

ADMINISTERING MEDICINES TO STUDENTS

Medications Prescribed for Individual Students

Employees of the Albemarle County School Board ("School Board") may give medication prescribed for individual students only pursuant to the written order of a physician, physician assistant, or nurse practitioner and with written permission from the student's parent or guardian. Such medicine ~~shallis to~~ be in the original container and delivered to the principal, school nurse, or Albemarle County Public Schools ("ACPS")~~school division~~ designee by the parent or guardian of the student.

Nonprescription Medications

~~Albemarle County Public School ACPS~~ personnel may give nonprescription medication to students only with the written permission of the parent or guardian. Such permission shall include the name of the medication, the required dosage of the medication, and the time or circumstances the medicine is to be given. ~~Such~~ The medicine ~~shallis to~~ be in the original container and delivered to the principal, school nurse or ~~school division~~ACPS designee by the parent or guardian of the student.

Self-Care and Self-Administration of Medication

Self-administration of any medication with the exception of asthma ~~medication~~, epinephrine medication, epinephrine, and diabetes medications as discussed below is prohibited for students.

With parental consent and written approval from the prescriber, ~~Each~~ enrolled student who ~~has is diagnosed~~ with diabetes, ~~with parental consent and written approval from the prescriber~~, is permitted to:

- Carry ~~with him/her~~ and use supplies, including a reasonable and appropriate short-term supply of carbohydrates, an insulin pump or other forms of insulin, and equipment for immediate treatment of high and low blood glucose levels; and
- Self-check ~~his/her own~~ blood glucose levels- during the school day, at school-sponsored activities, or while on a school bus or other school property. ~~on school buses, on school property, and at school sponsored events.~~

A School Board employee, as defined in Va. Code § 22.1-274.E, who is a registered nurse, licensed practical nurse, or certified nurse aide, and who has been trained in the administration of insulin, including the use and insertion of insulin pumps, and the administration of glucagon, may assist a student ~~who is diagnosed~~ with diabetes and who carries an insulin pump with the insertion or reinsertion of the pump or any of its parts. Prescriber authorization and parental consent shall be obtained for any such employee to assist with the insertion or reinsertion of the pump or any of its parts. Notwithstanding the above, ~~Nothing~~ in this policy requires any employee to assist with the insertion or reinsertion of the pump or any of

its parts.

Self-Administration of Asthma Medication

Students with ~~a diagnosis of~~ asthma are permitted to possess and self-administer inhaled asthma medications in accordance with this policy during the school day, at school-sponsored activities, or while on a school bus or other school property. In order for a student to possess and self-administer asthma medication, the following conditions must be met:

- Written parental consent that the student may self-administer inhaled asthma medications is on file with the school;
- Written notice from the student's health care provider is on file with the school, indicating the identity of the student, stating the diagnosis of asthma, and approving self-administration of inhaled asthma medications that have been prescribed for the student; specifying the name and dosage of the medication, the frequency in which it is to be administered, and specifying the circumstances ~~which that~~ may warrant its use; and attesting to the student's demonstrated ability to ~~safely and effectively~~ self-administer the medication safely and effectively; and
- An individualized health care plan is prepared, including emergency procedures for any life-threatening conditions;
- Consultation with the student's parent before any limitations or restrictions are imposed on a student's possession and self-administration of inhaled asthma medications and auto-injectable epinephrine, and before the permission to possess and self-administer inhaled asthma medications and auto-injectable epinephrine at any point during the school year can be revoked; and
- Self-administration of inhaled asthma medications and auto-injectable epinephrine is consistent with the purposes of the Virginia School Health Guidelines and the Guidelines for Specialized Health Care Procedure Manual, which are jointly issued by the Virginia Department of Education and the Virginia Department of Health.
- Information regarding the health condition of the student may be disclosed (to School Board employees with a legitimate educational interest) in accordance with state and federal law governing the disclosure of information contained in student scholastic records.

