

CHAPTER SIX – MEDICATIONS IN THE SCHOOL

Introduction

Many school aged children and adolescents can attend school due to advances in medical treatments and medications. Subsequently, there has been a dramatic increase in the range of medications used in schools, making the medication administration process more complex (McCarthy, Kelly, Johnson, Roman, & Zimmerman, 2006).

Schools are accountable to provide safe, legal, and appropriate care for students. This includes the administration of medications necessary during the school day for the student to attend school and take full advantage of his or her educational program. Educational performance, attendance, student safety, health maintenance and student wellbeing can be impacted by medications being administered correctly and effectively.

Whenever possible, it is recommended that medications to be given at home. If medication is required to be given at school or school sanctioned events, all schools are to have current medication administration policies, procedures, and protocols. It is the position of the National Association of School Nurses (NASN) that school nurses be responsible for medication administration in the school setting and lead the development of medication administration policies and procedures, (National Association of School Nurses, 2017).

School nurses are a valuable resource and should be utilized in the development of school district policies/procedures and consult on the creation of legislative policies relating to medication administration in the school setting (Canham, Bauer, Concepcion, Luong, Peters, & Wilde, 2007).

Medication policies and procedures are to address the delegation of medication administration, student confidentiality, training, medical authorization, proper labeling, storage and handling, documentation and record keeping, medication errors, self-carry and self-administration of medications, over-the-counter medications, homeopathic/herbal medications, essential oils and aromatherapy, field trips/school sanctioned events, and off label medication administration, and non U.S. Food and Drug Agency (FDA) approved investigational medications and samples, (National Association of School Nurses, 2017).

This section of the NM School Health Manual provides guidance to schools which is based upon national standards of care, state, and federal statute, regulations, and industry best practices. The information contained in the New Mexico School Health Manual regarding medication administration in a school setting is intended to serve as guidance to assist in developing and revising policies and procedures and is not intended for legal guidance.

Legal Definitions and Consideration for Medication Administration in the School Setting

Federal and state laws, regulations, and rules exist regarding the administration, prescribing, and the dispensing of medication. It is imperative for school personnel to understand the legal definitions of each. Even though prescribing, dispensing, and

medication administration are specific functions, each work in concert to support medication safety and efficacy.

The school environment is education focused. Health care delivery poses special challenges for medication administration. School staff and school nurses must be knowledgeable of laws affecting school medication administration and be diligent to practice within professional scope of practice and the law.

To protect the school districts and staff from liability and to insure student safety, schools must provide for the safe medication administration. Medication Administration to students must follow strict guidelines that do not conflict with state and federal laws, standards of medical, pharmacy, and nursing practice. Schools are to have sufficient staff and staff training to decrease school liability and risk to students.

Legal Terms for Medication Administration Medication

The Federal Food and Drug Administration defines medications as "articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease" and "articles (other than food) intended to affect the structure or any function of the body of man or other animals" [FD&C Act, sec. 201(g)(1)].

Medication Administration

As defined under the New Mexico Nurse Practice Act "a process whereby a prescribed drug or biological agent is given to a patient/client by a person licensed or certified by the board to administer medications". Medication administration falls under the auspices of nursing practice. Administering medication in schools without a nursing license or that has not been delegated by a registered nurse could be construed as practicing nursing without a license and may be subject to criminal and civil penalty as define in the [NM Nurse Practice Act](#)

Prescribing

The [New Mexico Medical Practice Act](#) governs the prescribing of medication. The term "prescribe" means to issue an order individually for the person for whom prescribed, either directly from the prescriber to the pharmacist or indirectly by means of a written order signed by the prescriber, bearing the name and address of the prescriber, license classification, the name and address of the patient, the name of the drug prescribed, direction for use and the date of issue.

The New Mexico Department of Health issues non-patient specific orders under the medical authorization of Regional Health Officers and are utilized by public health nurses and school registered nurses. Non-patient specific medical orders are commonly referred to as standing orders and authority to grant standing orders belongs to medical officers within the New Mexico Department of Health. It is prohibited in New Mexico for schools to have private medical directors who issue non-patient specific medical orders or standing orders per the New Mexico Medical Practice Act. Schools may have advising private physicians or other practitioners to help develop policy and procedures or to advise on health service programing but may not issue non-patient specific orders for schools to use.

Medication Dispensing

The [New Mexico Board of Pharmacy \(NMBOP\)](#) governs the dispensing of medications, and only those authorized under the New Mexico Board of Pharmacy may dispense medications which are pharmacists, advanced practice nurses, physician assistants and physicians. It is not within the scope of practice for any school nurse to dispense a medication. Schools or school nurses technically dispense medications and fall outside of appropriate practice parameters when they transfer medications into alternative containers, do not use accurate language in policy and procedures and purchase stock over the counter medications. The term “dispense” per the [New Mexico Pharmacy Act](#) means to deliver a drug directly to a patient and includes the compounding, labeling and repackaging of a drug from a bulk or original container.

School nurses and educational staff inadvertently dispense medication during preparation for field trips by the medication being transferred to another container or bottle in which the process of transfer into another container is considered “repackaging” of the medication. It is recommended that doses for school sanctioned events be dispensed by a pharmacist or sent by the parent in an appropriately labeled prepackaged container to avoid the school or school nurse from practicing outside scope of practice. Many pharmacists will dispense extra doses in a separate container for this type of circumstance.

Additionally, schools use the term dispense medications in lieu of administering medications in policies and procedures. To avoid misinterpretation and to avoid functioning outside scope of practice it is recommended schools use the correct term. When addressing medication, administration is the proper term to use in policy and procedures.

The direct purchase of stock Over the Counter (OTC) medication by a school or school district could be construed as dispensing and distributing medications and would be a potential violation of the NM Board of Pharmacy. Standing orders for stock OTCs are not extended to NM schools through the Regional Health Officers within the Public Health Division of the NM Department of Health. Therefore, it is recommended that any OTC be provided by the parent or legal guardian and be accompanied by a written student specific medical authorization/order signed by the provider and parent/legal guardian.

