Administration of Medication Policy

Purpose

The purpose of this policy is to authorize personnel of Promontory School of Expeditionary Learning to administer medication to students consistent with applicable law.

Promontory’s Board of Directors acknowledges that medication should typically be administered by a student or the student’s parent or guardian. However, the Board recognizes that situations may arise where the health of a student may require administration of medication during the course of a school day by School personnel.

As long as authorized personnel act in a prudent and responsible manner, Utah law provides that school personnel who provide assistance in substantial compliance with a student's licensed health care provider's written statement are not liable civilly or criminally for any adverse reaction suffered by the student as a result of taking the medication or discontinuing the administration of medication. The Board hopes that this policy will help ensure that Promontory personnel act in a prudent and responsible manner in order to protect the health of students and the interests of school personnel.

The Board also desires to set forth policies regarding acceptable self-administration of medication by students.

Policy

Administration of Medication by School Personnel

Promontory will comply with applicable state and federal laws, including, but not limited to Utah Code Ann. § 53A-11-601, regarding the administration of medication to students by school personnel. Accordingly, pursuant to this policy, authorized Promontory personnel may provide assistance in the administration of medication to students of the school during periods when the student is under the school's control.

Glucagon is an emergency diabetic medication used to raise blood sugar. Promontory will comply with the requirements of Utah Code Ann. § 53A-11-604 in the event the school receives a glucagon authorization request from the parent or guardian of a student.

Promontory will comply with the requirements of Utah Code Ann. §§ 26-41-101, et seq., regarding emergency injection for anaphylactic reactions, in the event any school personnel seeks to become a "qualified adult" under that provision.

The director will establish administrative procedures that comply with applicable laws in order to set guidelines for when and how this will take place.

The director will consult with the local health department and/or a registered health care professional as needed for assistance in developing procedures and training necessary for effective implementation of this policy. Promontory’s director will ensure that school personnel and parents are provided with information about this policy, as needed.
Self-Administration of Medication by Students

Students may possess and self-administer prescription medication at school in compliance with applicable law where the student's maturity level is such that he or she can reasonably be expected to properly administer the medication on his or her own. The director will establish administrative procedures that comply with applicable laws in order to set guidelines for when and how this will take place.

Medical Recommendations by School Personnel

The director will ensure that appropriate school personnel receive training on the provisions of Utah Code Ann. § 53A-11-605 regarding medical recommendations by Promontory employees.

Administrative Procedures

Administration of Medication Procedures

These procedures are established in accordance with the Administration of Medication Policy adopted by Promontory’s Board of Directors.

Administration of Medication by School Personnel

In order to ensure safe administration of medication to students, the procedures outlined here must be followed.

1. The director will designate a reasonable number of Promontory employees who will be responsible for administering medication to students in the school.
2. The director will arrange for the director and all designated school employees to receive adequate training from a licensed health care professional prior to administering any medication. Training should include indications for the medication, means of administration, dosage, adverse reactions, contra indications, and side effects.
3. The student's parent or guardian must complete the parent/guardian section of the Student Medication Form requesting that medication be administered to the student during regular school hours. Parents are responsible for updating the Student Medication Form, as necessary.
4. The student's health care provider must complete the Health Care Provider section of the Student Medication Form indicating the child's name, the name of the medication, the purpose of the medication, the means of administration, the dosage, the time schedule for administration, the anticipated number of days the medication needs to be given at school, and possible side effects. The practitioner must also affirm that giving the medication during school hours is medically necessary.
5. A Student Medication Log must be maintained for any student who has medication administered at school, and all employees authorized to administer medication will be notified regarding each student to whom they are authorized to administer medication.
6. Each time medication is given, the person who gave it must document the administration in ink on the Student Medication Log. If the medication is not administered as scheduled, a notation must be made on the Student Medication Log as to why the medication was not given, and the student's parent or guardian must be notified.
7. The Student Medication Form and Student Medication Log will be retained in the student’s records.
8. Teachers of the student receiving medication during school hours will be notified.
9. Medication (other than that carried by a student) must be delivered to the school by the student's parent or guardian or designated adult.

10. Medication should be delivered to the school in a container properly labeled by a pharmacy, manufacturer or health care provider. Labeling must include the student's name, the name of the prescribing practitioner, date the prescription was filled, name and phone number of the dispensing pharmacy, name of the medication, dose, frequency of administration, and the expiration date.

11. Medication must be stored in a secure, locked cabinet or container in a cool, dry place, except that:
   a. medications that require refrigeration must be stored appropriately;
   b. insulin or emergency medications such as EpiPens, Twinject Auto-Injectors, asthma inhalers and glucagon must not be stored in a locked area, so that they are available when needed.

12. Authorization for administration of medication by Promontory personnel may be withdrawn by the school at any time following written or verbal notice to the student's parent or guardian, as long as this action does not conflict with federal laws such as IDEA and/or section 504 of the Rehabilitation Act. The director may withdraw authorization for administration of medication in cases of noncompliance or lack of cooperation by parents or students unless the student's right to receive medication at school is protected by laws such as IDEA or section 504.

Self-Administration of Medication by Students

Students may possess and self-administer prescription medication if:

1. The student's parent or guardian signs a statement:
   a. Authorizing the student to self-administer the medication; and
   b. Acknowledging that the student is responsible for, and capable of, self administering the medication; and

2. The student's health care provider provides a written statement that:
   a. It is medically appropriate for the student to self-administer the medication and be in possession of the medication at all times; and
   b. The name of the medication prescribed for the student's use.

Promontory will provide an acceptable form for parents to request that their student be allowed to possess and self-administer prescription medication.
AUTHORIZED OF SCHOOL PERSONNEL
TO ADMINISTER MEDICATIONS

Name of Student: _____________________________ DOB: _____________________________
Address: _____________________________ Home Phone: _____________________________
Parent/Guardian: _____________________________ Cell Phone: _____________________________
Work Phone: _____________________________
Emergency Contact: _____________________________ Phone: _____________________________
School/Teacher: _____________________________

Name of licensed health care provider completing form: (please print)

Licensed Health Care Provider’s Statement:
1. Name/Type of medication: _____________________________
2. Dosage/Amount to be given: _____________________________
3. Frequency/Times to be administered: _____________________________
4. Duration (week, month, indefinite, etc.): _____________________________
5. Anticipated reactions to medication (symptoms and/or side effects for underdose/overdose, etc.):
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Signature of Licensed Health Care Provider _____________________________ Date ___________

Parent/Guardian Request/Approval:
I hereby request and give my permission for the above named student to receive the specified medication as stated in the above instruction from the health care provider. I understand that the school administration will designate specific staff to administer medication, train staff, assure proper identification and safekeeping of medication, and maintain records of such administration of medication.

I further understand that school personnel who provide assistance (administration of specified medication so noted) or employer of such staff are not liable, civilly or criminally, for any adverse reaction suffered by my child as a result of taking the medication so indicated and discontinuing the administration of the medication in keeping with the procedure outlined above.

Signature of Parent/Guardian _____________________________ Date ___________