POLICY—500.42—ADMINISTERING MEDICATION TO STUDENTS

DISTRICT CODE: 500.42
ADOPTED: 5.22.2018

RESCINDS:
500.42
ADOPTED: 6.18.13

BOARD POLICY

1. The Board recognizes that some students need to receive medication during the school day and delegates to the Administration responsibility for developing appropriate regulations for administering medication to students in accordance with Utah Code §53G-9-502 and for the self-administration of medication by the student.

2. The Board authorizes the Superintendent and District Administration to develop administrative regulations consistent with this policy, subject to review and approval by the Board.

ADMINISTRATIVE REGULATION—500.42-1: (Administering Medication)

1. School personnel may administer prescription or nonprescription (over-the-counter) medication to a student during the regular school day only when the medication has been prescribed by the student’s licensed health care provider and the school principal receives:
   1.1. A current, written request that medication be administered during regular school hours signed by the student’s parent or legal guardian, and
   1.2. A current, written prescriptive order signed by the prescriber of the medication that includes the following:
       1.2.1. A prescriptive order that administration of medication by school employees during periods when the student is under the control of the school is medically necessary; and
       1.2.2. A prescriptive order indicating the method, amount, time schedule for administration, and duration of the treatment.

2. The parent request and prescriptive order must be resubmitted at the beginning of each school year the medication is continued, and as medication is prescribed or changed. The school may administer medication based on the previous year’s parent request and prescriptive order for up to ten (10) school days when necessary to allow the student’s parent or guardian time to obtain the prescriptive order for the current year.

3. A copy of the parent request and prescriptive order must be forwarded to the school’s assigned district nurse.
4. Administering over-the-counter medications requires a prescriptive order as well as consent of the parent or guardian. Protocol for administering over-the-counter medications is the same as for administering prescription medications.

5. Oral, topical, inhalant medication or injectable epinephrine may be administered by assigned school personnel if the provisions outlined in Sections 500.42-1 and 500.42-2 have been met.

6. Medications requiring other routes of administration will not be given by school personnel, unless delegated by a registered nurse in accordance with the Utah Nurse Practice Act (Rule R156-31b).

7. Medication administration that cannot be delegated to non-licensed personnel must be given by a licensed nurse.

8. Glucagon administration may be delegated to voluntary school personnel by a District Registered Nurse in accordance with Utah Code 53G-9-504 and Utah Nurse Practice Act (Rules R156-316-701) provided:
   8.1. Provisions 500.42-1 and 500.42-2 are met in addition to the completion of required Utah State glucagon authorization forms.
   8.2. An individual health care plan must be completed by a District nurse, and voluntary school personnel must be trained at least annually by the District nurse.

9. All medication that is to be given at school must be furnished by the parent/legal guardian and delivered to the school by a responsible adult. All medication must be counted with a responsible adult and school personnel and documented on medication administration record.

10. All prescription medication must be in the original container labeled by the pharmacy with the name of the student, the name of the prescriber, the name of the medication, and the dosage. The name of the medication and dosage indicated on the label must be identical to the name of the medication and dosage specified in the prescriptive order
    10.1. Nonprescription (over-the-counter) medication must be submitted in the original container and be labeled with the student’s name. The name of the medication and dosage indicated on the label must be identical to the name of the medication and dosage specified in the prescriptive order.

11. All medication provided to the school must be kept under lock and key with the exception of emergency medications, which must be secured but not locked during school hours. Emergency medications should be locked after school hours. Asthma inhalers, epinephrine auto-injectors, Glucagon and Narcan are all considered emergency medications.

12. All school personnel who are assigned to administer student medication must receive yearly in-service training and certification provided by the District nurse.

13. A record including the type of medication, amount, and the time and day it was administered must be kept for each student receiving medication at school. The
person administering the medication must initial the record each time medication is given.

14. Authorization for administration of medication by school personnel may be denied or withdrawn by the school principal after consultation with their assigned District nurse at any time following actual notice to the student's parent or guardian.

15. School personnel who administer medication to students in compliance with the prescriptive order are not liable, civilly or criminally, for any adverse reaction suffered by the student as a result of taking the medication or the school’s discontinuing the administration of the medication in accordance with Utah Code 53G-9-502.

