

## ADMINISTERING MEDICATIONS TO STUDENTS

**House Bill 4672 (Substitute H-1)  
First Analysis (12-11-01)**

**Sponsor: Rep. John Hansen  
Committee: Education**

### ***THE APPARENT PROBLEM:***

In November 1996, the Department of Education developed general guidelines about administering medications in schools. The guidelines encourage school officials to include in-service training for staff members who administer medication, and many districts have incorporated these guidelines into their local policies. Further, the department has developed two model policies for particular illnesses: Management of Students with Asthma in the School Setting (October 1999), and Management of Students with Diabetes in the School Setting (January 2001).

In April 2000, a group of concerned parents, school, and public health officials called SAFEMEDS (School and Family Effort Making Each Dose Safe) began meeting, in order to consider the well-being of students who take prescription medicines during the school day while at school. The workgroup reviewed the status and assessed the adequacy of current statute and case law, and also the department's model medication policies. In addition, members recounted stories about serious medication mishaps, in an effort to understand the magnitude of the policy problem and identify possible responses to ameliorate it. See *BACKGROUND INFORMATION* about this workgroup and another, below.

Among the key members of both study groups were representatives of the Michigan Association of School Nurses. According to committee testimony, there are fewer than 400 school nurses at work in Michigan schools, despite the fact that there are 3,682 school buildings in the state. Although many prescribing physicians and parents expect that school-age children's medications are administered by health professionals when they send prescription medicine to school, that is seldom the case. Instead, the customary practice in schools is that school secretaries administer medications, following more or less safe protocols, depending on a school district's medication policy.

In a briefing paper developed by the Michigan Association of School Nurses, they note that the number and complexity of medications to be administered during the school day have dramatically increased in recent years. According to committee testimony, in elementary schools whose students live in poverty, and where health risks are, consequently, extraordinarily high, it is not uncommon that fully 25 percent of the student population is administered medication during the school day. Typical medications administered in school settings, and now common both in general and special education environments, include oral pills, liquid oral medications, pills that need to be crushed or capsules that need to be sprinkled on food, inhalers, nebulizers, nasal sprays, patches, tube feedings, injections, rectal suppositories, ointment and cream applications to the skin, and eye and ear drops. The Michigan Association of School Nurses observes that the problems and associated risks to students can be grouped within three categories: volume and complexity; lack of appropriate policies; and, lack of training, supervision, and support. When school medication policies are inadequate, there is evidence of improper storage, violations of student privacy, errors that go undetected, dangerous errors, improper medication administration records, and increased liability to school districts and to individual school personnel. The association has proposed various solutions to address these problems, including a training program taught by professional school nurses. See *BACKGROUND INFORMATION* below.

In order to develop protocols that allow school personnel to more safely administer medication at school, legislation has been introduced.

### ***THE CONTENT OF THE BILL:***

House Bill 4672 (H-1) would amend the Revised School Code to require the Department of Education to do all of the following before October 1, 2002:

-review the guidelines, policies, or other publications produced by the department and other state agencies that concern administering medications to students, and revise them as necessary; and,

-make available a model local policy concerning the administration of medications to students while they are in school. The bill would encourage school boards, intermediate school boards, and the boards of directors of public school academies to align their local policies with the model policy, and also to provide appropriate training to people who administer medications to students at school.

Under the bill, the model policy would address the type and amount of training that would be required for people who participate in administering medications to students at school. In developing this part of the policy, the bill specifies that the department could consider training programs offered by the Michigan Association of School Nurses, as well as training offered by other public health organizations.

The bill would require that each school board or board of directors for a public school academy review its local policy at a public hearing within one year of the bill's effective date.

MCL 380.1178a

### ***BACKGROUND INFORMATION:***

SAFEMEDS Workgroup. The SAFEMEDS workgroup included representatives of the Michigan Nurses Association, the Michigan School Nurses Association, an elementary school administrator, three school administrators groups, an intermediate school district, two teacher unions, a school attorney, the Department of Education, and the State Board of Education.

The School Nurses Association Workgroup. In addition to SAFEMEDS, a group called the Medication in Schools Workgroup formed to study the matter. It included representatives from the Michigan Education Association, the Wayne County Regional Educational Agency, the Michigan PTA, an attorney, a school principal, a school superintendent, representatives from three school administrators associations, the licensing division of the Michigan Department of Consumer and Industry Services, the Michigan State Medical Society, a field nursing supervisor of the Oakland County Health Division, a physician from the American Academy of Pediatrics Michigan Chapter, a representative from Ciba-Geigy

Corporation (a pharmaceutical company), and two representatives of the Michigan Association of School Nurses.

