

## DEPARTMENT OF EDUCATION

### Colorado State Board of Education

## RULES FOR ADMINISTRATION OF MEDICATIONS

### 1 CCR 301-68

*[Editor's Notes follow the text of the rules at the end of this CCR Document.]*

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#### Statement of Basis and Purpose

The statutory basis for the enactment of the Rules, adopted by the State Board of Education is found in sections 22-1-119.3, C.R.S, 22-1-119.5, C.R.S., and 22-2-135, C.R.S. The Colorado Schoolchildren's Asthma and Anaphylaxis Act and its subsequent revisions requires the State Board of Education to promulgate rules on determining students' qualifications, contract requirements and treatment plan requirements as well as the implementation for student possession and administration of prescription medication and use of stock epinephrine auto-injectors.

#### 1.00 Definitions

- 1.01 "Appropriate Staff" means employees of the school whom the principal or equivalent executive, in consultation with the School Nurse, determines to be appropriate recipients of emergency anaphylaxis treatment training, which employees shall include, but need not be limited to, employees who are directly involved during the school day with a student who has a known food allergy.
- 1.02 "Contract" means the written contract between the student, the student's parents or legal guardian, and the School Nurse or the school administrator in consultation with the School Nurse, which clearly defines responsibility for the student to self-carry his/her emergency medication.
- 1.03 "Delegation" of a Medical or Nursing Task is the transfer of responsibility for the performance of a task from one individual to another while retaining accountability for the outcome.
- 1.04 "Designated Personnel" means employees of the school who have current CPR/1st Aid certification, have received additional training on the recognition of anaphylaxis, and are delegated by the School Nurse or a Healthcare Practitioner to administer an epinephrine auto-injector in the event of anaphylaxis.
- 1.05 "Health Care Plan" hereinafter referred to as the "Plan" is a plan for a specific student that addresses the administration of medications and/or treatments for the student, including emergency treatment, and is based on the student's Healthcare Practitioner's orders for the administration of medications and/or treatments for the student and includes input from the parents or legal guardian.
- 1.06 "Healthcare Practitioner" means a physician, nurse practitioner, or physician assistant who has prescriptive authority and is licensed to practice in the State of Colorado.
- 1.07 "School Nurse" means a nurse licensed to practice as a registered nurse in Colorado who is licensed as a Special Service Provider – School Nurse by the Colorado Department of Education.
- 1.08 "School Personnel" means school personnel designated by agreement between the principal or his or her designee and a parent or legal guardian.

1.09 "Standing Order and Protocol" is a written plan developed by a Healthcare Practitioner that authorizes specific medical action and includes the administration of selected medication.

**2.00 Policy for Management of Food Allergy and Anaphylaxis in the School for Students with a Known Allergy**

Each school district board of education, including the Charter School Institute, shall adopt and implement a policy for the management of food allergies and anaphylaxis among students enrolled in the public schools of the school district. This policy, at a minimum, shall address the following requirements.

2.01 The management of food allergies and anaphylaxis in the school setting shall be a collaboration between the school district, parents, Healthcare Practitioner, and student, as appropriate.

2.02 The School Nurse or school administrator, in consultation with the School Nurse, shall be responsible for the development and implementation of the Plan for each student with the diagnosis of a potential life-threatening food allergy after reviewing the information provided by the student's parent or legal guardian and Healthcare Practitioner on the allergy and anaphylaxis standard form developed by the Colorado Department of Public Health and Environment pursuant to section 25-1.5-109, C.R.S., and referenced in section 22-2-135, C.R.S. If a student qualifies as a student with a disability in accordance with federal law, including but not limited to Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, or the Individuals with Disabilities Education Act, the development of a Health Care Plan and/or other plan as appropriate, in accordance with such federal laws, shall be deemed to meet the requirements of these rules.

2.03 The school shall have a plan in place for communication between the school and emergency medical services, including instructions for emergency medical responders.

