Great Falls School District

STUDENTS 3416

Administering Medicines to Students

"Medication" means prescribed drugs and medical devices that are controlled by the U.S. Food and Drug Administration and are prescribed by a licensed physician as defined in §37-3-102, MCA, a physician assistant who has been authorized to prescribe medications as provided in §37-20-404, MCA, or an advanced practice registered nurse with prescriptive authority as provided in §37-8-202(1)(h), MCA. This definition also includes over-the-counter medications controlled by the U.S. Food and Drug Administration that are either prescribed by a licensed healthcare provider and/or authorized through parental consent.

Administering Medication

The Board permits administration of medication to students in schools in its jurisdiction. Pursuant to the completion of the District's medication form signed by the parent and a licensed healthcare provider, the school nurse (who has successfully completed specific training in administration of medication), may administer medication to any student in the school or may delegate this task pursuant to Montana law.

Emergency Administration of Medication – Students with Individual Health Care Plans

In the event of an emergency, a school nurse or trained staff member, exempt from the nursing license requirement under § 37-8-103(1)(c), MCA, may administer emergency medication to any student in need thereof on school grounds, in a school building, at a school function, or on a school bus according to a standing order of an authorized physician or a student's private physician. In the event that emergency medication is administered to a student, the school nurse or staff member shall call 9-1-1 and notify the student's parents/ guardians.

Any prescribed emergency medications kept at school will be documented on a student's Individual Health Care Plan and/or Emergency Care Plan. Reference Policy 3418.

Stock Epinephrine

The District may maintain a stock supply of epinephrine to be administered by school nurse or other authorized personnel to any student or nonstudent as needed for actual or perceived anaphylaxis. If the district intends to obtain an order for emergency use of epinephrine in a school setting or at related activities, the district shall adhere to the requirement stated in §20-5-420 (2), MCA.

Stock Opioid Antagonist

The District may maintain a stock supply of an opioid antagonist to be administered by school nurse or other authorized personnel to any student or nonstudent as needed for an actual or perceived opioid overdose in compliance with §20-5-426, MCA.

If the District stocks a supply of an opioid antagonist, the following requirements apply:

- The Superintendent or designee shall develop a protocol related to the training of school employees, the maintenance and location of the opioid antagonist, and immediate and long-term follow-up to the administration of the medication, including making 9-1-1 emergency call.
- The opioid antagonist must be prescribed by a physician, advanced practice registered nurse, or a physician assistant. The school must be designated as the patient, and each prescription for an opioid antagonist must be filled by a licensed pharmacy.
- The school shall provide training to authorized personnel. The training must include causes of opioid overdose, recognition of signs and symptoms of opioid overdose, indications for the administration of an opioid antagonist, administration technique and the need for immediate access to a certified emergency responder. Training must be provided by a school nurse, certified emergency responder, or other health care professional.
- The opioid antagonist must be kept in a secure and easily accessible location.
- A school nurse or other authorized personnel may, in good faith, administer the opioid antagonist to any student or nonstudent who is experiencing a potential life-threatening opioid overdose based on the protocol developed by the school.
- If a school stocks an opioid antagonist that has been prescribed to the school, that school shall inform parents or guardians about the potential use of the opioid antagonist in an opioid overdose emergency. The school shall make the protocol available upon request.
- Neither the District, nor its employees and agents, are liable as a result of an injury arising from the administration of an opioid antagonist, including an expired opioid antagonist, to a student or nonstudent unless an act or omission is the result of gross negligence, willful or wanton misconduct, or an intentional tort.

Administration of Glucagon

A parent, an individual who has executed a caretaker relative educational authorization affidavit pursuant to §20-5-503, MCA, an individual who has executed a caretaker relative medical authorization affidavit pursuant to §40-6-502, MCA, or a guardian of a diabetic student may designate an adult to administer glucagon to their child in an emergency situation. Written proof of the designation and acceptance of the designation by the parent-designated adult must be filed with the District.

"Parent-designated adult" means a District employee, selected by a parent, an individual who has executed a caretaker relative educational authorization affidavit pursuant to §20-5-503, MCA, an individual who has executed a caretaker relative medical authorization affidavit pursuant to §40-6-502, MCA, or a guardian of a diabetic student, who voluntarily agrees to administer glucagon to the student.

The parent-designated adult must be trained in recognizing hypoglycemia and the proper method of administering glucagon. Training must be provided by a health care professional, as defined in §33-36-103, MCA, or a recognized expert in diabetic care selected by the parent, an individual who has executed a caretaker relative educational authorization affidavit, an individual who has executed a caretaker relative medical authorization affidavit, or a guardian. Written documentation of the training received by the parent-designated adult must be filed with the District.