Self-Administration of Epinephrine

Students with severe allergies ~~allergic emergencies~~ are permitted to possess and self-administer epinephrine in accordance with this policy during the school day, at school-sponsored activities, or while on a school bus or other school property. In order for a student to possess and self-administer epinephrine, the following conditions must be met:

- Written parental consent that the student may self-administer epinephrine is on file with the school;

- Written notice from the student’s health care provider is on file with the school, indicating the identity of the student, stating the diagnosis of hypersensitivity, and approving self-administration of epinephrine that has been prescribed for the student; specifying the circumstances ~~which that~~ may warrant its use; and attesting to the student’s demonstrated ability to safely and effectively self-administer the medication;
- An individualized health care plan is prepared, including emergency procedures for any life-threatening conditions;
- ~~There is a~~ consultation with the student’s parent before any limitations or restrictions are imposed on a student’s possession and self-administration of inhaled asthma medications and auto-injectable epinephrine, and before the permission to possess and self-administer inhaled asthma medications and auto-injectable epinephrine at any point during the school year is can be revoked; and
- Self-administration of inhaled asthma medications and auto-injectable epinephrine is consistent with the purposes of the Virginia School Health Guidelines and the Guidelines for Specialized Health Care Procedure Manual, which are jointly issued by the Virginia Department of Education and the Virginia Department of Health; ~~and~~
 - Information regarding the health condition of the student may be disclosed (to School Board employees) in accordance with state and federal law governing the disclosure of information contained in student scholastic records.

Permission granted to a student to possess and self-administer asthma medications and epinephrine will be effective for a period of one (1) school year, and is to be renewed annually. However, a student’s right to possess and self-administer inhaled asthma medication and epinephrine may be limited or revoked after appropriate school personnel consult with the student’s parents. In addition, parents must provide medications to be stored in the clinic to ensure the medications will be available to students at school.

Administering Epinephrine ~~By~~ By a School Board Employee

Pursuant to an order or standing protocol issued by a prescriber within the course of his/her professional practice, a school nurse or any School Board employee who is authorized and trained in the administration of epinephrine may administer it to any student believed to be having an anaphylactic reaction.

Administering Albuterol Inhalers By a School Board Employee

Albuterol inhalers and valved holding chambers are stocked in each school in the ~~division~~ ACPS to be administered by any school nurse, employee of the School Board, employee of a local appropriating body, or employee of a local health department who is authorized by the local health director and trained in the administration of albuterol inhalers and valved holding chambers for any student believed in good faith to be in need of such medication.

Regulation

The Superintendent shall develop a regulation for administration of medicines to students. The regulation shall include provisions for the handling, storage, monitoring, documentation and disposal of medication.

Adopted: July 1, 1993
Amended: January 8, 2004; July 12, 2012; September 26, 2013; December 11, 2014; October 12, 2017

Legal Ref.: Code of Virginia, as amended, §§ 22.1-78, 22.1-274, 22.1-274.01:1, ~~22.1~~, 22.1-274.2, 54.1-2952.2, 54.1-2957.02, 54.1-3408

~~Manual for Training Public School Employees in the Administration of Insulin and Glucagon
(Virginia Department of Education Revised 2015)~~

Cross Ref.: EBBA, ~~First Aid/CPR Certified~~ — ~~Emergency First Aid, CPR and AED Certified Personnel~~
JFC₂ — ~~Standards of Student Conduct~~
JHCDDE₂ — ~~Recommendation of Medication~~ Recommendation by School Personnel
JO₂ — ~~Student Records~~

ADMINISTRATIVE PROCEDURES FOR ADMINISTERING MEDICATIONS TO STUDENTS

- A. Physician's orders for prescription medication to be administered shall specify, in writing, the duration of the order and the name and dosage of the drug. The orders are to be renewed at least every school year.
- B. Parents/guardians shall file written requests for school personnel to administer non-prescription medication to children. The request shall specify the name and dosage of the medication. The request shall be renewed at least every school year.
- C. Parents/guardians shall file a written request to allow their child to self-administer asthma medication or epinephrine and diabetes supplies.
- D. Each school should keep a log book with consecutively numbered pages in which the administration of ~~medicine~~ medication is permanently recorded, ~~in ink~~, showing the date and time of administration in each case, the name of the student, the kind and quantity of medicine, the name of the prescribing physician (if applicable), and the signature of the school nurse, principal, or other school employee administering the ~~preparation~~ medication
- E. The specific written order of the physician and the written authorization of the parent should be kept on file, and all parental consents or authorizations should be renewed every school year.
- F. Not more than one month's supply of a medication shall be stored in a school. The medication shall be stored in a designated place separate from first aid supplies and securely locked at all times.
- G. The school employee will give the medication to the student to be self-administered unless the student is physically unable to administer the medication ~~to himself/herself~~.
- H. Unused medication shall be returned to the parent/guardian at the end of the school year or if/when the medication is no longer needed or shall be disposed of annually.
- I. Any exception to this regulation shall be made by the principal/designee after written request by the student's parent and authorization by the student's physician.

