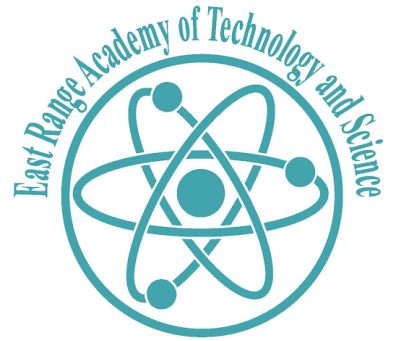


Board Policy  
513



*Adopted: August 5, 2010*  
*Revised: 8-14-2023*

## **Student Medication**

### **I. PURPOSE**

The purpose of this policy is to set forth the provisions that must be followed when administering:

- non-emergency prescription medication to students at school, and
- life-saving opiate antagonists such as Narcan or Naloxone.

### **II. GENERAL STATEMENT OF POLICY**

The school acknowledges that some students may require prescribed drugs or medication during the school day. The school's nurse or qualified designee will administer prescribed medications in accordance with law and school procedures.

The school board authorizes school administration to obtain and possess opioid overdose reversal medication, such as Naloxone, to be maintained and administered to a student or other individual by trained school staff if the staff member determines in good faith that the person to whom the medication is administered is experiencing an opioid overdose. Authorization for obtaining, possessing and administering Naloxone or similar permissible medications under this policy are contingent upon:

- 1) the continued validity of state and federal law that permit a person who is not a healthcare professional to dispense an opiate antagonist to the school and its employees by law;
- 2) that the school and its staff are immune from criminal prosecution and not otherwise liable for civil damages for administering the opiate antagonist to another person who the staff member believes in good faith to be suffering from a drug overdose; and
- 3) the availability of funding either from outside sources or as approved by the school board to obtain and administer opioid overdose reversal medication.

### **III. NON-EMERGENCY MEDICATION REQUIREMENTS**

- A. The administration of prescription medication or drugs at school requires a completed signed request from the student's parent. An oral request must be reduced to writing within two school days, provided that the school may rely on an oral request until a written request is received.
- B. A "Medication Administration Form" must be completed annually (once per school year) and/or when a change in the prescription or requirements for administration occurs.
- C. Prescription medication must come to school in the original container labeled for the student by a pharmacist in accordance with law, and must be administered in a manner consistent with the

instructions on the label.

- D. The school's nurse or qualified designee may request to receive further information about the prescription, if needed, prior to administration of the substance.
- E. Prescription medications are not to be carried by the student, but will be left with the appropriate school personnel – the school's nurse or qualified designee. Exceptions to this requirement are: prescription asthma medications self-administered with an inhaler (See Part J.5. below), and medications administered as noted in a written agreement between the school and the parent or as specified in an IEP (individualized education program), Section 504 plan, or IHP (individual health plan).
- F. The school must be notified immediately by the parent or student 18 years old or older in writing of any change in the student's prescription medication administration. A new medical authorization or container label with new pharmacy instructions shall be required immediately as well.
- G. For drugs or medicine used by children with a disability, administration may be as provided in the IEP, Section 504 plan or IHP.
- H. The school's nurse or qualified designee shall be responsible for the filing of the Medication Administration Form in the health records section of the student file.
- I. Procedures for administration of drugs and medicine at school and school activities shall be developed in consultation with a licensed school nurse or a public or private health organization or other appropriate party (if appropriately contracted by the school district under Minn. Stat. § 121A.21). The school's director shall submit these procedures and any additional guidelines and procedures necessary to implement this policy to the school board for approval. Upon approval by the school board, such guidelines and procedures shall be an addendum to this policy.
- J. Specific Exceptions:
  - 1. Special health treatments and health functions such as catheterization, tracheostomy suctioning, and gastrostomy feedings do not constitute administration of drugs and medicine;
  - 2. Emergency health procedures, including emergency administration of drugs and medicine are not subject to this policy;
  - 3. Drugs or medicine provided or administered by a public health agency to prevent or control an illness or a disease outbreak are not governed by this policy;
  - 4. Drugs or medicines that are prescription asthma or reactive airway disease medications can be self-administered by a student with an asthma inhaler if:
    - a. the school has received a written authorization from the pupil's parent permitting the student to self-administer the medication;
    - b. the inhaler is properly labeled for that student; and

- c. the parent has not requested school personnel to administer the medication to the student.
- d. the student has demonstrated knowledge of medication and, when needed, proper administration of the medication/asthma inhaler.

The parent must submit written authorization for the student to self-administer the medication each school year. In a school that does not have a school nurse or school nursing services, the student's parent or caregiver must submit written verification from the prescribing professional which documents that an assessment of the student's knowledge and skills to safely possess and use an asthma inhaler in a school setting has been completed. **The student must show the school nurse or qualified designee the proper administration of the asthma medication when brought to school.**

5. Medications:

- a. that are used off school grounds;
- b. that are used in connection with athletics or extracurricular activities; or
- c. that are used in connection with activities that occur before or after the regular school day are not governed by this policy.