The glucagon must be provided by the parent, an individual who has executed a caretaker relative educational authorization affidavit, an individual who has executed a caretaker relative medical authorization affidavit, or a guardian of the diabetic student.

Assisting Students with Self-Administration of Medication

A building principal or school administrator may authorize, in writing, any employee:

- To assist in self-administration of any medication that may lawfully be sold over the counter without a prescription to a student with the written consent of a student's parent or guardian; and;
- To assist in self-administration of a prescription medication to a student in compliance with written instructions of a medical practitioner and with the written consent of a student's parent or guardian.

Any school employee authorized, in writing, by the school administrator or principal, or who has been delegated by the school nurse may assist with self-administration of medications, may only rely on the following techniques:

- Making oral suggestions, prompting, reminding, gesturing, or providing a written guide for self-administering medications;
- Handing to a student a prefilled, labeled medication holder or a labeled unit dose container, syringe, or original marked and labeled container from a pharmacy;
- Opening the lid of a container for a student;
- Guiding the hand of a student to self-administer a medication;
- Holding and assisting a student in drinking fluid to assist in the swallowing of oral medications; and
- Assisting with removal of a medication from a container for a student with a physical disability that prevents independence in the act.
- Designated staff may also follow other guidance or restrictions previously provided in writing to the school by the student's parent, an individual who has executed a caretaker relative educational authorization affidavit, or guardian is on file; as long as guidance is congruent with medical orders on file and Board Policy.

At the appropriate time for a student to take their medication, they will report to the school office where a designated staff member will assist them with self-administration. For middle school and high school students, it is the student's responsibility to report to the office when it is time to

take the medication. However, if the student requires additional care, special accommodations will be made and included in the Individual Health Care Plan.
Medication administration training will be provided annually by a school nurse. A list of individuals who have been authorized to assist with self-administration of medication will be maintained by each school.

Self-Administration or Possession of Asthma, Severe Allergy, or Anaphylaxis Medication

Students with allergies or asthma may be authorized by the building principal or Superintendent, in consultation with medical personnel, to possess and self-administer emergency medication during the school day, during field trips, school-sponsored events, or while on a school bus. The student shall be authorized to possess and self-administer medication if the following conditions have been met:

- A parent or guardian or individual who has executed a caretaker relative educational authorization affidavit has submitted a signed authorization affidavit for self-administration of medication, acknowledging that the District and its employees are not liable for injury resulting from the student's self-administration of medication.
- The student must have the prior written approval of his/her primary healthcare provider. The written notice from the student's primary care provider must specify the name and purpose of the medication, the prescribed dosage, frequency with which it may be administered, and the circumstances that may warrant its use.
- Documentation that the student has demonstrated to the healthcare practitioner and the school nurse, if available, the skill level necessary to use and administer the medication.
- Documentation of a doctor approved written treatment plan for managing asthma, severe allergies, or anaphylaxis episodes of the student and for medication use by the student during school hours, such as a district Emergency Health Care Plan.

Authorization granted to a student to possess and self-administer medication shall be valid for the current school year only and must be renewed annually.

If provided by the parent, an individual who has executed a caretaker relative educational authorization affidavit, or guardian, and in accordance with documentation provided by the student's doctor, backup medication must be kept at a student's school in a predetermined location or locations to which the student has access in the event of an asthma, severe allergy, or anaphylaxis emergency.

Immediately after using epinephrine during school hours, a student shall report to the school nurse or other adult at the school who shall provide follow up care, including making a 9-1-1 emergency call.

Emergency Use of Stock Albuterol

The District may maintain a supply of stock albuterol and single-use disposable holding chambers to be administered by a school nurse or other authorized personnel to a student or nonstudent as needed for respiratory distress. This Policy may not be interpreted to relieve a

student's parent or guardian of providing a student's medication or create an expectation that a school will have stock albuterol available.

Definitions

"Stock albuterol" means quick-relief asthma medication that is approved by the United States food and drug administration for the treatment of respiratory distress. The term includes albuterol medication delivered through a metered dose inhaler or dry-powder inhaler that includes a spacer or holding chamber that attaches to a metered dose inhaler to improve the delivery of medication.

"Authorized personnel" means an employee or agent identified by the District who is approved by the District administration to administer a stock medication in a school setting or at a related activity.

"Respiratory distress" means a person's inability to breathe adequately, including the perceived or actual presence of associated symptoms such as coughing, wheezing, or shortness of breath.

Additional Requirements

The Superintendent or designee shall develop a protocol related to the training of school employees, the maintenance and location of the stock albuterol, and the immediate and long-term follow-up to the administration of the medication, including determining when to make a 9-1-1 emergency call.

