

## Medication at School

It is preferable that medications are dispensed before and after school hours under the supervision of parent/legal guardian. When there is a valid health reason, which makes advisable the administration of any medication to a student during school hours or during the hours in which the student is under the supervision of school officials, the following procedures shall apply. Please note that legal requirements are different for preschool students.

### Students in grades K-12:

Each school principal will authorize two (2) staff members to administer prescribed or over-the-counter oral or topical medication, eye drops, ear drops, or nasal sprays (“medication”). RCW 18.79.260 and WAC 246.840.010 allow for the licensed registered nurses and advanced nurse practitioners to delegate the administration of medication to unlicensed school staff.

### Delegation

Delegation means that school nurses transfer selected nursing tasks to competent individuals in selected situations. The school nurse delegating the task retains the responsibility and accountability for the nursing care of the student and maintains the right to refuse delegation to staff unwilling or unable to perform task as directed.

- A. Oral medications are administered by mouth either by swallowing or by inhaling and may include administration by mask if the mask covers the mouth or mouth and nose. Staff members to whom nurses delegate will participate in medication training session(s) conducted by a physician or registered nurse prior to the administration of any medication to student.
- B. The administration of any medication to a student by a district employee must be requested and authorized in writing by both a parent/legal guardian and a Licensed Health Care Provider (LHCP) with prescriptive authority acting within the scope of his/her license. Specific instructions for administration must be included. A Registered Nurse may delegate medication administration to school district staff at or under the order of a Licensed Health Care Provider (RCW 18.79.260 and RCW 18.88A.210). These are: physician or surgeon, dentist, osteopathic physician and surgeon, naturopathic physician, optometrist, podiatric physician and surgeon, physician assistant (PA), osteopathic physician assistant, advanced registered nurse practitioner (ARNP), or midwife acting within the scope of his/her license.
- C. Medication authorization will be valid for district summer school attendance as a continuance of the school year. Although it is preferable to have the medication orders on district form 3416P Exhibit A “Medication Authorization Form”, as long as the orders contain the essential elements of a valid order, they can be accepted. Essential elements of a medication order:
  1. Student name
  2. Date
  3. Medication Name
  4. Medication dosage and Medication route. With delegated medications, the dosage must be finite. Unlicensed school staff cannot make nursing judgments.
  5. Time and indications for medication administration
  6. Signatures of Health Care Provider and parent/guardian

- D. School nurses or any authorized school employee trained and supervised by a school nurse in proper medication-administration procedures may administer medication.
- E. All persons authorized to administer medications must be trained. Training of staff members shall take place at the beginning of the school year (or prior to the administration of any medication) by a registered nurse. Documentation of training will be maintained on school site.
- F. All medication to be administered by school staff must be brought to school by the parent/legal guardian in an original pharmacy container and properly labeled. Parent/guardian must consult with school nurse and building administrator if they cannot bring medication to school.
- G. Staff will collect the medication directly from the parent/guardian (students should not transport medication to school); collect a medication authorization form properly signed by the parent and by the prescribing health professional, and collect instructions from the prescribing health professional.
- H. Medication for rescue in life-threatening situations must be secure but also readily available.
- I. Controlled substances should be stored in locked, substantially constructed cabinets or drawers, with access limited to those who will need access when medications are received or in order to administer medications.
- J. Staff will maintain a daily record, which indicates that the prescribed or non-prescription medication was dispensed.
- K. Medication errors committed by nurses or the staff members to whom they delegate medication administration must be reported to the building nurse responsible and the Director of Health Services. The form 3416P Exhibit B must be completed and returned to the Director of Health Services.

### **Self-Carry/Self-Administration of Medication**

- A. If a health care provider and a student's parent/legal guardian provide a written request that a student be permitted to carry their own prescription medication/over-the-counter medication and/or be permitted to self-administer the medication, permission may be granted after consultation with the school nurse.
- B. The parent or legal guardian must sign a statement acknowledging that the district will incur no liability as a result of any injury arising from the self-administration or carrying of medication by the student and that the parents or legal guardian will indemnify and hold harmless the district and its employees or agents against any claims arising out of the self-administration or carrying of medication by the student.
- C. The process for requesting and providing instructions will be the same as established for staff-administered medications. The health care provider and school nurse will take into account the age, maturity and capability of the student; the nature of the medication; the circumstances under which the student will or may have to self-administer the medication and other issues relevant in the specific case before authorizing a student to carry and/or self-administer medication at school or during the hours in which the student is under the supervision of school officials.
- D. Except in the case of multi-dose devices (like asthma inhalers), students will only carry one day's supply of medication at a time. Back-up medication, if provided by the parent or legal guardian, will be kept in a location in the school to which the student has immediate access in

the event rescue medication is required. If the student is self-carrying medication on a field trip, they may carry the amount of medication required only for the duration of the trip.

- E. Violations of any conditions placed on the student permitted to carry and/or self-administer his or her own medication may result in termination of that permission, as well as the imposition of discipline when appropriate.
- F. School staff may discontinue the administration of medication to any student during the period for which it has been prescribed if a parent/legal guardian gives oral or written notice to the school nurse in advance of the date of discontinuance (with the exception of emergency medications which require health care provider direction).