Options for Medication Administration in the School Setting

New Mexico schools are diverse, ranging from private and parochial schools to public charter and schools within local school districts. Each of these school types have unique differences and varying resources to support medication administration and have different models of nursing service delivery which affect medication administration in the school setting. Many schools in NM do not have nurses or have limited nursing service for only several hours per week and may require school nurses to cover multiple schools with large geographical distances between the schools.

It is imperative the school participate in the development of clear medication administration policies and procedures. The school nurse has the education and experience to ensure medical orders are appropriate and provide clear medical information to ensure student safety. The RN school nurse is the only school professional with the license and standard of

practice that can develop the individualized medication administration plans for each student with medication needs. Schools or school districts who receive federal money must provide [Free and Appropriate Public Education \(FAPE\)](#) and may find it necessary to contract or hire a school nurse to oversee and delegate medication administration and must be available for assessment and consultation during the school day or school sanctioned event.

School Nurse Medication Administration

Optimally, all student medications should be administered at home, or administered by a school nurse. The school nurse has the educational background, knowledge, and licensure that provide the qualifications to administer or direct the administration of medications in the school setting (NCCMERP, 2015). School nurses identify and address issues that may affect management of acute and chronic health conditions, such as environmental factors and socio-economic challenges, including obstacles to obtaining medications and delivery of medication to the school (Blaakman, Cohen, Fagnano, & Halterman, 2014). Evidence indicates that school nurses provide culturally appropriate, sensitive information for students and families regarding management of health issues, including proper use of medications (McNaughton, Cowell & Fogg, 2014).

Delegation to Unlicensed Assistive Personnel

Medication administration in schools has been a school nurse responsibility. Due to budget reductions, it is common for students to receive medication from non-nursing school employees who have no medical training. This trend has caused an alarming increase in the number of medication errors made by unlicensed assistive personnel, also known as UAP (Institute for Safe Medication Practices [ISMP], 2012).

The NM Board of Nursing practice act allows nurses to assign or delegate to licensed and unlicensed persons only those nursing tasks which that person is prepared, qualified, licensed or certified to perform. However, the nurse may not delegate the specific functions of nursing assessment, evaluation, and nursing judgment to non-licensed persons. Based on his/her nursing assessment & judgment, the school nurse and only the school nurse may assign the task of medication administration to a licensed practical nurse or delegate the task to UAPs per the [New Mexico Nurse Practice Act](#).

Medication Administration Without a School Nurse

Schools who are unable to contract or employ school nurses may have difficulty in the implementation of a safe and effective medication administration policy. Schools without a school nurse should consider having a policy which prohibits the school from administering any medication unless delegated under nursing authority and trained in medication administration policies, procedures, and best practices to reduce student risk. If there is not a school nurse to delegate medication administration the best practice is to have a parent/guardian administer the medication to reduce potential risk to the student and school district. This alternative is found to be impractical and may not be an option if the parent/guardian is not able, capable, or is unwilling.

Self-Medication Administration Under School Staff Observation/Supervision

This option should only be used by the school when a school nurse cannot be employed, or services contracted. With this option, the student will self-administer under direct observation by assigned school staff. It is highly recommended all school personnel take the NMDOH sponsored Health Assistant Training to enhance knowledge of medication administration, medication storage and safety, medication disposal, applicable laws and regulations, and best practices in medication administration. Schools should have a backup plan and have adequate staff trained to assume this role in case of staff absence.

Student Independent in Self-Administration

New Mexico law allows for certain emergency medications to be self-carried or self-administered by a student. Regarding non-emergency medications, there is not clear guidance for schools outlined in statute. NMDOH recommends schools develop clear policies indicating whether the self-carry and self-administration of non-emergency medications is allowed. NMDOH does not endorse students to self-carry and self-administer non-emergency medications and recommends all non-emergency medications that are not defined in statute be stored in a secure area. If the student self-administers medication, it should be with observation by an educational staff member trained in medication administration safe practices.

If schools choose to allow students to self-carry or self-administer non-emergency medications defined under statute, it is recommended that only a one-day supply of medication be carried by a student at any given time, and only allowed in secondary school environments with written approval by parent/guardian and health care provider. Any controlled substance medication must be stored securely per the U.S. Drug Enforcement Agency (DEA) guidelines and is not to be self-carried by any student in a school. Self-administration instructions are to be provided by the parent/guardian or health care provider, and if a school nurse is employed by the school, the school nurse is to conduct and provide a written assessment to evaluate the student's ability to perform safe and accurate self-administration. Below are considerations when school policy allows for self-administration of medication:

- Is the medication a controlled substance? Prohibit if medication is a controlled substance due to high dependence index, high street value, and need for higher level of accounting and higher security for storage and handling.
- Has the student demonstrated his/her capability for self-administration and an understanding that medication is not to be shared?
- Is there a medication order stating that the student is qualified and/or able to self-administer the medication?
- Is there written parental consent for self-administration?
- What medication will the student be allowed to carry and administer?
- Does the medication require refrigeration or security?
- Is there a need for notification of appropriate team members (such as teachers, principals, support persons) of all self-testing or self-administration of medication?

- Is there a need for staff to be appropriately prepared for working with the student?
- Should there be recognition that self-administration of medication is a privilege which can be taken away if medication policies are abused or ignored?

Delegation of Medication Administration in the School Setting

One of the most complex nursing skills is delegation. It requires sophisticated clinical judgment and final accountability for student care. Effective delegation is based on the nurse practice act in each state and understanding of the concepts of responsibility, authority, and accountability. Nursing delegation is to take into account student care complexity, skill and knowledge for the delegated nursing task, acuity of care, and consistency in effective delegated task assignments. (Weydt, 2010)

Medication administration is defined in the [New Mexico Nurse Practice Act](#) (NMNPA) to be under the auspices of nursing practice. Therefore, the decision to delegate medication administration to unlicensed assistive personnel (UAP) rest solely with the registered nurse providing services to the student. In doing so, the school nurse must be competent in the process of delegation and medication administration, Medication administration is one of the most common nursing task delegated in a school setting.

