

4.35—STUDENT MEDICATIONS

Prior to the administration of any medication, including any dietary supplement or other perceived health remedy not regulated by the US Food and Drug Administration, to any student under the age of eighteen (18), written parental consent is required. The consent form shall include authorization to administer the medication and relieve the Board and its employees of civil liability for damages or injuries resulting from the administration of medication to students in accordance with this policy. All signed medication consent forms are to be maintained by the school nurse.

Unless authorized to self-administer or otherwise authorized by this policy, students are not allowed to carry any medications, including over-the-counter (OTC) medications or any dietary supplement or other perceived health remedy not regulated by the US Food and Drug Administration while at school. The parent or legal guardian shall bring the student's medication to the school nurse. The student may bring the medication if accompanied by a written authorization from the parent or legal guardian. When medications are brought to the school nurse, the nurse shall document, in the presence of the parent, the quantity of the medication(s). If the medications are brought by a student, the school nurse shall ask another school employee to verify, in the presence of the student, the quantity of the medication(s). Each person present shall sign a form verifying the quantity of the medication(s).

Medications, including those for self-administration, must be in the original container and be properly labeled with the student's name, the ordering provider's name, the name of the medication, the dosage, frequency, and instructions for the administration of the medication (including times). Additional information accompanying the medication shall state the purpose for the medication, its possible side effects, and any other pertinent instructions (such as special storage requirements) or warnings. Schedule II medications that are permitted by this policy to be brought to school shall be stored in a double locked cabinet.

Students with an individualized health plan (IHP) may be given OTC medications to the extent giving such medications are included in the student's IHP.

The district's supervising registered nurse is responsible for creating procedures for the administration of medications on and off campus.

The school shall not keep outdated medications or any medications past the end of the school year. Parents shall be notified ten (10) days in advance of the school's intention to dispose of any

medication. Medications not picked up by the parents or legal guardians within the ten (10) day period shall be disposed of by the school nurse in accordance with current law and rules.¹

Schedule II Medications

Option 1: The only Schedule II medications that shall be allowed to be brought to the school are methylphenidate (e.g. Ritalin or closely related medications as determined by the school nurse), dextroamphetamine (Dexedrine), and amphetamine sulfate (e.g. Adderall or closely related medications as determined by the school nurse).

For the student's safety, no student will be allowed to attend school if the student is currently taking any other Schedule II medication than permitted by this policy.³ Students who are taking Schedule II medications which are not allowed to be brought to school shall be eligible for homebound instruction if provided for in their IEP or 504 plans.⁴

Option 2: Students taking Schedule II medications methylphenidate (e.g. Ritalin or closely related medications as determined by the school nurse), dextroamphetamine (Dexedrine), and amphetamine sulfate (e.g. Adderall or closely related medications as determined by the school nurse) shall be allowed to attend school.

Students taking Schedule II medications not included in the previous sentence³ shall be allowed to bring them to school under the provisions of this policy and shall be permitted to attend and participate in classes only to the extent the student's doctor has specifically authorized such attendance and participation.⁵ A doctor's prescription for a student's Schedule II medication is not an authorization. Attendance authorization shall specifically state the degree and potential danger of physical exertion the student is permitted to undertake in the student's classes and extracurricular activities. Without a doctor's written authorization, a student taking Schedule II

medications, other than those specifically authorized in this policy, shall not be eligible to attend classes, but shall be eligible for homebound instruction if provided for in their IEP or 504 plans.⁴

Self-Administration of Medication

Students who have written permission from their parent or guardian and a licensed health care practitioner on file with the District may:

1. Self-administer either a:
 - Rescue inhaler; or
 - Auto-injectable or nasal spray epinephrine;
2. Perform the student's own blood glucose checks;
3. Administer insulin through the insulin delivery system the student uses;
4. Treat the student's own hypoglycemia and hyperglycemia; or
5. Possess on the student's person:
 - A. A rescue inhaler;
 - B. Auto-injectable or nasal spray epinephrine; or
 - C. The necessary supplies and equipment to perform the student's own diabetes monitoring and treatment functions.

A student may be authorized to self-administer a stress dose medication to treat the student's adrenal insufficiency with:

1. The written authorization of the student's parent, legal guardian, or person standing in loco parentis; and
2. A written order from the student's treating physician stating that the student:
 - a. Is capable of completing the proper method of self-administration of the stress dose medication;; and
 - b. Has been instructed on the details of the student's medical condition and the events that may lead to an adrenal crisis.

The parent, legal guardian, or person standing in loco parentis of a student who is authorized to self-administer a stress dose medication shall sign an IHP developed by the school nurse for the school where the student is enrolled. The IHP shall include a requirement for the notification of appropriate staff following the self-administration of a stress dose medication, which shall

include the school nurse, teacher of the classroom where the stress dose medication was administered, and a school administrator.