The stock albuterol must be prescribed by a physician, advanced practice registered nurse, or physician assistant. The school must be designated as the patient and each prescription for stock albuterol must be filled by a licensed pharmacy.

The District may enter into an agreement with a manufacturer of bronchodilators or spacers, a third-party supplier of bronchodilator or spacers, or a health care office to obtain bronchodilators or spacers at no charge, at market price, or at a reduced price, and may accept gifts, grants, or donations to purchase bronchodilators or spacers for emergency use.

Authorized personnel shall complete an annual asthma education program approved by the department of public health and human services. The training must include causes of respiratory distress, recognition of signs and symptoms of respiratory distress, indications for the administration of albuterol, administration techniques, and the need for immediate access to a certified emergency responder.

The stock albuterol must be kept in a secure and easily accessible location.

The District will inform parents or guardians about the potential use of stock albuterol in respiratory distress emergency and will make the protocol available on request.

The District will document the use of stock albuterol following an event and report the use to the department of public health and human services within three (3) days in a reporting format determined by the department.

The District will submit an annual report to the department of public health and human services summarizing the use of stock albuterol during each school year in a reporting format determined by the department.

Self-Administration and Possession of Other Medications

Students may self-administer and possess other medications as long as authorized by a licensed healthcare provider through written order and stated in the student's Individualized Health Care Plan. The building administrator, school nurse, and appropriate staff will be notified of a student's plan to possess and self-administer medications.

Students are not authorized to self-carry or possess controlled medication during school hours.

Handling and Storage of Medications

The Board requires that all medications, including those approved for keeping by students for self-medication, be first delivered by a parent, an individual who has executed a caretaker relative educational authorization affidavit, or other responsible adult to a nurse or employee assisting with self-administration of medication. A designated school employee:

- All medications, prescription and nonprescription, will be stored in their original containers.
- Must examine any new medication to ensure it is properly labeled with dates, name of student, medication name, dosage, and physician's name;
- Must develop a medication administration plan, if administration is necessary for a student, before any medication is given by school personnel;
- Must record on the student's individual medication record the date a medication is delivered and the amount of medication received;
- Must store medication requiring refrigeration at 36° to 46° F;
- Must store all student medications in a securely locked storage compartment; and
- Must store controlled substances in a separate compartment, secured and locked at all times.
- All non-emergency medication must be kept in a locked nonportable container, stored in its original container with the original prescription label. Epinephrine, naloxone, and student emergency medication may be kept in portable containers and transported by the school nurse or other authorized personnel.
- Must notify the Superintendent or designee, District nurse and parent or guardian of any medication error and document it on the medication administration record.
- Rescue medication will be stored in a secure location identified by the nurse or designee.

The District will limit access to all stored medication to those persons authorized to administer medications or to assist in the self-administration of medications. Food is not allowed to be stored in refrigeration units with medications.

Disposal of Medication

School personnel must try to return any unused, discontinued, or obsolete medication to the parent or guardian. Any medication not repossessed by a parent or guardian within seven-(7)-day period of notification by school authorities will be properly disposed of by a school nurse, in the presence of a witness. Disposal will be documented by a school nurse.

Proper Disposal of Syringes, Lancets, etc.

Some health situations require the use of hypodermic needles, syringes, lancets, etc. Medical sharps must be disposed of in an approved sharps container. Building administrators should contact the school nurse when such a container is needed. Sharps containers are to be kept in a secure location in the school building. Disposal of sharps containers is the responsibility of the school nurse in accordance with the Montana Infectious Waste Management Act and the manufacture guidelines specific to the container.

Cross Reference:

Policy 3416F	Montana Authorization to Possess or Self-Administer Asthma, Severe Allergy, or Anaphylaxis Medication
Policy 3418	Life Threatening Allergies/Medical Conditions
Policy 3431	Emergency Treatment

Legal Reference:

§ 20-5-412, MCA	Definition – parent-designated adult administration of glucagon - training
§ 20-5-420, MCA	Self-administration or possession of asthma, severe allergy, or anaphylaxis medication
§ 20-5-421, MCA	Emergency use of epinephrine in school setting
§ 20-5-426, MCA	Emergency use of an opioid antagonist in School setting – limit on liability
§ 37-8-103(1)(c), MCA	Exemptions – limitations on authority conferred
§ 75-10-1001, et seq.	Infectious Waste Management Act
10.55.701(s), ARM	Board of Trustees
24.159.1604, ARM	Tasks Which May Be Routinely Assigned to an Unlicensed Person in Any Setting When a Nurse-Patient Relationship Exists
37.111.812, ARM	Safety Requirements

Policy History:

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