

REGULATIONS FOR THE ADMINISTRATION OF MEDICATION TO STUDENTS

I. GOVERNING POLICY: JHCD: ADMINISTERING MEDICATIONS TO STUDENTS

II. GENERAL PROCEDURES

Prescription medications and over-the-counter (OTC) medications are administered to students in ACPS when medication is required during the school day or at school activities in order to maintain a student’s health, support student learning, or intervene in a medical emergency.

For students with disabilities and those who have been afforded accommodations under Section 504 of the Rehabilitation Act of 1973 to provide them with access to a Free Appropriate Public Education (FAPE), all medications are administered in accordance with the student’s Individualized Education Program (IEP), 504 Plan, and/or Individualized Healthcare Plan (IHP).

III. PRESCRIPTION MEDICATIONS

The following requirements govern administration of prescriptive medications at school or school activities. Prescription medications will be administered only with the

- “licensed prescriber’s” written order (physician, nurse practitioner, physician assistant, optometrist or dentist),
- written parent/guardian consent, and
- written permission of the parent/guardian for the exchange of information between the prescriber and the school nurse necessary to ensure safe administration of medication at school, and only under the following terms and conditions:

- A. The appropriate medication authorization forms are presented to the school as applicable:
 - a. ACPS Authorization to Administer Medication form;
 - b. Virginia Asthma Action Plan;
 - c. Virginia Diabetes Medical Management Plan;
 - d. FARE: Food Allergy & Anaphylaxis Emergency Care Plan; and
 - e. Epilepsy Foundation: Seizure Action Plan.

- B. All medication that requires administration at school or school activities is delivered by the parent/guardian to the school nurse, or if the nurse is not present, the principal’s designee. The medication must be in the original container and labeled with the student’s name, name of the medication, directions for dosage, frequency to be administered, the licensed prescribers’ name, and the date the prescription was filled. Medications in plastic bags or other non-original containers will not be accepted.

- C. No medication is administered in school or self-administered by a student until the school nurse has reviewed the medical order for safety, medical necessity, and establishment of the administration plan.

- 44
- 45 D. Nothing in this regulation prohibits a parent/guardian from administering a medication in
- 46 school to their own child in an emergency or urgent situation, or as an alternate plan as
- 47 specified in an IHP.
- 48
- 49 E. Medication is maintained in the original labeled container at all times, except when a single
- 50 dose is stored in a pharmacy envelope for field trips.
- 51
- 52 F. Medication is only to be given with written parent/guardian permission (for students who
- 53 are minors under age 18). Adult students, age 18 and older, may sign their own consent
- 54 and will comply with the process as outlined in this regulation.
- 55
- 56 G. Medication is stored in a locked space in the clinic at all times. Medication may not be
- 57 stored in the classroom, lockers, or any other location in the school. Exceptions include
- 58 self-carry and non-prescription/non-controlled medications in single doses with proper
- 59 documentation and written consent.
- 60
- 61 H. In extenuating circumstances and with prior notice provided to school administration and
- 62 the school nurse, medication may be delivered by a non-parent or non-guardian.
- 63
- 64 I. The initial dose of medication should be administered at home so that the parent or guardian
- 65 may observe the student for any reaction.
- 66
- 67 J. Medication is only administered at school or school activities by the school nurse or school
- 68 staff trained in medication administration. The school administrator, after consultation with
- 69 the school nurse, is responsible for selecting and ensuring training of at least two
- 70 individuals to administer medication in the absence of the school nurse.
- 71
- 72 K. If questions arise about any submitted medical orders, the school nurse may consult with
- 73 the school principal and the Director of School Health Services.
- 74
- 75 L. The Authorization to Administer Medication form with the licensed prescriber's signature
- 76 must accompany prescription medications. In cases of short-term antibiotic or antiviral
- 77 medications only, (administration of 10 school days or fewer), the pharmacy-labeled
- 78 container may be used in lieu of a licensed prescriber's order.
- 79
- 80 M. Any change in dosage or frequency of administration is communicated to the school nurse
- 81 by updating the Authorization to Administer Medication form. Electronic faxed or scanned
- 82 documents may be accepted. In cases of emergency, documentation may be accepted on
- 83 the licensed prescriber's stationery or prescription pad until the Authorization to
- 84 Administer Medication is updated. School health staff may contact the licensed prescriber,
- 85 if questions exist.
- 86
- 87 N. At the beginning of each school year, all medications require new documentation for
- 88 administration. There are no carry-over orders or medications.
- 89

90 O. Injectable medication, inhaled medication, skin patch, gastric tube, and intravenous
 91 preparations are considered prescription medication and are given according to standard
 92 procedures and OSHA regulations.

