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STUDENT HEALTH SERVICES AND REQUIREMENTS

ADMINISTRATION

- A. The Superintendent has the legal responsibility for the administration of the total health program and personnel. Authority for the program grows from the Board to the Superintendent and subsequently to the school physician and school nurses.
- B. The school nurses shall have the fiscal responsibility for developing the school health budget and for administering that budget once adopted.
- C. Student health information is confidential information.

PROCEDURES

- A. Emergency Procedures
 - 1. Emergency cards must be completed and signed by the parents annually. These cards are due at the beginning of the school year. Principals will attempt to collect all cards through reminders and letters to parents. On October 1, the principals will notify the Superintendent of missing cards. Coaches shall have duplicated emergency cards in their possession at all athletic events.
 - 2. A list of students with special health concerns will be maintained by the school nurse. This list, medical plans and/or emergency treatment plans will be provided to school personnel, in a confidential manner, on a need to know basis. In addition, teachers should be responsible for notifying substitutes of such health concerns.
 - 3. Minor first aid may be given by a trained teacher or other trained school personnel.
 - 4. For illnesses or more complex injuries the following procedures shall be followed:
 - a. Notify parent; and
 - b. Follow emergency procedure on card.
 - 5. Parents should transport students or make arrangements for them to be transported, if possible.

6. The school nurse shall be involved as far as necessary.

B. Exclusion and Re-admission

1. A child may be excluded from school for filth, communicable disease, nits, lice, or other parasites, or suspicion of the same in conjunction with the state law.
2. The principal, in conjunction with the school nurse or a teacher, and under the direction of the Superintendent of Schools, shall exclude students.
3. Parents must be at home or notified if a student is sent home.
4. Written excuses are recommended for all absences from school.
5. Re-admission of students with communicable diseases should be based on Rules and Regulations for Control of Communicable Disease, State of Maine Department of Health and Welfare.
6. An Administrator or school nurse has the authority to request a doctor's slip at any time for a child to return or stay in school.

C. Parental Responsibility

1. Parental responsibility and release for the school to act in emergency situations should be indicated on the emergency cards.
2. Parents of students participating in school sponsored athletics shall be required to sign the athletic contract.

D. School Physicians

1. The school physician shall be appointed by the Superintendent and coordinated by the school nurses.
2. The school physician may be asked for a consultation or to make a recommendation regarding the medical management of a student. The school physician is not on call for general school emergencies.
3. The school physician will sign annual orders supporting school protocols for management of emergency situations. This includes protocols for the following:
 - a. Acute shortness of breath, wheezing and respiratory distress-use of emergency inhaler.
 - b. Anaphylaxis-use of an Epi Pen.
 - c. AED-use of Automated External Defibrillator (where available) for cardiac arrest.

ADMINISTRATION OF MEDICATION TO STUDENTS (Excluding Medical Marijuana)

The Board discourages the administration of medication to students during the school day when other options exist, but recognizes that in some instances it may be necessary for a student to have medication administered to him/her while the student is in attendance at school. The school will not deny educational opportunities to students requiring the administration of medication in order to remain in attendance and participate in the educational program pursuant to school policy.

The intent of this policy is to promote safe administration of medications to students by school personnel and to provide for authorization of student emergency self-administration of medication from asthma inhalers and epinephrine auto injectors.

The Board encourages collaboration between parents/guardians and the schools in matters involving student medication.

The Board disclaims any and all responsibility for the diagnosis, prescription of treatment, and administration of medication for any student, and for any injury arising from a student's self-administration of medication.

DEFINITIONS

“Administration” means the provision of prescribed medication to a student according to the orders of a health care provider.

“Health care provider” means a medical/health practitioner who has a current license in the State of Maine with a scope of practice that includes prescribing medication.

“Indirect supervision” means the supervision of an unlicensed school staff member when the school nurse or other health care provider is not physically available on site but immediately available by telephone.

“Medication” means prescribed drugs and medical devices that are controlled by the U.S. Food and Drug Administration and are ordered by a health care provider. It includes over-the-counter medications prescribed through a standing order by the school physician or prescribed by the student's health care provider. For the purpose of the policy, “medication” does not include medical marijuana.

“Parent” means a natural or adoptive parent, a guardian, or a person acting as a parent of a child with legal responsibility for the child's welfare.

“School nurse” means a registered professional nurse with the Maine Department of Education certification for school nursing.

