

Davis School District Policy and Procedures

Subject: 5S-300 Administration of Medication to Students in Schools

Index: Student Services – *Student Health*

~~Revised~~DRAFT: ~~April 18, 2017~~February 12, 2019

1. PURPOSE AND PHILOSOPHY

The Board of Education of Davis School District (Board) recognizes that medication should be administered by the student or the student's parent/~~guardian~~. However, from time to time a student will require assistance with medication during school hours due to a medical condition or life-threatening emergency. The Board has adopted this policy to provide procedures for the administration of medication by school personnel to students under the control or supervision of the school.

2. POLICY

Authorized school employees may provide assistance with the administration of medication to students (ages ~~23~~-22) during periods when the student is under the control or supervision of the school. Authorized school personnel who act in a prudent and responsible manner in substantial compliance with the licensed health care provider's signed medication authorization form, are not liable civilly or criminally for any adverse reaction suffered by the student as a result of taking the medication or discontinuing the administration of the medication following notification of the parent/~~guardian~~.

~~3. MEDICATION FORMS~~

~~3.1. Medication Authorization Forms~~

- ~~3.1.1. Davis School District Authorization of School Personnel to Administer Medication
This form MUST BE signed by a parent/guardian AND licensed health care provider before a school employee may administer medication (other than asthma or diabetes medication, see forms below). The form is to be updated, at least, on a yearly basis, or whenever a change is made in the administration of medication.~~
- ~~3.1.2. Asthma Action Plan Medication Authorization & Self-Administration Form
This form MUST BE signed by a parent/guardian AND licensed health care provider. This form is to be updated, at least, on a yearly basis, or whenever a change is made in the administration of asthma medication. It reflects plan of care and permits a student to possess and self-administer asthma medication, if appropriate for the student.~~
- ~~3.1.3. Diabetes Medication Management Order Form
This form MUST BE signed by a parent/guardian AND licensed health care provider. The form is to be updated, at least, on a yearly basis, or whenever a change is made in the administration of medication. It provides orders for diabetes medication and will be used by the school nurse to develop an Individual Health Care Plan (IHCP) for diabetes management at school. Permits a student to possess and self-administer diabetes medication, if appropriate for the student.~~
- ~~3.1.4. Allergy Medication Authorization & Epinephrine Auto-Injector Self-Administration
This form must be signed by a parent/guardian certifying that epinephrine has been prescribed for the student and authorizes trained school personnel to administer epinephrine in an emergency. Permits a student to possess and self-administer an epinephrine auto injector, if appropriate for the student.~~

- ~~3.2. Letter to Parents/Guardian from Superintendent
This is an information letter to parents/guardians informing parents/guardians of the District policy regarding medication administration at school by school personnel~~
- ~~3.3. Davis School District Medication Administration Training Form
This form should list all school staff designated to administer medication to specified students during school hours.~~
- ~~3.4. Medication Compliance Audit Tool
This form will be used to facilitate the audit of the administration of medications under the direction of District Nursing Services.~~
- 3.5. PROCEDURES FOR ADMINISTRATION OF MEDICATION AT SCHOOL**

