

## Part 6 Administration of Medication

### **53A-11-601 Administration of medication to students -- Prerequisites -- Immunity from liability.**

- (1) A public or private school that holds any classes in grades kindergarten through 12 may provide for the administration of medication to any student during periods when the student is under the control of the school, subject to the following conditions:
  - (a) the local school board, charter school governing board, or the private equivalent, after consultation with the Department of Health and school nurses shall adopt policies that provide for:
    - (i) the designation of volunteer employees who may administer medication;
    - (ii) proper identification and safekeeping of medication;
    - (iii) the training of designated volunteer employees by the school nurse;
    - (iv) maintenance of records of administration; and
    - (v) notification to the school nurse of medication that will be administered to students; and
  - (b) medication may only be administered to a student if:
    - (i) the student's parent or legal guardian has provided a current written and signed request that medication be administered during regular school hours to the student; and
    - (ii) the student's licensed health care provider has prescribed the medication and provides documentation as to the method, amount, and time schedule for administration, and a statement that administration of medication by school employees during periods when the student is under the control of the school is medically necessary.
- (2) Authorization for administration of medication by school personnel may be withdrawn by the school at any time following actual notice to the student's parent or guardian.
- (3) School personnel who provide assistance under Subsection (1) in substantial compliance with the licensed health care provider's written prescription and the employers of these school personnel are not liable, civilly or criminally, for:
  - (a) any adverse reaction suffered by the student as a result of taking the medication; and
  - (b) discontinuing the administration of the medication under Subsection (2).

Amended by Chapter 173, 2008 General Session

### **53A-11-602 Self-administration of asthma medication.**

- (1) As used in this section, "asthma medication" means prescription or nonprescription, inhaled asthma medication.
- (2) A public school shall permit a student to possess and self-administer asthma medication if:
  - (a) the student's parent or guardian signs a statement:
    - (i) authorizing the student to self-administer asthma medication; and
    - (ii) acknowledging that the student is responsible for, and capable of, self-administering the asthma medication; and
  - (b) the student's health care provider provides a written statement that states:
    - (i) it is medically appropriate for the student to self-administer asthma medication and be in possession of asthma medication at all times; and
    - (ii) the name of the asthma medication prescribed or authorized for the student's use.

- (3) The Utah Department of Health, in cooperation with the state superintendent of public instruction, shall design forms to be used by public schools for the parental and health care provider statements described in Subsection (2).
- (4) Section 53A-11-904 does not apply to the possession and self-administration of asthma medication in accordance with this section.

Enacted by Chapter 4, 2004 General Session

**53A-11-603 Administration of glucagon -- Training of volunteer school personnel -- Authority to use glucagon -- Immunity from liability.**

- (1) As used in this section, "glucagon authorization" means a signed statement from a parent or guardian of a student with diabetes:
  - (a) certifying that glucagon has been prescribed for the student;
  - (b) requesting that the student's public school identify and train school personnel who volunteer to be trained in the administration of glucagon in accordance with this section; and
  - (c) authorizing the administration of glucagon in an emergency to the student in accordance with this section.
- (2)
  - (a) A public school shall, within a reasonable time after receiving a glucagon authorization, train two or more school personnel who volunteer to be trained in the administration of glucagon, with training provided by the school nurse or another qualified, licensed medical professional.
  - (b) A public school shall allow all willing school personnel to receive training in the administration of glucagon, and the school shall assist and may not obstruct the identification or training of volunteers under this Subsection (2).
  - (c) The Utah Department of Health, in cooperation with the state superintendent of public instruction, shall design a glucagon authorization form to be used by public schools in accordance with this section.
- (3)
  - (a) Training in the administration of glucagon shall include:
    - (i) techniques for recognizing the symptoms that warrant the administration of glucagon;
    - (ii) standards and procedures for the storage and use of glucagon;
    - (iii) other emergency procedures, including calling the emergency 911 number and contacting, if possible, the student's parent or guardian; and
    - (iv) written materials covering the information required under this Subsection (3).
  - (b) A school shall retain for reference the written materials prepared in accordance with Subsection (3)(a)(iv).
- (4) A public school shall permit a student or school personnel to possess or store prescribed glucagon so that it will be available for administration in an emergency in accordance with this section.
- (5)
  - (a) A person who has received training in accordance with this section may administer glucagon at a school or school activity to a student with a glucagon authorization if:
    - (i) the student is exhibiting the symptoms that warrant the administration of glucagon; and
    - (ii) a licensed health care professional is not immediately available.
  - (b) A person who administers glucagon in accordance with Subsection (5)(a) shall direct a responsible person to call 911 and take other appropriate actions in accordance with the training materials retained under Subsection (3)(b).