The school administrator may select the UAP for consideration by the school nurse to delegate medication administration; however, if in the opinion of the school nurse, the UAP is not competent or willing to carry out the task of administering medication. the school nurse is not required to delegate to the UAP the task of medication administration when the school nurse believes the unlicensed staff is not competent to carry out this task.

The [NMNPA](#) allows registered nurses to assign or delegate to licensed and unlicensed persons only those nursing actions which that person is prepared, qualified, licensed or certified to perform. The nurse may not delegate the specific functions of nursing assessment, evaluation and nursing judgment to non-licensed persons. Based on his/her nursing assessment & judgment, the school nurse may assign the task of medication administration to a licensed practical nurse or delegate the task to a health assistant, or other qualified unlicensed person.

The [NMNPA](#) authorizes unlicensed personnel to administer medications under the delegation and on-going supervision of the school's registered nurse if the school nurse assesses the student, environment, trained school staff member, and medication to be administered to be appropriate for delegation and meet the below criteria:

- Administration of the medication must be within the area of the RN's responsibility
- The medication to be administered must be within the knowledge, skills, and ability of the RN
- The medication to be administered must be a routine and repetitive nature with predictable outcome regarding response

- The unlicensed assistive person must have individualized training for the medication to be administered and return competency by the unlicensed individual
- The medication to be administered must not require exercising nursing judgment, evaluation, or assessment
- Delegation of the medication administration must not be transferred to another unlicensed individual without going through the appropriate delegation process
- Delegation of medication administration must be documented, supervised, and periodically evaluated

The school nurse must be available to the UAP during the school day and during a school sanctioned school event to provide on-going supervision of the delegated medication(s). This is of special consideration when part-time or contract school nurses are hired. It is recommended that schools and school districts develop backup plans that list other UAPs that may administer delegated medications to students in the absence of the primary UAP. This practice will enhance safety and promote that delegation of medications meet the school nurse's responsibility in adhering to standards of practice related to delegation.

Safety Considerations for Medication Administration in the School Setting

In any given week, 56% of children younger than 18 years of age take at least one medication, 27% take two or more medication and 21% use at least one prescription drug. The American school system delivers medications to more students than large hospital or nursing home systems. Approximately 6% of school-aged children (nearly 13 million) receive medications while in school, and 80% of school-related medication errors reported were missed doses. (Gaunt, 2015)

To ensure that students are medicated at school under maximum protection, the following guidelines should be followed and addressed in the school or school district's policy, procedures, and student handbook:

- Schools and school districts are to have approved school board policy and procedures for medication administration which are reviewed annually and updated as needed.
- Medications Administration policies are best developed, supervised and guided by a school nurse.
- Administer medications only if there is a current school year medication administration authorization form signed by the student's primary health care provider and parent/guardian. This form is to be updated as needed by the primary care provider as medications change, and each school year.
- The signed medication authorization form should be reviewed and approved by the school nurse prior to any medication administration or is delegated.
- The medication label should not be used to determine or verify route, dose or frequency. Use the most current provider medical authorization/order.
- Changes in the dosage of the medication require a written provider authorization/order.
- Unused medication should be disposed of or returned according to the school board

approved policy and procedure for medication administration

- It is recommended that the first dose of a newly prescribed medication be given at home.

All medications are to be provided by a parent/guardian as follows:

- Prescription medication must be in a container with a current prescription label that matches the medical provider's written order.
- All medications administered at school should be made available to the school nurse in a pharmacy-labeled container that provides the following information:
 - Name of student
 - Name of medication
 - Drug strength and prescribed dosage
 - Route of administration
 - Time schedule of administration
 - Name of prescribing health care provider

Over the counter medication should not be purchased by schools or school districts to avoid the appearance of dispensing medications, unless the school or school district has a class C pharmacy license and purchases only single dose packaged over the counter medications. If the over the counter medication must be taken for more than five consecutive school days, a physician's authorization must be obtained.

The over the counter medication administration form is to include the following:

- Student's name
- Age of the student
- Name of the over the counter medication
- Amount of medication to be taken
- Time to be taken and frequency

The goal of these targeted medication safety best practices for schools is to prevent harmful medication administration errors

Emergency Medications in the School Setting

Students with diabetes, seizures, life-threatening allergies and asthma need immediate access to emergency medications (e.g. auto-injectable epinephrine, albuterol, rectal diazepam, intranasal valium, and glucagon) in the school setting. While schools are not expected to function as emergency care centers, there are students with life-threatening medical conditions who require prescribed emergency medications at school.

Experts agree the school nurse should be the key coordinator and if possible, the primary administrator of emergency medications. Potential legalities involved in not responding with emergency medication (if available), and intervention by a trained unlicensed individual in the absence of a licensed school nurse, should be considered when establishing school district policy. School nurses should coordinate the training of an adequate number of

school personnel to ensure that if the school nurse is not present, there is at least one adult present who is trained to administer emergency medications in a timely manner.

Keeping any emergency medication on school premises involves certain legal/ethical issues and may create even more complex issues around emergency medication administration. An example would be a situation in which a student is discovered in anaphylaxis and the only treatment readily available is epinephrine designated for a different student. Administration of the available epinephrine by any trained individual could be a life-saving step; failure of the individual to receive treatment could result in death for the victim and legal action against the trained licensed or unlicensed individual who does not respond. If there is a need, schools are recommended to consider employing a Stock Emergency Medications in the Schools and Narcan in Schools program to enhance safety.