“Self-administration” is when the student administers medication independently to him/herself under the indirect supervision of the school nurse.

“Unlicensed school personnel” are persons who do not have a professional license that allows them, within the scope of that license, to administer medication.

A. Administration of Medication by School Personnel (Excluding Medical Marijuana)

Medications will be given at school only when it is absolutely necessary and meets one of the following:

- Medication is part of a physician established medical plan of care – this applies to prescription medications and over the counter medications such as Acetaminophen, Ibuprofen and cough medications.
- The need is based on an acute or long term health problem.
- The medication is required on a schedule that cannot be adjusted outside school hours (i.e., three times a day medications can be given before school, after school and at bedtime).
 - Medication is to be given by school personnel only with written permission from the parent and a written order from a licensed physician.
 - Prescribed medication must be provided by the parent/guardian with an appropriate pharmaceutical label. A pharmaceutical label includes the name of the student, the name of the medication, the dosage, and the time or schedule for medication administration. For example: “Give 1 tab at Noon” or, “Give 1 tab every 4 hours”
 - Over the counter medications (OTC) including Acetaminophen and Ibuprofen, will be provided by parents/guardian in original medication bottle. Medication must not be expired.

a. Parental Request

- In the event that no reasonable alternative exists, the parent/guardian may request in writing that medication be administered to the student during the school day. The written request must include an acknowledgement and agreement that unlicensed personnel may administer the medication as per the health care provider’s instructions. In addition, the request shall indicate that information regarding the student’s medication may be shared with appropriate school personnel by the school nurse on a need to know basis. Parents may provide the reason (diagnosis) requiring the administration of medication.
- Requests shall be valid for the current school year only.

b. Health Care Provider's Order

- All parental requests must be accompanied by a written order from the student's health care provider substantiating the fact that the administration of a particular medication during the school day is necessary for the student's health and attendance in school. Such order must include:
 1. The student's name;
 2. The name of the medication;
 3. The dose;
 4. The route of administration (e.g., tablets, liquid, drops);
 5. Time intervals for administration (e.g., every four hours, before meals);
 6. Any special instructions;
 7. The name and signature of the prescribing health care provider; and
 8. Parent signature.

It is the responsibility of the school nurse to clarify any medication order that he/she believes to be inappropriate or ambiguous. In accordance with Department of Education Rule Chapter 40 2(B), the school nurse may decline to administer a medication if he/she believes such administration would jeopardize the student safety. In this case, the school nurse must notify the parent, the student's health care provider and the school administrator (i.e., building principal or designated administrator).

c. Renewal of Parent Permission Requests/Forms and Health Care Provider Orders

- Written parental permission requests/forms and health care provider orders must be renewed at least annually. Health care provider orders must be renewed whenever there are changes in the order.

d. Delivery and Storage of Medication

- The student's parents shall deliver any medication to be administered by school personnel to the school in its original container and properly labelled. In the event that this is not practical the parent must contact the school to make alternate arrangements.

FILE: JLC, JLCB, JLCC, JLCD

- No more than a 20-day (one month) supply of medication shall be kept at school, excluding inhalers and epinephrine auto injectors. The parent is responsible for the replenishment of medication kept at school.
 - Controlled substances such as narcotics, are not appropriate measures of pain management in schools. The school nurse will work with the student, parent/guardian and physician in cases requiring pain management to develop an appropriate plan.
 - No medication shall be provided by the school.
 - At no time shall a student have medication in his/her possession in school except in a medically directed need for a self-carried epinephrine auto injector or asthma inhaler.
 - The parent is responsible for notifying the school of any changes in or discontinuation of a prescribed medication that is being administered to the student at school.
 - The school nurse and principal shall be responsible for developing and implementing procedures for the appropriate and secure storage of medications kept at school, and all medications shall be stored in accordance with this procedure.
- e. Recordkeeping
- School personnel and the student's parent shall account for all medication brought to school. The number of capsules, pills or tablets, and/or the volume of other medications brought to school shall be recorded.
 - School staff administering medication shall document each instance the medication is administered on the Medication Administration Log/Calendar. Documentation will include time and initials (of staff member who administered the medication) on appropriate date.
 - The school nurse or other designee shall maintain a record including the parent's request, physician's order, details of the medications (including dosage and timing of medication), and documentation of each instance the medication is administered.
 - All documentation related to medication administration shall be placed in the health record when the medication is discontinued or at the end of each school year.
 - Records shall be retained according to the current State schedules pertaining to student records.

