

# DEPARTMENT OF EDUCATION

## OFFICE OF THE SECRETARY

Statutory Authority: 14 Delaware Code, Section 152 (14 Del.C. §152)  
14 DE Admin. Code 804, 811, 815 and 817

### PROPOSED

#### Education Impact Analysis Pursuant to 14 Del.C. Section 122(d)

#### **804 Immunizations; 811 School Health Record Keeping Requirements; 815 Physical Examinations and Screening; 817 Administration of Medications and Treatments**

##### **A. Type of Regulatory Action Required**

Amendment to Existing Regulations

##### **B. Synopsis of Subject Matter of the Regulation**

The Secretary of Education intends to amend the following: 14 DE Admin. Code 804 Immunizations, 14 DE Admin. Code 811 School Health Record Keeping Requirements, 14 DE Admin. Code 815 Physical Examinations and Screening and 14 DE Admin. Code 817 Administration of Medications and Treatments. In addition to some formatting changes, the following comments describe the specific amendments to each of the regulations.

##### **804 Immunizations**

- 2.0, Has been reformatted.
- 2.1.1 Puts in place the new immunization nomenclature and preferred vaccines for DPT and TD
- 2.1.5 Increases the number of required dosages for Varicella vaccine from 1 to 2, but grandfather those children who have received the 1 dose at their school entry.
- 2.1.5 States that after FY08, the schools will not accept disease history of Varicella from a parent as an exemption. The doctor will need to verify this.
- 7.0 States that school nurses must keep documentation of immunizations and report to DPH. This has been the practice and expectation, but it has never been in regulation.

##### **811 School Health Record Keeping Requirements**

- 1.0 Now contains definitions for the Emergency Treatment Card and the Delaware School Health Record Form
- 2.0 and 3.0 Have been reformatted.
- 3.2.1 States that electronic health records are recognized as acceptable but identifies FY08 as the last year for non-electronic formats. School all have access to eSchool or other electronic data bases and all health information must be stored electronically.
- 5.0 States that the Summary of School Health Services will be due to the Department by August 31 rather than June 30. This will allow schools to include summer school data.

##### **815 Physical Examinations and Screening**

- 2.2.21 Requires a follow up evaluation or referral to the student's health care provider. It has been a practice but it has never been in regulation.
- 2.3 Adds the lead screening requirements

##### **817 Administration of Medications and Treatments**

- 2.0 and 3.0 have been reformatted.
- 3.2 States that the medications and dosages must be FDA approved. Schools have been struggling with doctors writing large doses of antipsychotic medications for children, which are outside of the recommended doses. Also, parents bring in herbal medications. These later medications have not been tested in children, do not have directions on proper dosing, nor does

one know what side effects to look for.

- 3.2.2 Recommends that an adult transport medications to the school.

Persons wishing to present their views regarding this matter may do so in writing by the close of business on or before April 5, 2007 to Carol O'Neill Mayhew, Education Associate, Regulation Review, Department of Education, at 401 Federal Street, Suite 2, Dover, DE 19901. A copy of this regulation is available from the above address or may be viewed at the Department of Education business office.

### **C. Impact Criteria**

1. Will the amended regulation help improve student achievement as measured against state achievement standards? The amended regulation addresses requirements for the school nursing program not state achievement standards

2. Will the amended regulation help ensure that all students receive an equitable education? The amended regulation addresses requirements for the school nursing program not equity issues.

3. Will the amended regulation help to ensure that all students' health and safety are adequately protected? The amended regulation addresses requirements for the school nursing program that is directly related to students' health and safety.

4. Will the amended regulation help to ensure that all students' legal rights are respected? The amended regulation addresses requirements for the school nursing program not legal rights issues.

5. Will the amended regulation preserve the necessary authority and flexibility of decision making at the local board and school level? The amended regulation will preserve the necessary authority and flexibility of decision making at the local board and school level.

6. Will the amended regulation place unnecessary reporting or administrative requirements or mandates upon decision makers at the local board and school levels? The amended regulation will not place any unnecessary reporting or administrative requirements or mandates upon decision makers at the local board and school levels.