2.04 Reasonable accommodations shall be made to reduce the student's exposure to agents that may cause anaphylaxis within the school environment as set forth in section 22-2-135(3)(a)(II), C.R.S. The School Nurse, school personnel, Healthcare Practitioner, the student's parent or legal guardian, and student as appropriate, shall work in partnership to develop reasonable accommodations to reduce the risk of the student's exposure to agents that cause anaphylaxis. If a student qualifies as a student with a disability in accordance with federal law, including but not limited to Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, or the Individuals with Disabilities Education Act, the development of a Health Care Plan and/or other plan as appropriate, in accordance with such federal laws, shall be deemed to meet the requirements of these rules.

2.05 Training shall be done for Appropriate Staff as outlined below in section 3.00 of these rules.

2.06 Emergency medications shall be kept in a secure location easily accessible for designated staff.

2.07 The parent or legal guardian of the student shall be responsible, to supply to the school in a timely fashion the medication needed for treatment of food allergies or anaphylaxis unless the student is authorized to self-carry.

2.08 Prior to the beginning of each school year, each school district shall provide notice to the parent or legal guardian of each student enrolled in a public school of the policy adopted by the school district pursuant to section 22-32-139, C.R.S. The notice shall direct the parent or legal guardian how to access the standard form referred to in section 22-2-135(3)(b), C.R.S. and developed by the Colorado Department of Public Health and Environment pursuant to section 25-1.5-109, C.R.S.

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**3.00 Appropriate Staff Training**

- 3.01 The principal or an equivalent school administrator, in consultation with the School Nurse, shall determine the appropriate recipients of emergency anaphylaxis treatment training, including Appropriate Staff directly involved during the school day with a student who has a known food allergy.
- 3.02 Training shall, at a minimum, prepare Appropriate Staff to have a basic understanding of food allergies and the importance of reasonable avoidance of agents that may cause anaphylaxis, the ability to recognize symptoms of anaphylaxis, and the ability to respond appropriately in the event of the student experiencing anaphylaxis including how to administer an epinephrine auto-injector if delegated. The training shall also include awareness of the ability of the student to carry and self-administer an epinephrine auto-injector.
- 3.03 Staff training and delegation of emergency medications by the School Nurse shall be done in accordance with the Colorado Nurse Practice Act, section 12-38-103(10) C.R.S.

**4.00 Requirements for Students to Self-Carry Asthma/Anaphylaxis Medication**

- 4.01 In order to determine whether a student is eligible to administer his/her own medication, the School Nurse or administrator in consultation with the School Nurse and in collaboration with the parent or legal guardian and Healthcare Practitioner shall make an assessment of the student's knowledge of his/her condition and his/her ability to self-administer medication. The skill level assessment shall include, but not be limited to, the following areas: ability to identify the correct medication, a demonstration of the correct administration technique, knowledge of the dose required, the frequency of use, and the ability to recognize when to take the medication.
- 4.02 A Contract between the School Nurse or school administrator in consultation with the School Nurse, the student, and the student's parents or legal guardian shall be established assigning levels of responsibility for each individual. This Contract shall accompany orders for the medication from a Healthcare Practitioner. There must be agreement by all parties that noncompliance with the Contract may result in withdrawal of the privilege.
- 4.03 The Contract for the student shall include, but not be limited to: the ability to demonstrate competency in taking his/her medication, the ability to demonstrate asthma/allergy management and self-care skills, notify school staff if emergency medication has been administered or when having more difficulty than usual with his/her condition, and the express prohibition against allowing another person to use his/her medication.
- 4.04 The Contract for the parent or legal guardian shall include, but not be limited to: the provision of a written order by the Healthcare Practitioner; the provision of a written authorization by the parent or legal guardian; the assurance that the container is appropriately labeled by a pharmacist or Healthcare Practitioner; that the medication device contains the medication; that the medication has not expired, that backup medication will be provided to the Health Office for emergencies, and that, on a regular basis, the status of the student's asthma/allergy is reviewed with the student.
- 4.05 The Contract for the School Nurse or the school administrator, in consultation with the School Nurse, shall include but not be limited to: the review with the student of the correct technique for use of the medication device(s); an understanding of the order for time and dosages; and an understanding of the appropriate use of the medication; a review of the status of the student's asthma/allergy with the student on a regular basis; a requirement to notify school staff that needs to know whether the student has asthma, or a life-threatening allergy and has permission to carry and self-administer the medication, and the assignment of a designee to make a 911 emergency call if the student has an exposure that results in the need to use epinephrine.

