

**SUBJECT: ADMINISTRATION OF MEDICATION**

Under certain circumstances, when it is necessary for a student to take medication (prescription and non-prescription) during school hours, the school's registered professional nurse may administer the medication if the parent or person in parental relation submits a written request accompanied by a written request from a physician indicating the frequency and dosage of prescribed medication. Designated staff in the school setting, following assignment and in conjunction with approval by school nursing personnel, may assist **self-directed students** with the taking of their own oral, topical and inhalant medication. School nursing personnel as well as the school administration should assure that the staff person receives the training and supervision needed to perform these tasks in a safe and effective manner.

**Self-directed:** an individual who is capable and competent to understand a personal care procedure, can correctly administer it to him/herself each time it is required, has the ability to make choices about the activity, understands the impact of those choices, and assumes responsibility for the results of the choices.

Whether a student should be considered self-directed should be based on the student's cognitive and/or emotional development rather than age of grade. Factors such as age of reason and mental/emotional disability are additional considerations in determining a student's ability to be self-directed. Usually a student may be considered to be self-directed if h/she is consistently able to do all of the following:

- Identify the correct medication (e.g., color, shape)
- Identify the purpose of the medication (e.g., to improve attention)
- Determine the correct dosage is being administered (e.g., one pill)
- Identify the time the medication is needed during the school day (e.g., lunch time, before/after lunch)
- Describe what will happen if medication is not taken (e.g., unable to complete school work)
- Refuse to take medication if student has any concerns about its appropriateness.

The parent or person in parental relation must assume responsibility to have the medication delivered directly to the Health Office in a properly labeled original container.

All medication orders (prescription and non-prescription) must be reviewed annually or when there is a change in dosage.

Procedures for receipt, storage and disposal of medications as well as procedures for taking medications off school grounds or after school hours while participating in a school-sponsored activity will be in accordance with State Education Department Guidelines.

If a medication regimen is changed or discontinued, or there is medication left at the end of the school year, the medication must be returned to the parent or be properly disposed. Parents should be notified of options such as:

- 1) Parent/responsible designee picking up medication from Health Office.

(Continued)

**SUBJECT: ADMINISTRATION OF MEDICATION**

**Administration of Oral, Topical or Inhalant Medications Off School Grounds or After School Hours While Participating in a School-Sponsored Activity**

The school nursing personnel should assure:

1. Oversight of self-administration to:
  - a. Student who is self-directed
  - b. Voluntary staff member who has been appropriately instructed by the school nursing personnel to assist self-directed student. (Note: Consistent with good practice, the employee's willingness to perform the task should be considered in making the assignment.)
2. Preparation of medication. When oral medication is to be given off school grounds or after school hours, the medication may be prepared by the school nurse for short out-of-school experiences. Children needing medication on extended trips must have their medication in a properly labeled pharmacy container.
3. Administration of oral, topical or inhalant medications to **non-self-directed** students and injectable medications to anyone must remain the responsibility of the school nurse, licensed practical nurse under the direction of a school nurse, physician, or parent.

**Emergency Medication**

The administration of emergency medication (injectable, including "epi-pens," and/or oral) to a student for extreme hypersensitivity may be performed by a school staff member responding to an emergency situation when such use has been prescribed by a licensed prescriber. However, a registered professional nurse/nurse practitioner/physician/physician's assistant *must* have trained the staff member to administer the emergency medication for that particular emergency situation (e.g., "epi-pen") and given him/her approval to assist the student in the event of an emergency anaphylactic reaction. Such a response would fall under the Good Samaritan exemption for rendering emergency care during a life threatening situation.

**Blood Glucose Monitoring**

Children with diabetes have the right to care for their diabetes at school in accordance with the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act of 1973 which provide protection against discrimination for children with disabilities, including diabetes.

Accordingly, blood glucose monitoring must be allowed in the school setting at any time, within any place, and by anyone necessitating such testing. Children must receive assistance if needed with the procedure.

The school nurse shall oversee any arrangements that need to be made for testing and a system to report the results to the nurse as needed. Proper arrangements should be made for the disposal of sharps.

(Continued)

**SUBJECT: ADMINISTRATION OF MEDICATION****Use of Inhalers in Schools**

In accordance with law, the School District must permit students who have been diagnosed by a physician or other duly authorized health care provider as having a severe asthmatic condition to carry and use a prescribed inhaler during the school day. Prior to permitting such use, the School Health Office must receive the written permission of the prescribing physician or other duly authorized health care provider, and parental consent, based on such physician's or provider's determination that the student is subject to sudden asthmatic attacks severe enough to debilitate that student. In addition, upon the written request of a parent or person in parental relation, the Board shall allow such pupils to maintain an extra inhaler in the care and custody of the school's registered professional nurse employed by the District. However, the law does not require the District to retain a school nurse solely for the purpose of taking custody of a spare inhaler, or require that a school nurse be available at all times in a school building for such purpose.

A record of such physician or health care provider/parental permission shall be maintained in the school health office.

Health Office personnel will maintain regular parental contact in order to monitor the effectiveness of such self-medication procedures and to clarify parental responsibility as to the daily monitoring of their child to ensure that the medication is being utilized in accordance with the physician's or provider's instructions. Additionally, the student will be required to report to the Health Office on a periodic basis as determined by Health Office personnel so as to maintain an ongoing evaluation of the student's management of such self-medication techniques, and to work cooperatively with the parents and the student regarding such self-care management.

Students who self-administer medication without proper authorization, under any circumstances, will be referred for counseling by school nursing personnel. Additionally, school administration and parents will be notified of such unauthorized use of medication by the student, and school administration may also be involved in determining the proper resolution of such student behavior.

Education Law Sections 902(b), 916, 6527(4)(a) and 6908(1)(a)(iv)  
Public Health Law Section 3000-a

**Adoption Date: January 25, 2012**