3. PROCEDURES FOR ADMINISTRATION OF MEDICATION AT SCHOOL

- ~~3.6-3.1. Except for the administration of emergency medications as described in Section 5.2 of this policy, Prescription prescription and/or nonprescription medication may be administered to a student only ~~if when:~~
 - ~~3.6-1-3.1.1. The student's parent/guardian has provided an appropriate completed, current, signed and dated medication authorization form providing for the administration of medication to the student during regular school hours. This request must be updated, at least, on a yearly basis, or when ever a change is made in the administration of medication.~~
 - ~~3.6-2-3.1.2. The student's licensed health care provider signs and dates this medication authorization form describing the method, amount, and time schedule for medication administration and the side effects that may be seen in a school setting from the medication.~~
 - ~~3.6-3-3.1.3. The medication is delivered to the school by the student's parent student's parent/guardian, or by a responsible adult. A one week's supply or more is recommended. Expired medication cannot be administered.~~
 - ~~3.6-4-3.1.4. The medication is an oral medication, inhalant medication, eye or ear drop medication, gastrostomy, rectal, or topical medication, epinephrine auto injectable or, glucagon and Insulin. Medications requiring other routes (IV, and other injectable medications) **cannot** be administered by nonmedical school personnel.~~~~
- ~~3.7-3.2. If prescription and/or nonprescription medications are specified in a student's Individual Education Plan (IEP) or 504 Accommodation Plan, they will be administered as outlined in an IEP or accommodation plan the student's Medicine Orders.~~
- ~~3.8-3.3. It is the responsibility of the school principal or designee to:
 - ~~3.8-1-3.3.1. Annually send an information letter to parents informing parents of the District policy regarding medication administration at school by school personnel.~~
 - ~~3.8-2-3.3.2. Designate volunteer employees to administer medication and notify the school nurse of medication that will be administered to students.~~
 - ~~3.8-3-3.3.3. Arrange annual training of designated volunteer employees by the school nurse.~~
 - ~~3.8-4-3.3.4. Ensure proper maintenance of records pertaining to the student's daily administration of medication.~~
 - ~~3.8-5-3.3.5. Provide a secure location for the safekeeping of student medications.~~~~
- ~~3.9-3.4. Designated volunteer employees providing assistance with the administration of medication to a student shall:~~

- ~~3.9.1.3.4.1.~~ Receive appropriate training on the administration of medication to students at least annually.
- ~~3.9.2.3.4.2.~~ Administer medication to students in a prudent and responsible manner in substantial compliance with the licensed health care provider's signed medication authorization form.
- ~~3.9.3.3.4.3.~~ Maintain the medication administration report pertaining to the student's daily administration of medication. This report will show:
- [a] Medication(s) to be administered.
 - [b] Dosage and time of medication(s).
 - [c] Who administered the medication(s).
 - [d] Medication error/adverse reactions.
 - [e] Disposal by school of unused medication.
- ~~3.9.4.3.4.4.~~ Store medication(s) to be administered in a secure ~~cabinet or drawer~~ location that can be locked at night, ~~with the exception of~~ except for those medications needing refrigeration. Adequate temperature of all medication must be maintained.
- ~~3.9.5.3.4.5.~~ Notify parent/~~guardian~~ that unused or expired medication(s) should be picked up within two weeks following notice or it will be disposed of by the school. In disposing of medication, two people must be present to record the medication, amount of medication discarded, date, and how discarded.

~~3.10.3.5.~~ It is the responsibility of the school nurse or nurse designee, at the locations to which he/she is assigned, to:

- ~~3.10.1.3.5.1.~~ Provide medication training to employees designated to administer medication to students. This training should 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 pertaining to daily administration of medication.
- ~~3.10.2.3.5.2.~~ Review all student medication authorization forms.
- ~~3.10.3.3.5.3.~~ Perform a medication audit at least once in each school year. A copy of the current audit form will be kept in the school medication book. The following areas will be included in the audit.
- [a] Medication permission forms in place and signed yearly by parent and licensed health care provider.
 - [b] Medication containers are properly marked for each medication with the student name, dosage, time of day, and current yearly date.
 - [c] Medication is kept in a safe, secure ~~cabinet/drawer~~ location.
 - [d] Documentation of medication administration is in place.

~~3.11.3.6.~~ Authorization for administration of medication by school personnel may be withdrawn by the school at any time after actual notification of the parent/~~guardian~~ should problems or difficulties occur such as:

- ~~3.11.1.3.6.1.~~ The parent/~~guardian~~ has been noncompliant with the medication policy;
or
- ~~3.11.2.3.6.2.~~ The student has been noncompliant with the medication policy by:
- [a] Refusing medication repeatedly; or
 - [b] Frequently not coming for medication at appointed time.