7. Will the decision making authority and accountability for addressing the subject to be regulated be placed in the same entity? The decision making authority and accountability for addressing the subject to be regulated will remain in the same entity.

8. Will the amended regulation be consistent with and not an impediment to the implementation of other state educational policies, in particular to state educational policies addressing achievement in the core academic subjects of mathematics, science, language arts and social studies? The amended regulation will be consistent with and not an impediment to the implementation of other state educational policies, in particular to state educational policies addressing achievement in the core academic subjects of mathematics, science, language arts and social studies.

9. Is there a less burdensome method for addressing the purpose of the regulation? There is a no less burdensome method for addressing the purpose of the regulation.

10. What is the cost to the State and to the local school boards of compliance with the regulation? There is no additional cost to the State and to the local school boards for compliance with the regulation

## **804 Immunizations**

### **1.0 Definition of School Enterer**

~~A school enterer is any child between the ages of two months and 21 years entering or being admitted to a Delaware school district for the first time, including but not limited to, foreign exchange students, immigrants, students from other states and territories and children entering from nonpublic schools.~~

### **1.0 Definition**

"School Enterer" means any child between the ages of two months and 21 years entering or being admitted to a Delaware school district for the first time, including but not limited to, foreign exchange students, immigrants, students from other states and territories and children entering from nonpublic schools.

### **2.0 Minimum Immunizations Required for All School Enterers**

Children who enter school prior to age 4 shall follow current Division of Public Health recommendations. Disease histories for measles, rubella and mumps will not be accepted unless serologically confirmed. Immunizations given up to four days prior to the minimum interval or age will be accepted.

2.1 Four or more doses of diphtheria, tetanus, pertussis (DTaP, DTP, or other approved vaccine) or diphtheria, tetanus (DT) vaccine or a combination of these vaccines with the following exceptions: (1) a child who received a fourth dose prior to the fourth birthday must have a fifth dose; (2) a child who received the first dose of Td (adult) at or after age seven may meet this requirement with only three doses of Td (adult).

2.1.1 A booster dose of Td (adult) is recommended for all students, five years after the last DTaP, DTP or DT dose was administered.

2.2 Three or more doses of inactivated polio virus (IPV), oral polio vaccine (OPV), or a combination of these vaccines with the following exception: A child who received a third dose prior to the fourth birthday must have a fourth dose.

2.3 Two doses of measles, mumps and rubella (MMR) vaccine. The first dose should be administered on or after the age of 12 months. The second dose should be administered after the fourth birthday. Individual combination vaccines of measles, mumps, rubella (MMR) can be used to meet this requirement.

2.4 Three doses of Hepatitis B vaccine beginning in the 1999-2000 school year with kindergarten and grade seven. (By adding a grade at each of the levels, by the year 2004-2005 all students will be required to have the vaccine.) Two doses of CDC approved vaccine for children ages 11 to 15 may be used.

2.5 Varicella vaccine is required beginning in the 2003-2004 school year with kindergarten and adding a grade each subsequent year. One dose is required for children through age 12. Two doses are required for children age 13 and older.

2.5.1 A written disease history, provided by the health care provider, parent, legal guardian, Relative Caregiver or school enterer who has reached the statutory age of majority (18), 14 ~~Del.C.~~ §131(a)(9), will be accepted in lieu of vaccination.

2.1 All school enterers shall have immunizations given up to four days prior to the minimum interval or age and will include:

2.1.1 Four or more doses of diphtheria, tetanus, pertussis (DTaP, DTP, or other approved vaccine) or a combination of these vaccines with the following exceptions: a child who received a fourth dose prior to the fourth birthday shall have a fifth dose; a child who received the first dose of Td (adult) at or after age seven may meet this requirement with only three doses of Td or Tdap (adult). A booster dose of Td or Tdap (adult) is recommended by the Division of Public Health for all students at age 11 or five years after the last DTaP, DTP or DT dose was administered whichever is later.

