Measures have been taken, by the Utah Department of Health, Bureau of Health Promotions, to ensure no conflict of interest in this activity.

LAWS SCHOOL NURSES SHOULD KNOW

School Nurse Summer Institute
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Overview:
- Administration of medication in schools generally
- Asthma medication
- Glucagon
- Diabetes medication
- Epinephrine and auto-injector
- Other provisions in state law
- Suicide prevention update
- FERPA snapshot
53A-11-601. Administration of medication to students -- Prerequisites -- Immunity from liability.

The law provides no definition of "medication."

(1) A public or private school that holds any classes in grades kindergarten through 12 may provide for the administration of medication to any student during periods when the student is under the control of the school, subject to the following conditions:

(a) the local school board, charter school governing board, or the private equivalent, after consultation with the Department of Health and school nurses shall adopt policies that provide for:

(i) the designation of volunteer employees who may administer medication;

(ii) proper identification and safekeeping of medication;

(iii) the training of designated volunteer employees by the school nurse;

(iv) maintenance of records of administration; and

(v) notification to the school nurse of medication that will be administered to students; and

(b) medication may only be administered to a student if:

(i) the student's parent or legal guardian has provided a current written and signed request that medication be administered during regular school hours to the student; and

(ii) the student's licensed health care provider has prescribed the medication and provides documentation as to the method, amount, and time schedule for administration, and a statement that administration of medication by school employees during periods when the student is under the control of the school is medically necessary.

(2) Authorization for administration of medication by school personnel may be withdrawn by the school at any time following actual notice to the student's parent or guardian.

(3) School personnel who provide assistance under Subsection (1) in substantial compliance with the licensed health care provider's written prescription and the employers of these school personnel are not liable, civilly or criminally, for:

(a) any adverse reaction suffered by the student as a result of taking the medication; and

(b) discontinuing the administration of the medication.
As used in this section, "asthma medication" means prescription or nonprescription, inhaled asthma medication.

(2) A public school shall permit a student to possess and self-administer asthma medication if:
(a) the student's parent or guardian signs a statement:
(i) authorizing the student to self-administer asthma medication; and
(ii) acknowledging that the student is responsible for, and capable of, self-administering the asthma medication; and
(b) the student's health care provider provides a written statement that states:
(i) it is medically appropriate for the student to self-administer asthma medication and be in possession of asthma medication at all times; and
(ii) the name of the asthma medication prescribed or authorized for the student's use.

The Utah Department of Health, in cooperation with the state superintendent of public instruction, shall design forms to be used by public schools for the parental and health care provider statements.

53A-11-904, Grounds for suspension or expulsion from a public school, does not apply to the possession and self-administration of asthma medication in accordance with this section.

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**Asthma Self-Administration Form**

- Requires signed statement from parent/guardian
- Glucagon must be prescribed for student
- Requests that school identify/train volunteer school personnel to administer glucagon in an emergency.
- School must allow willing personnel to be trained, shall assist and may not obstruct.
- Health Department and State Superintendent shall design a glucagon authorization form.
- Training outlined
- School shall permit student/school personnel to possess prescribed glucagon so that it is available in an emergency.

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Glucagon administration (Cont.)
- A trained person may administer glucagon at school/school activity if the student exhibits symptoms and a health care professional is not available.
- Trained person should direct someone to call 911.
- Trained school personnel who act in good faith are not civilly or criminally liable with respect to the administration of glucagon.

Diabetes administration
53A-11-604
Definition of “diabetes medication” includes:
- Prescription and non-prescription meds;
- Related medical devices;
- Supplies;
- Equipment.
Public school shall permit student to possess/possess and self-administer medication if:
- parent signs a statement authorizes student, saying student is capable.
- Health care provider gives written statement that student is capable, says meds should be in student’s possession at all times and gives the name of the diabetes medication prescribed for student.
- Health Department shall provide forms.