Adopted: July 1, 1993
Amended: January 8, 2004; December 11, 2014

Reviewed: September 12, 2013; October 12, 2017

NOTIFICATION TO PARENTS

Dear Parent/ Guardian:

We attempt to discourage administration of medications during school hours and request that, whenever possible, medication doses be scheduled outside of school hours. ~~However, w~~We recognize that this is not always possible and will cooperate in the administration of medication that must be given during school hours. Our regulations include:

1. Physician's orders for prescription medication to be administered shall specify, in writing, the duration of the order and the name and dosage of the drug. The orders are to be renewed at least every school year.
2. ~~Parents/guardians~~You may request, in writing, that school personnel administer non-prescription medication to children. The request shall specify the name and dosage of the medication. The request must be ~~be~~ renewed at least every school year.
3. The specific written order of the physician and ~~the your~~ written authorization ~~of the parent~~ will be kept on file. ~~Your and all parental consents or authorizations are to must~~ be must be renewed every school year.
4. Not more than one (1) month's supply of a prescribed medication shall be stored ~~in a at~~ school. The medication ~~shall will~~ be stored in a designated place separate from first aid supplies and securely locked at all times.
5. The school employee will give the medication to ~~the student~~your child to be self-administered unless ~~the student~~your child is physically unable to administer the medication to himself/herself.
6. Unused medication ~~shall be returned to the parent/guardian~~will be returned to you or shall be disposed of annually.
7. Any exception to this regulation ~~can shall~~ be made only by the principal/designee ~~after~~ upon your written request ~~by the student's parent~~ and authorization by ~~the student's~~your child's physician.

Albemarle County Public Schools Parent's Request for Giving Medicine at School

School	Phone	Fax	School	Phone	Fax
Agnor-Hurt	973-5211	974-7046	Stony Point	973-6405	973-9751
Baker-Butler	974-7777	964-4684	Woodbrook	973-6600	973-0317
Broadus Wood	973-3865	973-3833			
Brownsville	823-4658	823-5120	Burley	295-5101	984-4975
<u>Mountain View</u>	<u>Cale</u>	293-7455	293-2067	Henley	823-4393 823-2711
Crozet	823-4800	823-6470	Jouett	975-9320	975-9325
Greer	973-8371	973-0629	<u>Lakeside</u>	<u>Sutherland</u>	975-0599 975-0852
Hollymead	973-8301	978-3687	Walton	977-5615	296-6648
Meriwether Lewis	293-9404	979-3850	Albemarle	975-9300	974-4335
Murray Elem.	977-4599	979-5416	Monticello	244-3100	244-3104
Red Hill	293-5332	293-7300	<u>Lab School</u>	<u>Murray High</u>	296-3090 979-6479
Scottsville	286-2441	286-2442	Western Albemarle	823-8700	823-8711
Stone Robinson	296-3754	296-7645	<u>Learning & Growth</u>	<u>Center for</u>	974-8070 979-6479
			<u>Center 1</u>	244-8900	<u>Learning and Growth</u>

Please send this form to the school when needed. All areas on this form must be completed for us to administer the medication. Please print. Please have the school nurse, or a member of school staff, administer to:

_____ (name of child) the following medication:

(Check one) _____ Certain prescription medication specified below or
_____ Non-prescription medication specified below.

I understand that the person at the school who will administer this medication or treatment may be inexperienced and untrained in this requested service and state, without reservation, that I shall not hold him/her or the Albemarle County School Board liable in any way for harm or injury that may be experienced by my child as a result of this service. **I understand I am to provide all medication administered to my child in its original container.** I realize medical information associated with the use of this medication may be disclosed to school employees with supervisory authority for my child. For prescription medication, my signature below shall be deemed consent for the school nurse to contact the physician named below for signature or to discuss the medication.

Date of Order: _____

Name of Medication and prescription number (if applicable): _____

Exact dosage to be given: _____ Exact time to be given: _____

Reason for medication: _____

Duration for medication: _____

Special Instructions: _____

Signature of Physician (for prescription medication): _____

Physician telephone number: _____

Signature of Parent or Guardian: _____

Parent of Guardian telephone number: _____

Parent's Request for

Giving Medicine at School

Please send this form to the school when needed. All areas on this form must be completed for school staff to administer the medication. Please print.