2.1.2 Three or more doses of inactivated polio virus (IPV), oral polio vaccine (OPV), or a combination of these vaccines with the following exception: a child who received a third dose prior to the fourth birthday shall have a fourth dose.

2.1.3 Two doses of measles, mumps and rubella (MMR) vaccine. The first dose should be administered on or after the age of 12 months. The second dose should be administered after the fourth birthday. Individual combination vaccines of measles, mumps, rubella (MMR) may be used to meet this requirement.

2.1.3.1 Disease histories for measles, rubella and mumps shall not be accepted unless serologically confirmed.

2.1.4 Three doses of Hepatitis B vaccine.

2.1.4.1 For children 11 to 15 years old age, two doses of a vaccine approved by the Center for Disease Control (CDC) may be used.

2.1.4.2 Titers are not acceptable in lieu of completing the vaccine series and a disease history for Hepatitis B shall not be accepted unless serologically confirmed.

2.1.5 Two doses of Varicella vaccine (beginning in the 2007-2008 school year) for new school enterers in grades K to 4. By adding a grade each year, in the year 2015-2016 all students will be required to have two doses of the vaccine.

2.1.5.1 The first dose of the Varicella vaccine should be administered on or after the age of twelve (12) months and the second at kindergarten entry.

2.1.5.2 A written disease history, provided by the health care provider, parent, legal guardian, Relative Caregiver or school enterer who has reached the statutory age of majority (18), 14 ~~Del.C.~~ §131(a)(9), will be accepted in lieu of the varicella vaccination.

2.1.5.2.1 Beginning in the 2008-2009 school year, a disease history for the varicella vaccination shall be verified by a health care provider to be exempted from the vaccination.

2.2 Children who enter school prior to age four (4) shall follow current Delaware Division of Public Health recommendations.

### **3.0 Certification of Immunization**

3.1 The parent, legal guardian, Relative Caregiver or a school enterer who has reached the statutory age of majority (18), 14 **Del.C.** §131(a)(9), shall present a certificate specifying the month, day, and year that the immunizations were administered by ~~the state~~ a licensed health care practitioner.

3.2 According to 14 **Del.C.** §131, a principal or person in charge of a school shall not permit a child to enter into school without acceptable evidence of immunization. The parent, legal guardian, Relative Caregiver or a school enterer who has reached the statutory age of majority (18), 14 **Del.C.** §131(a)(9), shall be notified of this requirement in writing. Within 14 calendar days after notification, evidence must be presented to the school that the basic series of immunizations has been initiated or has been completed.

3.3 A school enterer may be conditionally admitted to a Delaware school district by presenting a statement from a ~~state~~ licensed health care practitioner who specifies that the school enterer has received at least:

3.3.1 ~~Has received at least~~ One dose of DTaP, or DTP, or DT; and

3.3.2 ~~Has received at least~~ One dose of IPV or OPV; and

3.3.3 ~~Has received at least~~ One dose of measles, mumps and rubella (MMR) vaccine; and

3.3.4 ~~Has received the~~ The first dose of the Hepatitis B series ~~as per 2.4;~~ and

3.3.5 ~~Has received at least~~ One dose of Varicella vaccine as per 2.5.

3.4 ~~Regulation 14 DE Admin. Code~~ 901 Education of Homeless Children and Youth 6.0 states that "School districts shall ensure that policies concerning immunization, guardianship and birth certificates do not create barriers to the school enrollment of homeless children and youth". To that end, school districts shall as in ~~6-4~~ 14 DE Admin. Code "assist homeless children and youth in meeting the immunization requirements".

3.5 If the school enterer fails to complete the series of required immunizations the parent, legal guardian, Relative Caregiver or a school enterer who has reached the statutory age of majority (18), 14 **Del.C.** §131(a)(9), ~~will~~ shall be notified that the ~~child~~ school enterer will be excluded according to 14 **Del.C.** §131.