93
 94 P. All medications must be FDA approved pharmaceuticals (prescription and non-
 95 prescription) administered within their therapeutic range and within standards of
 96 acceptable medical regimen. Homeopathic preparations will not be administered. Any
 97 questions about approved medication may be directed to the Director of School Health
 98 Services who may consult with the ACPS School Health Medical Consultant

99
 100 Q. All medication usage will be documented in either the Electronic Health Record or the
 101 Incidental Medication Log by the person administering the medication.

102
 103 R. If, upon receiving an Authorization to Administer Medication form, there are any questions
 104 or concerns about appropriateness of administration, the school principal or designee will
 105 be contacted immediately. The parent/guardian will be contacted directly by the school
 106 nurse. The licensed prescriber may be contacted with parent/guardian consent.

107
 108 S. Standing orders are developed by the ACPS School Health Medical Consultant and the
 109 Director of School Health Services in keeping with medical and nursing standards of
 110 practice. The purpose of such orders is to prevent harm or death, and stabilize the student
 111 until emergency transport to a clinic or hospital is available (e.g. Epinephrine, Albuterol,
 112 and Naloxone).

113
 114 T. Prescriptions written by a legal prescriber who is also the parent/guardian will not be
 115 accepted.

116
 117 U. In the event that a family may lack access to healthcare for medications and treatments, the
 118 school nurse will assist the family with their permission to gain access to a healthcare
 119 provider and any needed medication to ensure proper services.

120

121 **IV. NON-PRESCRIPTION/NON-CONTROLLED MEDICATIONS**

122
 123 Non-Prescription/Over-the-Counter medications will follow the same regulations as
 124 Prescription Medications as outlined in Section III, requiring a “licensed prescriber’s” written
 125 order (physician, nurse practitioner, physician assistant, optometrist or dentist), written
 126 parent/guardian consent, and written permission of the parent/guardian for the exchange of
 127 information between the prescriber and the school nurse necessary to ensure safe
 128 administration of medication at school. The parent must provide the medication in its original
 129 and unopened container.

130
 131 Secondary students (Grades 6–12) with a signed authorization form from a parent/guardian
 132 may carry one dosage of non-prescription/non-controlled medication at a time, such as Advil,
 133 Motrin, and Tylenol, if such medication is not stored in the clinic. Carrying more than one
 134 dosage of non-prescription/non-controlled medication or sharing medication with other

135 students is a violation of School Board Policy JHCD and of the ACPS Student Code of
 136 Conduct.

137

138 **V. SELF-CARRY AND SELF-ADMINISTRATION OF MEDICATION**

139

140 ACPS supports the self-administration of medication by a student with a verified chronic health
 141 condition for the safety of themselves and others in the school setting. The student who self-
 142 carries must have the Authorization to Administer Medication form properly completed by the
 143 licensed prescriber and signed by the parent/guardian on file with the school nurse. The student
 144 must carry a copy of this authorization when self-carrying and self-administering the approved
 145 medication. Self-administration means the student will bring the medication to and from school
 146 every day, including extracurricular activities both before and after school, and carry the
 147 medication on their person. This opportunity is generally, but not exclusively available to
 148 middle and high school students who have asthma, food allergies, and other chronic health
 149 conditions for which students require immediate access to their medication for emergency
 150 purposes or for proper management of their condition.

151

152 **A. Medication to Treat Asthma** – A student with a diagnosis of asthma may carry a
 153 medication inhaler with the written agreement of the licensed prescriber, parent or
 154 guardian, and school nurse (i.e., Virginia Asthma Action Plan). At the beginning of each
 155 school year, the school nurse discusses the medication, side effects, safety precautions, and
 156 inhalation procedure with the student. The school nurse works with the student to support
 157 self-care of the student’s asthma and develop a mechanism to ensure the student’s care is
 158 documented in the electronic health record (EHR) and in PowerSchool.