Below are some guidelines to consider when developing local policy, procedure, and emergency crisis plans:

- The most common emergency medications required in the school setting are epinephrine, albuterol, glucagon, seizure medications, and oxygen. All staff are to be trained in the identification of emergent symptoms necessitating the need for the emergency medications, deployment of school emergency call system, location of emergency medications, evacuation and transportation plans.
- These guidelines along with other emergency interventions that include mobilization of emergency services should be included in the student's individualized emergency care plan and signed by the parent/guardian. This plan should be developed in collaboration with the student, parents, primary care provider, and appropriate school staff, and with the student's safety and the school's capability in mind.
- Schools may need to identify unlicensed personnel to be trained to assist with emergency medications in the absence of a school nurse. The [New Mexico Nurse Practice Act](#) allows RN school nurses to "assign/delegate to licensed and unlicensed persons only those nursing actions which that person is prepared, qualified, or licensed or certified to perform. When any medication is delegated, the school nurse is to assess and document the return demonstration of the emergency medication administered by unlicensed personnel or self-administered and document assessment.
- Federal laws including the Individuals with Disabilities Education Act (IDEA) of 1975 (20 U.S.C. §§1400 et seq, and 34 C.F.R. pt. 300), Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990 require that health services for complex student health needs be provided so that students can access their education. Immediate access to emergency medications is critical and vital to the effectiveness of these life-saving interventions.

Depending upon the availability of 911 emergency services and the proximity to the school, 911 response might be the most appropriate solution for emergency response needs in the absence of a licensed health care provider to administer care. It is recommended that discussion between school district administration, school health

personnel and the local 911 responders take place to determine the feasibility of this option as policy

- Emergency response to students/staff for students/staff who do not have documented medical risk or an emergency medication at school are to be considered in the school emergency plan.
- The student's health care provider is responsible for writing medication orders and for providing clear guidelines regarding the circumstances under which emergency medications should be administered.
- The Individualized Health Plan (IHP) and Emergency Care Plan (ECP) are to delineate acceptable and safe emergency intervention procedures and parameters. Such plans require parental signature as well as signature of responsible school staff. *Loco parentis* designation may be considered in such an IHP, specifically as it relates to mobilizing emergency response service.

Students Rights - Asthma and Anaphylaxis Emergency Medications in the School Setting

New Mexico Administrative Code requires all schools, whether public or private to have school policies to allow any student in grades K-12 to carry and self-administer provider prescribed asthma and anaphylaxis emergency medication during school day, school sponsored activity, before and after school care if on school property, in transit to and from school or school sponsored events.

School policy is to disclose and address the following information:

- Maintenance of student confidentiality,
- That no school employee who in good faith who reports any known or suspected violation of the school discipline policy or in good faith attempts to enforce the policy shall be held liable for any civil damages.
- Requirement of a written plan of care signed by an appropriate healthcare provider authorizing and acknowledging that appropriate student instruction in the correct and responsible use of the medication and associated devices has been done.
- Requirement of a written and health care provider treatment plan be submitted and signed by the parent/guardian and be renewed by the parent or guardian each subsequent school year.
- Address procedure for any back-up medication, if provided by a student's parent or guardian, be kept at the student's school at a location easily accessible to the student in event of an emergency.

- The student has demonstrated to the health care provider, school nurse, or other school official the skill level necessary to use the medication and any device that is necessary to administer the medication as prescribed. The school is to document and maintain records of such;

Students Rights - Diabetes Self-Management in the School Setting

New Mexico Statute requires all schools, whether public or private to have school policies to allow any student in grades K-12 to carry and self-administer provider prescribed diabetes management medications, supplies, and equipment during school day, school sponsored activity, before and after school care if on school property, in transit to and from school or school sponsored events.

School policy is to disclose and address the following information:

- Maintenance of student confidentiality,
- That no school employee who in good faith who reports any known or suspected violation of the school discipline policy or in good faith attempts to enforce the policy shall be held liable for any civil damages.
- Requirement of a written plan of care signed by an appropriate healthcare provider authorizing and acknowledging that appropriate student instruction in the correct and responsible use of the medication and associated devices has been done.
- Requirement of a written and health care provider treatment plan be submitted and signed by the parent/guardian and be renewed by the parent or guardian each subsequent school year.
- Address procedure for any back-up medication, if provided by a student's parent or guardian, be kept at the student's school at a location easily accessible to the student in event of an emergency.
- The student has demonstrated to the health care provider, school nurse, or other school official the skill level necessary to use the medication and any device that is necessary to administer the medication as prescribed. The school is to document and maintain records of such
- All school staff are to be adequately trained in diabetes awareness, signs and symptoms of hypoglycemia and hyperglycemia and the associated emergency response.

The [Guide to Helping the Student with DM Succeed](#) provides the necessary resources and tools to assist schools in managing diabetes in the school setting. There are three levels of school staff training. Level One training is for all school staff and provides an overview of

diabetes, signs and symptoms of hypoglycemia and hyperglycemia, and emergency response. It is designed for all staff members that do not have direct care management responsibilities. Level two training provides more in-depth training than level one and is designed for any school staff member that may be assisting the student in the day to day management of diabetes. Level Three training is designed for a staff member that will be directly providing direct diabetes care in the school setting.

Guidelines for Over the Counter Medications in the School Setting

In 2009 the American Academy of Pediatrics (AAP) issued a policy statement: [Guidelines for the Administration of Medication in School](#) was reaffirmed in 2013. Guidance related to providing over-the-counter (OTC) medications in this chapter has been acquired from the AAP policy statement. These guidelines were designed to give guidance to school districts that choose to allow the administration of OTC medications to promote appropriate safeguards for optimal health and safety of students. When addressing whether to use OTC medications in schools, there are multiple factors to consider in relation to the risk to benefit of OTCs. The benefits of having OTC medication(s) include keeping students in school, reducing parental work absence and, providing symptom relief.

