453.4 Rule

GUIDELINES FOR ADMINISTERING MEDICATION TO STUDENTS

The following procedures have been established to facilitate the administration of medication to students requiring medications while attending school and/or extracurricular activities.

Prescribed Medication - Procedures

Delivery of Medication to School

1. Parents are responsible for hand-delivering prescribed medication to the school office. If personal delivery of medication is not possible, medication may be delivered by an adult designated by the parent.

2. School office personnel shall verify the amount of medication delivered by counting individual units of medication in the presence of the adult who delivers it.

3. The amount of medication shall be documented by school office personnel. Both the adult delivering medication and the school office personnel who accepts it shall document verification of the medication count by initialing.

The following procedures have been established to ensure that the prescribing health care practitioner retains the power to direct, supervise, decide, inspect, and oversee the administration of prescribed medication.

1. Consent Forms. No medications shall be administered by school personnel or their agents unless and until the Health Care Practitioner and Parent/Guardian Medication Consent Form is completed to the satisfaction of the School Nurse and returned to the principal with copies to the School Nurse. All consent forms and related materials must be renewed annually and at any time a medication prescription is changed.

2. Medication Information. Medication to be administered at school must have the following information printed in language understandable to the lay person on the container:
a. Child's full name

b. Name of drug and dosage

c. Time and quantity to be given

d. Health care practitioner's name

3. Employees Designated to Administer Medication. Medications shall be administered by the principal or by individuals designated by the principal or the Director of Health Services or School Nurse. Except where an emergency is believed to exist, in no instance shall a medication be dispensed by anyone other than a school employee or agent while the student is at school unless specifically approved in writing by the parent(s)/guardian(s).

Individuals authorized to administer medication to students shall receive Department of Public Instruction (DPI) approved instruction concerning such administration.

4. Responsibility.

a. The Director of Health Services or School Nurse shall be responsible to:

   (1) review medications administered at school
   (2) co-sign medication changes in a timely manner
   (3) use professional judgment in carrying out the district's medication administration policy
   (4) provide information to staff upon request on medication side effects
      • provide DPI approved training, supervision, and evaluation of the administration of medication in the school
   (6) keep an up-to-date record of all students in school requiring medication
   (7) the Director of Health Services or School Nurse shall not be held responsible for medications administered in school in a manner not in accordance with medication policy and procedures.

b. Designated school personnel shall be responsible to:
(1) see that the medication is given within 30 minutes before or after the time specified by the health care practitioner
(2) maintain the medication administered in school in a secure place which also maintains medication quality (e.g. refrigeration for liquid antibiotics) and maintain emergency medications in an easily accessible location
(3) report to the School Nurse any students with newly prescribed medication, any prescription changes, inconsistencies or noted untoward effects of the medications; document, date, and initial any changes in the medication on a medication log
(4) keep a copy of the district's medication administration policy in an accessible spot for immediate reference
(5) administer medications in a sanitary manner, checking the five "R-s" (e.g. right student, right medication, right dosage, right time, right route)
(6) document all medication administered or reason medication may not be administered (student absence or refusal)
(7) inform parent(s)/guardian(s) when medication runs out
(8) assist with medication preparation/packaging and labeling in preparation for field trips
(9) designated school personnel have the right to refuse to administer prescription medication to the student when the required medication administration procedures have not been completed (i.e., parent(s)/guardian(s) and physician's statements, properly labeled medication bottle)
(10) accept prescription medication only from the student's parent or adult designated by the parent; to count the medication units in the presence of the person delivering; and ask the person delivering medication to witness and verify the count by initialing
(11) attend yearly medication training sessions provided by the School Nurse as required by DPI.

c. The parent(s)/guardian(s) has the responsibility to:

(1) arrange for medication to be administered at home if possible
(2) personally deliver (or designate an adult to deliver) prescription medications to the school office.
(3) give written consent for a member of the school staff to administer medication using the required authorization form and to obtain their child's health care practitioner's signature on the required form for prescription medications
(4) inform the building principal of any changes in the student's condition, diagnosis or change in medication and/or dosage
(5) arrange to deliver the medication to the school office and pick up any remaining medication at the end of the school year
(6) provide the medication in a pharmacy-labeled container
(7) be responsible for reminding his/her child to take the medication at the specific time

d. The Building Principal has the responsibility to:

(1) allow medication administration in the school only when all of the requirements set forth in board policy have been met
(2) delegate, in writing, the administration of medication to any trained staff member when approved and trained by the Director of Health Services or School Nurse
(3) provide and maintain a secure place for storage of medications
(4) return unused medication only to the parent or guardian

e. The classroom teachers have the responsibility to:

(1) assist with the administration and documentation of medication administration when away from the school ground (e.g. on field trips or during extracurricular events)
(2) report to the Director of Health Services or School Nurse any unusual behavior of students on medication

f. Coaches have the responsibility to:

(1) be aware of students with health needs and be familiar with accommodations, limitations, and medications required to safely participate in sports.
(2) assist with the administration of medications required to prevent or treat symptoms of chronic or acute illness or condition.
(3) report to a School Nurse any unusual behavior of symptoms of a student on medication.

g. The student has the responsibility, if appropriate, (not school personnel) to get his/her medication at the designated time.

5. Storage of Medications. Only limited quantities of any medication are to be kept at school. Said medications shall be kept in a safe, designated, central,
supervised and locked location.* Medication must be in a location not kept accessible to students and checked out only by a district employee or agent designated to administer the medication. Some medications may require refrigeration. Medication, which needs to be accessible to the student, is stored in an appropriate location per student need (e.g. emergency medications).

6. Disposal – Needles and syringes should be disposed of in a manner consistent with OSHA Bloodborne Pathogens Guidelines.

7. Time Period for Medication Administration. The length of time for which a medication is to be administered shall be specified in the written instructions from the prescribing health care practitioner. Any change in dosage, time to be administered or discontinuance of administration must be in writing. These changes are to be at the request of the health care practitioner.

8. Maintenance of Medication Records. Accurate and confidential written records shall be established and maintained for each student receiving medication.

a. The principal shall maintain a daily and up-to-date record of students in his/her school requiring medications during school hours. The record shall include the student's name, type of medication, dosage, time to be given, parent's/guardian's name, health care practitioner's name, and the names of the individuals designated for administering medication.

b. Copies of completed consent forms are to be maintained in the office of the principal in each building. Upon discontinuance of medication or prior to the beginning of the next school year, medication consent forms will be destroyed by the building principal/designee as the custodian of building-based records.

*An exception to this would be medication administered in certain special education classrooms in which medication administration is given by means other than oral and/or administration required special skills/training. In this case, medication must be stored in a locked cabinet and the classroom door must be kept locked when the room is unsupervised. An exception to this rule would be insulin, which can be stored at room temperature for a short period of time, and may be kept with the student’s other supplies needed for the control of blood sugar. Prefilled insulin pens (or unopened cartridges) should be stored in a refrigerator, but not refrigerated once they are started. The expiration date should be noted
when a new cartridge is started. Insulin that is being used may generally only be kept for one month before discarding. The School Nurse will monitor expiration dates of insulin administered by school staff or self-administered by students in the nurse’s office.

Non-Prescription Medications

1. Designated personnel shall administer non-prescription (over-the-counter) medications to students only with parental approval as indicated by written consent on the appropriate form. Students who require pain reliever on a regular basis must supply the office with an appropriately labeled container of medication.

2. All criteria listed above concerning prescription medication shall be adhered to regarding non-prescription medication. All non-prescription (over the counter) medication must be delivered and dispensed from its original manufacturer packaging.

3. Written authorization is required from the health care practitioner when the requested dose is other than the recommended therapeutic dose.

Student Self-Administration of Medications

1. Oral Non-Prescription Medications
   a. Students in grades 9-12 may self-administer oral non-prescription medications while at school with parent(s)/guardian(s) consent. Parent(s)/guardian(s) may request school staff to monitor student administration of non-prescription medication. In such cases, a medication consent form shall be completed by the parent(s)/guardian(s).—All non-prescription medication must remain in manufacture’s original packaging container.

   b. Students in grades K-8 may not self-administer oral non-prescription medication while in school.

2. Inhalers
   a. Students with asthma in grades 6-12 will be encouraged to carry and self-administer inhalers at school with the written consent of the student's health care practitioner and parent(s)/guardian(s) consent (as detailed
above for prescription medications), with an added explanation of the student's level of independence with the inhaler. Parent(s)/guardian(s) may request school staff to monitor or assist in student self-administration. In such cases, a medication consent form shall be completed as detailed above for prescription medications. Such medications may be kept in a secure place by the individual student.

b. Students in grades K-5 may self-administer while at school if determined appropriate by the student's health care practitioner; parent(s)/guardian(s) and School Nurse. A medication consent form must be completed as detailed above for prescription medications and must also include an explanation of the student's level of independence with the medication. Inhalers may be kept in a secure place (on body, locker, backpack, teacher's desk, etc.) by the individual student only if deemed appropriate by the student's health care provider, parent(s)/guardian(s), and/or School Nurse. In such cases where it is not deemed appropriate, the inhaler shall be kept in a secure place by the teacher or principal, taking into consideration the need for emergency access to the medication.

3. Insulin And Blood Glucose Monitoring

a. Students may perform and record blood glucose tests independently as determined by the student’s ability, maturity, and demonstrated competence. The student has a responsibility to inform (as is possible) school personnel about his/her hypoglycemic and hyperglycemic symptoms, and/or actual readings. In addition to their daily routine, as outlined in the student’s Individual Health Care Plan, students with diabetes may need additional injections of insulin, depending upon the results of the blood glucose testing. Insulin may be given independently by the student by syringe, insulin pen, or insulin pump, with written instructions from their Health Care Provider (HCP), and signed by a parent. Written instructions will indicate HCP training and demonstrated competence.

4. Epinephrine (via auto-injector)

a. Students may possess and use an epinephrine auto-injector while at school or at a school-sponsored activity or under the supervision of a school authority if the student uses the injector to prevent the onset or alleviate the symptoms of an emergency situation. An emergency situation is a situation in which student
reasonably believes that he or she is experiencing a severe allergic reaction, including anaphylaxis, that requires the administration of epinephrine to avoid severe injury or death.

b. The student must obtain the written medication consent/approval of their health care practitioner and if the student is a minor, the consent/approval of the student’s parent/guardian, and must provide the school principal or designee with a copy of the medication consent/approval. Auto-injectors may be kept in a secure place (on body, locker, backpack, purse etc.) by the individual student only if deemed appropriate by the student's health care practitioner, parent/guardian and principal or designee. In such cases where it is not deemed appropriate, the auto-injector shall be kept in a secure place by the principal or designee, taking into consideration the need for emergency access to the medication. If the auto-injector shall be kept with responsible student the student/parent/guardian shall be responsible to monitor the auto-injector’s expiration date and maintain proper storage conditions for the medication per manufacturer’s instructions. Epinephrine auto-injectors must be kept in the original manufacturer’s plastic carrying case. The principal or designee is responsible to notify parents of expired auto-injectors maintained by school principal or designee.

c. Upon receipt of the medication consent/approval the school employee must:
   1. Inform the student that if he or she uses and epinephrine auto-injector, he or she must notify a school employee immediately.
   2. If the student notifies a school employee the school employee will immediately call “911”.

d. If at anytime a student who self-carries/administers epinephrine auto-inject medication requires assistance with administration of epinephrine auto-injector school staff may assist the student and then immediately call 911.