159

160 **B. Medication to Treat Diabetes** - Students who are diagnosed with diabetes, and who have
 161 parent/guardian consent and approval from the prescriber and the school nurse, may carry
 162 and use essential supplies, including a reasonable and appropriate short-term supply of
 163 carbohydrates, to manage routine self-care, as well as emergency treatment of
 164 hypoglycemia or hyperglycemia, and to self-test and treat as needed on a school bus, school
 165 property, or at a school-sponsored activity. The school nurse will review documents (i.e.,
 166 Virginia Diabetes Medical Management Plan) and work with the student to support self-
 167 care of the student’s diabetes. The school nurse will develop a mechanism to ensure the
 168 student’s care is documented in the EHR and in PowerSchool. The parent/guardian should
 169 ensure that the student has a backup insulin device available in case of primary insulin
 170 device failure. ACPS employees will not attempt repairs, including reinsertion of insulin
 171 pumps or continuous glucose monitors otherwise known as CGM.

172

173 **C. Medication to Treat Anaphylaxis** – Students with a diagnosis of allergies that are
 174 associated with anaphylaxis may carry a pre-filled epinephrine auto-injector for treatment
 175 of anaphylaxis. The school nurse works with the student to support self-care of the
 176 student’s allergies, and to ensure the student understands that any use of their auto-injector
 177 epinephrine will require a 911 call. *The producers of the EpiPen state, “After receiving*
 178 *epinephrine, you must be transported to hospital, for evaluation and a period of*
 179 *observation of no less than 4 hours. This is because of the possibility of either a “biphasic”*
 180 *reaction (a second reaction) or a prolonged reaction.”* The school nurse will review

181 documentation (i.e., FARE: Food Allergy & Anaphylaxis Emergency Care Plan) and will
 182 develop a mechanism to ensure the student’s care is documented in the EHR.

183

184 **VI. HANDLING, STORAGE, AND DISPOSAL OF MEDICATIONS**

185 All medications, prescription, and non-prescription/non-controlled, except those approved for
 186 self-carry, are delivered by a parent/guardian to the school nurse or the principal’s designee
 187 and complete the following process:

188

189 A. The school nurse follows standard nursing practices when administering medication,
 190 including, but not limited to, counting medications upon receiving and returning them,
 191 recording medication delivery, and noting exceptions/variances. The medication is
 192 counted if in pill, tablet, or capsule form, or measured by marking and noting the amount
 193 dispensed in the liquid container. All information associated with the delivery of
 194 medication will be documented on the Record of Delivery, Return, or Destruction of
 195 Medication form. An inventory of all medications will be kept in the individual student’s
 196 record in the EHR.

197

198 B. The medication will be placed in a locked cabinet in the clinic designated for the storage
 199 of medication. Medications that require refrigeration are stored and locked in a refrigerator
 200 designated only for medications. Access to keys for the medication cabinet should be
 201 limited to the school nurse, the principal, or the principal’s designee. Keys to the
 202 medication storage should not leave school grounds.

203

204 C. The student’s original Authorization to Administer Medication form is be placed in the
 205 student’s Cumulative Health Record in the School Nurse’s office and/or stored as a scanned
 206 copy in the EHR. A copy of the Authorization to Administer Medication form, the Record
 207 of Delivery, Return, or Destruction of Medication form, and the Incidental Medication Log
 208 will be placed in a notebook and kept in a secure, yet available location, for easy access to
 209 medication information for those who have a need to know.

210

211 D. When a medication is obtained for a field trip, a copy of the authorization form and the
 212 Incidental Medication Log will be sent with the staff member who has been trained in
 213 medication administration. The Incidental Medication Log will be used by the staff
 214 member for documentation purposes.

215

216 E. All medications will be returned to the parent/guardian at the end of the school year, when
 217 they are expired, or when the treatment has been completed. Medications left in the school
 218 clinic after the last day of school or the last day of summer school associated with the
 219 school year will be properly disposed of within two weeks. The return or disposal will be
 220 documented on the Record of Delivery, Return, or Destruction of Medication form. This
 221 form requires the school nurse’s signature and a witness, either the parent/guardian or the
 222 principal/designee.