f. Confidentiality

- To the extent legally permissible, staff members may be provided with such information regarding medication and its administration as may be in the best interest of the student.

g. Administration of Medication

- Medication may be administered during the school day by licensed medical personnel acting within the scope of their licenses.
- The school nurse, under the administrative supervision of the Superintendent, will provide direction and oversight for the administration of medication to students.
- All unlicensed personnel (principals, teachers, education technicians, school secretaries, coaches, bus drivers, etc.) who administer medication must receive training before being authorized to do so.
- Based upon the documentation of training and competency in the administration of medication, the school nurse will make recommendations to the Superintendent/designee pertaining to the authorization of unlicensed persons to administer medication. Training that shall be acceptable for the purpose of authorization of unlicensed personnel is addressed under the section of this policy titled “Required Training of Unlicensed Personnel to Administer Medication.”

h. Administration of Medication During Off-Campus Field Trips and School-Sponsored Events (Excluding Medical Marijuana)

- The school will accommodate students requiring administration of medication during field trips or school-sponsored events as follows:
- The school nurse, principal, and, as appropriate, the school unit’s Section 504 Coordinator and/or IEP, will determine whether or not an individual student’s participation is contraindicated due to the unstable/fragile nature of his/her health condition, the distance from emergency care that may be required, and/or other extraordinary circumstances. The student’s parent and primary care provider will be consulted in making this determination. The decision will be made in compliance with applicable laws including IDEA, 504 and the Americans with Disabilities Act (ADA).
- The parent must provide the appropriate number of doses needed for the duration of the field trip or school-sponsored event. This includes epi-pens and inhalers for medically documented allergy and/or asthma diagnoses.

- When there are not contraindications to student participation, an appropriately trained staff member will be assigned to administer medication. The parent will be encouraged to accompany the student, when appropriate, to care for the student and administer medication.
- All provisions of this policy shall apply to medication to be administered during off-campus field trips and school-sponsored events. As practicable, the DOE's "Procedure for Medication Administration on School Field Trips" will be followed.

i. Student Self-Administration of Asthma Inhalers and Epinephrine Auto injectors

Students with allergies or asthma may be authorized by the building principal, in consultation with the school nurse, to possess and self-administer emergency medication from an epinephrine auto injector or asthma inhaler during the school day, during field trips, school-sponsored events, or while on a bus. The student shall be authorized to possess and self-administer medication from an epinephrine auto injector or asthma inhaler if the following conditions have been met.

1. The parent (or student, if 18 years of age or older) must request in writing authorization for the student to self-administer medication from an epinephrine auto injector or inhaler.
2. The student must have the prior written approval of his/her primary health care provider and, if the student is under the age of 18, the prior written approval of his/her guardian. The written notice from the student's primary care provider must specify the name and dosage of the medication, frequency with which it may be administered, and the circumstances that may warrant its use.
3. The student's parent/guardian must submit written verification to the school from the student's primary care provider confirming that the student has the knowledge and the skills to safely possess and use an epinephrine auto injector or asthma inhaler.
4. The school nurse shall evaluate the student's technique to ensure proper and effective use of an epinephrine auto injector or asthma inhaler taking into account the maturity and capability of the student and the circumstances under which the student will or may have to self-administer the medication.
5. The parent will be informed that the school cannot accurately monitor the frequency and appropriateness of use when the student self-administers medication, and that the school unit will not be responsible for any injury arising from the student's self-medication.

- Authorization granted to a student to possess and self-administer medication from an epinephrine auto injector or asthma inhaler shall be valid for the current school year only and must be renewed annually.
- A student's authorization to possess and self-administer medication from an epinephrine auto injector or asthma inhaler may be limited or revoked by the building principal after consultation with the school nurse and the student's parents if the student demonstrated inability to responsibly possess and self-administer such medication.
- To the extent legally permissible, staff members may be provided with such information regarding the student's medication and the student's self-administration as may be in the best interest of the student.
- Sharing, borrowing, or distribution of medication is prohibited. The student's authorization to self-administer may be revoked and the student may be subject to disciplinary consequences for violation of this policy.