4. **STUDENT SELF-ADMINISTRATION OF ASTHMA MEDICATION, DIABETES MEDICATION OR AN EPINEPHRINE AUTO-INJECTOR OF MEDICATION AT SCHOOL**

4.1. Student Self-Administration Asthma Medication, Diabetes Medication, or an Epinephrine Auto Injector

- 4.1.4.1.1. A student shall be permitted to possess and self-administer asthma medication, diabetes medication, or an epinephrine auto-injector if:
- 4.1.4.1.1.[a] The student's parent/~~guardian~~ signs the appropriate medication authorization form authorizing the student to self-administer asthma or diabetes medication, or an epinephrine auto-injector, acknowledging that the student is responsible for, and capable of self-administering the asthma or diabetes medication, or an epinephrine auto-injector; and
- [a][b] The student's licensed health care provider signs the appropriate medication authorization form that states it is medically appropriate for the student to self-administer asthma or diabetes medication, or an epinephrine auto-injector and be in possession of the asthma or diabetes medication, or the epinephrine auto-injector at all times; the name of the asthma or diabetes medication prescribed or authorized for the student's use.

4.2.4.1.2. Any misuse of asthma or diabetes medication, or the epinephrine auto-injector by the student may be subject to disciplinary action under District policy *5S-100 Student Conduct and Discipline*.

5.4.2. SUNSCREEN SELF-ADMINISTRATIONStudent Self-Administration of Sunscreen

5.1.4.2.1. A student shall be permitted, without a parent or physician's authorization, to possess and self-apply sunscreen that is regulated by the Food and Drug Administration.

5.2.4.2.2. If a student is unable to self-apply sunscreen, a volunteer school employee may apply the sunscreen on the student if the student's parent ~~or legal guardian~~ provides written consent for the assistance.

6.4.3. ~~STUDENT SELF-ADMINISTRATION OF MEDICATION~~ Student Self-Administration of Medication

6.1.4.3.1. This policy does not prohibit a student from carrying his/her own medication to school in instances where the student's maturity level is such that he/she could reasonably be expected to appropriately administer the medication on his/her own. In such instances, the student may carry one day's dosage of medication on their person.

4.3.2. Any misuse of such medication by the student may be subject to disciplinary action under District policy *5S-100 Student Conduct and Discipline*.

5. ADMINISTRATION OF EMERGENCY MEDICATION BY SCHOOL PERSONNEL

5.1. Emergency Medication that may be Administered **With** a Prescription and Permission.

5.1.1. Emergency administration of seizure rescue medication

- [a] A seizure rescue medication may be administered by a trained and authorized employee in accordance with Utah Code Ann. §53G-9-505.
- [b] The student receiving the seizure rescue medication must first have met the following conditions:
- (i) a prescribing licensed health care provider has prescribed the

with a "Glucagon Authorization" if:

- (i) the student is exhibiting the symptoms that warrant the administration of glucagon; and
- (ii) a licensed health care provider is not immediately available.

5.2. Emergency Medication that may be Administered **Without** Prescription or Permission

5.2.1. Emergency Administration of Epinephrine

- [a] School nurses will provide initial and annual refresher training to available and interested school personnel regarding the storage and emergency use of epinephrine auto-injectors. This training shall include:
 - (i) techniques for identifying anaphylaxis;
 - (ii) standards and procedures for the storage and emergency use of an epinephrine auto-injector; and
 - (iii) calling 911 and contacting, if possible, the student's parent.
- [b] Each school will make at least one emergency epinephrine auto-injector available for use by any staff member employed at the school and qualified to administer an epinephrine auto-injector.

5.2.2. Emergency Administration of Opiate Antagonist

- [a] School nurses will provide initial and annual refresher training to available and interested school personnel regarding the storage and emergency use of opiate antagonists. This training shall include:
 - (i) techniques for identifying an opiate-related drug overdose event;
 - (ii) standards and procedures for the storage and emergency use of an opiate antagonist;
 - (iii) calling 911 and contacting, if possible, the student's parent; and
 - (iv) documenting the incident on the Utah Department of Health Student Injury Report.
- 6.2-[b] Each school is encouraged to have at least one opiate antagonist available for use by any staff member employed at the school and qualified to administer an opiate antagonist.