### **4.0 Lost or Destroyed Immunization Record**

When an immunization record has been lost or destroyed by the medical provider who administered the vaccine, the parent, legal guardian, Relative Caregiver or a school enterer who has reached the statutory age of majority (18), 14 **Del.C.** §131(a)(9), shall sign a written statement to this effect and must obtain at least one dose of ~~DTaP, DTP or DT, one dose of IPV or OPV, one dose of Hepatitis B (as per 2.4) immunization against measles, mumps and rubella and one dose of varicella (as per 2.5)~~ each of the immunizations as identified in 3.3. Evidence that the vaccines were administered shall be presented to the superintendent or ~~designated person~~ his or her designee. ~~An exemption to this requirement would be a statement from a state licensed health care practitioner demonstrating serological evidence of immunity to measles, mumps or rubella.~~

### **5.0 Exemption from Immunization**

5.1 Exemption from this requirement may be granted in accordance with 14 **Del.C.** §131 that permits approved medical and notarized religious exemptions.

5.2 Alternative dosages or immunization schedules may be accepted with the written approval of the Delaware Division of Public Health.

### **6.0 Verification of School Records**

The Delaware Division of Public Health shall have the right to audit and verify school immunization records to determine compliance with the law.

### **7.0 Documentation**

7.1 School nurses shall record and maintain documentation of the student's immunization status.

7.2 The student's immunization record shall be included in the Delaware Immunization Registry.

**1 DE Reg. 1808 (5/1/98)**

**4 DE Reg. 1515 (3/1/01)**

## 811 School Health Record Keeping Requirements

### **1.0 Emergency Treatment Card**

1.1 An Emergency Treatment Card shall be on file for each public school student. The card shall contain general emergency procedures for the care of a student when the student becomes sick or injured at school. The card shall contain the student's name, birth date, school district, school, grade, home room or teacher, home address, home telephone and the name, place of employment and work telephone of the parent, guardian or Relative Caregiver. The card shall also contain two other names, addresses and phone numbers of individuals who can be contacted at times when the parent, guardian or Relative Caregiver can not be reached. The name and telephone number of the family physician and family dentist, any medical conditions or allergies the student has and the student's medical insurance shall be on the Emergency Treatment Card.

1.2 The information on the Emergency Treatment Card may be shared only on a need to know basis.

1.3 The parent, guardian or Relative Caregiver or the student if 18 years or older, or an unaccompanied homeless youth (as defined by 42 USC 11434a) shall sign the card to assure they understand the purpose of the card and acknowledge the accuracy of the information.

### **2.0 School Health Record**

2.1 A School Health Record shall be prepared and updated for each public school student. This record is confidential and shall be protected so that only duly authorized persons have access to it.

2.2 When a student transfers to another school in the district or transfers to another school in or out of state, the School Health Record shall be forwarded with the student's other school records.

2.3 The School Health Record shall be maintained for the duration of the student's schooling. The school nurse shall use the Student Health History Update form to keep health records current.

2.4 The School Health Record shall remain in the general school file or nurse's file during the student's attendance in school. The school nurse shall destroy any duplicate or partial health record after entries have been transferred to the official record so that there is only one correct and up to date record.

Nonregulatory note: also see 14 ~~DE Admin. Code~~ 251 and 252 and the Delaware Public Archives Document Delaware School Districts General Records Retention Schedule.

2.5 The school nurse shall document any nursing care provided including the school name, a three point date, the person's (student, staff or visitor) first and last name, the time of arrival and departure, the presenting complaint, the nurse's assessment intervention plan and outcome, the disposition of the situation, the parent or other contact, if appropriate, and the nurse's complete signature.

2.5.1 Accident Reporting: In addition to documenting the care given at the time of an accident, the school nurse shall also complete the Student Accident Report Form if the school nurse has referred the student for a medical evaluation regardless of whether the parent, guardian or Relative Caregiver or student if 18 years or older, or an unaccompanied homeless youth (as defined by 42 USC 11434a) followed through on that request or if the student missed more than one half day due to the accident.

### **3.0 Submission of Records**

The school nurse shall submit the Delaware Department of Education form, Summary of School Health Services for his or her building to the local school district or charter school designee. The district or charter school shall submit the summary of all school health services to the Department by June 30th of each school year.