- (6) School personnel who provide or receive training under this section and act in good faith are not liable in any civil or criminal action for any act taken or not taken under the authority of this section with respect to the administration of glucagon.
- (7) Section 53A-11-601 does not apply to the administration of glucagon in accordance with this section.
- (8) Section 53A-11-904 does not apply to the possession and administration of glucagon in accordance with this section.
- (9) The unlawful or unprofessional conduct provisions of Title 58, Occupations and Professions, do not apply to a person licensed as a health professional under Title 58, Occupations and Professions, including a nurse, physician, or pharmacist who, in good faith, trains nonlicensed volunteers to administer glucagon in accordance with this section.

Enacted by Chapter 215, 2006 General Session

**53A-11-603.5 Trained school employee volunteers -- Administration of seizure rescue medication -- Exemptions from liability.**

- (1) As used in this section:
  - (a) "Prescribing health care professional" means:
    - (i) a physician and surgeon licensed under Title 58, Chapter 67, Utah Medical Practice Act;
    - (ii) an osteopathic physician and surgeon licensed under Title 58, Chapter 68, Utah Osteopathic Medical Practice Act;
    - (iii) an advanced practice registered nurse licensed under Title 58, Chapter 31b, Nurse Practice Act; or
    - (iv) a physician assistant licensed under Title 58, Chapter 70a, Physician Assistant Act.
  - (b) "Section 504 accommodation plan" means a plan developed pursuant to Section 504 of the Rehabilitation Act of 1973, as amended, to provide appropriate accommodations to an individual with a disability to ensure access to major life activities.
  - (c) "Seizure rescue authorization" means a student's Section 504 accommodation plan that:
    - (i) certifies that:
      - (A) a prescribing health care professional has prescribed a seizure rescue medication for the student;
      - (B) the student's parent or legal guardian has previously administered the student's seizure rescue medication in a nonmedically-supervised setting without a complication; and
      - (C) the student has previously ceased having full body prolonged or convulsive seizure activity as a result of receiving the seizure rescue medication;
    - (ii) describes the specific seizure rescue medication authorized for the student, including the indicated dose, and instructions for administration;
    - (iii) requests that the student's public school identify and train school employees who are willing to volunteer to receive training to administer a seizure rescue medication in accordance with this section; and
    - (iv) authorizes a trained school employee volunteer to administer a seizure rescue medication in accordance with this section.
  - (d)
    - (i) "Seizure rescue medication" means a medication, prescribed by a prescribing health care professional, to be administered as described in a student's seizure rescue authorization, while the student experiences seizure activity.
    - (ii) A seizure rescue medication does not include a medication administered intravenously or intramuscularly.