Please have the school nurse, or a member of school staff, administer to: _____
the following medication: _____ (name of child)

(Check one) _____ Certain prescription medication specified below or
_____ Non-prescription medication specified below.

I understand that the person at the school who will administer this medication or treatment may be inexperienced and untrained in this requested service and state, without reservation, that I shall not hold them or any Board member or employee of the Albemarle County School Board liable in any way for harm or injury that may be experienced by my child as a result of this service. I understand I am to provide all medication administered to my child in its original container. I realize medical information associated with the use of this medication may be disclosed to school employees with supervisory authority for my child. For prescription medication, my signature below shall be deemed consent for the school nurse to contact the physician named below for signature or to discuss the medication.

Date of Order: _____ Name of medication: _____

Exact dosage to be given: _____ Time of day to be administered: _____

Reason for medication: _____

Duration for medication: _____

Special Instructions: _____

Signature of Physician/Date _____ Name of Parent _____ Home Telephone _____
(for prescription medication)

Physician telephone _____ Signature of Parent or Guardian/Date _____ Daytime Telephone _____
(for prescription medication) (for all medication)

Student's Date of Birth: _____

PLEASE NOTE THAT MEDICATION SUCH AS IBUPROFEN OR TYLENOL WILL NOT BE ADMINISTERED FOR HEADACHE, FEVER OR SORE THROAT UNLESS COVID HAS BEEN RULED OUT BY A PHYSICIAN OR NEGATIVE COVID TEST

CONTRACT FOR SELF-CARRIED MEDICATION

Student: _____ Grade: _____

Physician: _____ Telephone: _____

Medication: _____ Dose: _____ Time: _____

Medication is permitted in accordance with ~~district~~ ACPS policy. Student’s physician must authorize self-carried/administered medication. Student name must appear on the medication container or inhaler.

Responsibilities for carrying medication:

Yes No

- Health care action plan complete
- Demonstrated correct use/ administration
- Recognizes proper and prescribed timing for medication
- Does not share medication with others
- Keeps medication in agreed location
- Keeps second labeled container in the Health office
- Agrees to come directly to the Health Office if having the following symptoms after using medication:

The student does/does not demonstrate the specified responsibilities.

The student may carry the medication unless and until they~~he/she~~ fails to follow the above agreement.

Comments and added responsibilities:

(Student/date)

(School Nurse/date)

I request that my child be allowed to carry ~~his/her~~ medication and be responsible for its proper storage and use. I will support my child to follow the above agreement. However, I understand that the ACPS will contact me if my child is unable to comply with self-administration requirements and if he/she does not, I will be contacted and we develop a new plan and assist in the development of a revised plan in this regard.

(Parent/guardian/date)

(Parent daytime telephone numbers)

AUTHORIZATION FOR SELF-CARRY/ADMINISTRATION OF MEDICINE
AT SCHOOL AND AFTER-SCHOOL ACTIVITIES

School Board policy permits a responsible, trained student to carry and/or self-administer medication for asthma, severe allergic reaction, or diabetes on ~~his/her person~~ for immediate use in a ~~life-threatening~~life-threatening situation with written order of physician, parent ~~consent~~consent and approval by the principal and school nurse, ~~and principal approvals.~~

PHYSICIAN / HEALTH CARE PROVIDER ORDER

Student: _____ DOB: _____

Address: _____

School: _____ Grade: _____

Condition for which the medication is administered _____

Name of medication _____

Dose _____ Method administered _____

Time or indication for administration _____

Is this a controlled drug? ___ Yes ___ No

Side effects to be noted/reported _____

Other recommendations _____

Duration (dates) of administration: From _____ to _____ (within current school year)

IN MY OPINION, THIS STUDENT SHOWS CAPABILITY TO CARRY AND SELF-ADMINISTER THE ABOVE MEDICATION.

Physician Signature

Print Name

Telephone numbers

Date

PARENT/GUARDIAN AUTHORIZATION

I request that my child, named above, be permitted to carry and self-administer the above-ordered medication. I take responsibility for this permission. I understand that the medication is in its original container, labeled with name of student, and name of medication. No more than a one-month 45 school day supply of medication will be kept at school. This medication will be destroyed unless picked up within one week after the end of the school year or end of the medical order.