### **Medication Transportation to and from School**

- A. Adults must deliver and pick up medication to and from school. If there are extenuating circumstances, please consult school nurse and principal. When an undue hardship prevents parent/guardian from picking up medication, the student may transport medication from school when it is deemed appropriate to do safely; the certificated school nurse and school administrator makes this determination considering the developmental capacity of the student as well as the potential risk for abuse or misuse of the medication.

### **Medical Cannabis**

RCW 69.51A.060 (4) states “Nothing in this chapter requires any accommodations of any on-site medical use of cannabis in any place of employment, in any school bus or on any school grounds, in any youth center, in any correctional facility, or smoking cannabis in any public place of hotel or motel.”

### **Sunscreen**

Substitute Senate Bill 5404 added to the medication in school law (RCW 28A.210.260) allows students to have FDA-approved topical sunscreen at school *without* a prescription from a licensed health care professional and self-apply. Students may bring, self-carry and self-apply FDA-approved sunscreen at school once parents/guardians comply with the following conditions:

- A. Recommend application at home before school.
- B. Sunscreen (FDA approved) must be labeled with child’s full name and kept with student (backpack).
- C. Parent/guardian has instructed student on proper and safe self-application.
- D. Spray sunscreen is not allowed.
- E. Younger students may find stick sunscreen easier.
- F. Child is instructed by parent/guardian not to share sunscreen with other students.
- G. Approval will be withdrawn if a student handles sunscreen irresponsibly or otherwise maintains or administers it in a manner that is not appropriate for school. For this reason, parents/guardians must carefully demonstrate at home how to apply.

- H. Consideration/limitations will be taken on how and when product is applied in common areas for those students who may have severe allergies to sunscreen products.

School staff may assist students in application of sunscreen products in certain circumstances and in the presence of another staff member. The appropriate staff member will take into account the age, maturity, and capability of the student, the need for the application of the sunscreen, and other issues relevant in the specific case, before assisting students in application of sunscreen products at school or during school-sponsored events. However, staff members are not required to assist students in applying sunscreen.

### **Emergency Medication**

No prescribed injection medication will be administered by unlicensed school staff except when a student is susceptible to a predetermined, life-endangering situation and when permitted by state law and the nurse practice act of Washington state, or as a staff member designated by parent/legal guardian as the parent-designated adult for a student with diabetes under Policy 3415(Accommodating Students with Diabetes). Injectable epinephrine (emergency medication administered to counteract an anaphylactic reaction) may be administered by school staff trained by registered nurse;

- A. Written orders for emergency epinephrine, signed and dated, from the licensed health professional prescribing within his or her prescriptive authority will:
1. State that the student suffers from an allergy which may result in a life-threatening anaphylactic reaction;
  2. Identify the drug, the mode of administration, the dose. Epinephrine administered by inhalation, rather than injection, may be a treatment option. This decision must be made by the licensed health professional prescribing within his or her prescriptive authority;
  3. Indicate when the injection will be administered based on anticipated symptoms;
  4. Recommend follow-up after administration of emergency medications which may include additional medication. With a known exposure to an allergen or signs and symptoms of an anaphylactic reaction, non-licensed school staff shall be instructed by the school nurse to administer epinephrine auto-injector and call EMS/911
  5. Upon administration of emergency epinephrine, staff will complete and distribute 3420P Exhibit A–Anaphylaxis Report.
- B. If a school nurse is on the premises, a nasal spray that is a legend (prescribed) drug or controlled substance must be administered by a school nurse. If no school nurse is on the premises, a nasal spray that is a legend or controlled substance may be administered by:
1. A trained school employee, provided that person has been delegated by the school nurse received and volunteered for the training pursuant to RCW 28A.210.260; or
  2. A parent-designated adult (PDA). A parent-designated adult (PDA) means a parent-designated who is not licensed under chapter 18.79 and: (A) volunteers for the designation; (B) receives additional training from a health care professional or expert in care for epilepsy or other seizure disorders or diabetes selected by parents; and (C) provides care for the child consistent with the individual health plan. The volunteer may be a school district employee. The school nurse is not responsible for the

- supervision of procedures authorized by the parents/guardian and carried out by a parent/guardian designated adult.
3. After the administration of any legend (prescribed) drug or controlled substance by nasal spray to a student by an authorized and trained school employee who is not a school nurse, Emergency Medical Services (911) will be summoned as soon as practicable.
- C. No medication will be administered by injection by unlicensed school staff except when a student is susceptible to a life-threatening anaphylactic condition consistent with Policy and Procedure 3419 – Self-Administration of Asthma and Anaphylaxis Medications and Policy and Procedure 3420 - Anaphylaxis Prevention when acting as a parent designated adult for students with diabetes, or when acting as designated trained responder for opioid overdose reversal medication administration consistent with Policy and Procedure 3418 – Emergency Treatment.
1. The parent will submit a written authorization to act according to the specific written orders and supporting directions provided by licensed health professional prescribing within his or her prescriptive authority (e.g., medication administered to counteract a reaction to an insect sting). Such medication will be administered by staff trained by the supervising registered nurse to administer such an injection.
- D. For asthma, the district will follow the procedures outlined in the most recent edition of the AMES: Asthma Management in Educational Settings including:
1. Managing the student’s school environment;
  2. Training school personnel in rescue procedures;
  3. Accompanying all students exhibiting symptoms;
  4. Providing care as designed in the student’s emergency care plan;
  5. Calling 911, if appropriate;
  6. Notifying the student’s parent or legal guardian;
  7. Documenting interventions; and
  8. Reviewing the student’s emergency care plan and making changes, if necessary.