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**5.00 Use of Stock Epinephrine Auto-injectors in Emergency Situations in School Settings**

- 5.01 A local school board may adopt and implement a policy permitting its schools to acquire and maintain a stock supply of epinephrine auto-injectors for use in emergency anaphylaxis events that occur on school grounds.
- 5.02 For local school boards that elect to adopt such a policy, the school district shall meet the following requirements:
- 5.02(a) The school district must have a Standing Order and Protocol regarding the administration of epinephrine auto-injectors. The Standing Order and Protocol shall include the dosage of epinephrine, indications for use, route of medication and follow-up procedures. Standing Orders must be renewed annually and with any change in prescriber.
- 5.02(b) Building level administrators in consultation with the School Nurse shall identify at least two employees who are CPR/1 st Aid certified to be trained and delegated in the administration of stock epinephrine auto-injectors (“Designated Personnel”). Schools with larger populations are encouraged to train additional staff as Designated Personnel.
- 5.02(c) Training of Designated Personnel must be conducted by a School Nurse or Healthcare Practitioner using a state approved course. Training must include the components identified in Section 3.02 and shall also include: defining anaphylaxis, recognizing symptoms of anaphylaxis, understanding standards and procedures for storage, the correct methods for administering an epinephrine auto-injector, and follow up procedures. Such training and delegation are encouraged to be conducted on an annual basis
- 5.02(d) Delegation by the school nurse or healthcare practitioner, in accordance with state legislation and rules concerning his or her practice, may only occur after Designated Personnel have received the training described in Section 5.02(c).

**6.00 Reporting Requirements**

- 6.01 Schools must submit a report to the State School Nurse Consultant at the Department of Education within 10 days regarding any incident at the school or a school-related event involving a severe allergic reaction, the administration of an epinephrine auto-injector, or both. Such report shall be on a form developed by the Department of Education. This reporting requirement applies to any nonpublic school that maintains a stock supply of epinephrine auto-injectors and to all public schools, regardless of whether they maintain a stock supply of epinephrine auto-injectors.
- 6.02 In school districts with a board-adopted policy allowing for the administration of stock epinephrine auto-injectors, the School Nurse must report to the State School Nurse Consultant at the Department of Education whether training and delegation has occurred and, if so, the number of employees in the school or school district that have been trained and delegated to administer epinephrine auto-injectors.

**7.00 Policy for Management of Student Possession and Administration of Prescription Medication**

A local school board of education shall adopt a policy for student possession and administration of prescription medication. A policy for management of student possession and administration of prescription medication shall address the following requirements.

- 7.01 The parent or legal guardian of a student for whom prescription medication is required shall notify the school’s administration or School Nurse of the student’s medical needs and that the student will be in possession of the medication. The policy may require the notification to include a Plan

developed by the Healthcare Practitioner for any qualifying student or as deemed appropriate by the School Nurse or the school administrator in consultation with the School Nurse.