DEFINITIONS

“Anaphylaxis” means a potentially life-threatening hypersensitivity to a substance. Symptoms of anaphylaxis may include shortness of breath, wheezing, difficulty breathing, difficulty talking or swallowing, hives, itching, swelling, shock, or asthma. Causes of anaphylaxis may include insect sting, food allergy, drug reaction, and exercise.

“Asthma medication” means prescription or nonprescription, inhaled asthma medication.

“Diabetes medication” means prescription or nonprescription medication used to treat diabetes including related medical devices, supplies, and equipment used to treat diabetes.

“Epinephrine auto-injector” means a disposable drug delivery system with a spring-activated concealed needle that is designed for emergency administration of epinephrine to provide rapid, convenient first-aid for persons suffering a potentially fatal anaphylactic reaction.

“Glucagon” is a medication and hormone. As a medication it is used as a treatment for very low blood sugar (severe hypoglycemia) which may occur in people with diabetes.

“Medication” means a medicine or substance recognized by the FDA to have curative or remedial properties. The medication must be administered under the direction of a licensed health care provider and may be a prescribed or over the counter product intended for internal or external use.

“Opiate antagonist” mean naloxone hydrochloride or any similarly acting drug that is not a controlled substance and that is approved by the federal Food and Drug Administration for the diagnosis or treatment of an opiate-related drug overdose.

“Opiate-related drug overdose event” means an acute condition, including a decreased level of consciousness or respiratory depression resulting from the consumption or use of a controlled substance or another substance with which a controlled substance was combined, and that a person would reasonably believe to require medical assistance.”

“Parent” means a parent or guardian.

“Seizure rescue medication” means a medication, prescribed by a prescribing health care professional to be administered as described in a student’s seizure rescue medicine order, while the student experiences seizure activity. A seizure rescue medication does not include a medication administered intravenously or intramuscularly.

REFERENCES

[Utah Code Ann. §26-41-104](#) – Training in use of epinephrine auto-injector.

[Utah Code Ann. Title 26, Chapter 55 – Opiate Overdose Response Act](#)

[Utah Code Ann. Title 53G, Chapter 9, Part 5](#) – Administration of medication

FORMS

~~See Section 3~~ Medication Administration Authorization forms are maintained on the Health and Nursing Services Website

RELATED POLICIES

[5S-100 Student Conduct and Discipline Policy](#)

DOCUMENT HISTORY:

Adopted: January 3, 1989

Revised: April 18, 1995

Revised: February 4, 2003 – Allows administration of nonprescription medication. Clarifies student self-administration of medication at school. Stylistic and format changes.

Revised: September 9, 2003 – In section 4.1.6 added glucagon on the recommendation of the Health Department.

Revised: August 17, 2004 – Added Student Self-Administration of Asthma Medication section to reflect legislation enacted in the 2004 Legislative Session. Asthma form also added as developed by the Utah Department of Health.

Revised: February 20, 2006 – Added Student Self-Administration of Diabetes Medication, Added Section 5 Procedures for Audit of Medication at School and corresponding forms.

Revised: May 16, 2007 – Added Student Self-Administration of Epinephrine Auto-Injector to reflect legislation enacted in the 2007 Legislative Session.

Revised: May 2, 2008 – Technical changes. Replaced medical provider with licensed health care provider. Clarified administration of medication for a student with an IEP or 504 accommodation.

Revised: September 1, 2009 – No content change, renumbered from 5S-601 to 5S-200 with reorganization of Policy Table of Contents.

Revised: June 18, 2014 – Non-substantive changes to reflect current practice and procedures.

Revised: April 18, 2017 (by consent) – Updated to comply with changes in State Law (HB288). Permits a student to carry and use sunscreen at a public school.

Revised: Added section on emergency medications. Removed listing of all forms, replaced with link to Health and Nursing Services Website.