~~7-DE-Reg-68 (7/1/03)~~

### **1.0 Definitions**

"Delaware School Health Record Form" means a form containing documentation of an student's health information, which includes but is not limited to identifying information, health history, immunizations, results of mandated testing and screenings, medical diagnoses, long term medications and referrals.

"Emergency Treatment Card" means a card containing general emergency procedures for the care of a student when the student becomes sick or injured at school. The card contains the following information: the student's name, birth date, school district, school, grade, home room or teacher, home address, home telephone, the name, place of employment and work telephone of the parent, guardian or Relative Caregiver; two other

names, addresses and phone numbers of individuals who can be contacted at times when the parent, guardian or Relative Caregiver can not be reached; the name and telephone number of the family physician and family dentist; any medical conditions or allergies the student has; and the student's medical insurance.

## **2.0 Emergency Treatment Card**

2.1 An Emergency Treatment Card shall be on file for each public school student.

2.1.1 The information on the Emergency Treatment Card shall be shared only on a need to know basis.

2.1.2 The parent, guardian or Relative Caregiver or the student if 18 years or older, or an unaccompanied homeless youth (as defined by 42 USC 11434a) shall sign the Emergency Treatment Card to assure they understand the purpose of the form and acknowledge the accuracy of the information.

## **3.0 Delaware School Health Record Form**

3.1 The Delaware School Health Record Form shall be current and shall be part of the student's health record within the Cumulative Record File (14 DE Admin. Code 252) which accompanies the student when he or she moves to another school.

3.2. The Delaware School Health Record Form shall be maintained for the duration of the student's schooling and the school nurse shall use the Student Health History Update Form to keep health records current. The Delaware School Health Record Form shall remain in the nurse's file during the student's attendance in school.

3.2.1 The Delaware School Health Record Form may be maintained in hard copy or within an electronic documentation program and transferred electronically. Beginning with the 2008-2009 school year, all Delaware School Health Records Forms shall be in an electronic format.

Non regulatory note: also see 14 DE Admin. Code 251 and 252 and the Delaware Public Archives Document Delaware School Districts General Records Retention Schedule.

## **4.0 Other Required Documentation**

4.1 The school nurse shall document any nursing care provided including the school name, a three point date, the person's (student, staff or visitor) first and last name, the time of arrival and departure, the presenting complaint, the nurse's assessment intervention and the outcome, the disposition of the situation, the parent or other contact, if appropriate, and the nurse's complete signature or initials.

4.1.1 The school nurse shall document the care given at the time of a school based accident by completing the Student Accident Report Form if the student missed more than one half day because of the accident or if the school nurse has referred the student for a medical evaluation regardless of whether the parent, guardian or Relative Caregiver or student if 18 years or older, or an unaccompanied homeless youth (as defined by 42 USC 11434a) followed through on that request.

## **5.0 Submission of Records**

5.1 All local school districts and charter schools shall submit the Summary of School Health Services Form, to the Delaware Department of Education by August 31st of each year.- The form shall include all of the school health services provided in all schools during the fiscal year including summer programs.

# **815 Physical Examinations and Screening**

## **1.0 Physical Examinations**

1.1 All public school students shall have a physical examination that has been administered by a licensed medical physician, nurse practitioner or physician's assistant. The physical examination shall have been done within the two years prior to entry into school. Within fourteen calendar days after notification of the requirement for a physical examination, new enterers shall have received a physical examination or shall have a documented appointment with a licensed health care provider for a physical examination.

1.1.1 The requirement for the physical examination may be waived for students whose parent, guardian or Relative Caregiver, or the student if 18 years or older, or an unaccompanied homeless youth (as defined by 42 USC 11434a) presents a written declaration acknowledged before a notary public, that because of

individual religious beliefs, they reject the concept of physical examinations.

1.1.2 The school nurse shall record all findings on the ~~School Health Record~~ Delaware School Health Record Form (see 14 **DE Admin. Code** 811) and maintain the original copy in the child's medical file.