- (e) "Trained school employee volunteer" means an individual who:
  - (i) is an employee of a public school where at least one student has a seizure rescue authorization;
  - (ii) is at least 18 years old; and
  - (iii) as described in this section:
    - (A) volunteers to receive training in the administration of a seizure rescue medication;
    - (B) completes a training program described in this section;
    - (C) demonstrates competency on an assessment; and
    - (D) completes annual refresher training each year that the individual intends to remain a trained school employee volunteer.
- (2)
  - (a) The Department of Health shall, with input from the State Board of Education and a children's hospital, develop a training program for trained school employee volunteers in the administration of seizure rescue medications that includes:
    - (i) techniques to recognize symptoms that warrant the administration of a seizure rescue medication;
    - (ii) standards and procedures for the storage of a seizure rescue medication;
    - (iii) procedures, in addition to administering a seizure rescue medication, in the event that a student requires administration of the seizure rescue medication, including:
      - (A) calling 911; and
      - (B) contacting the student's parent or legal guardian;
    - (iv) an assessment to determine if an individual is competent to administer a seizure rescue medication;
    - (v) an annual refresher training component; and
    - (vi) written materials describing the information required under this Subsection (2)(a).
  - (b) A public school shall retain for reference the written materials described in Subsection (2)(a)(vi).
  - (c) The following individuals may provide the training described in Subsection (2)(a):
    - (i) a school nurse; or
    - (ii) a licensed health care professional.
- (3)
  - (a) A public school shall, after receiving a seizure rescue authorization:
    - (i) inform school employees of the opportunity to be a school employee volunteer; and
    - (ii) subject to Subsection (3)(b)(ii), provide training, to each school employee who volunteers, using the training program described in Subsection (2)(a).
  - (b) A public school may not:
    - (i) obstruct the identification or training of a trained school employee volunteer; or
    - (ii) compel a school employee to become a trained school employee volunteer.
- (4) A trained school employee volunteer may possess or store a prescribed rescue seizure medication, in accordance with this section.
- (5) A trained school employee volunteer may administer a seizure rescue medication to a student with a seizure rescue authorization if:
  - (a) the student is exhibiting a symptom, described on the student's seizure rescue authorization, that warrants the administration of a seizure rescue medication; and
  - (b) a licensed health care professional is not immediately available to administer the seizure rescue medication.

- (6) A trained school employee volunteer who administers a seizure rescue medication shall direct an individual to call 911 and take other appropriate actions in accordance with the training described in Subsection (2).
- (7) A trained school employee volunteer who administers a seizure rescue medication in accordance with this section in good faith is not liable in a civil or criminal action for an act taken or not taken under this section.
- (8) Section 53A-11-601 does not apply to the administration of a seizure rescue medication.
- (9) Section 53A-11-904 does not apply to the possession of a seizure rescue medication in accordance with this section.
- (10)
  - (a) The unlawful or unprofessional conduct provisions of Title 58, Occupations and Professions, do not apply to a person licensed as a health care professional under Title 58, Occupations and Professions, including a nurse, physician, or pharmacist for, in good faith, training a nonlicensed school employee who volunteers to administer a seizure rescue medication in accordance with this section.
  - (b) Allowing a trained school employee volunteer to administer a seizure rescue medication in accordance with this section does not constitute unlawful or inappropriate delegation under Title 58, Occupations and Professions.

Enacted by Chapter 423, 2016 General Session

**53A-11-604 Diabetes medication -- Possession -- Self-administration.**

- (1) As used in this section, "diabetes medication" means prescription or nonprescription medication used to treat diabetes, including related medical devices, supplies, and equipment used to treat diabetes.
- (2) A public school shall permit a student to possess or possess and self-administer diabetes medication if:
  - (a) the student's parent or guardian signs a statement:
    - (i) authorizing the student to possess or possess and self-administer diabetes medication; and
    - (ii) acknowledging that the student is responsible for, and capable of, possessing or possessing and self-administering the diabetes medication; and
  - (b) the student's health care provider provides a written statement that states:
    - (i) it is medically appropriate for the student to possess or possess and self-administer diabetes medication and the student should be in possession of diabetes medication at all times; and
    - (ii) the name of the diabetes medication prescribed or authorized for the student's use.
- (3) The Utah Department of Health, in cooperation with the state superintendent of public instruction, shall design forms to be used by public schools for the parental and health care provider statements described in Subsection (2).
- (4) Section 53A-11-904 does not apply to the possession and self-administration of diabetes medication in accordance with this section.

