

Administration of Medications by School Personnel

Whenever possible, medications for students should be administered by parents/guardians at home. As a service to the family, the Superintendent shall establish procedures for the administration of medication by school personnel in circumstances where such administration is deemed necessary for the student's well being by the student's parent/guardian or physician.

Any and all "biohazards" generated, such as, but not limited to: sharps, bandages, gauzes, towelettes, and discarded live or attenuated vaccines, due to the administration of medications by school personnel shall be disposed of in accordance with the Michigan Medical Waste Regulatory Act, 1978 PA 368, R 325.1545(10). Students who "self administer" medications shall be responsible for returning any such wastes to their home for disposal by the parents or provide approved container. The Superintendent shall be responsible for providing staff members with written procedures to implement this requirement.

A school administrator, teacher or other school employee authorized to do so by the school administrator, may administer medication to a pupil in the presence of another adult employee or in an emergency that threatens the life or health of the pupil, pursuant to written permission of the pupil's parent(s) or guardian(s), and in compliance with, the written instructions of a physician. If the employee is a licensed registered professional nurse, medications may be administered without another adult present.

Management of Students with Asthma in the School Setting

The District will honor the parental/guardian request and doctor's written instructions that allow a child to carry and self-medicate for asthma with parent signed written notice to the school. It is the responsibility of the student to report to the appropriate school official at the time any prescription is to be taken. If needed, school administrators may have direct communication with the child's health care provider in order to resolve individual problems that may arise because of a child's asthma. All staff shall be informed about the early warning signs of an acute asthma episode and should be aware of emergency procedures and contacts in case a child needs medical assistance. Copies of the "Signs of an asthma emergency," as published by the Michigan Department of Education, will be distributed to all staff and shall be posted on appropriate bulletin boards in school buildings.

Exercise Induced Asthma Attacks

Physical education teachers, playground aides, and teachers are to be informed that exercise can induce acute episodes for many students with asthma. It shall be the responsibility of the administration to inform school staff who are responsible for students during physical activity of the identity of those students who have exercise-induced asthma. A child with exercise-induced asthma shall be allowed to stop any physical activity if they are having difficulty.

The Superintendent will promulgate rules and guidelines to implement this policy. Effective

Date: March 1, 2003

Administration of Medications by School Personnel

School Administration of Medications – Prescription

Prescription medications shall not be stored or dispensed by District personnel without written permission and instructions from both:

- a. The parents/guardian, who shall request and authorize District personnel to give medication in the dosage prescribed by the physician and to contact the physician directly.
- b. The physician, who shall provide instructions to school personnel regarding the administration of medication, and who shall identify and specific conditions or reactions to the medication which may require contacting the physician or other professional medical personnel. Instructions from the physician must include the length of time (not to exceed the current school year) that medications are to be administered. Any “biohazardous” wastes produced shall be disposed of in accordance with law, and the written instructions distributed by the administration.

New parent/guardian and physician written instructions and permission must accompany any change in medication, dosage, or time of administration.

Prescription medication to be given at school must be delivered by a parent or guardian in a container with a pharmacist’s printed label specifying:

- a. The child’s full name,
- b. The name of the medication and the dosage,
- c. The time of day medication should be administered, and
- d. The name of the physician.

Only limited quantities of a prescription medication may be kept at school, and the parent/guardian shall be solely responsible for any and all prescription refills. All prescription medication shall be kept in locked storage or other safe place.

Administration of Medications

The Principal of each building shall designate the school personnel who may administer medication to students. School personnel authorized to administer prescription medication shall be given appropriate instruction in the administration of medications. Except in the case of an emergency that threatens the life or well-being of the student, all administration of medication shall be conducted in the presence of two or more adults.

Except where otherwise provided by law, state, or federal regulation, no school personnel shall be required to administer medication by means other than ingestion. If medications are, pursuant to law or regulation, to be administered by means other than ingestion, the school personnel responsible for administration of the medications will be provided appropriate training.

It is the responsibility of the student to report to the appropriate school official at the time any prescription is to be taken.

After medication is administered, students should be observed for possible reactions to the medication. This observation may occur at the site of administration or in the classroom as part of the normal routine.

School personnel designated to administer medications shall maintain an accurate and confidential system of record keeping, including the following:

- a. The full name of the student
- b. The physician instructions for administration
- c. A log of the time, dosage, administering adult, second adult present for each administration, and the signature of the administering adult for each administration, and
- d. Any noted effects of or reaction to the medication.

School personnel must take care to ensure that each student is provided the proper medication in the proper dosage, and shall log each administration immediately. In the event of a mistake in administration or dosage, the physician and parent/guardian shall be contacted. It is recommended that the physician be contacted first so that the parent/guardian may be told and reassured that the physician indicated no harm was done. The school staff member shall write up the error on a District incident/accident report form.

School personnel, appropriately trained, shall periodically review medication instructions on file and inventory medications being stored by the school.

Medications and diabetic testing equipment must be claimed by parents/guardians at the end of the school year or be discarded.

The building Principal may refuse to administer or may choose to discontinue the extra service of administering medication at his/her discretion, provided that appropriate notice is given to the parent/guardian.

School Administration of Medications – Non-prescription

The procedures for administering non-prescription medications to students by the District shall be identical to those for prescription medications, except that the parent/guardian rather than a licensed physician may provide specific written instructions. In all cases, the parent/guardian must have confirmed the appropriateness of the medication and instructions with a licensed physician.