## **2.0 Screening**

### **2.1 Vision and Hearing Screening**

2.1.1 ~~Beginning with the school year 2004-2005, each~~ Each public school student in kindergarten and in grades 2, 4, 7 and grades 9 or 10 shall receive a vision and a hearing screening by January 15th of each school year.

2.1.1.1 In addition to the screening requirements in 2.1.1, screening shall also be provided to new enterers, students referred by a teacher or an administrator, and students considered for special education.

2.1.1.1.1 Driver education students shall have a vision screening within a year prior to their in car driving hours.

2.1.2 The school nurse shall record the results on the Delaware School Health Record Form and shall notify the parent, guardian or Relative Caregiver or the student if 18 years or older, or an unaccompanied homeless youth (as defined by 42 USC 11434a) if the student has a suspected problem.

### **2.2 Postural and Gait Screening**

2.2.1 Each public school student in grades 5 through 9 shall receive a postural and gait screening by December 15th.

2.2.2 The school nurse shall record the findings on the ~~school health record~~ Delaware School Health Record Form (see 14 **DE Admin. Code** 811) and shall notify the parents, guardian or Relative Caregiver, or the student if 18 years or older, or an unaccompanied homeless youth (as defined by 42 USC 11434a) if a suspected deviation has been detected.

2.2.2.1 If a suspected deviation is detected, the school nurse shall refer the student for further evaluation through an on site follow up evaluation or a referral to the student's health care provider.

### **2.3 Lead Screening**

2.3.1 The Childhood Lead Poison Prevention Act, 16 Del.C. Ch.26, requires all health care providers to order lead screening for children at or around the age of 12 months of age.

2.3.1.1 Child care facilities, public and private nursery schools, preschools and kindergartens shall require documentation of lead screening at the time of registration. Children shall be excluded from school after 60 days from the date of enrollment if the documentation of lead screening is not provided.

2.3.2 The school nurse shall the document the lead screening on the Delaware School Health Record Form (see 14 DE Admin. Code 811).

**7 DE Reg. 68 (7/1/03)**

## **817 Administration of Medications and Treatments**

### **1.0 Administration of Medications and Treatment**

1.1 Medications, in their original container, and treatments may be administered to a public school student by the school nurse when a written request to administer the medication or treatment is on file from the parent, guardian or Relative Caregiver or the student if 18 years or older, or an unaccompanied homeless youth (as defined by 42 USC 11434a). The school nurse shall check the student health records and history for contra indications and all allergies, especially to the medications, and shall provide immediate medical attention if an allergic reaction is observed or make a referral if symptoms or conditions persist. The school nurse shall also document the student's name, the name of medication and treatment administered, the date and time it was administered and the dosage if medication was administered.

### **2.0 Licensed Health Care Provider**

~~Any prescribed medication or treatment administered to a student, in addition to the requirements in 1.0, shall be prescribed by a licensed health care provider. Prescription medication shall be properly labeled with the student's name; the licensed health care provider's name; the name of the medication; the dosage; how and when it is to be administered; the name and phone number of the pharmacy and the current date of the prescription. The medication shall be in a container which meets United States Pharmacopocia National Formulary standards.~~

~~Treatment, including, specialized health procedures, shall be signed by a licensed health care provider with directions on how and when to administer.~~

~~2.1 The prescription and the medication shall be current and long term prescriptions shall be re-authorized at least once a year.~~

~~2.2 All medications classified as controlled substances shall be counted and reconciled each month by the school nurse and kept under double lock.~~

~~2.1 Any prescribed medication administered to a student, in addition to the requirements in 1.0, shall be prescribed by a licensed health care provider. Treatment, including specialized health procedures, shall be signed by a licensed health care provider with directions relative to administration or supervision.~~

### **3.0 Prescription Medications**

~~3.1 Prescription medication shall be properly labeled with the student's name; the licensed health care provider's name; the name of the medication; the dosage; how and when it is to be administered; the name and phone number of the pharmacy and the current date of the prescription. The medication shall be in a container which meets United States Pharmacopoeia National Formulary standards.~~