j. Required Training of Unlicensed Personnel to Administer Medication

- Unlicensed school personnel who administer medication to students in a school setting (at school, on school transportation to or from school, on field trips, or during school-sponsored events) must be trained in the administration of medication before being authorized to carry out this responsibility. Such training must be provided by a registered nurse or physician and include components specified in Department of Education Rules Chapter 40 and other applicable Department of Education standards, recommendations, programs, and/or methodologies.
- The trainer shall document the training and competency of unlicensed school personnel to administer medication. Based upon a review of the documentation of training and competency in the administration of medication, the school nurse will make recommendations to the Superintendent/designees pertaining to authorization of such unlicensed personnel pertaining to authorization to administer medication.
- Following the initial training, a training review and information update must be held at least annually for those unlicensed school personnel authorized to administer medication.

k. Delegation and Implementation

The Superintendent/designee shall be responsible for developing administrative procedures and/or protocols to implement or supplement this policy.

- Such procedure/protocols shall include direction regarding:

1. Safe transport of medication to and from school;
2. Administration of medication during field trips and school sponsored events;
3. Accountability for medications, particularly those regulated by Schedule 2 of the Controlled Substances Act;
4. Proper storage of medication at school;
5. Training of appropriate staff on administration of emergency medications including the standards for the signs and symptoms of anaphylaxis and the use of epinephrine auto injectors for previously unknown severe allergies;
6. The procedure to follow in the event of a medication reaction;
7. Access to medications in case of disaster;
8. The process for documenting medications given and medication errors;
and
9. The proper disposal of medications not retrieved by parents.

ADMINISTRATION OF MEDICAL MARIJUANA IN SCHOOLS

The following procedure must be followed for the administration of medical marijuana to students at school. In accordance with the applicable law, this section only applies to students under the age of 18. Students 18 years of age and older may not use medical marijuana at school.

1. The student's designated primary caregiver (who must be a parent, guardian or legal custodian) shall obtain a copy of the M.S.A.D. #54 Request/Permission to Administer Medical Marijuana in School Form and Board Policy JLCD from the district website or school office.
2. The primary caregiver and the student's authorized medical provider (physician or certified nurse practitioner) shall complete and sign the Request/Permission Form, and attach a copy of the current written certification for the use of medical marijuana.
3. Arrangements will be made between the school administration and the primary caregiver to schedule the administration of medical marijuana in a manner that will minimize disruption to school operations and the student's educational program.
4. Medical marijuana must be brought to school by the primary caregiver, and may not be held, possessed or administered by anyone other than the primary caregiver. The

student may only possess the medical marijuana during the actual administration process. Medical marijuana administered in school must be in non-smokeable form.

5. The primary caregiver must check-in at the school office upon arrival for the administration of medical marijuana. Medical marijuana may only be administered in the following locations: principal's office or a place so designated by the principal.
6. The primary caregiver must check-out at the school office following administration of the medical marijuana and transport any remaining medical marijuana with him/her off school premises.

SCHOOL HEALTH RECORDS

1. School health records are the basic responsibility of the school nurses.
2. The records may be initiated at pre-school registration in the spring or in September of the new school year.
3. The records are to be centrally located in each school, and entries should be made by the teacher or educational technician, school nurse, secretary, or trained volunteer.
4. All entries are to be signed by the person making the entry.

HEALTH APPRAISAL

A. Medical Examinations

1. Students entering kindergarten shall be requested to have pre-school physicals dated within one year of entrance. The school nurses will furnish resources of clinics and physicians available for physicals.
2. Students who are candidates for interscholastic sports teams must have a physical examination by a licensed physician (medical doctor, doctor of osteopathy, nurse practitioner or physician's assistant) and proof of medical insurance prior to the tryouts of the sport. Physical examinations are effective for two years, unless stipulated by the physician that the student athlete's clearance expires sooner than two years.
3. A report of physical findings and recommendations will be written and signed by the licensed physician (medical doctor, doctor of osteopathy, nurse practitioner or physician's assistant). The school nurse will be responsible for notifying the trainer and coaches of any recommendations. All physicals will be filed in the school health record. All physicals presented to coaches must be turned in to the athletic director or school nurse by the next day.

4. Each athlete needs to report injuries to their coach and/or trainer. Accident reports need to be completed and given to the athletic director by the next day.
5. Any athlete with an illness or injury requiring care by a medical facility or physician, needs to present a completed and signed RETURN TO PARTICIPATION FORM to the coach or athletic director. These forms need to be forwarded to the school nurse immediately to be filed in the school health file.
6. Each year student athletes and their parents/guardians will be required to complete a health questionnaire form to be filed in the student health record.
7. Heights and weights are done in grades K, 1, 3 and 5. The school nurse will be responsible for gathering/obtaining that information.