### Students in preschool:

WAC 110-300-0215 requires the following protocols for administration of medication for preschool students:

**Medication training.** An early learning provider must not give medication to a child if the provider has not successfully completed:

- (a) An orientation about the early learning program's medication policies and procedures;
- (b) The department standardized training course in medication administration that includes a competency assessment pursuant to WAC [110-300-0106](#)(10) or equivalent training; and
- (c) If applicable, a training from a child's parents or guardian (or an appointed designee) for special medical procedures that are part of a child's individual care plan. This training must be documented and signed by the provider and the child's parent or guardian (or designee).

**Medication administration.** An early learning provider must not give medication to any child without written and signed consent from that child's parent or guardian, must administer medication pursuant to directions on the medication label, and using appropriate cleaned and sanitized medication measuring devices.

- (a) An early learning provider must administer medication to children in care as follows:

**Prescription medication.** Prescription medication must only be given to the child named on the prescription. Prescription medication must be prescribed by a health care professional with prescriptive authority for a specific child. Prescription medication must be accompanied with medication authorization form that has the medical need and the possible side effects of the medication. Prescription medication must be labeled with:

- (a) A child's first and last name;
- (b) The date the prescription was filled;
- (c) The name and contact information of the prescribing health professional;
- (d) The expiration date, dosage amount, and length of time to give the medication; and
- (e) Instructions for administration and storage.

**Nonprescription oral medication.** Nonprescription (over-the-counter) oral medication brought to the early learning program by a parent or guardian must be in the original packaging.

(a) Nonprescription (over-the-counter) medication needs to be labeled with child's first and last name and accompanied with medication authorization form that has the expiration date, medical need, dosage amount, age, and length of time to give the medication. Early learning providers must follow the instructions on the label or the parent must provide a medical professional's note; and

(b) Nonprescription medication must only be given to the child named on the label provided by the parent or guardian.

**Other nonprescription medication:** An early learning provider must receive written authorization from a child's parent or guardian and health care provider with prescriptive authority prior to administering if the item does not include age, expiration date, dosage amount, and length of time to give the medication:

- (a) Vitamins;
- (b) Herbal supplements;
- (c) Fluoride supplements;
- (d) Homeopathic or naturopathic medication; and
- (e) Teething gel or tablets (amber bead necklaces are prohibited).

**Nonmedical items.** A parent or guardian must annually authorize an early learning provider to administer the following nonmedical items:

- (a) Diaper ointments (used as needed and according to manufacturer's instructions);
- (b) Sunscreen;
- (c) Lip balm or lotion;
- (d) Hand sanitizers or hand wipes with alcohol, which may be used only for children over twenty-four months old; and
- (e) Fluoride toothpaste for children two years old or older.

An early learning provider may allow children to take his or her own medication with parent or guardian authorization. The early learning staff member must observe and document that the child took the medication.

An early learning provider must not give or permit another to give any medication to a child for the purpose of sedating the child unless the medication has been prescribed for a specific child for that particular purpose by a qualified health care professional.

**Medication documentation** (excluding nonmedical items).

An early learning provider must keep a current written medication log that includes:

- (a) A child's first and last name;
- (b) The name of the medication that was given to the child;
- (c) The dose amount that was given to the child;
- (c) Notes about any side effects exhibited by the child;
- (e) The date and time of each medication given or reasons that a particular medication was not given; and
- (f) The name and signature of the person that gave the medication.

Medication must be stored and maintained as directed on the packaging or prescription label, including applicable refrigeration requirements. An early learning provider must comply with the following additional medication storage requirements:

- (a) Medication must be inaccessible to children;
- (b) Controlled substances must be locked in a container or cabinet which is inaccessible to children;
- (c) Medication must be kept away from food in a separate, sealed container; and
- (d) External medication (designed to be applied to the outside of the body) must be stored to provide separation from internal medication (designed to be swallowed or injected) to prevent cross contamination.
- (e) An early learning provider must return a child's unused medication to that child's parent or guardian. If this is not possible, a provider must follow the Food and Drug Administration (FDA) recommendations for medication disposal.
- (f) An early learning provider must not accept or give to a child homemade medication, such as diaper cream or sunscreen.

**Date: 11.14, 4.15, 9.15, 10.16, 4.17, 8.18, 8.19, 3.23, 8.23**