The SAFEMEDS workgroup reviewed the Michigan statute concerning the administration of medications in public schools, which is found in the Revised School Code, MCL 380.1178(1) and (2). Those subsections read:

(1) Subject to subsection (2), a school administrator, teacher or other school employee designated by the administrator, who in good faith administers medication to a pupil in the presence of another adult, or in an emergency situation that threatens the life or health of the pupil, pursuant to written permission of the pupil's parent or guardian, and in compliance with the instructions of a physician, is not liable in a criminal action or for civil damages as a result of an act or omission in the administration of the medication, except for an act or omission amounting to gross negligence or willful and wanton misconduct.

(2) If a school employee is a licensed registered professional nurse, subsection (1) applies to that school employee regardless of whether the medication was administered in the presence of another adult.

In addition, three Michigan Attorney General opinions were reviewed:

- Attorney General Opinion No. 3537, issued September 8, 1961, which states in general that school administrators, teachers and designated employees are under no duty to assume responsibility for the administration of medication;
- Attorney General Opinion No. 5679, issued April 11, 1980, which says the same.
- Attorney General Opinion No. 6476, issued October 27, 1987, which states that a school board may adopt reasonable rules for the possession of and self-administration of medication by students; and administration of medication to students by school personnel in accordance with instructions by the student's physician. Further, the opinion also states that school personnel may administer medications to students upon written permission of a parent or guardian containing the physician's instruction for administration of medicine; and, students may self-administer medicine without the involvement of public school personnel.

Michigan Association of School Nurses proposals. The Michigan Association of School Nurses urges school districts to follow the lead of the Grand Rapids Public Schools, a district that recently more than doubled its staff of certified school nurses, increasing the number from 13 to 28 by combining funding from several sources: new special education funding; Medicaid billings; at-risk funding; community partnerships; and, grant funding. Administrators in Grand Rapids recognize that school nurses (who are registered nurses, or RNs) and health aides are key participants in their model school health services program, a program designed to integrate community resources into schools.

The Michigan Association of School Nurses also urges that school nurse consultants be provided at the intermediate school district, in order to coordinate services and provide training for local districts, as well as to consult with local districts regarding policies and procedures designed to ensure that school personnel safely administer medications.

However, when hiring a licensed health care professional is not possible, the Michigan Association of School Nurses recommends that all non-licensed people administering medications in the school setting be required to complete a minimum training program provided by a professional school nurse, or another licensed professional nurse, or a physician with school-based health care experience. The association urges that the training curriculum meet standards set by professional nurses, and be supervised by those with school-based health care experience.

To that end, the Michigan Association of School Nurses has developed a medication administration training program. It is designed to provide a minimum level of training to non-nursing personnel who administer medications at school, generally in one three- to four-hour class session. The association observes that other states--Iowa, Colorado, Massachusetts, Oregon, Louisiana, California, among them--require this kind of training for non-nursing personnel who administer medications at school.

### ***FISCAL IMPLICATIONS:***

The House Fiscal Agency notes that the bill has no fiscal impact. (8-22-01). However, the Department of Education analysis indicates that while the fiscal impact on the state budget would be minimal, public schools that opted to train those who administer

medications would incur expenses to provide the training program. (12-5-01)

### ***ARGUMENTS:***

#### ***For:***

This bill affords the opportunity to take proactive action, to get ahead of a potentially dangerous situation before tragedy strikes. According to the Michigan School Nurses Association, the number and complexity of medications being administered during the school day has dramatically increased in recent years. Many districts rely on unlicensed and untrained school personnel to administer the medications. Indeed, according to committee testimony, there are fewer than 400 school nurses at work in Michigan, despite the fact that there are nearly 3,700 school buildings in the state. Since so few professional health care personnel work in schools, the possibility for medication mishaps is very high. The bill would require the Department of Education to update its model medication administration policies, and also encourage school districts to review and if necessary implement new, safer procedures and protocols. School districts also would be encouraged to provide training for the people who administer medications to students.

#### ***POSITIONS:***

The Department of Education supports the bill. (12-10-01)

The Michigan Association of School Nurses supports the bill. (12-10-01)

The Michigan Education Association supports the bill. (12-7-01)

The Michigan Federation of Teachers and School-Related Personnel supports the bill. (12-7-01)

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■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.