

REGULATIONS ON ADMINISTERING MEDICINES TO STUDENTS

I. General Information

No student shall be given prescription medication/treatments during school hours except upon the written certification from a “licensed prescriber” (physician, physician’s assistant, or nurse practitioner, optometrist or dentist) that the medication/treatment MUST be administered while in school. All requests for medication/treatment must also be signed by a parent or guardian.

Alternative medications, such as herbal or homeopathic medications, that are not tested by the US Food and Drug Administration for safety or effectiveness will not be administered in school.

Medication/treatments must be delivered to the school by an authorized adult and logged in with the school nurse or designee.

All medications/treatments must be renewed after the initial treatment period expires. For chronic or ongoing medications/treatments, requests must be renewed at least every year or upon the request of school personnel.

Medications/Treatments must be picked up by an authorized adult at either the end of school year or cessation of necessity for medication/treatment.

Students found in possession of any medication, whether prescribed or not, may be in violation of the Code of Conduct if these regulations are not followed.

II. Medication/Treatment Procedure in Schools

A. Medical Necessity

Administering and storing medications and providing treatments to children in school will be provided only for those students who have medical necessity for this service during school hours. This service is for the rare exception and all attempts should be made to administer medication or provide treatment by the child’s parent or guardian before or after school hours.

B. Medication/Treatment Request Form

A Medication/Treatment Request Form is required for all medications or medical treatments, to include the use of crutches, wheelchairs, other durable medical equipment. This form is available from the school nurse.

The Medication/Treatment Request Form must be completed and signed by the prescribing physician, physician’s assistant, or nurse practitioner and must include:

- Verification by the healthcare provider that the medication or treatment is medically necessary to be given during school hours;
- Diagnosis necessitating the medication or treatment;

- Name of medication or treatment, with specific dosage and frequency information;
- Duration of medication or treatment;
- Side effects of the medication or treatment;
- Contact information for the healthcare provider;
- Parent/guardian signature granting permission to the school to provide treatment.

The Medication/Treatment Request Form is also required for non-prescription medications or treatments, to be administered on an as needed basis only. The form must be completed and signed by the parent or guardian but does not require a healthcare provider's signature.

All medications must be FDA approved pharmaceuticals (prescription and non-prescription) administered within their therapeutic range and within standards of acceptable medical regimen. Homeopathic preparations will not be administered. Any questions about approved medication may be directed to the Lead Nurse or Supervisor of Student and Family Services.

The first dose of any new medication (prescription and non-prescription) or treatment must be administered at home by a parent or guardian prior to administration at school.

C. Delivery of Medication to School

All medications (prescription and non-prescription) must be delivered directly to the school nurse or administrator designee by a parent or guardian.

The medication will be verified, counted, and documented by the school official.

Medication and treatments provided to the school must include the following:

i. Prescription Medications/Treatments

Must be in the *original labeled prescription bottle* with the following information:

- Child's full name
- Licensed Healthcare Provider's name
- Name of medication
- Dosage, Schedule, and Route of administration
- Expiration date of prescription and/or medication
- Quantity of medication (parents should request the pharmacy to provide a separate labeled container for school use)

ii. Non-Prescription (over-the-counter) Medications/Treatments

Must be in the *original labeled unopened manufacturer's bottle* with the following information:

- Child's full name
- Name of medication
- Dosage, Schedule, and Route of administration
- Expiration date of medication
- Quantity of medication

D. Offsite Activities and After School Programs

School nurses do not accompany students to offsite activities (such as field trips) or after school programs (such as afterschool clubs or extra-curricular programs.) The parent must contact the teacher, school nurse, and administrator to make arrangements for administration prior to any such activity.

E. Violation of Medication Policies and Regulations

Sharing, borrowing, distributing, manufacturing, or selling of any medication is prohibited. Students found in possession of medication in violation of these policies and procedures are subject to disciplinary action as outlined in the Code of Conduct.

III. Self-Care and Self-Administration of Medication

A. Chronic Health Conditions

Students diagnosed with a chronic healthcare condition (such as diabetes, asthma, or anaphylaxis) that may necessitate emergency intervention may self-carry the supplies needed to respond to such need (such as medication, monitoring devices, snacks, etc.)

B. Health Care Plans

A current, signed Health Care Plan is required for any student requesting to self-carry or self-administer these medications. This request must be reviewed by the school nurse and approved in advance.

Parental consent and written approval from the prescriber are required prior to granting permission for students to self-carry or self-administer medication/treatment. Permission will be effective for 365 days and must be renewed annually, or more frequently at the request of the school nurse based on individual student needs.

The student's right to possess and self-administer medication or medical equipment may be limited or revoked after consultation with the student's parent/guardian and/or attending healthcare provider.

C. Continuous Glucose Monitoring

Parents are responsible for setting alarms on CGMs. Parents should work with school nurses and their healthcare provider to establish the most appropriate parameters for CGM alarms. Alarms should be set for when immediate action or response and treatment is needed (such as sensor

glucose is <80 or >250). This will help the student avoid alarm fatigue, enhance learning, and minimize disruption of the student's participation in school-sponsored activities/education.

School staff will respond to CGM alarms as outlined in the Health Care Plan, but do not monitor CGM trends throughout the day. School staff are unable to support unique requests for frequent glucose pattern management techniques at school (e.g. sugar surfing).