B. Hearing and Vision Screening

1. Hearing and vision screening are done in accordance with current state recommendations.
2. The health assistant, if trained in use of equipment and accepted testing standards, may screen students for hearing and vision.
3. All retests are to be done by the school nurse.
4. The school nurse has the responsibility for the equipment used in the school health program.
5. Maintenance and repair of equipment should be arranged annually.

C. Immunizations

1. All students attending school, grades K-12, must meet minimum immunization standards as required by state law. Students that do not meet legal standards as established by the Maine Board of Immunization and by Maine State Law, must have an exemption, signed by a parent/guardian annually and filed in the health record.

D. Scoliosis

1. Scoliosis screening will be done in accordance with current state recommendations.
2. Screening may be done by any state certified personnel.
3. School nurses will notify parents of any recommendations.

E. Allergies

An allergy is an immune response to a foreign antigen resulting in inflammation and organ dysfunction. The more common allergies found in a school setting are to food, insect bites, and latex, and to indoor allergens such as chalk, dust, pesticides, animal dander, indoor mold.

Role of the School/School Nurse:

1. Obtain from parents/physician documentation of the allergy, permission forms to administer medication if needed, medicine (i.e., epi-pens, benadryl), emergency contact information, and physician contact information.
2. The student individual health record must be current with the physician's verification of the allergy, severity of the allergy and recommended treatment.
3. Develop school guidelines commensurate with the severity of the student's allergy.
4. Eliminate the exposure to allergens as much as possible.
5. Establish a 504 plan as needed.
6. An emergency plan should be prepared for students with severe allergies.
7. Provide education and training on allergies to all staff in contact with the student.
8. Students with allergies should be included in school activities and not exclude because of an allergy.
9. Latex balloons will not be allowed in the schools or outside on school property.
10. Deliveries:
 - Students and staff are only allowed to accept delivery of small gifts, small floral arrangements and mylar balloons (no latex balloons) at school. School deliveries should be made on a very limited basis (home is preferred) as they may cause disruptions in both the school office and the classroom. In addition, they can pose health and safety issues within the school. Deliveries will be held in the school office until the end of the day.

Legal Reference: Title 20A MRSA Sec. 6301; Title 20A MRSA Sec. 6451

**MSAD 54 – PROCEDURE JLCD-A
PARENT/PROVIDER REQUEST TO ADMINISTER MEDICAL MARIJUANA
AT SCHOOL**

Student's Name: _____ DOB*: _____

****Note: Medical marijuana can only be administered at school or on a school bus to a student under the age of 18.***

School: _____ Grade: _____ Teacher: _____

A. To be completed by Physician or Certified Nurse Practitioner:

Reason for use of medical marijuana:

Form of medical marijuana:

Note: Medical marijuana may only be administered at school in non-smokeable form.

Dosage (amount): _____

The medical marijuana must be administered during school hours:

Yes No

If yes, time to be administered: _____

Restrictions and/or important side effects: None anticipated

Yes. Please describe in detail: _____

Date prescribed: _____

Date to be discontinued: _____

Any other necessary instructions or information:

NOTE: THE SCHOOL NURSE MAY CONTACT YOU IF THERE ARE FURTHER QUESTIONS CONCERNING THIS REQUEST.

Provider's Signature: _____ Date: _____

Printed Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Note: Any changes to the information above shall require a new request/permission form.

B. To be completed by parent/guardian/legal custodian (designated “primary caregiver” under Maine law for medical use of marijuana purposes):

I understand and agree that if the school nurse has questions regarding the provider’s order, that the nurse may contact the child’s provider and obtain additional information about the medication. I consent to the provider releasing that information.

I have read Board Policy JLCD – Administration of Medical Marijuana in Schools and understand that I must comply with all the requirements concerning the administration of medical marijuana.

Signature: _____ Relationship: _____
Date: _____

NOTE: A COPY OF THE CURRENT WRITTEN CERTIFICATION FOR THE USE OF MEDICAL MARIJUANA MUST BE ATTACHED TO THIS FORM.

C. To be completed by school:

Date received: _____ By whom: _____
Date reviewed: _____ Reviewed by: _____

Notes:

