

Administration of Medication

Policy and Procedures

ROCKWELL CHARTER HIGH SCHOOL

Updated 08/2016

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1. PURPOSE

To specify medication procedures for students and to provide immunity from liability for authorized personnel.

2. POLICY

The policy, regarding administration of medication to students, is as follows:

2.1 All arrangements are to be made only with the school principal or designated personnel.

2.2 A signed authorization form is required from the parent(s) or guardian requesting that school personnel administer the medication.

2.3 The authorization form must be filled out and signed by the student's doctor including the time, date, dosage, name of medication, and method of administration and statement of necessity.

2.4 A parent/guardian or an authorized adult (NOT A STUDENT) must bring the medication to school in a container properly labeled by the pharmacist. The label must include name of student, doctor, date, dosage, name of medication and method of administration. Medication improperly labeled on the container cannot be accepted and/or administered to the student. Students in violation of the Medication Policy may be subject to disciplinary action under the Safe School Policy.

2.5 All over-the-counter medications will require a prescribing practitioner's statement and parental or guardian consent before administration.

(a) The medication must be in the original container.

(b) These drugs will follow the same protocol as prescription medications.

(c) Use the authorization form for over-the-counter medications.

2.6 Students in grade 7 through grade 12 may carry one day's dosage of their medication on their person. Inhalers, epinephrine auto-injectors, and insulin may be carried and self-administered by the student if the parents and medical provider sign and return the form to self-administer these medications.

3. PROCEDURE FOR ADMINISTRATION OF MEDICATION AT SCHOOL

The following procedures are intended to facilitate the implementation of this policy:

3.1 Prescription and/or over-the-counter medication may be administered to a student only if:

3.1.1 The student's parent or legal guardian has provided a completed, current, signed and dated "Authorization of School Personnel to Administer Medication" form providing for the administration of medication to the student during regular school hours. This request must be updated at the beginning of each school year (within the first ten school days) and whenever a change is made in the administration of medication.

3.1.2 The student's licensed medical provider has also signed and dated the "Authorization of School Personnel to Administer Medications" form stating the name, method of administration, dosage, and time to be given, the side effects that may be seen in the school setting from the medication and the necessity for administering.

3.1.3 The medication is delivered to the school by the student's parent/guardian, or authorized adult. A one week's supply or more is recommended.

3.1.4 The prescription medication is in a container that has been properly labeled by a pharmacy.

3.1.5 The nonprescription, over-the-counter medication, is in the original container and clearly labeled

With child's name and dose, per doctor's order on the container. A one week's supply or more is recommended.

3.1.6 Nonprescription, over-the-counter medications shall include, but not be limited to, any alternative, herbal or homeopathic substances, and shall be in the original container, and clearly labeled with child's name, and dose, per doctor's order, on the container.

3.1.7 The side effects of a medication shall determine if the drug is appropriate to delegate its administration to school personnel. Any medication with known, frequent side effects that can be life threatening shall not be delegated. Medications that require the student's heart rate, blood pressure, or oxygen saturation to be obtained before, during, or after administration of the drug shall not be administered by school personnel.

3.1.8 Narcotic pain medication shall not be kept at school, nor administered by school personnel.

3.1.9 To accommodate the administration of glucagon, or epinephrine auto-injectors, or insulin, employees may volunteer to assist. Schools will neither require nor prohibit any employee to participate. Any employee over 18 who volunteers, will be trained (The employee will be required to successfully complete a training program.) and medication will be provided (by the parent) for the volunteer to administer.

3.2 Prescription and/or over-the-counter medication specified in a student's IEP Health Care Plan or 504 accommodation plan will be administered as outlined in the accommodation plan.

3.3 The school will do the following:

3.3.1 Annually send a notice to the parent/guardian regarding medication administration in the schools.

3.3.2 Designate a staff member to administer medication and notify the school nurse of medication needs.

3.3.3 Arrange annual training with the school nurse for designated personnel. This training will include:

(a) How to properly administer medication(s).

(b) Indications for the medication(s).

(c) Dosage and time of medication(s).

(d) Adverse reactions and side effects of medication(s).

(e) Proper maintenance of records.

(f) Designated staff, including teachers in charge of field trips, will sign that they received medication administration training.

3.3.4 Designated personnel have the responsibility to administer medication to all students with a written physician's medication order. If a medication is repeatedly refused, the parent/guardian must be notified.

3.3.5 Any adverse reactions or medication errors will be reported promptly to the parent/guardian. If the parent is unavailable, the student's doctor will be called for further direction. This adverse reaction or medication error must be documented on the "Medication Error/Adverse Reaction Reporting Form."

3.3.6 Maintain records regarding administration of medication.

(a) Each student must have his/her own record which includes an "Authorization of School Personnel to Administer Medication" and the "Daily Medication Recording Form".

(b) The "Daily Medication Recording Form" will show codes and authorized signature(s) and initials of designated staff. All boxes must contain initials, codes, or designation as a non-school day.

(c) The “Daily Medication Recording Form” will show medication, dosage, time of day, and date. It will show when and how much medication has been delivered to the school by the parent. It will also show how much medication has been discarded (if necessary) and who witnessed the disposal.

(d) The “Daily Medication Recording Form” will be available to be viewed by parent/guardian upon request.

(e) The medication documents will be placed in an appropriate file at the end of each year.

3.3.7 Provide a secure location for the safekeeping of medications.

(a) Medication to be administered by school staff must be stored in a locked cabinet or secure refrigerated unit.

(b) Adequate temperature of all medication must be maintained.

(c) Unused medication(s) should be picked up within two weeks following notification of Parents/guardians, or it will be disposed of by the school and recorded on the “Daily Medication Recording Form.” In disposing of medication, two people must be present to record the medication, the amount of medication discarded, date, and how discarded.

Both witnesses must sign the “Daily Medication Recording Form.”

3.4 Authorization for administration of medication by school personnel may be withdrawn by the school at the school’s discretion any time after notification to the parent/guardian. Among the circumstances under which authorization may be withdrawn are the following:

3.4.1 The parent/guardian has been non-compliant with the Medication Policy; or

3.4.2 The student has been non-compliant with the Medication Policy by:

(a) Refusing medication repeatedly; or

(b) Continued resistance to coming for medication at the appointed time.

3.5 The withdrawal of medication for students on 504 accommodation plans or an IEP can occur only after a meeting with the parent has taken place.

4. PROCEDURES FOR ADMINISTRATION OF EPINEPHRINE AUTO-INJECTORS AT SCHOOL

4.1 The following procedure is in place for the use of the EpiPen form of epinephrine for emergency anaphylactic or severe allergic reaction in the school setting:

(a) In accordance with HB 101 of the 2008 General Session of the Utah State Legislature, schools may have EpiPens available at the school for emergency use in severe allergic or anaphylactic reactions. The emergency medication shall be stored in an area that can be readily accessible to school personnel who may have occasion to use it in an emergency, but not accessible to students.

(b) Each school is to have at least 2 CPR/First Aid trained personnel identified and assigned as first responders. Additional training will be given to them, and others deemed appropriate by the school nurse, to enable them to recognize the symptoms of an allergic reaction and take proper action. This training will include recognition of symptoms, notifying parents, initiating a 911 call for paramedics, and the administration of emergency epinephrine appropriately. Training will include proper and timely use of the EpiPen, as well as written instructions. The EpiPen shall be monitored for expiration date and replaced when expired.

(c) Emergency epinephrine and antihistamines provided by the family of a known allergic student will also be kept at the school if the proper medication authorization form has been submitted by the parent annually.

A dose of epinephrine should never be used as the single source of treatment, but only to provide about 15 minutes of relief from life threatening symptoms. Emergency personnel (911) must be called any time an EpiPen is administered.

5. PROCEDURES FOR ADMINISTRATION OF SEIZURE RESCUE MEDICATIONS

5.1 In accordance with requirements set forth in SB0232 2016 Legislative General Session allowing seizure rescue medications to be given in the school setting, the following procedures are in place.

(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 non-medically supervised setting without complication.

(c) The student has previously ceased having full body prolonged or convulsive seizure activity as a result of receiving the seizure rescue medication.

5.2 Students who meet these requirements will be eligible to have seizure rescue medication administered at school by unlicensed personnel who volunteer to be trained by the school nurse. Unlicensed staff who administer the seizure rescue medication must be volunteers. The LEA will be responsible to find staff who are willing to be volunteers. Trained volunteers must meet the following criteria:

(a) The volunteer is an employee of the school where the student is enrolled.

(b) The volunteer is at least 18 years old.

(c) The volunteer is willing to become CPR/AED certified.

(d) The volunteer demonstrates competency during training assessments, and is willing to participate in an annual refresher training each year they intend to remain a trained school volunteer.

5.3 School nurses will provide training annually, and as needed. This training has been developed by the Utah Department of Health and Primary Children's Hospital Neurology Department. This training includes, but is not limited to:

(a) Techniques to recognize symptoms that warrant the administration of a seizure rescue medication.

(b) Appropriate storage of seizure rescue medications.

(c) Administration procedures for seizure rescue medications given nasally and rectally.

(d) CPR/AED training for volunteers.

5.4 The student receiving the seizure rescue medication must have:

(a) Seizure Medical Management Orders (SSMO) signed by the physician;

(b) An Individualized Health Plan (IHP)/Emergency Action Plan (EAP) prepared and signed by the school nurse and parent prior to bringing medications to school.

(c) Parent/Guardian bring medication to school. It cannot be sent with the student in their backpack. When a seizure rescue medication is given at school, 911 must be contacted, along with a call to the parent/guardian. Student will be sent home with parent after seizure rescue medication is given, or transported to the hospital by EMS as symptoms indicate. If a trained volunteer is unavailable to administer the seizure rescue medication EMS will be contacted according to guidelines set for in the IHP/EAP. A trained school employee available to attend field trips will be addressed on a case by case basis. Parents will be notified when a trained employee is not available.

6. STUDENT SELF-ADMINISTRATION

6.1 Students in grade 7 through grade 12 may carry one day's dosage of their medication on their person. Inhalers, epinephrine auto-injectors, and insulin may be carried and self-administered by the student if the parents and medical provider sign and return the form to self-administer these medications.

6.2 Any misuse of such medication by the student may be subject to disciplinary action under the LEA's safe Schools Policy.