unlocked location easily accessible by the school nurse and trained designees to ensure prompt availability in the event of an allergic emergency at school or at a school-sponsored function. The location of the epinephrine shall be indicated on the student's emergency care plan. Back-up epinephrine shall also be available at the school if needed;
 - (2) The school nurse or trained designee to be promptly available on site at the school and school-sponsored functions in the event of an allergic reaction; and
 - (3) The transportation of the student to a hospital emergency room by emergency services personnel after the administration of epinephrine, even if the student's symptoms appear to have resolved.
- g. The Superintendent or designee shall also:
 - (1) Permit the school nurse or trained designee to administer epinephrine via a pre-filled auto-injector



mechanism to any student without a known history of anaphylaxis or to any student whose parent has not met the requirements outlined in Regulation 5330 – Section C.1.a., b., and d. and has not received the notice required in Regulation 5330 – Section C.1.c. when the school nurse or trained designee in good faith believes the student is having an anaphylactic reaction; and

- (2) Require each school in the district to maintain in a secure, but unlocked and easily accessible location, a supply of epinephrine auto-injectors prescribed under a standing order from a licensed physician or advanced practice nurse, and is accessible to the school nurse and trained designees for administration to a student having an anaphylactic reaction.
2. In accordance with N.J.S.A. 18A:40-12.6, the school nurse shall have the primary responsibility for the administration of the epinephrine. The school nurse shall designate, in consultation with the Board of Education, additional employees of the school district who volunteer to administer epinephrine via a pre-filled auto-injector mechanism to a student for anaphylaxis when the nurse is not physically present at the scene. In the event that a licensed athletic trainer volunteers to administer epinephrine, it shall not constitute a violation of the “Athletic Training Licensure Act,” P.L.1984, c.203 (C.45:9-37.35 et seq.).
 - a. The school nurse shall determine that:
 - (1) The designees have been properly trained in the administration of the epinephrine via a pre-filled auto-injector mechanism using standardized training protocols established by the NJDOE in consultation with the Department of Health;
 - (2) The parent of the student consented in writing to the administration of the epinephrine via a pre-filled auto-injector mechanism by the designees;
 - (3) The Board or Superintendent or designee has informed the parent of the student in writing that the district and



its employees or agents shall have no liability as a result of any injury arising from the administration of the epinephrine to the student;

- (4) The parent of the student signed a statement acknowledging their understanding 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 student and the parent 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 student; and
 - (5) The permission is effective for the school year for which it is granted and is renewed for each subsequent school year upon fulfillment of the requirements in subsections 2.a.(1) through 2.a.(4) above.
3. The NJDOE, in consultation with the Department of Health, shall require trained designees for students enrolled in a school who may require the emergency administration of epinephrine for anaphylaxis when the school nurse is not available.
4. Nothing in N.J.S.A. 18A:40-12.6 and Regulation 5330 – Section C. shall be construed to prohibit the emergency administration of epinephrine via a pre-filled auto-injector mechanism to a student for anaphylaxis by the school nurse or other employees designated pursuant to N.J.S.A. 18A:40-12.3(a)(1) when the student is authorized to self-administer epinephrine pursuant to N.J.S.A. 18A:40-12.3, or when there is a coexisting diagnosis of asthma, or when a prescription is received from a licensed health care professional for epinephrine coupled with another form of medication, or when the epinephrine is administered pursuant to N.J.S.A. 18A:40-12.5.f.
5. The certified school nurse, in consultation with the Superintendent or designee, shall recruit and train volunteer designees who are determined acceptable candidates by the school nurse within each school building as deemed necessary by the nursing services plan, in accordance with N.J.S.A. 18A:40-12.6c(b).



6. No school employee, including a school nurse, or any other officer or agent of a Board of Education, or a physician or an advanced practice nurse providing a prescription under a standing protocol for school epinephrine pursuant to N.J.S.A. 18A:40-12.5.f and Regulation 5330 – Section C.1.g., shall be held liable for any good faith act or omission consistent with the provisions of N.J.S.A. 18A:40-12.5 et seq., nor shall an action before the New Jersey State Board of Nursing lie against a school nurse for any such action taken by a person designated in good faith by the school nurse pursuant to N.J.S.A. 18A:40-12.6. Good faith shall not include willful misconduct, gross negligence, or recklessness.

D. Administration of Hydrocortisone Sodium Succinate to Students

1. In accordance with the provisions of N.J.S.A. 18A:40-12.29, the Board will permit the emergency administration of hydrocortisone sodium succinate through appropriate delivery devices and equipment to a student for adrenal insufficiency provided that:
 - a. The parent of the student provides the Superintendent or designee a written authorization for the administration of hydrocortisone sodium succinate;
 - b. The parent of the student provides the Superintendent or designee written orders from the physician or an advanced practice nurse that the student requires the administration of hydrocortisone sodium succinate for adrenal insufficiency;
 - c. The Superintendent or designee informs the parent of the student in writing that the school district and its employees or agents shall have no liability as a result of any injury arising from the administration of hydrocortisone sodium succinate;
 - d. The parent of the student signs a statement acknowledging their understanding that the district shall have no liability as a result of any injury arising from the administration of hydrocortisone sodium succinate to the student and that the parent shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of hydrocortisone sodium succinate to the student; and