Enacted by Chapter 215, 2006 General Session

**53A-11-605 Definitions -- School personnel -- Medical recommendations -- Exceptions -- Penalties.**

- (1) As used in this section:
  - (a) "Health care professional" means a physician, physician assistant, nurse, dentist, or mental health therapist.

- (b) "School personnel" means a school district or charter school employee, including a licensed, part-time, contract, or nonlicensed employee.
- (2) School personnel may:
- (a) provide information and observations to a student's parent or guardian about that student, including observations and concerns in the following areas:
    - (i) progress;
    - (ii) health and wellness;
    - (iii) social interactions;
    - (iv) behavior; or
    - (v) topics consistent with Subsection 53A-13-302(6);
  - (b) communicate information and observations between school personnel regarding a child;
  - (c) refer students to other appropriate school personnel and agents, consistent with local school board or charter school policy, including referrals and communication with a school counselor or other mental health professionals working within the school system;
  - (d) consult or use appropriate health care professionals in the event of an emergency while the student is at school, consistent with the student emergency information provided at student enrollment;
  - (e) exercise their authority relating to the placement within the school or readmission of a child who may be or has been suspended or expelled for a violation of Section 53A-11-904; and
  - (f) complete a behavioral health evaluation form if requested by a student's parent or guardian to provide information to a licensed physician.
- (3) School personnel shall:
- (a) report suspected child abuse consistent with Section 62A-4a-403;
  - (b) comply with applicable state and local health department laws, rules, and policies; and
  - (c) conduct evaluations and assessments consistent with the Individuals with Disabilities Education Act, 20 U.S.C. Sec. 1400 et seq., and its subsequent amendments.
- (4) Except as provided in Subsection (2), Subsection (6), and Section 53A-11a-203, school personnel may not:
- (a) recommend to a parent or guardian that a child take or continue to take a psychotropic medication;
  - (b) require that a student take or continue to take a psychotropic medication as a condition for attending school;
  - (c) recommend that a parent or guardian seek or use a type of psychiatric or psychological treatment for a child;
  - (d) conduct a psychiatric or behavioral health evaluation or mental health screening, test, evaluation, or assessment of a child, except where this Subsection (4)(d) conflicts with the Individuals with Disabilities Education Act, 20 U.S.C. Sec. 1400 et seq., and its subsequent amendments; or
  - (e) make a child abuse or neglect report to authorities, including the Division of Child and Family Services, solely or primarily on the basis that a parent or guardian refuses to consent to:
    - (i) a psychiatric, psychological, or behavioral treatment for a child, including the administration of a psychotropic medication to a child; or
    - (ii) a psychiatric or behavioral health evaluation of a child.
- (5) Notwithstanding Subsection (4)(e), school personnel may make a report that would otherwise be prohibited under Subsection (4)(e) if failure to take the action described under Subsection (4)(e) would present a serious, imminent risk to the child's safety or the safety of others.

- (6) Notwithstanding Subsection (4), a school counselor or other mental health professional acting in accordance with Title 58, Chapter 60, Mental Health Professional Practice Act, or licensed through the State Board of Education, working within the school system may:
  - (a) recommend, but not require, a psychiatric or behavioral health evaluation of a child;
  - (b) recommend, but not require, psychiatric, psychological, or behavioral treatment for a child;
  - (c) conduct a psychiatric or behavioral health evaluation or mental health screening, test, evaluation, or assessment of a child in accordance with Section 53A-13-302; and
  - (d) provide to a parent or guardian, upon the specific request of the parent or guardian, a list of three or more health care professionals or providers, including licensed physicians, psychologists, or other health specialists.
- (7) Local school boards or charter schools shall adopt a policy:
  - (a) providing for training of appropriate school personnel on the provisions of this section; and
  - (b) indicating that an intentional violation of this section is cause for disciplinary action consistent with local school board or charter school policy and under Section 53A-8a-502.
- (8) Nothing in this section shall be interpreted as discouraging general communication not prohibited by this section between school personnel and a student's parent or guardian.

Amended by Chapter 335, 2013 General Session