16. Medication must be picked up by a responsible adult within one (1) week following the last dose administered. Medication remaining at the school after this time will be destroyed according to directives by the District nurse. School personnel will notify student’s parent at the end of the school year that medication will be destroyed if not picked up within one (1) following the last day of the school year.

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ADMINISTRATIVE REGULATION—500.42-2: (Self Administration of Medication)

1. Elementary students may carry and self-administer auto injectable epinephrine, insulin, and asthma inhalers during the regular school day only when the medication has been prescribed by the student’s licensed health care provider and the school principal receives:
   1.1. A current, written request that the medication be carried and self-administered during regular school hours signed by the student’s parent or legal guardian, and
   1.2. A current, written prescriptive order that includes the following:
      1.2.1. A prescriptive order that the student may carry and self-administer medication during regular school hours, and
      1.2.2. A prescriptive order that describes the method, amount, time schedule for self-administration, and duration of the treatment.
   1.3. The parent request and prescriptive order must be resubmitted at the beginning of each school year.

2. Secondary students may carry and self-administer nonprescription (over-the-counter) or prescription medications not to exceed a twelve (12)-hour dosage or medications only dispensed in multi-dose containers. Secondary students do not require a parent request and prescriptive order, with the exception of narcotic pain medication. All narcotic pain medication must be kept in the office and accompanied by parent request and a prescriptive order.
3. Authorization for the ability to carry and/or self-administer medication may be
   denied or withdrawn by the school principal after consultation with their assigned
   District nurse at any time following actual notice to the student’s parent or guardian.

4. Distribution of any drug or medication from one student to another will be
   considered Dangerous and Disruptive Conduct and shall be dealt with according to
   the provisions of Policy—500.2—Student Conduct and Discipline.

ADMINISTRATIVE REGULATION—500.42-3: (Administration of Acetaminophen and
Ibuprofen in Secondary Schools)

1. School personnel in secondary schools may administer Acetaminophen (Tylenol) or
   Ibuprofen (Motrin, Advil) in accordance with Canyons School District consulting
   physicians orders under the following circumstances:
   1.1. Medication is to be administered by school personnel who have completed
        annual training provided by the district nurses.
   1.2. Medication may be administered for such complaints as occasional headache or
        muscle aches.
   1.3. Medication should not be administered for fever, abdominal or chest pain, any
        severe pain or injury, or recurring health complaints. Assigned district nurse
        should be notified if student is requesting medication several times per week.

2. School personnel must obtain phone consent from the parent prior to each time the
   medication is administered.

3. School personnel must document administration of medication on the
   Acetaminophen & Ibuprofen Administration Record.

ADMINISTRATIVE REGULATION—500.42-4: (Administration of Non-Student Specific
(Stock) Epinephrine Auto Injectors)

1. Epinephrine, an emergency medication used to treat a severe allergic reaction
   anaphylaxis), can be administered during school hours consistent with state law.

2. Schools may participate in a non-student specific epinephrine auto injector program.
   Stock epinephrine may be administered to any person exhibiting potentially life-
   threatening symptoms of a severe allergic reaction (anaphylaxis) while on school
   grounds. Stock epinephrine should not be substituted for individually prescribed
   epinephrine auto-injectors for students that have been diagnosed with life
   threatening allergies.
3. District nurses will provide required training in proper administration of the epinephrine auto-injector, recognizing signs and symptoms of anaphylaxis, proper storage of medication and emergency follow up procedures.
   3.1. Each school is required to have a minimum of 2-3 front office staff members trained.
   3.2. Other staff members may be required to receive training as necessitated by a student’s individualized health care plan.

ADMINISTRATIVE REGULATION—500.42-5: (Administration of Opiate Overdose Medication - Narcan)

For this regulation, the following definitions apply:

1. “Opiate antagonist” means naloxone hyrdochloride or any similarly acting drug that is not a controlled substance and that is approved by the federal Food and Drug Administration for the diagnosis or treatment of an opiate-related drug overdose.
2. “Opiate-related drug overdose event”: means an acute condition, including a decreased level of consciousness or respiratory depression resulting from the consumption or use of a controlled substance, or another substance with which a controlled substance was combined, and that a personal would reasonably believe to require medical assistance.

