Manhattan School District

STUDENTS 3416

Administering Medication to Students

"Medication" means prescribed drugs and medical devices that are controlled by the U.S. Food and Drug Administration and are ordered by a healthcare provider. It includes over-the-counter medications prescribed through a standing order by the school physician or prescribed by the student's healthcare provider.

Except in an emergency situation, only a qualified healthcare professional may administer a drug or a prescription drug to a student under this policy. Diagnosis and treatment of illness and the prescribing of drugs are never the responsibility of a school employee and should not be practiced by any school personnel.

Administering Medication

The Board shall permit administration of medication to students in schools in its jurisdiction. A school nurse or other employee who has successfully completed specific training in administration of medication, pursuant to written authorization of a physician or dentist and that of a parent, an individual who has executed a caretaker relative educational authorization affidavit, or guardian, may administer medication to any student in the school or may delegate this task pursuant to Montana law.

Emergency Administration of Medication

 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 emergency responders and notify the student's parents/guardians. A building administrator or school nurse shall enter any medication to be administered in an emergency on an individual student medication record and retain the documentation.

Assisting Students with Self-Administration of Medication

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

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

To assist in self-administration of a prescription drug to a student in compliance with

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written instructions or standing order of an authorized physician or a student's private physician and with the written consent of a student's parent or guardian.

A school employee authorized, in writing, assist students 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.
 - Other guidance or restrictions previously provided in writing to the school by a student's parent, an individual who has executed a caretaker relative educational authorization affidavit, or guardian is on file.

<u>Self-Administration or Possession of Asthma, Severe Allergy, or Anaphylaxis Medication</u>

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 written and signed authorization from the parents, an individual who has executed a caretaker relative educational authorization affidavit, or guardians for self-administration of medication, acknowledging that the District or its employees are not liable for injury that results from the student self-administering the medication.
- The student shall have the prior written approval of his/her primary healthcare provider. The written notice from the student's primary care provider shall 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-formulated written treatment plan for managing asthma, severe allergies, or anaphylaxis episodes of the student and for medication use by the student during school hours.

Authorization granted to a student to possess and self-administer medication shall be valid for

the current school year only and shall be renewed annually. A student's authorization to possess and self-administer medication may be limited or revoked by the building principal or other administrative personnel.

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 shall 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 call to emergency responders.

Self-Administration of Other Medication

The District shall permit students who are able to self-administer specific medication to do so provided that all of the following have occurred:

- A physician, dentist, or other licensed health care provider provides a written order for self-administration of said medication;
- Written authorization for self-administration of medication from a student's parent, an individual who has executed a caretaker relative educational authorization affidavit, or guardian is on file; and
- A principal and appropriate teachers are informed that a student is self-administering prescribed medication.

Administration of Glucagons

School employees may voluntarily agree to administer glucagons to a student pursuant to § 20-5-412, MCA, only under the following conditions: (1) the employee may administer glucagon to a diabetic student only in an emergency situation; (2)the employee has filed the necessary designation and acceptance documentation with the District, as required by § 20-5-412(2), MCA, and (3) the employee has filed the necessary written documentation of training with the District, as required by § 20-5-412(4), MCA. Designation of staff is to be made by a parent, and individual who has executed a caretaker relative authorization affidavit, or guardian of a diabetic student, and school employees are under no obligation to agree to designation. Glucagon is to be provided by the parent or guardian. All documentation shall be kept on file.

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

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relative educational authorization affidavit, or other responsible adult to a nurse or employee assisting with self-administration of medication. A nurse or assistant:

- Shall examine any new medication to ensure it is properly labeled with dates, name of student, medication name, dosage, and physician's name;
- Shall develop a medication administration plan, if administration is necessary for a student, before any medication is given by school personnel;
- Shall record on the student's individual medication record the date a medication is delivered and the amount of medication received;
- Shall store medication requiring refrigeration at 36° to 46° F;
 - Shall store prescribed medicinal preparations in a securely locked storage compartment; and
- Shall store controlled substances in a separate compartment, secured and locked at all times.
 - All non-emergency medication shall 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 school personnel.
- Food is not allowed to be stored in refrigeration unit with medications.
 - Shall notify the building administrator, school district nurse, and parent or guardian of any medication error and document it on the medication administration record.

The District shall permit only a forty-five-(45)-school-day supply of a medication for a student to be stored at a school; and all medications, prescription and nonprescription, shall be stored in their original containers.

The District shall limit access to all stored medication to those persons authorized to administer medications or to assist in the self-administration of medications. The District requires every school to maintain a current list of those persons authorized by delegation from a licensed nurse to administer medications.

The District may maintain a stock supply of auto-injectable epinephrine to be administered by a 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 requirements stated in law.

The District may maintain a stock supply of an opioid antagonist to be administered by a school nurse or other authorized personnel to any student or nonstudent as needed for an actual or perceived opioid overdose. A school that intends to obtain an order for emergency use of an opioid antagonist in a school setting or at related activities shall adhere to the requirements in law.

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Disposal of Medication, Medical Equipment, Personal Protective Equipment

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The District requires school personnel either to return to a parent, an individual who has executed a caretaker relative educational authorization affidavit, or guardian or, with permission of the parent, an individual who has executed a caretaker relative educational authorization affidavit, or guardian, to destroy any unused, discontinued, or obsolete medication. A school nurse, in the presence of a witness, shall destroy any medicine not repossessed by a parent or guardian within a seven-(7)-day period of notification by school authorities.

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Medical sharps shall be disposed of in an approved sharps container. Building administrators should contact the school nurse or designated employee when such a container is needed. Sharps containers are to be kept in a secure location in the school building. Disposal of sharps container, medical equipment, and personal protective equipment is the responsibility of the school nurse or designated employee in accordance with the Montana Infectious Waste Management Act and the manufacture guidelines specific to the container or equipment.

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20	Legal Reference:	§ 20-5-412, MCA	Definition – parent-designated adult
21			administration of glucagons – training
22		§ 20-5-420, MCA	Self-administration or possession of asthma,
23		·	severe allergy, or anaphylaxis medication
24		§ 20-5-421, MCA	Emergency use of epinephrine in school
25			setting
26		§ 37-8-103(1)(c), MCA	Exemptions – limitations on authority
27		ARM 24.159.1601, et seq	Delegation of Nurse Duties
28		§ 20-5-426, MCA	Emergency use of an opioid antagonist in
29			school setting – limit on liability
30		§ 75-10-1001, et seq	Infectious Waste Management Act
31		37.111.812, ARM	Safety Requirements
32		10.55.701(s), ARM	Board of Trustees
33			
34			
35	Policy History:		

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