223

224

225

226 **VII. DOCUMENTATION AND RECORD-KEEPING**

227 Each school where medications are administered by school personnel maintains a Medication
 228 Administration Record for each student who receives medication during school hours. This
 229 record will be kept as an EHR and/or a paper document stored in the Cumulative Health
 230 Record. The school nurse documents in the medication record any significant observations of
 231 the medication’s effectiveness, as appropriate, and any adverse reactions or other harmful
 232 effects as well as any action taken.
 233

234 **VIII. ADMINISTRATION OF MEDICATION DURING SCHOOL-SPONSORED**
 235 **ACTIVITIES**

236 A. Medications should be administered to students on school-sponsored trips only when
 237 absolutely necessary. Timing of doses should be adjusted to occur outside of the school-
 238 sponsored activity, if medically appropriate.
 239

240 B. Except in cases of emergency, medication may be administered on school-sponsored trips
 241 only when previously administered and when the appropriate authorization forms have
 242 been completed and submitted to the school nurse or school administrator. This includes
 243 an authorization form signed by a licensed prescriber and a parent/guardian.
 244

245 C. School nurses should be notified in advance of a trip by the trip coordinator, per Regulation
 246 IICA-R, to give the school nurse time to prepare the needed medications and paperwork.
 247

248 D. The medications can be prepared by the school nurse from the supply already at the school.
 249 The individual doses needed for the trip may be placed in pharmacy envelopes designed
 250 for this purpose with appropriate labeling. If medications are not at the school, the
 251 parent/guardian will supply the appropriate amount of medication in a container prepared
 252 by a pharmacist that is appropriately labeled. The parent/guardian must bring the
 253 medications and the signed Authorization to Administer Medication form before the day
 254 of the trip.
 255

256 E. The medication will be administered on the trip by either the student’s parent/guardian who
 257 has volunteered to attend, or a staff member who has completed the training in
 258 administration of medication. When medication must be administered during a field trip or
 259 other off-campus school activity, the medication is transported by the staff member trained
 260 to administer the medication in the original, labeled container or a pill envelope on which
 261 complete label information has been written by the school nurse. A copy of the completed
 262 Authorization to Administer Medication form will accompany the medication. The trained
 263 staff member must carry the medication at all times during the trip. Students are not to
 264 carry the medication.
 265

266 For any field trip longer than one day, the student’s prescription should be provided by the
 267 student’s parent/guardian in a properly labeled prescription vial which has been dispensed
 268 from a pharmacy and which contains only the quantity needed for the duration of the field
 269 trip.
 270

271 **IX. ERRORS/VARIANCES IN MEDICATION ADMINISTRATION**

272 In the event an error in medication administration occurs or is suspected, the school nurse or
 273 designee immediately:

- 274 A. Ensures the safety of the student involved by:
 - 275
 - 276 1. Assessing the student and observing for any side effects;
 - 277 2. Taking appropriate action based on nursing judgment and/or physician’s orders;
 - 278 and
 - 279 3. Calling 911, if necessary, and following the instructions received;
 - 280
- 281 B. Contacts the building administrator and school nurse, as appropriate to the situation;
- 282
- 283 C. With the direction of the building administrator, calls the parent/guardian to explain the
 284 situation, the student’s current status, and actions taken to ensure the health and safety of
 285 the student;
- 286
- 287 D. Monitors the student until either EMS arrives, the parent/guardian arrives, or the student is
 288 deemed safe and healthy to return to class by the school nurse and the administrative team;
- 289
- 290 E. Completes the Medication Variance form and submits it to the Health Services
 291 Coordinator;
- 292
- 293 F. Documents in the Electronic Health Record as appropriate; and
- 294
- 295 G. The Health Services Coordinator will review the Medication Variance form and take
 296 necessary steps to ensure appropriate medication administration in the future.
- 297

298 **X. STOLEN OR LOST MEDICATION**

- 299
- 300 A. If any medication is reported missing, the building administrator and the Health Services
 301 Coordinator must be notified immediately for investigation. In the event the incident
 302 involves a controlled substance, the School Resource Officer or the Director of Health,
 303 Safety and Risk Management must be notified.
- 304
- 305 B. The student’s parents/guardians will be notified of the situation and new medication will
 306 be requested to be brought to the school.
- 307
- 308 C. Once the student’s immediate needs are met, the Medication Variance form will be
 309 completed and sent to the Health Services Coordinator.
- 310
- 311 D. The incident will be documented in the student’s EHR.
- 312