Field Trips and Student Self-Administration of Inhaler/Epinephrine Auto-Injectors: Students who self-administer medication (inhaler, auto-injector) may not be allowed to attend field trip(s) without the emergency medication. Student/Parent/Guardian will be responsible to send the medication on all
school sponsored field trips/activities and medication will be verified by school staff. The school principal or designee shall be responsible for sending student’s emergency medication on all field trips if the medication is maintained at school.

Staff Administration Of Medication By Means other Than Ingestion

No employee, except a health care professional, shall be required to administer a drug or prescription drug to a student by any means other than ingestion. The Director of Health Services or School Nurse, under the general supervision of the prescribing health care provider and district medical advisor, shall establish and implement appropriate guidelines, DPI approved in-service training, and emergency action plans (medical alerts) for the administration of medications by routes other than ingestion.

1. Epinephrine
   a. All epinephrine shall be administered via an auto-injector delivery device.
   b. Before an epipen can be administered, procedures outlined above concerning the administration of medication must be followed.
   c. Any District employee (including coaches) may be authorized to administer an epipen who is willing to assume that responsibility and who is trained and authorized in writing by the Director of Health Services or School Nurse.
   d. Coaches shall carry a generic epipen to be administered in the event of an anaphylactic reaction. If there is a student on the team requiring treatment, a Medical Alert outlining care needed shall be provided to the coach by District nursing staff.
   e. 911 shall be called (or the call delegated) immediately when an epipen is administered.
   f. If an epipen is administered by an authorized employee, it shall be documented with date/time given and response noted on a medication log and accident report.

2. Insulin, Glucagon, and Blood Glucose Monitoring
   a. Students with diabetes shall have blood glucose levels monitored in the office by trained staff until it is determined by the student's health care provider, parent(s), and School Nurse that:
      • the student demonstrates competency in responding appropriately to fluctuating blood sugar levels.
blood sugar levels are consistently well controlled.

b. Independence and self-care will be increasingly encouraged with students with diabetes.

c. If a student is not independent in self-care, and is not able to self-administer insulin, any District employee who is willing to accept the responsibility, and who is trained and authorized in writing by the Director of Health Services or School Nurse may administer insulin. The Director of Health Services or School Nurse shall provide ongoing supervision of employees who provide care to students with diabetes.

d. Students with diabetes who show readiness for self-care at school shall continue to have a Medical Alert (emergency plan) in place. Appropriate staff shall continue to receive training on responding to intervene in care in the event the student becomes unable to care for him/herself.

e. Insulin requiring refrigeration shall be kept in the school office refrigerator. (See additional storage guidelines under 5. Storage of Medication.)

f. Glucagon shall be available at school for all students with the diagnosis of Type I diabetes. Due to the fact that students requiring glucagons will not be coherent enough to safely self-inject the medication, it will not be carried by the student. Glucagon shall be kept in a central, designated location, and if needed, will be administered by a building First Responder or other trained employee, per directions on the student's Medical Alert (emergency plan).

g. Before Glucagon or insulin can be administered at school, procedures outlined above concerning the administration of medication shall be followed.

h. Any District employee who is willing to accept the responsibility and who is trained and authorized in writing by the Director of Health Services or School Nurse may administer glucagon.

i. 911 shall be called when symptoms of low blood glucose or when a student's condition fails to improve with food, concentrated sugar, or juice and before the administration of a glucagon injection.

3. **Rectal Medications (i.e. Diastat)**

   a. Students with epilepsy may require anti-seizure medication to be administered rectally in the event of a seizure. Any District employee who is willing to accept the responsibility, and who is trained and authorized in writing by the Director of Health Services or School Nurse, may administer rectal emergency medications.
4. Herbal or Alternative Medications
   a. Herbal or alternative medications are generally not dispensed in school. However, they may be dispensed following the prescription medication procedure.

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