Students who have a current consent form on file shall be allowed to carry and self-administer such medication while:

- In school;
- At an on-site school sponsored activity;
- While traveling to or from school; or
- At an off-site school sponsored activity.

A student is prohibited from sharing, transferring, or in any way diverting the student's medications to any other person. The fact that a student with a completed consent form on file is allowed to carry a rescue inhaler, auto-injectable, or nasal spray epinephrine, diabetes medication, stress dose medication, or combination does not require the student to have such on the student's person. The parent or guardian of a student who qualifies under this policy to self-carry a rescue inhaler, auto-injectable, or nasal spray epinephrine, diabetes medication, stress dose medication, or any combination on the student's person shall provide the school with the appropriate medication, which shall be immediately available to the student in an emergency.

Students may possess and use a topical sunscreen that is approved by the United States Food and Drug Administration for OTC use to avoid overexposure to the sun without written authorization from a parent, legal guardian, or healthcare professional while the student is on school property or at a school-related event or activity. The parent or guardian of a student may provide written documentation authorizing specifically named District employee(s), in addition to the school nurse, to assist a student in the application of sunscreen. The District employee(s)

named in the parent or legal guardian's written authorization shall not be required to assist the student in the application of sunscreen.

Emergency Administration of Glucagon and Insulin

Students may be administered Glucagon, insulin, or both in emergency situations by the school nurse or, in the absence of the school nurse, a trained volunteer school employee designated as a care provider, provided the student has:

1. An IHP that provides for the administration of Glucagon, insulin, or both in emergency situations; and
2. A current, valid consent form on file from their parent or guardian.

When the nurse is unavailable, the trained volunteer school employee who is responsible for a student shall be released from other duties during:

- A. The time scheduled for a dose of insulin in the student's IHP; and
- B. Glucagon or non-scheduled insulin administration once other staff have relieved him/her from other duties until a parent, guardian, other responsible adult, or medical personnel has arrived.

A student shall have access to a private area to perform diabetes monitoring and treatment functions as outlined in the student's IHP.

Emergency Administration of Epinephrine

The school nurse or other trained⁶ school employees designated by the school nurse as a care provider who have been certified by a licensed physician may administer epinephrine, either through an auto-injector or nasal spray, auto-injector in emergency situations to students who have an IHP that provides for the administration of epinephrine in emergency situations.

The parent of a student who has an authorizing IHP, or the student if over the age of eighteen (18), shall annually complete and sign a written consent form provided by the student's school nurse authorizing the nurse or other trained⁶ school employee(s) certified to administer auto-injector epinephrine to administer auto-injector or nasal spray epinephrine to the student when the employee believes the student is having a life-threatening anaphylactic reaction.

Students with an order from a licensed health care provider to self-administer epinephrine, either through an auto-injector or nasal spray, and who have written permission from their parent or

guardian shall provide the school nurse either an auto-injector or nasal spray epinephrine. This epinephrine will be used in the event the school nurse, or other school employee certified to administer epinephrine, in good faith professionally believes the student is having a life-threatening anaphylactic reaction and the student is either not self-carrying epinephrine or the nurse is unable to locate it.

The school nurse for each District school shall keep epinephrine on hand that are suitable for the students the school serves. The school nurse or other trained school employee designated by the school nurse as a care provider who has been certified by a licensed physician may administer epinephrine to those students who the school nurse, or other trained school employee certified to administer auto-injector epinephrine, in good faith professionally believes is having a life-threatening anaphylactic reaction.

Emergency Administration of Albuterol

The school nurse or other trained school employees designated by the school nurse as a care provider who have been certified by a licensed physician, advanced practice registered nurse, or physician assistant may administer albuterol in emergency situations to students who have an IHP that provides for the administration of albuterol in emergency situations.

The parent of a student who has an authorizing IHP, or the student if over the age of eighteen (18), shall annually complete and sign a written consent form provided by the student's school nurse authorizing the nurse or other trained school employee(s) certified to administer albuterol to administer albuterol to the student when the employee believes the student is in perceived respiratory distress.

The school nurse for each District school shall keep albuterol on hand. The school nurse or other trained school employee designated by the school nurse as a care provider who has been certified by a licensed physician, advanced practice registered nurse, or physician assistant may administer albuterol to those students who the school nurse, or other trained school employee certified to administer albuterol, in good faith professionally believes is in perceived respiratory distress.

Emergency Administration of Anti-opioid

The school nurse for each District school shall keep anti-opioid injectors on hand and the school nurse and school resource officer shall possess an anti-opioid at all times when on duty. The school nurse, other school employee, volunteer, or student may administer anti-opioid in

accordance with the District's procedures to a student who the school nurse, or other observer, in good faith believes is having an opioid overdose.