- e. The permission for the administration of hydrocortisone sodium succinate is effective for the school year for which it is granted and must be renewed for each subsequent school year upon the fulfillment of the requirements as outlined in a. through d. above.
- 2. In accordance with the provisions of N.J.S.A. 18A:40-12.29.b:
 - a. The placement of the student's prescribed hydrocortisone sodium succinate shall be in a secure, but unlocked location easily accessible by the school nurse and trained designees to ensure prompt availability in the event of emergency situations at school or at a school-sponsored function. The location of the prescribed hydrocortisone sodium succinate shall be indicated on the student's emergency care plan. Back-up hydrocortisone sodium succinate, provided by the student's parent, shall also be available at the school if needed;
 - b. The school nurse or trained designee shall be promptly available on site at the school and school-sponsored functions in the event of an emergency; and
 - c. The student shall be transported to a hospital emergency room by emergency services personnel after the administration of hydrocortisone sodium succinate, even if the student's symptoms appear to have resolved.
- 3. In accordance with N.J.S.A. 18A:40-12.30, the school nurse has the primary responsibility for the administration of hydrocortisone sodium succinate.

The school nurse shall designate, in consultation with the Superintendent or designee, additional employees of the school district who volunteer to administer hydrocortisone sodium succinate to a student when the school nurse is not physically present at the scene.

In the event that a licensed athletic trainer volunteers to administer hydrocortisone sodium succinate, it shall not constitute a violation of the "Athletic Training Licensure Act" - N.J.S.A. 45:9-37.35 et seq.

The school nurse shall determine that:



- a. The designees have been properly trained in the administration of hydrocortisone sodium succinate using standardized training protocols established by the NJDOE in consultation with the Department of Health;
 - b. The parent of the student consented in writing to the administration of hydrocortisone sodium succinate by the designee(s);
 - c. The Superintendent or designee has informed the parent of the student in writing that the district and its employees or agents shall have no liability as a result of any injury arising from the administration of hydrocortisone sodium succinate to the student;
 - d. The parent of the student signed a statement acknowledging their understanding that the district shall have no liability as a result of any injury arising from the administration of hydrocortisone sodium succinate to the student and that the parent shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of hydrocortisone sodium succinate to the student; and
 - e. The permission is effective for the school year for which it is granted and is renewed for each subsequent school year upon fulfillment of the requirements in N.J.S.A. 18A:40-12.30 and D.3.a through d above.
4. Nothing in N.J.S.A. 18A:40-12.30 and D.3. above shall be construed to prohibit the emergency administration of hydrocortisone sodium succinate to a student for adrenal insufficiency by the school nurse or other employees designated pursuant to N.J.S.A. 18A:40-12.30 and D.3. above when the student is authorized to self-administer hydrocortisone sodium succinate pursuant to N.J.S.A. 18A:40-12.3.
 5. The certified school nurse, in consultation with the Superintendent or designee, shall recruit and train volunteer designees who are determined acceptable candidates by the school nurse within each



school building as deemed necessary by the nursing services plan, in accordance with N.J.S.A. 18A:40-12.32(b).

6. No school employee, including a school nurse, or any other officer or agent of a Board of Education shall be held liable for any good faith act or omission consistent with the provisions of N.J.S.A. 18A:40-12.29 et al., nor shall an action before the New Jersey State Board of Nursing lie against a school nurse for any action taken by a person designated in good faith by the school nurse pursuant to N.J.S.A. 18A:40-12.30. Good faith shall not include willful misconduct, gross negligence, or recklessness, in accordance with N.J.S.A. 18A:40-12.33.

E. Permission for Self-Administration of Medication

In accordance with N.J.S.A. 18A:40-12.3, the Board shall permit the self-administration of medication by a student for asthma, or other potentially life-threatening illnesses, a life-threatening allergic reaction, or adrenal insufficiency provided that:

1. The parent of the student provides the Board or Superintendent or designee written authorization for the self-administration of medication;
2. The parent of the student provides the Board or Superintendent or designee a signed written certification from the physician of the student that the student has asthma or another potentially life threatening illness, is subject to a life-threatening allergic reaction, or has adrenal insufficiency and is capable of, and has been instructed in, the proper method of self-administration of medication. The written certification must include:
 - a. The student's name;
 - b. The name of the medication;
 - c. The purpose of its administration to the student for whom the medication is intended;



- d. The proper timing and dosage of medication;
 - e. Any possible side effects of the medication;
 - f. The time when the medication will be discontinued, if applicable;
 - g. A statement that the student is physically fit to attend school and is free of contagious disease; and
 - h. A statement the medication must be administered during the school day or the student would not be able to attend school.
- 3. The Board or the Superintendent or designee informs the parent of the student in writing that the district and its employees or agents shall incur no liability as a result of any injury arising from the self-administration of medication by the student;
 - 4. The parent of the student sign a statement acknowledging that the school district shall incur no liability as a result of any injury arising from the self-administration of medication by the student and that the parent shall indemnify and hold harmless the school district, the Board, and its employees or agents against any claims arising out of the self-administration of medication by the student;
 - 5. The parent's written authorization and the physician's written certification is reviewed by the Principal or designee with the school nurse and the school physician. The school nurse and the school physician must agree the student is capable of self-administration of the medication. If it is determined the student may self-administer medication in accordance with the request:
 - a. The request will be signed by the Principal and given to the school nurse and the student's parent;
 - b. The parent will be informed of a reason for a denied.
 - 6. Permission to self-administer one medication shall not be construed as permission to self-administer other medication; and



7. Permission shall be effective on the school year for which it is granted and shall be renewed for each subsequent school year upon fulfillment of the requirements in E.1. through E.46. above.