The potential risks include side effects from the OTC medications; for example, cold and cough OTC medicines have not been shown to be effective in children younger than 6 years and are not appropriate for use at school without a physician order. OTCs may influence cognitive functions and impact the ability to learn under the influence of the medication. They also can mask underlying health conditions. Additional factors to consider are whether there is a school nurse employed or under contract to conduct an assessment to determine appropriateness of using an OTC. Safety and security of the medications must be considered as well. If medications are not safely stored in the school health office the sharing of medications between students may heighten.

Schools that allow and permit the use of OTCs may permit the OTC medications to be given on a short-term basis and to use the below guidelines:

- Schools are to use a risk to benefit analysis when deciding to permit the use of OTC medications under school policy.
- Schools that permit OTC use must determine which specific conditions will be indicated for use, e.g., mild fever, mild headache, symptoms of seasonal allergies.
- OTC medications must be supplied by the parents/guardians and are to be brought to the school by an adult in the unopened and manufacture's labeled container.
- The labeling is to also include the student name, date of birth.
- All OTC medications are to be stored in a secure location with limited access by school personnel and students.
- Students presenting with symptoms of minor illness, the use of comfort measures e.g., rest, ice, elevation, warm/cold compress will be used before proceeding to the use of an OTC.
- Schools are to require written parental/guardian consent and it is recommended the school obtain provider authorization for OTCs to prevent potential risk.

- School policies should permit the use of an OTC for no more than 3 consecutive days unless a medical authorization is obtained from a primary care provider (MD, DO, CNP, PA).
- An assessment conducted by an LPN must have school nurse RN review the assessment since a LPN cannot conduct the initial assessment under New Mexico Nurse Practice Act.
- School policies are to state that all OTCs administered will follow manufacturer's label directions for dose, indication for use, and age and weight guidelines unless medical authorization is obtained.
- Schools to require all medication administration to be documented in the student health record and Medication administration record (MAR).
- Of special note, it is unlawful for unlicensed assistive personnel (UAP) to make an assessment or determination to offer OTC medications. A trained UAP can collect information or data and report the information to the school nurse RN so that the RN can make an assessment as to the appropriateness to give the medication to a specific student.

Guidelines for Controlled Substances in the School Setting

The Controlled Substance Act (CSA) defines controlled medications as any drug or therapeutic agent with a potential for abuse or addiction and which is held under strict governmental control. These drugs and other substances under the CSA are divided into five schedules (U.S. Department of Justice, 2011). Substances are placed in their respective schedules based on whether they have current acceptable medical use in the United States, their relative potential for abuse, and their likelihood of causing dependence when abused. Schedule II controlled medications routinely administered at school include Adderall, Concerta, Focalin, and Vyvanese,

For the purposes of ensuring the secure storage, handling, and disposal of controlled medications, schools are to provide effective controls and procedures to guard against theft and misuse of controlled substances. Below are suggested best practices and recommendations to be in school policy and procedures,

- Parent/guardians are to deliver medication(s) to the school in the original prescription bottle
- All controlled substances must be inventoried by counting the medication(s), amount documented, dose count verified and documented by two adults, with ongoing monitoring and accounting of the remaining doses
- A signed and written medical authorization must be on file with the school before administration of the medication occurs
- All controlled medications are to be stored in a double lock system where the medication is stored in a substantially constructed cabinet.
- Any accounting irregularity, loss, or suspected theft must be immediately reported to parent/guardian and school administration with incident report to be made per school policy.

- Contact to be made within one business day of loss or theft discovery with the local Drug Enforcement Agency Office to ascertain further guidance regarding reporting obligations for the school.

Regarding the disposal of controlled drugs, the American Nurses Association (ANA) supports disposal of pharmaceutical waste in a manner that will minimize and ultimately stop the diversion and misuse of pharmaceuticals that are expired, unused or no longer needed; and the direct or incidental release of pharmaceuticals into the environment. American Nurses Association. (2010). Position statement: Pharmaceutical waste.

Schools remain organizations that have not been defined under the CSA and are not subject to requirements for organizations that must register with the U.S. Drug Enforcement Agency for the disposal of controlled drugs. Schools are acting “*In loco Parentis*” and subject to disposal of controlled medications as a “ultimate user”. The CSA refers to an “ultimate user” as a person who has lawfully obtained, and who possesses, a controlled substance for his own use or for the use of a member of his household or for an animal owned by him or by a member of his household and are not required to register with the DEA because the controlled substances in their possession “are no longer part of the closed system of distribution and are no longer subject to DEA’s system of corresponding accountability. (Yeh, December 13, 2012)

The American Nurses Association recommends the following for process for disposal of a controlled substance for nurses, 2010; USDHHS, 2014

- Parental notification for pick up and disposal of medication by sending three notifications reminders to parent/guardian that medication not claimed at the end of the treatment, and the end of the school year. Inform parents all medications will be destroyed:
- Medication count: two school nurses or a school nurse and an administrator prior to actual disposal and recorded on a controlled medication disposal log and records retained per state statute.
- Disposal includes: a. emptying medication from original container; placing medication into a coffee can, sealable bag, or other container; c. mixing the medication with used coffee grinds or kitty litter and adding water to the mix; sealing the container; and disposing with regular trash.
- Remove labels from the student’s empty medication bottles prior to discarding original prescription containers.
- CFC inhalers are being replaced by environmentally friendly inhalers that may be disposed of in the regular trash.

Consumer guidance for disposal of controlled medications was developed in collaboration between the DEA and the U.S. Food and Drug Administration (FDA) to deter illegal drug abuse, reduce the danger of unintentional use of controlled medications and provided these recommendations for consumers:

- Find a Pill Take Back or DEA Authorized Collector which are located your local area. Sometimes there are various events set up in communities where the DEA will come to collect all unused or expired medications for disposal.
- Locate a registered DEA waste management service for pick up and disposal of controlled medications.
- Consider flushing only medications on the approved FDA's list recommended for flushing if the quantity is small and frequency is occasional. To evaluate appropriateness for flushing look up the medication on the FDA's website.

