This technical advisory is intended to help clarify issues related to delegation of medications during the school day.

**Actual Text - Ed 311.02 Medication During School Day**

(a) For the purpose of this rule “school day” means any time during the day, afternoon, or evening when a child is attending school or other school related activity.

(b) Any pupil, who is required to take during the school day a medication prescribed by a licensed physician, advanced registered nurse practitioner, licensed physician's assistant or dentist, shall have a school nurse either assist the student to take the medication or administer the medication.

(c) This duty may also be undertaken by a RN or LPN under the direction of the school nurse.

(d) The school nurse may delegate the administration of medications, if appropriate to others pursuant to RSA 326-B Nurse Practice Act and Nur 404.

(e) Asthma inhalers and epinephrine auto injectors may be possessed by a student and self administered in accordance with RSA 200:42 through RSA 200:47.

(f) If the school nurse is not available the building principal or designee is permitted to assist students in taking required medications by:
   (1) Making such medications available to the student as needed; and
   (2) Observing the student as he/she takes or does not take his/her medication; and
   (3) Recording whether the student did or did not take his/her medication.

(g) Upon receiving a request from the parent, guardian, or physician relative to a particular student's need for medication during school hours, the school nurse may contact the parent, or guardian to discuss whether the student should remain at home, or whether the medication should be taken before, during, and/or after school. The nurse may also inquire about any other medical conditions requiring medications and any special side effects, contraindications and adverse reactions to be observed.

(h) Each local school board, with the advice of the school nurse(s) and school physician if available shall establish specific policy and procedures to give protection and controls to the matter of medications in schools.
In order for prescription medications to be given at the school, the following shall occur:

1. The school nurse shall ensure that a written statement from the licensed prescriber containing the following be in the student's health record:
   a. The student's name;
   b. The name and signature of the licensed prescriber and contact numbers;
   c. The name, route and dosage of medication;
   d. The frequency and time of medication administration or assistance;
   e. The date of the order; and
   f. A diagnosis, if not a violation of confidentiality;

2. The school nurse shall ensure that there is written authorization by the parent and/or guardian which contains:
   a. The parent and/or guardian's printed name and signature;
   b. A list of all medications the student is currently receiving, if not a violation of confidentiality or contrary to the request of the parent, guardian or student that such medication be documented; and
   c. Approval to have the school nurse or designee administer the medication, the student to possess and self-administer and/or the principal or his designee assist the student with taking the medication; and

3. The school nurse shall ensure the authorization or other accessible documentation contains:
   a. The parent and/or guardian's home and emergency phone number(s); and
   b. The names of persons to be notified in case of a medication emergency in addition to the parent or guardian and licensed prescriber.

The school nurse shall develop a system of documenting and communicating significant observations relating to prescriptions, medication's adverse reactions, and other harmful effects, to the child's parent or guardian and/or licensed prescriber.

The school nurse shall develop and implement procedures regarding receipt and safe storage of prescription medications.

A parent, guardian or a parent/guardian-designated, responsible adult shall deliver all medication to be administered by school personnel to the school nurse or other responsible person designated by the school nurse as follows:
(1) The prescription medication shall be in a pharmacy or manufacturer labeled container;
(2) The school nurse or other responsible person receiving the prescription medication shall
document the quantity of the prescription medication delivered; and
(3) The medication may be delivered by other adult(s), provided, that the nurse is notified in
advance by the parent or guardian of the delivery and the quantity of prescription
medication being delivered to school is specified.

(m) All medications shall be stored in their original pharmacy or manufacturer labeled containers
and in such manner as to render them safe and prevent loss of efficacy. A single dose of
medication may be transferred from this container to a newly labeled container for the
purposes of field trips or school sponsored activities.

(n) All medication to be administered by the school nurse shall be kept in a securely-locked
cabinet which is kept locked except when opened to obtain medications. Medications
requiring refrigeration shall be stored in a locked box in a refrigerator maintained at
temperatures of 38 degrees to 42 degrees. Emergency medications may be secured in other
locations readily accessible only to those with authorization.

(o) No more than a 30-school day supply of the prescription for a student shall be stored at the
school.

