



## **Steps for Administering Medication at School**

### **Responsibility**

Parents have the final responsibility for the health of the student and will provide, through the student's physician, definite treatment for all health problems. Parents of students whose medical supervision seems inadequate should be encouraged to obtain the services of a physician for the student. When the economic situation warrants, the parents may be guided to the appropriate source of community sponsored medical or dental care.

### **Medication Procedures**

The administration of medications (oral medications, topical medication, eye drops, ear drops, or nasal spray of any nature) to students while at school is allowed upon written request (current and unexpired) of the parent/ guardian and a physician and with the approval of the principal in accordance with RCW 28A.210.260 and 28A.210.270.

- Each school will identify a minimum of two employees who will administer oral medications during the school day.
- A training procedure of medication administration by a Licensed Healthcare provider must be established. The trainer shall be a professional person licensed as it applies to registered nurses and advanced registered nurse practitioners, to delegate, train, and supervise the designated school personnel in proper medication procedures.
- To be eligible to be a parent-designated adult authorized to administer medications during the school day, the employee must file, without coercion by the employer, a voluntary written, current, and unexpired letter of intent stating the employee's willingness to be a parent-designated adult.
- Authorization by a Licensed Healthcare Provider, who has prescribed the medication and parent/legal guardian must be recorded on the "Student Medication" form (found in FORMS) and kept with the student's record for eight years past the last date of enrollment.

- The parent provides the medication which is from a Licensed Healthcare Provider in its original labeled container from the pharmacy. The container must include the name of the student, medication, dosage information and enough medication to be administered at school.
- Medication needs to be stored in a locked drawer or cabinet with access limited to those who are authorized to administer medications.
- The staff should record as soon as possible administration of the medication. The record must include the name of the student, medication, dose, and the person administering. Any unusual reactions should be noted on the report immediately.

Attendance of students requiring **Catheterization** require written policies which shall be adopted in order to implement policies 28A.210.280 and 28A.210.290. Any school that provides clean, intermittent bladder catheterization shall document the provision of training given to employees who perform these services. The catheterization must be provided in substantial compliance with roles adopted by the state nursing care quality assurance commission and the instructions of a registered nurse or advanced registered nurse practitioner issued under such rules.

### **Students with diabetes—Individual health plans**

Diabetes imposes significant health risks to students enrolled in school. The school must determine when accepting a student diagnosed with diabetes if the child’s needs can be met as outlined in the individual health plan. The individual health plan should be in place in the student’s school and include provisions for parental signed release form, medical equipment and storage capacity, and exceptions from school policies, school schedule, meals and eating, and disaster preparedness, inservice training for staff, legal documents for parent-designated adults who may provide care, as needed, and personnel guidelines describing who may assume responsibility for activities contained in the student’s individual health plan. 28A.210.340, 28A.210.350, 28A.210.320, 28A.210.330.

- At the parent’s request and in agreement with the school administrator, a “parent-designated adult” is a volunteer, who may be a school employee, who receives additional training from a health care professional or expert in diabetic care selected by the parents, and who provides care for the child consistent with the individual health plan.
- The volunteer shall file, without coercion by the employer, a voluntary written, current, and unexpired letter of intent stating the employee’s willingness to be a parent-designated adult, and be trained to administer medications to the student.

- The school will establish policies that include: Parent requests and instructions, written orders from Licensed health professionals prescribing monitoring and treatment at school, provision for student to perform blood glucose tests, administer insulin, treat hypoglycemia and hyperglycemia, have easy access to necessary supplies and equipment to perform monitoring and treatment functions, option for student to carry on their persons the necessary supplies and equipment and option to perform monitoring and treatment functions anywhere on school grounds. The policy exceptions necessary to accommodate the students' needs to eat whenever and wherever necessary, have unrestricted access to water and bathroom use, have provisions made to parties at school when food is served, eat meals and snacks on time and other necessary exceptions as described in the individual health plan.
- The individual health plan is to be distributed to appropriate staff based on the students' needs and staff level of contact with the students, the plan will include the legal documents for parent-designated adults to provide care if needed and the individual health plan is updated at least annually or more frequently, as needed.

## **Anaphylaxis**

A procedure should be developed for school personnel to follow to develop for the treatment of a student experiencing anaphylaxis. 28A.210.380 Anaphylaxis means a severe allergic and life-threatening reaction that is a collection of symptoms, which may include breathing difficulties and a drop in blood pressure or shock. The procedures should include training for preventing and responding to a student who may be experiencing anaphylaxis as a result of food or other allergies. Students with a known allergy must have on record an individualized emergency health care plan including medication for treatment.

Epinephrine autoinjectors (**EPI pens**) School supply and use

- Schools may maintain at a school in a designated location a supply of epinephrine autoinjectors based on the number of students enrolled in the school.
- A licensed health professional may prescribe EPI pens in the name of the school to be maintained for use when necessary. The prescriptions must be accompanied by a standing order for the administration of school-supplies, undesignated EPI pens for potentially life-threatening allergic reactions. They may be obtained from donation sources, but must be accompanied by a prescription.
- When a student has a prescription on file the designated trained school personnel may use the school supply of EPI pens to respond to an anaphylactic reaction.
- Allergies are a serious medical disorder that affect more than one in five persons in the United States and are the sixth leading cause of chronic disease. Up to forty percent of

food allergic children may be a risk for anaphylaxis. Anaphylaxis may also occur due to an insect sign, drug allergy, or other causes. Many first-time anaphylactic reactions among children occur in a school setting.

- Schools need to be prepared to treat potentially life-threatening anaphylactic reactions in the event a student is experiencing a first-time anaphylactic reaction, a student does not have his or her own epinephrine EPI pen device available or if a school nurse is not in the vicinity at the time.
- Rapid and appropriate administration of the drug epinephrine, to a person experiencing an anaphylactic reaction may make the difference between life and death. In a school setting, epinephrine is typically administered intramuscularly via an EPI pen. Medical experts agree the benefits of emergency epinephrine administration far outweigh the risks.