Guidelines for Complementary and Alternative Medications and Therapies in the School Setting

A wide range of complementary health approaches and products are being used for children and adolescents. Parents are frequently requesting these products to be administered in the school setting. These complementary and alternative health approaches include herbs, dietary supplements, massage therapy, mind-body energy alignment, acupuncture, chiropractic care, aromatherapy, essential oils.

[The National Center for Complementary and Alternative Medicine \(NCCAM\)](#) is part of the National Institutes of Health (NIH) and conducts research on the efficacy of complementary medicine and is a resource clearinghouse for CAM therapies and products. NCCAM defines Complementary Alternative Medicine (CAM) as a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional Western medicine. CAM is also known as integrative or alternative therapies.

In 2012 the [National Health Interview Survey](#) (NHIS) reported a rise of in use of herbal products and essential oils is of specific consideration within CAM environment. Herbal products and essential oils are not evaluated and approved by the [U.S. Food and Drug Administration](#) (FDA) and can be marketed without proven safety, purity, of effectiveness of the product and are not required to report any data on adverse events from these products to the FDA. Dietary supplements are regulated but not approved as drugs by the FDA as covered in [Health and Education Act of 1994](#) (DSHEA)

Under DSHEA, a dietary supplement is defined as a product intended to supplement the diet. The supplement bears or contains one or more of the following ingredients: a vitamin, a mineral, an herb or other botanical, or an amino acid and is intended to be ingested in pill, capsule, tablet, or liquid form. The product cannot be used as a conventional food or as the sole item of a meal or diet; and must be labeled as a dietary supplement.

The classification of dietary supplements is specifically separate from food or drug categories and, as such, lies outside the jurisdiction of many of the safety and regulatory rules that cover food and drugs and by law the manufacturer is responsible for ensuring that its dietary supplement products are safe before they are marketed. Unlike drug products that must be proven safe and effective for their intended use before marketing, there are no provisions in the law for FDA to approve dietary supplements for safety or effectiveness before they reach the consumer.

In New Mexico limited prescriptive privileges have been granted to the following health care providers for integrative therapies and are expected to meet the same standards when prescribing medication for administration in the school setting as in any other situation:

- Nurse Practitioners (CNP)
- Nurse Midwives (CNM)
- Physician Assistants (PA)
- Rural Anesthetists (CNA)
- Nurse Specialists (CNS)
- Doctors of Oriental Medicine (DOM)
- Chiropractors (DC).

The New Mexico school nurse may administer medications prescribed by any of these licensed health practitioners if within the scope of the nurse's training, knowledge, and experience per the [NM Nursing Practice Act](#) (NMNPA). School nurses are accountable for knowing therapeutic effects, safe dosage, contraindications, and potential side effects of products or medications administered. In addition, the school nurse must administer integrative therapies with same best practices and standards of care; e.g. pharmacy-labeled containers or in the original provider-issued container, labeled with the same information routinely included on pharmacy labels, and should be transported, stored, tracked, documented, and disposed according to the same guidelines of other medications.

It is important to respect for the needs of all students and wishes of their parents/guardians. School nurses should provide culturally sensitive care and communicate concerns if issues arise in providing safe and competent care within nursing standards of practice. The administration of any integrative therapy or medication administration is to take place only if permitted by local school district policy, NMDOH guidelines in the New Mexico School Health Manual, in compliance with NMNPA and NM State Law.

Of special note, there are federal or state statutes which address whether a parent or legal guardian can or cannot administer integrative or CAM products in the school setting. Therefore, it is incumbent on the school or district to develop the school policy which addresses the parameters under which this activity may take place. School nurses may always consult their School Health Advocate if unsure of federal and or state laws.

To guide schools in policy development for CAM, the following statements were extracted from *Legal Issues in School Health Services* by Schwab and Gelfman (2001).

- School nurses are expected to know and practice within the laws of their respective **states.**
- When the law does not sufficiently address an issue or ethical issues arise for the school nurse, a written opinion should be obtained from the local Board of Nursing.
- Collaboration with other Boards of Nursing, Medical and Pharmacy Boards, and the **state departments of health and education are encouraged when appropriate.**
- To explore and advise on issues, consideration should be given to convening a

committee on ethics with appropriate representation and expertise from the school and community.

- School district policies should be developed to meet professional standards of practice and should be followed consistently throughout the district.
- School policy should address students carrying and personnel administering any **substance that could be identified as a medication (including natural remedies, a aromatherapy, herbs and nutritional supplements). Such policy should include requirements for an explicit order from an authorized provider in the state, parent authorization, verification that a product is safe to administer in the prescribed dosage, and information regarding therapeutic and untoward effects.**

The NMDOH Office of School and Adolescent Health recommends the following for schools to follow:

- School district policies and procedures should meet professional standards of practice for safe medication administration and are to be followed consistently and school not require nurses to administer CAM.
- School nurses are to cautiously approach the decision to administer a dietary supplement and use of a decision-making model that ensures compliance to the NM Nurse Practice Act and the American Nurses Association scope and standards of practice and code of ethics.
- The NM Nurse Practice Act and Standards of Professional Nursing Practice require the school nurse to know the rationale for and the effects of medications to correctly administer the medication. New Mexico school nurses are not to administer herbal supplements, and essential oils orally, topically, or diffused. These substances do not have consistent and reliable [United States Pharmacopeia](#) (USP) formulation to ensure dose purity and consistency, are not regulated by the FDA, and a predictable dose calculation for herbal products has not been established in pediatrics.
- School policy should prohibit any school personnel from administering an herbal supplement or essential oil topically, orally, or diffused. These substances do not have consistent (USP) formulation and are not regulated by the FDA. Non-licensed school personnel may not be aware of the potential for reacting with other medications and associated contraindications. Any essential oils used in a diffuser must be prohibited since the diffused essential oils can increase the risk of asthma exacerbations and anaphylaxis due to the inability to contain the essential oil to the point of contact.
- School policy should prohibit students from carry herbal products and essential oils on their person. For student self-administration, a predetermined place of storage is to be defined in school policy, and school procedures to outline who will retrieve the product from the storage area for self-use, require written medical provider and

parent/guardian authorization, and the direction for administration to be provided from the medical provider and or parent/guardian directly to the student.