~~3.2 Medications and dosages administered by the school nurse shall be approved by the Federal Drug Administration (FDA) and comply with FDA recommendations.~~

~~3.2.1 The prescription and the medication shall be current and long term prescriptions shall be re authorized at least once a year.~~

~~3.2.2 All medications classified as controlled substances shall be counted and reconciled each month by the school nurse and kept under double lock. Such medications should be transported to and from school by an adult.~~

### **3.4.0 Non Prescription Medications**

~~4.1 Non prescription medications may be given by the school nurse after the nurse assesses the complaint and the symptoms to determine if other interventions can be used before medication is administered and if all requirements in 1.0 have been met.~~

### **4.5.0 IEP Team**

~~5.1 For a student who requires significant medical or nursing interventions, the Individual Education Program (IEP) team shall include the school nurse.~~

### **5.6.0 Assistance With Medications on Field Trips**

#### **5.6.1 Definitions**

**"Assist a Student with Medication"** means assisting a student in the self administration of a medication, provided that the medication is in a properly labeled container as hereinafter provided. Assistance may include holding the medication container for the student, assisting with the opening of the container, and assisting the student in self administering the medication. Lay assistants shall not assist with injections. The one exception is with emergency medications where standard emergency procedures prevail in lifesaving circumstances.

**"Field Trip"** means any off campus, school sponsored activity.

**"Medication"** means a drug taken orally, by inhalation, or applied topically, and which is either prescribed for a student by a physician or is an over the counter drug which a parent, guardian or Relative Caregiver has authorized a student to use.

**"Paraeducator"** mean teaching assistants or aides.

~~5.6.2 Teachers, administrators and paraeducator employed by a student's local school district are authorized to assist a student with medication on a field trip subject to the following provisions:~~

~~5.6.2.1 Assistance with medication shall not be provided without the prior written request or consent of a parent, guardian or Relative Caregiver (or the student if 18 years or older, or an unaccompanied homeless youth (as defined by 42 USC 11434a). Said written request or consent shall contain clear instructions including: the student's name; the name of the medication; the dose; the time of administration; and the method of administration. At least one copy of said written request or consent shall be in the possession of the person assisting a student with medication on a field trip.~~

~~5.6.2.2 The prescribed medication, in addition to the requirements in 1.0, shall be prescribed by a licensed health care provider. The medication shall be properly labeled with the student's name; the licensed~~



health care provider's name; the name of the medication; the dosage; how and when it is to be administered; the name and phone number of the pharmacy and the current date of the prescription. The medication shall be in a container which meets United States Pharmacopoeia National Formulary standards.

§ 6.2.3 A registered nurse employed by the school district in which the student is enrolled shall determine which teachers, administrators and paraeducators are qualified to safely assist a student with medication. In order to be qualified, each such person shall complete a Board of Nursing approved training course developed by the Delaware Department of Education, pursuant to 24 **Del.C.** §1921. Said nurse shall complete instructor training as designated by the Department of Education and shall submit a list of successful staff participants to the Department of Education. No person shall assist a student with medication without written acknowledgment that he/she has completed the course and that he/she understands the same, and will abide by the safe practices and procedures set forth therein.

§ 6.2.4 Each school district shall maintain a record of all students receiving assistance with medication pursuant to this regulation. Said record shall contain the student's name, the name of the medication, the dose, the time of administration, the method of administration, and the name of the person assisting.

§ 6.2.5 Except for a school nurse, no employee of a school district shall be compelled to assist a student with medication. Nothing contained herein shall be interpreted to otherwise relieve a school district of its obligation to staff schools with certified school nurses.

Nonregulatory note: 14 **DE Admin. Code** 612, *Possession, Use and Distribution of Drugs and Alcohol* addresses student self administration of a prescribed asthmatic quick relief inhaler and student self administration of prescribed autoinjectable epinephrine.

**7 DE Reg. 68 (7/1/03)**

**10 DE Reg. 1513 (04/01/07) (Proposed)**