6. **Students are not allowed to carry non-prescription medications or store them in their student storage spaces/on their person areas for self-administration.**

Nonprescription medications brought from home, such as over-the-counter pain relievers, will be checked-in with the school nurse or qualified designee. The medication must be in its original container, must be labeled with the student's full name, and must be accompanied by both a Medication Administration Form **and a note from a parent/caregiver explaining why the medication is needed and when the school should administer it.** The medications will be kept and dispensed by the school nurse or qualified designee.

7. At the start of each school year or at the time a student enrolls in school, whichever is first, a student's parent, school staff (including those responsible for student health care), and the prescribing medical professional must develop and implement an individualized written health plan for a student who is prescribed non-syringe injectors of epinephrine that enables the student to:

- a. possess non-syringe injectors of epinephrine; or
- b. if the parent and prescribing medical professional determine the student is unable to possess the epinephrine, have immediate access to non-syringe injectors of epinephrine in close proximity to the student at all times during the instructional day.

The plan must designate the school staff responsible for implementing the student's health plan, including recognizing anaphylaxis and administering non-syringe injectors of epinephrine when required, consistent with state law. This health plan may be included in a student's § 504 plan.

- J. Students diagnosed with diabetes and who need associated medications such as insulin will have individual plans in their student files describing how such medications will be dispensed.
- K. “Parent” for students 18 years old or older is the student.

***The 2023 Minnesota legislature enacted legislation requiring school districts to maintain a supply of opiate antagonists. School districts and their employees are legally permitted to purchase, store, and administer Naloxone (Narcan) in response to an opiate overdose in schools and those who do assist with such administration are immune from civil liability as well as exempt from criminal prosecution from possession, use, etc. of medication. The provisions of this policy outline the requirements of the law with respect to the use of Naloxone (Narcan) in schools.***

#### **IV. EMERGENCY MEDICATION DEFINITIONS**

- A. “Drug-related overdose” means an acute condition, including mania, hysteria, extreme physical illness, respiratory depression or coma, resulting from the consumption or use of a controlled substance, or another substance with which a controlled substance was combined, and that a layperson would reasonably believe to be a drug overdose that requires immediate medical assistance.
- B. “Naloxone” is the medication that reverses an opioid overdose. Narcan® is the brand name for the intranasal applicator (nasal spray) form of naloxone. Naloxone usually refers to an intramuscular (IN+M) naloxone form that comes in a vial and is administered with a syringe, normally dispensed as an “IM kit.”
- C. “Naloxone Coordinator” is a school staff person or administrator appointed to monitor adherence to protocols outlined in this policy and referenced procedures. The Naloxone Coordinator is responsible for building-level administration and management of Opiate Antagonist medications and supplies. The school’s Naloxone Coordinator is the school nurse.
- D. “Opiate” means any dangerous substance having an addiction forming or addiction sustaining liability similar to morphine or being capable of conversion into a drug having such addiction forming or addiction sustaining liability.
- E. “Opiate Antagonist” means naloxone hydrochloride (“Naloxone”) or any similarly acting drug approved by the federal Food and Drug Administration for the treatment of a drug overdose.
- F. “Standing Order” means directions from the school’s medical provider that sets forth how to house and administer Naloxone or other Opiate Antagonist medications to students, staff members or other individuals believed or suspected to be experiencing an opioid overdose. This Standing Order should include the following information:
  - 1. Administration type
  - 2. Dosage
  - 3. Date of issuance
  - 4. Signature of the authorized provider

## **V. EMERGENCY MEDICATION POLICY AND RESPONSIBILITIES**

- A. The school must maintain a supply of opiate antagonists at each school site to be administered in compliance with Minnesota law. Each school building must have two doses of nasal naloxone available on-site.
- B. A licensed physician, a licensed advanced practice registered nurse authorized to prescribe drugs pursuant to Minnesota Statutes, section 148.235, or a licensed physician assistant may authorize a nurse or other personnel employed by, or under contract with, a public school may be authorized to administer opiate antagonists as defined under Minnesota Statutes, section 604A.04, subdivision 1.
- C. A licensed practical nurse is authorized to possess and administer an opiate antagonist in a school setting notwithstanding Minnesota Statutes, 148.235, subdivisions 8 and 9.
- D. District Collaborative Planning and Implementation Team

To the extent Naloxone is obtained for use consistent with this policy, the school will establish a collaborative planning and implementation team (“Planning Team”) who will oversee the general development and operations related to the use of opiate antagonist Naloxone and regularly report to the school board as to its activities.