- The health care provider should provide verification that the product is safe to administer to children in the prescribed dose, is therapeutic and has no untoward effects. Supplements that are often given to children may interact with many conventional medications such as St. John's wort has been shown to interact antidepressants, birth control pills, seizure control drugs, and certain drugs used to treat cancer. Melatonin may alter the levels of other hormones in young children and should not be used by children with certain medical conditions such as hormonal disorders, diabetes, liver or kidney disease, cerebral palsy, seizure disorders, migraine, depression, and hypertension.
- Educate students, parents and school staff about the risks involved in administering products for which no safety parameters have been established, the importance of adequate research to determine the effect of herbals preparations and the rationale for schools to establish guidelines intended to ensure safety of all students.
- Avoid dismissal of complementary or alternative medical treatments in ways that communicate a lack of sensitivity or concern for the family's perspective. It is important to support parents in their preferences for health care and help them find safe solutions to such dilemmas.

Guidelines for Medication Administration for Field Trips and School Sanctioned Events in the School Setting

Field trips and school sanctioned events often create challenging situations for schools when medication administration is necessary. It is important for all school sanctioned trips and events be planned well in advance to allow time to create an effective and safe plan and is best to include the student if appropriate, parent/guardian, and school nurse.

Schools are to have policies and procedures that address all aspects of medication administration for school-sponsored trips or sanctioned events. The policy and procedure is to specifically address medication administration for students who are unable to self-administer medication(s) or upon the absence of a parent/guardian attending the trip or event. Students with special healthcare needs have the right to participate in school-sponsored trips

It is best practice to consistently include the school nurse in the planning and coordination for all school-sponsored trips. Students who require medication(s) on field trips or school sanctioned events that cannot self-administer or do not have a parent or legal guardian attending, it may be necessary for the school nurse to attend the school trip or event or delegate medication administration to an adult affiliated with school operations. If delegation of medication is being considered an assessment by the school nurse is necessary to determine if the medication(s) can be delegated to an UAP.

As schools consider whether to have a field trip or school sanctioned event the following considerations are advised: [NASN 2013: School-Sponsored-Trips-Role-of-the-School-Nurse](#)

- If the field trip is outside of New Mexico, the school nurse is responsible for knowing the nursing license and practice laws of that state or country.
- If the school-sponsored trip takes place in a different state or country, plans must be in place to meet the nursing license and practice laws of that state or country.
- If the state is not a part of the Nurse Licensure Compact (NLC) the school nurse will need to request and receive permission from the respective state's board of nursing, to practice in the state in which the field trip will be residing. If going outside the borders of the United States, the school nurse will need to consult with the consulate of the visiting country for permission to practice nursing.
- Students who are under a 504 plan or an IEP must have field trip and school sanctioned events outlined in each plan.
- If allowed under school policy, and the parent/guardian chooses to use a surrogate for medication administration, the nurse may choose not to delegate medication to this individual, and the instruction and guidance for medication administration will come from the parent to the surrogate and will not be under RN delegation authority.

The [NM Nursing Practice Act](#) allows school nurses to delegate medication administration, including emergency medication, to adults affiliated with school operations. The following is recommended to ensure a safe and effective field trip:

- Parent/guardian to supply a separate supply of medication(s) to be used during the field trip to avoid the act of dispensing medication (transferring medication from one container to another).
- Field trip medication(s) should not come from the student's medication supply held at school for routine use, if possible.
- All medications are to be in current pharmacy labeled container ideally be prepared by a pharmacist and brought to the school by the parent/guardian for the scheduled field trip.
- If a separate supply of medication is not available for the field trip, use or send the prescription labeled container being used at school for the field trip.
- The school nurse or the UAP delegated the task of administering the medication(s) is to return the medication(s) to the appropriate storage area after a thorough accounting has been done.
- The individual who administered the medication will initial and sign the Medication Administration Record indicating that the student received prescribed medication.

Guidelines for Off Label, Research, and Investigational Medication Administration in the School Setting.

Research or investigational medications are defined by the [U.S. Federal Drug Administration \(FDA\)](#) as medications undergoing formal study, are currently involved in clinical trials, and have not been issued final U.S. Federal Drug Administration (FDA) approval. Off-label

medications are (FDA) approved medications prescribed for non-approved purposes or indications.

According to the [National Association of School Nurses \(NASN\) 2012 Position Statement: Medication Administration in the School Setting](#), school nurses should assess each request for administration of investigational or research medications

Schools may receive requests from parents/guardians and/or health care providers to administer off-label or research medications to students. Schools must develop policies that permit or prohibit the use of an off label or research medications if use is to be permitted, schools policies and procedures are consider the following best practices:

- Requests should be evaluated by a multidisciplinary team and on a case by case basis, including but not limited to: the school nurse, the licensed prescriber, the school physician, and the parent/guardian. If a school policy permits administration of off-label and research medications, it requires a licensed prescriber 's order and parent/guardian consent.
- Schools to consider obtaining a medical opinion from their New Mexico Department of Health Regional Health Officer prior to proceeding.
- Professional standard of nursing practice for both off-label and investigational medications must be used.
- For off-label use medications, the team should have evidence to support the safe use at school.
- For clinical trials, the team should have access to the research protocol. In either case, the team should have documentation to support the safe use of this type of medication for a student who may otherwise have a negative outcome without the use of the substance.