F. Custodianship of Medication

1. Medications to be administered by the school nurse or a registered nurse:
 - a. All medications must be delivered to the school by the parent.
 - b. All medications must be in the original container, with the prescription information affixed.
 - c. The school nurse shall be custodian of students' medication, which will be properly secured.
 - d. Any unused medication must be picked up by the student's parent.
 - e. After reasonable efforts to have the parent retrieve the medication have failed, any unused medication that remains in the school at the end of the school year or two school weeks after the student stops taking the medication, whichever first occurs, must be destroyed or discarded by the school nurse, in accordance with proper medical controls.
2. Medications to be self-administered by a student:
 - a. Time being of the essence in cases of asthma, or other potentially life threatening illnesses, or a life-threatening allergic reaction, or adrenal insufficiency, all medications to be self-administered by a student must be kept in the student's possession.
 - b. No student may possess medication for self-administration unless the proper permission has been granted by the Principal or designee and a record of the medication is on file in the office of the school nurse.



- c. Students who are permitted to self-administer medications must secure their medication in such a manner that the medication will not be available to other students. The medication must be in a sealed container and clearly labeled with the medication name, dosage, and ordering physician. The medication, if ingested by someone other than the student, shall not cause severe illness or death.
- d. Students who are permitted to self-administer medications shall only have in their possession the quantity of medication necessary for the time period of the student's school day.
- e. Notwithstanding any other law or regulation, a student who is permitted to self-administer medication in accordance with the provisions of N.J.S.A. 18A:40-12.3 shall be permitted to carry an inhaler or prescribed medication for allergic reactions, including a pre-filled auto-injector mechanism, or prescribed medication for adrenal insufficiency, at all times, provided the student does not endanger himself/herself or other persons through misuse.

G. Administration of Medication

1. No medication shall be administered to or taken by a student in school or at a school-sponsored function except as permitted by Board Policy 5330 and this Regulation.
2. Medication will only be administered to students in school by the school physician, a certified or noncertified school nurse, a substitute school nurse employed by the district, a student who is approved to self-administer in accordance with N.J.S.A.18A:40-12. 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 to administer hydrocortisone sodium succinate in an emergency pursuant to N.J.S.A. 18A:40-12.29 and 12.30.



3. When practicable, self-administration of medication should be observed by the school nurse.
4. Students self-administering medication shall report each administration of medication and any side effects to a teacher, coach, or the individual in charge of the student during school activities. Such individuals shall report all administrations and any side effects reported or observed to the school nurse within twenty-four hours.
5. When a student attends a school-sponsored function at which medication may be required (such as an outdoor field trip or athletic competition) and the school nurse cannot be in attendance, the student's parent will be invited to attend. If neither the school nurse nor the parent can attend and the student does not have permission to self-administer medication and there is a risk that the student may suffer injury from lack of medication, the student may be excused from the function.

H. Emergencies

1. Any medical emergency requiring medication of students will be handled in accordance with Policy 8441 and implementing regulations on first aid and, as appropriate, the school physician's standing orders for school nurses. Arrangements will be made to transport a student to a hospital emergency room after the administration of epinephrine in accordance with N.J.S.A. 18A:40-12.5.e.(3) and after the administration of hydrocortisone sodium succinate in accordance with N.J.S.A. 18A:40-12.29.b.(3).

I. Records

The school nurse shall include the following in a student's health record:

1. The approved written request for the administration or self-administration of medication;
2. A record of each instance of the administration of the medication by the school nurse or a registered nurse;



3. A record of reports by teachers, coaches, and other individuals in charge of school activities who report student self-administration of medication;
4. Any side effects that resulted from the administration of medication; and
5. Whether the supply of medication provided in cases where the medication is to be administered by the school nurse or a registered nurse was exhausted or the parent removed the medication or, if the parent failed to remove the medication, the medication was destroyed and the date on which that occurred.

J. Notification

1. The school nurse may provide the Principal and other teaching staff members concerned with the student's educational progress with information about the medication and administration when such release of information is in the student's best educational interest.
2. The school nurse will provide teachers, coaches, and other individuals in charge of school activities with a list of students who have been given permission to self-administer medication.
3. The school nurse will inform the student's parent of any difficulty in the administration of medication or any side effects.
4. The school nurse will report to the school physician any student who appears to be adversely affected by the medication.

Adopted: 16 October 2007

Revised: 20 October 2015

Revised: 18 October 2016

Revised: 19 May 2020