Epinephrine use in schools
26-41-104
- Every school must have an initial and annual refresher training:
  -- About storage and emergency use
  -- Available to any teacher or other school employee who volunteers to become a “qualified adult” (at least 18 and has completed training)
- Training
  -- can be provided by school nurse
  -- other qualified person, designated by specific individuals
  -- must include specific procedures outlined in the law
- A school shall permit a student to possess an epinephrine auto-injector or possess and self-administer an epi auto-injector if:
  -- student’s parent/guardian signs a statement:
    * authorizing student to possess or possess and self-administer
    * acknowledging that student is capable and responsible for use AND
    * student’s health care provider provides a written statement:
**Epinephrine use in schools (Cont.)**

- that it is medically appropriate for student to possess or possess and self-administer and
- that student should be in possession of the epi auto-injector at all times
- The Utah Health Dept., in cooperation with the state superintendent, shall design forms for both parents and health care providers
- A qualified adult may:
  - have a prescription for epinephrine
  - may immediately administer an epi auto-injector to a person exhibiting potentially life threatening symptoms of anaphylaxis when a physician is not immediately available
  - shall initiate appropriate follow up services consistent with training materials
- A qualified adult who acts in good faith is not civilly or criminally liable for acts taken or not taken with respect to an anaphylactic reaction.

*Epinephrine Authorization Form*

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### Medical recommendations

**School personnel MAY:**
- provide information and observations to a student’s parent about the student, including observations and concerns about specific student conditions.
- communicate information/observations among school personnel about a child.
- refer student to appropriate school personnel/agents, consistent with local school board/charter school policy, including to a school counselor or other mental health professionals within the school system.
- consult or use appropriate health care professionals in emergency situations while student is at school, consistent with student emergency information provided at student enrollment.
- do whatever is necessary regarding placement within a school or readmission of students who have been suspended/expelled.
- complete a behavioral health evaluation form (undefined) if requested by student’s parent to provide information to a physician.

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**Medical recommendations (Cont.)**

**School personnel SHALL:**
- report suspected child abuse consistent with state law;
- comply with state and local health department laws, rules and policies;
- conduct student evaluations/assessments consistent with IDEA.

**School personnel MAY NOT:**
- require that a student take/continue to take psychotropic medication(s);
- recommend that parent seek or use a psychiatric/psychological treatment for a child;
- conduct a psychiatric/behavioral health evaluation or mental health screening, test, evaluation, assessment of a child except where specifically required by IDEA;
- make a report of suspected child abuse only because a parent refuses to allow a psychiatric, psychological, behavioral treatment for a child UNLESS not doing so would “present a serious, imminent risk” to a child’s safety or the safety of others.
Other health/school related provisions

53A-11-201
- Local boards shall implement Health Department rules about vision, dental, scoliosis, hearing screening for students.
- Local boards may use teachers OR licensed registered nurses to conduct required exams.

53A-11-204(2)
- School districts are encouraged to provide nursing services equivalent to the services of one registered nurse for every 5,000 students, or, in small districts, the level recommended by the Department of Health.

53A-11-205 Notice to parents of injured/sick child
- School shall notify custodial parent if child is injured or becomes ill at school during the school day if:
  -- Injury/illness requires hospital or doctor's office treatment which is not on school property AND
  -- School has a current phone number of parent
  -- May require notification of non-custodial parent

FERPA

53A-13-301 and 53A-13-302
- Applies to school nurses—they are "employees" or "other agents" of the public school system.
- School employees may not ask questions about certain protected areas—with emergency exception.
- "If a school employee or agent believes that a situation exists which presents a serious threat to the well-being of a student, that employee or agent shall notify the student’s parent or guardian without delay."
- Employee could choose to notify DCFS or police instead of parents.

Suicide prevention

53A-13-302(7)
- School districts/charter schools must have policies by Sept. 1, 2014 regarding suicide intervention methods “while requiring the minimum degree of intervention to accomplish the goals of this section.”

- (7) (a) If a school employee, agent, or school resource officer believes a student is at-risk of attempting suicide, physical self-harm, or harming others, the school employee, agent, or school resource officer may intervene and ask a student questions regarding the student’s suicidal thoughts, physically self-harming behavior, or thoughts of harming others for the purposes of:
  (i) referring the student to appropriate prevention services; and
  (ii) informing the student’s parent or legal guardian.