Student Self-Administration of Medications

Any student may possess and use a metered dose inhaler or a dry powder inhaler to alleviate asthmatic symptoms, or before exercise to prevent the onset of asthmatic symptoms, at school, on school-sponsored transportation, or at any activity, event, or program sponsored by or in which the pupil's school is participating if proper approvals are on file in writing as per state law. Any "biohazardous" wastes produced by the student in the process of self-administration are to be carried back to the home by the student for proper disposal by the student/parent/guardian.

All necessary written permission forms detailed above for school administration of medications must be obtained and filed by the school prior to possession, storage, or self-administration by a student.

Assisting a Student in Distress

Any District staff member may assist a student in distress in self-administration of a medication (ex. Epi-pen injection, asthma inhaler, etc.) For the purpose of this policy, distress refers to any

obvious and serious discomfort or threatening condition. The staff member should first confirm that the medication and dosage are proper for the student as conditions allow.

As soon as possible, the staff member shall notify the school administration, designated school medication response person, and/or the local emergency medical system. The staff member shall also complete a District incident/accident report form following the incident.

Lifesaving Medications

(The procedures for school District administration of epinephrine or other lifesaving drugs on a general or standing-orders basis must be established by each county's medical control or by a licensed physician working cooperatively with school officials. MASB's Policy Services office may offer guidance to help establish such a program on request.)

Diagnosis and Prescription of Medications

(At present, Michigan only allows licensed physicians to diagnose and prescribe medications, though the legislature is being asked to consider granting limited prescription authority to nurse practitioners. MASB does not recommend allowing medical professionals employed by the school to issue prescriptions or medications without a careful examination of liability issues by the school attorney).

Administration of Medications

Management of Students with Asthma in the School Setting

Staff shall be made aware that chalk dust, animals in the classroom, strong odors (perfumes and paints), cleaning agents, molds and numerous other substances may be asthma triggers for some children. In addition, environmental pollutants are often triggers for acute episodes of asthma. Therefore, the Superintendent will endeavor to schedule extensive building repairs or cleaning during long vacation periods or during the summer months to avoid exposing children to fumes, dust, or other irritants. Routine cleaning and maintenance of the heating/cooling and air filtration system is important for reducing amounts of dust and mold in the schools.

Staff with asthmatic students should know the signs of possible side effects of asthma medications, and, also, be aware which side effects are serious enough to warrant reporting to the child's parents/guardians or health care provider. Information regarding qualified professionals in asthma management who can be contacted for staff in-service sessions on asthma may be found through the Michigan Department of Education's web site at <http://www.state.mi.us/mde>.

The "School-Based Asthma Management Plan" form below is to be used in all building sites. The form may be identified with the name of the individual school if desired.

Adopted 1/20/03

changes made 11/19/05

This information expires on June 30, _____

SCHOOL-BASED ASTHMA MANAGEMENT PLAN

Endorsed by the Michigan Asthma Steering Committee of the Michigan Department of Community Health.

STUDENT INFORMATION

Child's Name: _____ Birth Date: _____

Grade: _____ Home Room Teacher: _____

Physical Education Days and Times: _____

EMERGENCY INFORMATION

TO BE COMPLETED BY THE CHILD'S PARENT/GUARDIAN:

Parent/Guardian Name(s): _____

First Priority Contact: Name _____

Phone _____

Second Priority Contact: Name _____

Phone _____

Doctor's Name: _____ Phone: _____

TO BE COMPLETED BY THE CHILD'S DOCTOR:

WHAT TO DO IN AN ACUTE ASTHMA EPISODE:

- 1.
- 2.
- 3.

CALL 911 OR AN AMBULANCE IF: Review attached "Signs of an Asthma Emergency and list any additional symptoms the child may present with:

DAILY MANAGEMENT PLAN – TO BE COMPLETED BY THE CHILD’S DOCTOR

DAILY MANAGEMENT PLAN

Child’s Name: _____

Be aware of the following asthma triggers: _____

Severe Allergies: _____

MEDICATION TO BE GIVEN AT SCHOOL:

NAME OF MEDICINE	DOSAGE	WHEN TO USE
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Side effects to be reported to health care provider: _____

Does this child have exercise-induced asthma? **yes no**

- This child uses an inhaler before engaging in physical exercise and if wheezing during physical activity.

Activity Restrictions (e.g., staying indoors for recess, limited activity during physical education):

Please check all that apply:

- I have instructed this child in the proper way to use his/her inhaled medications. It is my professional opinion that this child should be allowed to carry and use that medication by him/herself.
- It is my professional opinion that this child should not carry his/her inhaled medications or epi-pen by him/herself.
- Please contact my office for instructions in the use of this nebulizer, metered-dose inhaler, and/or epi-pen.]
- I have instructed this child in the proper use of a peak flow meter. His/her personal best peak flow is: _____

Doctor’s Signature: _____ Date: _____

Parent/Guardian’s Signature(s): _____ Date: _____

_____ Date: _____

**DANSVILLE SCHOOLS
ADMINISTRATION OF MEDICATION**

In compliance with school policy I, the undersigned physician and parent/guardian, am providing medication and the required information for its administration to the student named below. If it is a prescribed drug, the medication is in the pharmacist's container and must have the name of the physician listed on the label. If not a prescribed drug, an appropriate container with the name of the medication is being provided. **For elementary students only: I understand that students are not to carry medication to or from school; an adult designee or I am delivering the medicine.**

Student to receive medication: _____

Name of medication: _____

Dosage and time(s) to be given: _____

Reason for medication: _____

Restrictions requested for student: _____

Additional information: _____

Signature of Parent/Guardian

Date

Signature of Physician

Date

All medications must be picked up at the end of the school year or they will be discarded.