

Adopted: 4/23/15

Prairie Creek Community School
STUDENT MEDICATION

I. PURPOSE

The purpose of this policy is to authorize the implementation of procedures that must be followed when administering nonemergency prescription and non-prescription medications to students at school.

II. GENERAL STATEMENT OF POLICY

The school district acknowledges that some students may require prescribed drugs or medication during the school day. The school district's licensed school nurse, building nurses, trained secretary, Director, or teacher will administer prescribed medications in accordance with law and school district procedures. The administration of prescription medication or drugs at school requires a completed signed request from the student's licensed prescriber and the parent. Procedures for administration of drugs and medicine at school and school activities shall be developed in consultation with the building nurse and the licensed school nurse.

Legal References:

Minn. Stat. § 13.32 (Student Health Data)

Minn. Stat. § 121A.21 (Hiring of Health Personnel)

Minn. Stat. § 121A.22 (Administration of Drugs and Medicine)

Minn. Stat. § 121A.221 (Possession and Use
of Asthma Inhalers by Asthmatic Students)

Minn. Stat. § 121A.222 (Possession and Use of Nonprescription Pain Relievers by
Secondary Students)

Minn. Stat. § 121A.2205 (Possession and Use of Epinephrine
Auto-Injectors; Model Policy)

Minn. Stat. § 121A.2207 (Life-Threatening Allergies in Schools; Stock Supply of
Epinephrine Auto-Injectors)

Minn. Stat. § 151.212 (Label of Prescription Drug Containers)

20 U.S.C. § 1400, et seq. (Individuals with Disabilities Education Improvement Act of
2004)

29 U.S.C. § 794, et seq. (Rehabilitation Act of 1973, § 504)

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PROCEDURES

A. The administration of prescription medication or drugs at school requires a completed signed request from the student's licensed prescriber and the parent. An oral request must be reduced to writing within two school days for non-regulated and /or Over the Counter (OTC) medications. Regulated medications will be given only with completed signed request.

B. A "School Medication Physician Order and Parent Authorization" form must be completed annually (once per school year) and/or when a change in the prescription

or requirements for administration occurs.

C. Prescription medication must come to school in the original container labeled for the student by a pharmacist in accordance with law, and must be administered in a manner consistent with the instructions on the label.

D. In the elementary schools, parent/guardian are to bring prescription and non-prescription medication to the health office and not send it with their child.

E. Prescription medications are not to be carried by the student, but will be left in the health office. Exceptions to this requirement are: prescription asthma medications self-administered with an inhaler (See Part M.5. below), and medications administered as noted in a written agreement between the school district and the parent or as specified in an IEP (individualized education program), Section 504 plan, or IHP (individual health plan).

F. The school must be notified immediately by the parent or student 18 years old or older in writing of any change in the student's prescription medication administration. A new medical authorization and container label with new pharmacy instructions shall be required immediately as well.

G. For drugs or medicine used by children with a disability, administration may be as provided in the IEP, Section 504 plan or IHP.

H. If needed, training will be provided to staff in safe administration of medication, conditions under which medication should be administered and appropriate response to medication reactions.

I. Medications will be stored in a locked secure facility. Health records will be stored and maintained in compliance with data privacy laws.

J. Field trips: Teacher or Educational Assistant assigned to student may dispense medication as instructed by school nurse.

K. Parents will pick up their student's unused medication. Disposal of discontinued/unused/expired medications will be witnessed and documented.

L. Complementary and alternative medications require the same authorization as other prescription medications, i.e. completed signed request from the student's licensed prescriber and the parent.

M. Specific Exceptions:

1. Special health treatments and health functions such as catheterization, tracheostomy suctioning, and gastrostomy feedings do not constitute administration of drugs and medicine;

2. Emergency health procedures, including emergency administration of drugs and medicine are not subject to this policy;
3. Drugs or medicine provided or administered by a public health agency to prevent or control an illness or a disease outbreak are not governed by this policy;
4. Drugs or medicines used at school in connection with services for which a minor may give effective consent are not governed by this policy;
5. Over the Counter medications or medicines that are prescription asthma or reactive airway disease medications can be self-administered by a student with an asthma inhaler if:
 - a. the school district has received a written authorization from the pupil's parent permitting the student to self-administer the medication;
 - b. the medication is properly labeled for that student; and
 - c. the parent has not requested school personnel to administer the medication to the student. The parent must submit written authorization for the student to self-administer the medication each school year. The school nurse must assess the student's knowledge and skills to safely possess and use the medication in a school setting and enter into the student's school health record a "contract" for the safe possession and use of medication;
6. Medications that are not governed by this policy include medications:
 - a. that are used off school grounds;
 - b. that are used in connection with athletics or extracurricular activities; or
 - c. that are used in connection with activities that occur before or after the regular school day
7. At the start of each school year or at the time a student enrolls in school, whichever is first, a student's parent, school staff, including those responsible for student health care, and the prescribing medical professional must develop and implement an individualized written health plan (IHP) for a student who is prescribed epinephrine auto-injectors that enables the student to:
 - a. possess epinephrine auto-injectors; or
 - b. if the parent and prescribing medical professional determine the student is unable to possess the epinephrine and requires immediate access to epinephrine auto-injectors that the parent provides, properly labeled, to the school for the pupil as needed. The plan must designate the school staff responsible for implementing the student's health plan, including recognizing anaphylaxis and administering epinephrine auto-injectors when required, consistent with state law. This health plan may be included in a student's 504 plan.

N. Districts and schools may obtain and possess epinephrine auto-injectors to be maintained and administered by school personnel to a student or other individual if, in good faith, it is determined that person is experiencing anaphylaxis regardless of whether the student or other individual has a prescription for an epinephrine auto-injector. The administration of an epinephrine auto-injector in accordance with this section is not the practice of medicine. A district or school may enter into arrangements with manufacturers of epinephrine auto-injectors to obtain epinephrine auto-injectors at fair-

market, free, or reduced prices. A third party, other than a manufacturer or supplier, may pay for a school's supply of epinephrine auto-injectors.