Narcan Administration:

1. A school is an organization in a position to assist an individual who is at increased risk of experiencing an opiate-related overdose event (See, U.C.A. 26-55-107).
2. Narcan (naloxone hydrochloride) is an opiate antagonist medication for the diagnosis or treatment of an opiate-related drug offense.
3. Narcan (naloxone hydrochloride) may be administered to any person exhibiting the signs and symptoms of an opiate-related overdose event in the school or on school grounds, including respiratory depression or slow respirations (apnea) and unresponsiveness to stimuli (such as name calling or shaking).
4. A person (other than a health care facility or health care provider) that acts in good faith to administer an opiate antagonist to an individual whom the person believes to be experiencing an opiate-related drug overdose event is not liable for any civil damages for acts or omissions made as a result of administering the opiate antagonist.
5. District nurses will provide required training in proper administration of Narcan, proper storage, and emergency follow up procedures.
6. Each school is required to have a minimum of 2-3 front office staff members trained in the administration of Narcan.

**ADMINISTRATIVE REGULATION—500.42-6:** (Seizure Rescue Medication in Schools)

For this following regulation, the following definitions apply:

1. “Seizure rescue authorization”: means a student’s 504 accommodation plan that 1.1. certifies:
   1.1.1. a prescribing health professional has prescribed a seizure rescue medication for the student;
   1.1.2. the student’s parent/legal guardian has previously administered the student’s seizure rescue medication in a non-medically-supervised setting without a complication; and
   1.1.3. the student has previously ceased having full body prolonged or convulsive seizure activity as a result of receiving the seizure rescue medication;
   
   1.2. describes the specific seizure rescue medication authorized for the student, including the indicated dose and instructions for administration;
   1.3. requests that the students’ public school identify and train school employees who are willing to volunteer to receive training to administer a seizure rescue medication; and
   1.4. authorizes a trained school employee volunteer to administer a seizure rescue medication.

2. “Seizure rescue medication”: means a medication prescribed by a prescribing health care professional (i.e., a physician and surgeon, an advanced practice nurse, or physician assistant) to be administered as described in a student's seizure rescue authorization, while the student experiences seizure activity. A seizure rescue medication does not include a medication administered intravenously or intramuscularly.

3. “Trained school employee volunteer”: means an individual who:
   3.1. is an employee of a public school where at least one student has a seizure rescue authorization;  
   3.2. is at least 18 years old;  
   3.3. volunteers to receive training in the administration of a seizure rescue medication;  
   3.4. completes a training program as offered by the Department of Health and USBE;  
   3.5. demonstrates competency on an assessment; and  
   3.6. completes an annual refresher training each year that the individual intends to remain a trained school employee volunteer.
Seizure Rescue Authorization Administration:

1. Upon receipt of a seizure rescue authorization, the District or local school shall (1) inform school employees of the opportunity to be a school employee volunteer; and (2) provide training to each employee who volunteers, using training provided by the Department of Health and USBE.
   1.1. The District may not obstruct the identification or training of a trained school volunteer; or compel a school employee to become a trained school employee volunteer.
2. District nurses will provide required training as developed by the Department of Health as outlined in §53G-9-505.
3. A trained school employee volunteer may administer a seizure rescue medication to a student with a seizure rescue authorization if:
   3.1. the student is exhibiting a symptom, described on the student’s seizure rescue authorization, that warrants the administration of a seizure rescue medication; and
   3.2. a licensed health care professional is not immediately available to administer the seizure rescue medication.
4. A trained school employee volunteer who administers a seizure rescue medication shall direct an individual to call 911 and take other appropriate actions in accordance with the training.
5. A trained school employee volunteer who administers a seizure rescue medication in accordance with this section in good faith is not liable in a civil or criminal action for an act taken or not taken under this section.

EXHIBITS
Anaphylaxis Protocol

REFERENCES
U.C.A. §26-41-101 et seq. Emergency Injection for Anaphylactic Reaction Act
U.C.A. §26-55-101 et seq. Opiate Overdose Response Act

FORMS
None
This online presentation is an electronic representation of the Canyons School District's currently adopted policy manual. It does not reflect updating activities in progress. The official, authoritative manual is available for inspection in the office of the Superintendent located at 9361 South 300 East Sandy, UT 84070.