Storage and Handling of Medications in the School Setting

As part of fulfilling the role of guardian (loco parentis) for children entrusted to their care during the school day, schools need to provide for the safe and appropriate storage of all medications.

The following guidelines are to be considered when developing school policy for storage of medications kept at school.

- Routine medications are to be stored in a locked cabinet in a secured area; in a cool, dark place, unless otherwise indicated. Exceptions are emergency medications (Epinephrine, Albuterol, Glucagon, Diastat, Intranasal Midazolam). These emergency medications are to be assessable to other adult educational staff members for quick retrieval during the school day. All medications, including emergency medications are to be stored and locked for security at the end of each school day.

- Controlled substances require special attention in the school district's policies. FDA, DEA, and NM Board of Pharmacy rules require all controlled substances to be stored in a double locked narcotic system that is equipped with two separate locks and keys.
- For medications that require refrigeration, such as antibiotic solutions, the refrigerator is to be in a secure area, not accessible to unauthorized individuals, with temperature recorded daily when school is in session, temperature to be maintained between 36 and 46 degrees Fahrenheit and kept in a non-food containing refrigeration unit.
- All medications (prescription and over-the-counter) are to be kept in original labeled containers provided by the dispensing pharmacy/provider or the manufacturer.
- Any exceptions to the above guidelines should be noted on the relevant student's individualized health care plan.

Documentation and Record Keeping for Medication Administration in the School Setting

Documentation of medication administration in the school is to be addressed in written school policy and procedure. Each dose of medication administered or self-administered and witnessed by school staff is to be documented on a Medication Administration Record (MAR) in ink or electronically. The MAR is a permanent health record and is subject to all confidentiality policies and laws and provides legal protection to those who assist with medications at school. It also helps ensure that students receive medications as prescribed and can help reduce medication errors.

Documentation of a medication administration in a MAR is to be done by the person administering the medication. All handwritten MARs are to be corrected by drawing a single line through the error, recording the correct information, then initialing and dating the corrected entry, as with any medical record. If a MAR is contained in the electronic student health record, use strike over to reflect the information in error, then enter correct information that reflects when and by whom the error was corrected.

MARs are to contain the following information:

- Student's name
- Prescribed medication and dosage
- Schedule for medication administration
- Name(s) and signature(s)/initial(s) or electronic identification of individual(s) authorized and trained to supervise self-administration of medications
- Picture of the student for identification purposes (optional)

Disposal of Medications in the School Setting

Unclaimed medications at school each year pose a potentially huge environmental risk when disposed of improperly. It is feasible to implement an environmentally responsible medication disposal protocol at schools (Taras, 2014). Schools are to establish policy and procedures that address safe disposal of medications to include over the counter, prescription medications to include controlled substances, Hydrofluoralkane (HFA) inhalers, and sharps.

The school policy, procedure, and handbook is to address the following:

- The parent's or guardian's responsibility in being owners of the medication to retrieve any unused doses of medication after treatment cycle ceases, upon transfer or withdrawal from school, and at the end of the school year.
- Written parent or guardian notification is to be sent with specific date to retrieve medication or the medication will be disposed by the school.
- Unclaimed medications are to be disposed of by school nurse in the presence of another school employee by documenting date of disposal, means of disposal, student name, name of medication and amount disposed. Both individuals should sign the documentation.
- Disposal of medications and sharps using best practices environmental considerations should be kept in mind when disposing of unused medications.
- Unused medications should not be released to the student regardless of age, even with parental/guardian consent.

The FDA supports the responsible disposal of medicines and all medicines can be safely disposed of by using medicine take-back programs or using U.S. Drug Enforcement Agency (DEA)-authorized collector programs. When these options are not available; schools can dispose of student medication in the trash using the following steps:

- Scratch out all personal information on the prescription label of the empty medication bottle or empty medicine packaging to make it unreadable.
- Flush medication down toilet if specific disposal instructions on the medication label. If no specific disposal instructions on the medication label, schools are to dispose of medications in regular trash after mixing the medication (do not crush tablets or capsules) with, kitty litter, or used coffee grounds.
- Place the mixture in a container such as a sealed plastic bag or sealed hard container.
- Dispose of the mixture in the regular school trash.
- Dispose of the container.

References and Resources

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[Allergy Asthma Network: Allergy & Anaphylaxis: A Practical Guide for Schools and Families](#)

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[Asthma Action Plan Form](#)

[Asthma Medical Evaluation Form](#)

[Asthma Rescue Checklist](#)

[Asthma Visit Notification Form](#)

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DEA Disposal of Medications

https://www.deadiversion.usdoj.gov/drug_disposal/fact_sheets/disposal_public.pdf

Diabetes Emergency Response Plan [Carbohydrate Counting Worksheet](#)

[Emergency Allergy Plan Form](#)

[Federal Drug Agency: Dietary Supplements and Using Dietary Supplements](#)

Gaunt Michael, Medication Safety, Help Prevent Medication Error in Schools, (2015)

[Guide to Helping the Student with DM Succeed](#)

[Guidelines for Hypoglycemia](#)

Guidelines for safe disposal can be found at:

<http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm>.

[Health and Education Act of 1994](#)

Helping the Student with Diabetes Succeed Training

[Level 1 Training](#) - Powerpoint

[Level 2 Training](#) - Powerpoint

[Level 3 Training](#) - Powerpoint

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[Life Threatening Allergy Rescue Form](#)

[Medication Administration Record Form](#)

[Medication Administration OTC Short Term Form](#)

[Medication Incident Report Form](#)

[Medication Self Administration Agreement Form](#)

[Medications Recommended for Disposal by Flushing:](#)
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Ph (505)476-4500 Toney Anaya Building, 2550 Cerrillos Road, Santa Fe, NM 87505
[The New Mexico Board of Pharmacy](#)

[Severe Allergy Individual Health Plan Form](#)

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