- 1. The Planning Team will include the Naloxone Coordinator and may include the director (or designee), school nurse, public health experts, first responders, student or family representatives, and community partners who will be assigned to the Team by the director or designee or solicited as volunteers by the director.
- 2. The Planning Team, through the Naloxone Coordinator, will obtain a protocol or Standing Order from a licensed medical prescriber for the use of Naloxone or other Opiate Antagonist by school staff in all school facilities and activities and will update or renew the protocol or Standing Order annually or as otherwise required. A copy of the protocol or Standing Order will be maintained in the office of the Naloxone Coordinator.
- 3. The Planning Team will develop guidelines and procedures and determine the form(s) of Naloxone to be used within the school (nasal, auto injector, manual injector) and the method and manner of arranging for the financing and purchasing, storage and use of Naloxone to be approved by the school board. Once approved by the school board, these guidelines and procedures will be attached and incorporated into this policy.  
At a minimum, these guidelines and procedures will:
  - a. Ensure that when Naloxone is administered, school employees must activate the community emergency response system (911) to ensure additional medical support due to the limited temporary effect of Naloxone and the continued need of recipients of additional medical care;
  - b. Require school employees to contact a school healthcare professional to obtain medical assistance for the recipient of the Naloxone, if possible, pending arrival of emergency personnel;

- c. Direct school employees to make immediate attempts to determine if the recipient is a minor and, if so, locate the identity of the parent or caregiver of the minor and ensure contact with that parent or caregiver is made as soon as possible after administration of the Naloxone for the purpose of informing the parent or caregiver of the actions that have been taken; and
  - d. Require school staff to inform the building administrator or other administrator overseeing an event or activity of the administration of Naloxone, as well as the Naloxone Coordinator, after taking necessary immediate emergency steps.
4. The Planning Team will determine the type and method of annual training, identify staff members at each school site to be trained and coordinate the implementation of the training with the assistance of the Naloxone Coordinator.

**E. Site Planning Teams**

- 1. In consultation with the Planning Team, the administrator at each school site may establish, in the manner the director or Naloxone Coordinator deems appropriate, a Site Planning Team within a school site (e.g. an off-campus shop building).
- 2. The Site Planning Team will be responsible for the coordination and implementation of this policy, district-wide guidelines and procedures within the school site and will develop and implement any specific guidelines and procedure for the storage and use of Naloxone within the school site in a manner consistent with this policy and district wide procedures and guidelines.

**F. School Staff**

School staff members will be responsible for attending all required training pertaining to the policy, procedures and guidelines for the storage and use of Naloxone and performing any assigned responsibilities pursuant to the guidelines and procedures.

**VI. NALOXONE STORAGE**

- A. The Site Planning Team will select numerous Naloxone storage locations within the school site and outside the school site when activities are conducted off school grounds (i.e., transportation services, field trips, etc.).

[Note: School districts may decide that Naloxone will not be sent on field trips, transportation or activities that occur outside of the typical school day or off school property and may modify this statement accordingly. If Naloxone is provided during these auxiliary activities, schools should ensure that it is only provided if there is an available trained staff member to administer it and that the medication can be safely and legally stored and transported.]

- B. The selected storage locations of Naloxone will be classified as non-public “security information” as the school board has determined that the disclosure of this data to the general public would be likely to substantially jeopardize the security of the medication that could be

subject to theft, tampering, and improper use. Therefore, the identity of the storage locations will be shared only with those school district staff members whom the District Planning Team or Site Team have determined need access to this information to aid public health and safety as determined in the procedures and guidelines.

- C. Stock Naloxone will be clearly labeled, monitored for expiration dates, and stored in a secured location that is accessible by trained staff as set forth in paragraph V.B.

## **VII. PRIVACY PROTECTIONS**

The school district will maintain the privacy of students and staff related to the administration of Naloxone as required by law.

**Legal References:** Minn. Stat. § 13.32 (Educational Data)  
Minn. Stat. § 13.43 (Personnel Data)  
Minn. Stat. § 13.37 (General Nonpublic Data)  
Minn. Stat. § 121A.21 (School Health Services)  
Minn. Stat. § 121A.22 (Administration of Drugs and Medicine)  
Minn. Stat. § 121A.224 (Opiate Antagonists)  
Minn. Stat. § 144.344 (Emergency Treatment)  
Minn. Stat. § 148.235 (Prescribing Drugs and Therapeutic Devices)  
Minn. Stat. § 151.37 (Legend Drugs; Who May Prescribe, Possess)  
Minn. Stat. § 152.01 (Definitions)  
Minn. Stat. § 152.02 (Schedules of Controlled Substances)  
  
Minn. Stat. § 604A.01 (Good Samaritan Law)  
Minn. Stat. § 604A.015 (School Bus Driver Immunity from Liability)  
Minn. Stat. § 604A.04 (Good Samaritan Overdose Prevention)  
Minn. Stat. § 604A.05 (Good Samaritan Overdose Medical Assistance)  
Minn. R. Pt. 6800.4220 (Schedule II Controlled Substances)  
20 U.S.C. § 1232g (Family Educational and Privacy Rights)

**Cross Reference:** MSBA/MASA Model Policy 516 (Student Medication)  
Minnesota Department of Health Toolkit on the Administration of Naloxone