(p) Non-prescription medication shall be given only with the written authorization of the parent
and/or guardian and if this is in accordance with school policy.

Related Laws and Rules for Consideration

RSA 326-B:29 prohibits anyone from coercing an RN or LPN into delegating any task if the
nurse determines the delegation to be inappropriate. Additionally, this law protects nurses who
appropriately delegate tasks according to the nurse practice act from disciplinary action because
of the performance of the delegatee:

Nur 404 outlines the circumstances, obligations, and limitations of delegating a nursing task:
http://gencourt.state.nh.us/rules/nur.html

Nur 101 provides definitions of Competency, Delegation, Stable Client, and Unlicensed
Assistive Personnel: http://gencourt.state.nh.us/rules/nur.html
RSA 318:42 allows for the possession and administration of epinephrine for the emergency treatment of anaphylaxis by licensed practical nurses or registered nurses employed or contracted by public school systems without the need for explicit written parental authorization:  
http://www.gencourt.state.nh.us/rsa/html/XXX/318/318-42.htm

RSA 200:42 – RSA 200:47 describe what needs to be in place to allow students to carry and self-administer inhalers and epinephrine:  

RSA 200:40 – RSA 200:41 allow a school nurse to administer oxygen to a pupil in a medical emergency as needed:  

Department Discussion

Any prescription medication to be taken by a public school student during the school day requires the involvement of a school nurse regardless of the route of administration. The school nurse must verify the prescription, parental authorization, and accuracy of emergency contact information. The school nurse must also have in place a system to document adverse reactions to the medication and to safely store the medication.

After the above requirements are met, the principal or designee may assist students with their prescriptions if the nurse is unavailable. This assistance consists of providing the medication to the student then observing and documenting that the student took the medication. However, if the medication requires administration, that is, the student cannot take the medication by themselves with the assistance described; only the school nurse or an appropriate delegate may administer the prescription.

A school nurse alone has the authority to delegate medication administration and may delegate only if appropriate under the Nurse Practice Act. Parents may not delegate medication administration directly in the public school setting. Ideally, the school nurse will work with the parent and/or guardian to identify appropriate delegatees since parental approval and authorization is required.

If, in conjunction with medication administration, the student requires a comprehensive nursing assessment and/or evaluation, this must be done by an RN and cannot be delegated. Supervision will be provided on a continual or intermittent basis as per the Board of Nursing Administrative Rules. The nurse shall develop a system to ensure the delegatee will follow a care plan or an emergency care plan, especially if the school nurse will not be available for
consultation or assistance at the time the medication will be administered. The established plan must take into consideration the individual student needs and the context when the medication may be needed (e.g., location, activities, availability of EMS, availability of parent or guardian). It may include instructions for calling 911 and/or the parent as appropriate as well as ensuring immediate and adequate first aid if needed.

The NH Board of Nursing has a Frequently Asked Question document related to the role of the School Nurse. This document is under review and will be updated in the near future at [www.state.nh.us/nursing](http://www.state.nh.us/nursing) under the FAQ section.

Here are some additional recommended resources to consult before delegating:


3) National Council of State Boards of Nursing position paper emphasizes that supervision, monitoring, evaluation and follow-up by the nurse are crucial components of delegation: [https://www.ncsbn.org/323.htm](https://www.ncsbn.org/323.htm)

RSA 200:42 – RSA 200:47 allows students to carry and self-administer prescription epi pens and inhalers provided that all conditions described in the statute have been satisfied. For other prescription drugs students normally self-administer, the school nurse may delegate administration to the student themselves if the prescriber and parent/guardian provides written authorization and if school policy supports the practice. Ideally, students should self-administer their medications in a comfortable and clean location either in class or in a nearby location to minimize disruption to their academic day. The school nurse should provide supervision as needed.

School nurses have the authority to possess and administer oxygen and epinephrine as per the legislation above but schools are not required to stock these drugs. This decision is best left up to the individual districts with the advice of the school nurse and MD, if available.

**For more information on this technical advisory, contact:**
Katherine Rannie, RN MSc, [KRannie@ed.state.nh.us](mailto:KRannie@ed.state.nh.us), 271-3891
School Health Services Consultant, Division of Instruction