313 **XI. EMERGENCY MEDICATIONS**

- 314
- 315 A. Medications will be supplied by ACPS for students demonstrating symptoms of
 316 anaphylaxis, asthma, or an overdose that do not have personal medications in the clinic.
- 317

- 318 B. If emergency medication is needed, a parent/guardian will be contacted immediately.
- 319
- 320 C. In consultation with the school principal, the school nurse will be responsible to place these
- 321 emergency medications in appropriate school locations that support ease of access.
- 322
- 323 D. The school nurse will be responsible to monitor the expiration date of the emergency
- 324 medication and record this information in the Health Services Monthly report.
- 325
- 326 E. The school nurse will inform the Director of School Health Services of any emergency
- 327 medication that is about to expire or is otherwise not fit to administer.
- 328
- 329 F. Except for albuterol as discussed in Section XI.G. below, which does not require a standing
- 330 order, nurses will administer emergency medications per a standing order written and
- 331 reviewed annually by the ACPS School Health Medical Consultant.
- 332
- 333 G. Undesignated albuterol inhalers and valved holding chambers are stocked in each school
- 334 to be administered by any school nurse, employee of the School Board, employee of a local
- 335 appropriating body, or employee of a local health department, who is authorized by the
- 336 local health director and trained in the administration of albuterol inhalers and valved
- 337 holding chambers, for any student believed in good faith to be in need of such medication.

338
339 1. Definitions: Albuterol Inhalers

340
341 A **spacer** is a tubular device that is placed on the mouthpiece of an inhaler. When
342 used, a spacer creates "space" between an individual's mouth and the inhaler. The
343 space helps the medicine break into smaller droplets. The smaller droplets can move
344 easier and deeper into the lungs when breathing in the medicine.

345
346 A **valved holding chamber** is a type of spacer that includes a one-way valve at the
347 mouthpiece. It traps and holds the medicine, which gives an individual time to take
348 a slow, deep breath to breathe in all of the medicine. Its one-way valve prevents the
349 individual from accidentally exhaling into the tube.

- 350 H Nalaxone in the form of an intra-nasal spray is stocked in each school to be administered
- 351 by any school nurse, other School Board employees or individuals contracted by the School
- 352 Board to provide school health services, or an employee or other person acting on behalf
- 353 of the School Board who has completed a training program for any student believed in
- 354 good faith to be in need of such medication.

355
356
357 Established: June 11, 2015

358 Revised: June 21, 2018

359 Revised: December 16, 2021

360 Revised: May 5, 2022

361
362 Legal Refs.: 20 U.S.C. § 1400 et seq.

363 Public Law 93-113 § 504.

364

365 Code of Virginia, as amended, §§ 22.1-78, 22.1-274, 22.1-274.01:1, 22.1-274.2,
366 54.1-2952.2, 54.1-2957.02, 54.1-3408.

367	Cross Refs.:	EBBA	First Aid/CPR and AED Certified Personnel
368		IGBA	Programs for Students with Disabilities
369		JB	Equal Educational Opportunities/Non-Discrimination
370		JBA	Section 504 Non-Discrimination Policy and Hearing Procedures
371		JFC	Student Conduct
372		JFCF/JFCI	Alcohol and Other Drugs (AOD) in Schools
373		JGDA	Disciplining Students with Disabilities
374		JHCD	Administering Medications to Students
375		JHCE	Recommendation of Medication by School Personnel
376		JO	Student Records

377 Additional Resources:

378 [http://www.doe.virginia.gov/support/health_medical/medication/manual_training_admin-
379 meds.pdf](http://www.doe.virginia.gov/support/health_medical/medication/manual_training_admin-
379 meds.pdf)

380 [http://www.doe.virginia.gov/support/health_medical/medication/manual_training_insulin
381 -glucagon.pdf](http://www.doe.virginia.gov/support/health_medical/medication/manual_training_insulin
381 -glucagon.pdf)

382 [https://www.doe.virginia.gov/support/health_medical/office/naloxone-administration-
383 procedures-form.docx](https://www.doe.virginia.gov/support/health_medical/office/naloxone-administration-
383 procedures-form.docx)