An opioid overdose rescue kit shall be placed within all storage locations in the District high school buildings that currently contain an automated external defibrillator for public use. The opioid overdose rescue kits shall be located where it is readily available to the public, be visually free of advertisement, and contain an anti-opioid.

Emergency Administration of Emergency Adrenal Insufficiency Medication

The school nurse or other trained school employees designated by the school nurse as a care provider who have been certified by a licensed physician may administer an injectable emergency dose medication in emergency situations to students who have an IHP that provides for the administration of an injectable emergency dose medication in emergency situations.

The parent of a student who has an authorizing IHP, or the student if over the age of eighteen (18), shall annually complete and sign a written consent form provided by the student's school nurse authorizing the nurse or other trained school employee(s) certified to administer an injectable emergency dose medication to administer an injectable emergency dose medication to the student when the employee believes the student is having an adrenal crisis due to adrenal insufficiency.

Students who have met the requirements to be authorized to self-administer a stress dose medication under this policy shall provide the school nurse an emergency injectable dose of the student's medication. This emergency injectable dose will be used in the event the school nurse, or other school employee certified to administer an injectable emergency dose medication, in good faith professionally believes the student is having an adrenal crisis due to adrenal insufficiency.

Seizure Disorder Medications

Students who have been diagnosed with a seizure disorder shall have a seizure action plan that shall be a written IHP designed to acknowledge and prepare for the healthcare needs of the student. The student's seizure action plan shall be created in collaboration between District staff and the student's Parents, legal guardians, persons having lawful control of the student, or persons acting in loco parentis or the student if over eighteen (18). As part of the creation of the

student's seizure action plan, the student's Parents, legal guardians, persons having lawful control of the student, or persons acting in loco parentis shall:

1. Provide the school with written authorization to administer the seizure medication at school;
2. Provide a written statement from the student's healthcare provider that shall contain the following information:
 - The student's name;
 - The name and purpose of the medication;
 - The prescribed dosage;
 - The route of administration;
 - The frequency that the medication should be administered; and
 - The circumstances under which the medication should be administered
3. Provide the prescribed medication to the school in its unopened, sealed package with the label affixed by the dispensing pharmacy intact, which shall be stored in a safe and secure location accessible only by District personnel or volunteers with training to administer seizure medication.

The written authorization, written statement, and seizure action plan shall be kept on file in the office of the school nurse or school administrator and distributed to any school personnel or volunteers responsible for the supervision or care of the student.

Notes: A.C.A. § 17-87-103(11) provides for the administration of Glucagon, insulin, or both to students suffering from diabetes.

Districts are not under any obligation to "recruit" volunteers and 4.11 of the Rules explicitly states that no employee shall be pressured into volunteering.

¹ The time frame in this paragraph is not statutorily mandated and may be changed to better suit your district and the employment contract of the school nurse. Any changes you make, however, need to address the need for students to have their medications through the last day of school and the reality of parent's work schedules.

² This policy offers two different options regarding permissibility of students attending and participating in classes while taking Schedule II medications. Be sure only one option is included in the adopted policy and delete the "Option One" or "Option Two" language after your selection along with the language for the unchosen option in the final version. Be sure to consult with your school nurse when selecting an option.

³ Here is a helpful, but not all-inclusive, list of prohibited Schedule II medications: Opium, morphine, codeine, hydromorphone (Dilaudid), methadone, meperidine

(Demerol), cocaine, oxycodone (Percodan), amobarbital, pentobarbital, sufentanil, etorphine hydrochloride, phenylactone, dronabinol, secobarbital, and fentanyl.

⁴ A student who has surgery or is in an accident may be taking a Schedule II medication outside of those a student may take and be permitted to attend classes under Option 1 or may have been told by his/her doctor to not attend class during the time the student is taking the Schedule II medication. In such cases, a 504 plan can be developed to cover the duration of the student's recovery, which could include homebound instruction.

⁵ The specific authorization should be provided on the doctor's letterhead along with the completed Medication Administration Consent Form (4.35F).

⁶ The training may be received through a nationally recognized organization experienced in training laypersons in emergency health treatment or other persons approved by the Department of Health. Examples of National programs are those provided by the American Heart Association and the American Red Cross. The certification refers to the memorandum of understanding provided by the physician authorizing the school nurse and trained school personnel to administer the medication.

Legal References:

Ark. State Board of Nursing: School Nurse Roles and Responsibilities Division of Elementary and Secondary Education and Arkansas State Board of Nursing Rules Governing the

Administration of Insulin, Glucagon, and Medication for Adrenal Insufficiency or Adrenal Crisis
to Arkansas Public School Students

A.C.A. § 6-18-701
A.C.A. § 6-18-707
A.C.A. § 6-18-711
A.C.A. § 6-18-714
A.C.A. § 6-18-717
A.C.A. § 6-18-720
A.C.A. § 6-18-721
A.C.A. § 17-87-103 (11) and (14)
A.C.A. § 20-13-405

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