If the CGM falls off at school, school staff will help the student place all pieces into a sealable plastic bag to be sent home with the student. No portion of the CGM should be discarded while at school. Students who have been approved to self-manage their diabetes at school may reinsert the sensor while at school if stated in their self-care plan.

Parents are responsible for educating students on the use of CGMs and providing any technology required for their student to monitor their own CGM trends. School staff is unable to provide technology support to students' use of CGMs.

IV. Administration of Stock Emergency Medications: Albuterol and Epinephrine

A. Albuterol

Undesignated Albuterol inhalers and holding chambers will be stocked in each school in the division. Pursuant to an order or standing protocol issued by the school district's health director or authorized physician, any school nurse or School Board employee who has been trained in identification of emergency symptoms and the administration of albuterol may possess and administer it to any student believed to be having a health emergency during the academic day. This stock medication and standing order is not meant to replace the student specific orders or parent provided individual medications.

Training on administration of albuterol shall be conducted annually or more often as needed. Only trained personnel should administer albuterol to a student believed to be having an emergency.

Stock albuterol inhalers shall be safely stored in accordance with the drug manufacturer's instructions and must be readily accessible by trained personnel.

Once undesignated stock albuterol is administered, local Emergency Medical Services (911) shall be activated. Parents/guardians must be called upon whenever emergency medication is administered. Follow up care with a healthcare provider is necessary. The student will not be allowed to remain at school or return to school on the day albuterol is administered.

B. Epinephrine

At least two (2) doses of unassigned auto-injectable epinephrine will be stocked in each school in the division. Pursuant to an order or standing protocol issued by the school district's health director or authorized physician, any school nurse or School Board employee who has been trained in identification of emergency symptoms and the administration of epinephrine may possess and administer it to any student believed to be having a health emergency during the academic day. This stock medication and standing order is not meant to replace the student specific orders or parent provided individual medications.

Training on administration of epinephrine shall be conducted annually or more often as needed. Only trained personnel should administer epinephrine to a student believed to be having an emergency.

Stock epinephrine auto-injectors shall be safely stored in accordance with the drug manufacturer's instructions and must be readily accessible by trained personnel.

Once undesignated stock epinephrine is administered, local Emergency Medical Services (911) shall be activated. Parents/guardians must be called upon whenever emergency medication is administered. Follow up care with a healthcare provider is necessary. The student will not be allowed to remain at school or return to school on the day epinephrine is administered.

C. Naloxone

Naloxone will be stocked in each school in the division. All school nurses shall be trained on the administration of Naloxone. School nurses may serve as trainers to other board employees or individuals contracted by the board.

To treat a case of suspected opioid overdose in the school setting, any school nurse or trained employee may administer Naloxone during an emergency, to any student, staff, or visitor suspected of having an opioid-related drug overdose.

Naloxone administration training shall be offered to all employees. Naloxone-trained employees are provided with refresher training every two years. It is recommended that Naloxone-trained employees are also trained or certified in cardiopulmonary resuscitation, automated external defibrillator, and first aid.

Naloxone shall be stored safely in compliance with the drug manufacturer's instructions. Naloxone shall be readily accessible to those employees who have completed the required training to administer in the event of suspected drug overdose. All staff shall be made aware of the Naloxone storage location.

Emergency Medical Services (911) and parents/guardians must be called upon whenever Naloxone is administered and in all suspected overdose situations.

- D. The Health and Safety Advisory Committee will review, at least annually, the policy, regulation and procedures for the Administration of Undesignated Stock Emergency Medications to include Albuterol, Epinephrine and Naloxone.

V. Responsibility of The Parent or Guardian

- Parents and guardians are encouraged to cooperate with their student's physician, physician's assistant or nurse practitioner to develop a schedule that minimizes or eliminates the necessity of taking medication/treatments at school.
- Parents and guardians are responsible for providing written consent for treatment while at school on the Medication/Treatment Request Form.
- Parents and guardians are responsible for maintaining accurate and up-to-date Health Care Plans and Medication/Treatment Request Forms.
- Parents and guardians are responsible for supplying all medications and equipment necessary to administer the medication or treatment.
- Parents and guardians are responsible for delivering medications/treatments to their student's school nurse or designee.
- Parents and guardians are responsible for picking up medications or equipment at the end of prescribed time or the end of school year. Any medication or equipment not picked up as required will be disposed of without further notice.

VI. Responsibility of School Personnel

- The school nurse or designee is responsible for counting and documenting all medications at the time of acceptance.
- The school nurse or designee is responsible for maintaining medication in a secure, locked location as designated by King George County School procedures. The school nurse or designee will not provide access to medications to anyone other than those staff members responsible for administering the medication.

- The school nurse or designee will administer all medications/treatments as ordered by the licensed healthcare provider and will document such treatment according to school procedures.
- The school nurse or designee is responsible for verifying medication is correct based on the order from the licensed healthcare provider (prescription medication) and/or parent (non-prescription medication.)
- The school nurse or designee is responsible for placing medication in a secure, locked location as designated by King George County School procedures. The school nurse or designee will not provide access to medications to anyone other than those staff members responsible for administering the medication.
- The school nurse or designee is responsible for properly disposing of any medications not claimed by a parent or guardian at the end of the school year.

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