- 7.02 There shall be a process by which a School Nurse or school administrator, in consultation with the school nurse, with input from the prescribing Healthcare Practitioner, and parent or legal guardian, determine any restrictions for a student to possess and self-administer their medication. Factors to be considered in establishing any such restrictions include the age and/or maturity of the student, the degree of responsibility of the student, the type of medication, and whether the student's possession or self-administration poses a significant risk of harm to the student or to other students. The School District may limit a student's ability to possess and carry medication in the event the student's possession of the medication becomes a disruption or danger to the student or learning environment.
- 7.03 If a prescription medication is carried for a life-threatening condition, the parent or legal guardian of the student shall provide a sufficient supply to be kept at the school and be accessible for emergencies.
- 7.04 A student shall carry only one day's dose of a prescription medication and the medication shall be kept in the original container with the prescription label that includes the student's name, name of medication, dosage and the name of the prescribing Healthcare Practitioner. This restriction shall not apply to medication that is contained in a multi-dose device including but not limited to asthma inhaler or insulin pump.
- 7.05 A student shall not possess or self-administer controlled substances, including medical marijuana, as defined in section 27-80-203(7), C.R.S., on school grounds, on a school bus, or at any school sponsored event. Exceptions to the restriction against controlled substances, other than medical marijuana, may be determined by the school administrator and parents or legal guardian in consultation with the School Nurse. The sale or sharing of any drug or controlled substance may be grounds for suspension or expulsion according to section 22-33-106(1)(d)(I), C.R.S.
- 7.06 There shall be a process for the storage, possession, and administration of medical marijuana in a nonsmokeable form to a student who holds a valid recommendation for medical marijuana upon the grounds of the preschool or primary or secondary school in which the student is enrolled. For purposes of this rule, a public school shall treat a recommendation for a nonsmokeable form of medical marijuana from a licensed physician as medication that is prescribed by a licensed healthcare practitioner.
- 7.06(a) A primary caregiver may possess and administer to a student who holds a valid recommendation for medical marijuana, medical marijuana in a nonsmokeable form upon the grounds of the preschool or primary or secondary school in which the student is enrolled, or upon a school bus or at a school-sponsored event. School personnel may volunteer to possess, administer, or assist in the administration of medical marijuana in a nonsmokeable form to any student with a valid recommendation for medical marijuana. The primary caregiver shall not administer the nonsmokeable medical marijuana in a manner that creates disruption to the educational environment or causes exposure to other students.
- 7.06(b) Nothing in this section requires the school district staff to administer medical marijuana.
- 7.06(c) A school district board of education or charter school may adopt policies regarding who may act as a primary caregiver pursuant to section 7.06 and the reasonable parameters of the administration and use of medical marijuana in a nonsmokeable form upon the grounds of the preschool or primary or secondary school in which the student is enrolled, or upon a school bus or at a school-sponsored event.

7.06(d) This section 7.06 does not apply to a school district or charter school if:

7.06(d)(I) The school district or charter school loses or will lose federal funding as a result of implementing this section 7.06;

7.06(d)(II) The school district or charter school can demonstrate a reasonable, documented expectation of lost federal funding based on federal guidance or grant requirements directly as a result of implementing this section 7.06; and

7.06(d)(III) The school district or charter school posts on its website in a conspicuous place a statement regarding its decision not to comply with this section 7.06.

7.06(e) Student possession, use, distribution, or sale or being under the influence of a cannabinoid product inconsistent with this section 7.06 is not permitted.

7.06(f) Notwithstanding the provision of section 22-33-106 (1)(d)(II) C.R.S., a school district or charter school may not discipline a student who holds a valid recommendation for medical marijuana solely because the student requires medical marijuana in a nonsmokeable form as authorized by 22-1-119.3, C.R.S.

7.06(g) A school district or charter school may not deny eligibility to attend school to a student who holds a valid recommendation for medical marijuana solely because the student requires medical marijuana in a nonsmokeable form as authorized by 22-1-119.3, C.R.S.

## **8.00 Requirements for the Administration of Medical Marijuana by School Personnel**

8.01 [Expired 05/15/2020 per House Bill 20-1179]

8.01 Prior to the administration of the medical marijuana in a nonsmokeable form at school, the student's parent or legal guardian shall complete and submit to the school the following documentation consistent with the local school board's adopted policy under section 7 of these rules.

8.01(a) A written medical marijuana recommendation that includes the signature of one of the recommending physicians and the purpose, recommended dosage, frequency, length of time between dosages, and delivery route of the medical marijuana in a nonsmokeable form to be administered. Such recommendation shall be renewed by the recommending physicians on an annual basis; and

8.01(b) A written statement from the student's parent or legal guardian releasing the school, and employees and volunteers of the school, from liability, except in cases of willful or wanton conduct or disregard of the criteria of the treatment plan outlined in section 8.02(a).

8.02 Nothing in this section shall require any school personnel to possess or administer medical marijuana.

8.03 A school district board of education or a school administration shall not discipline or retaliate against any school personnel who volunteers to possess, administer, or assist in the administration of medical marijuana in a non-smokeable form pursuant to the instructions or plan for administration from one of the student's recommending physicians, including dosing, timing, and delivery route instruction.

**Editor's Notes**

**History**

Entire rule eff. 12/31/2009.

Entire rule eff. 04/30/2012.

Entire rule eff. 01/30/2014.

Entire rule eff. 03/02/2019.

**Annotations**

Rule 8.01 (adopted 01/10/2019) was not extended by House Bill 20-1179 and therefore expired 05/15/2020.