



JLCD - ADMINISTERING MEDICINE TO STUDENTS / ASTHMA, FOOD ALLERGY AND ANAPHYLAXIS HEALTH MANAGEMENT

This policy governs the terms and conditions under which medicine may be administered to students. For purposes of this policy, the term “medicine” includes prescription medicine and nonprescription medicine. Administration of medical marijuana is covered under Policy JLCDB (Administering Medical Marijuana to Qualified Students on District Property). Also for purposes of this policy, “nonprescription medicine” includes but is not limited to over-the-counter medicine, homeopathic medicine, herbal medicine, vitamins and nutritional supplements.

Student possession, use, distribution, gift, purchase, exchange, sale or being under the influence of medicine inconsistent with the terms of this policy shall be dealt with as a violation of Policy JICH (Student Conduct Involving Drugs and Alcohol).

RULES APPLICABLE TO ALL STUDENTS AND TO ALL MEDICINE EXCEPT MEDICAL MARIJUANA

Whenever reasonably possible, students should take medicine outside of school and school-sponsored activities. Medicine shall only be administered to a student at school or a school-sponsored activity when it is necessary to do so. In such cases, the medicine may be administered by the student’s parent or guardian. Otherwise, the medicine shall be administered as set forth below and in the accompanying regulation.

All medicine to be administered at school or a school-sponsored activity shall be furnished by the parent or guardian of the student who is to take it, and shall be delivered by the student’s parent or guardian to an individual in the school office designated to receive it, unless alternative arrangements have been made and approved in advance by the school nurse and by the building principal. Exceptions to this rule apply with respect to high school students who are authorized to carry and self-administer medicine, and with respect to asthma, food allergy and anaphylaxis health management, in accordance with the terms and conditions set forth below.

A written request to administer medicine to a student, and a full release of the District and its personnel from claims arising out of administering the medicine, must be signed and submitted by the student’s parent or guardian in order for medicine to be administered by District personnel to any student at school or a school-sponsored activity. A separate written request and release must be signed and submitted for each medicine to be administered, and for each change in the dosage, time(s) and/or manner of administration. Depending on the circumstances, the required written request and release may be incorporated as part of a student Health Plan, Section 504 Plan, IEP, or authorization for extended field trip or other school-sponsored activity.

Verbal requests to administer medicine to a student may be honored only when made to the school nurse by the student's parent or guardian, only when prior delivery of the required written request and release is not reasonably possible under the circumstances, and only when the school nurse can confirm that the verbal request is legitimately from the student's parent or guardian and can confirm with the student's prescribing health care provider. The required written request and release, and any required written authorization and directions signed by a health care provider, must be submitted before the medicine will be administered to the student a second day.

ADDITIONAL RULES APPLICABLE TO PRESCRIPTION MEDICINE

If it is necessary for a student to take prescription medicine at school or a school-sponsored activity, it must be furnished in the original pharmacy labeled container. The student's name, name of the medicine, dosage, name of prescribing health care provider, date prescription was filled and expiration date must be printed on the medicine container's pharmacy label.

Prescription medicine shall be administered only by a school nurse, when required by law, or by a District employee to whom the nurse has properly delegated this task as authorized under the Nurse Practice Act (hereinafter the "nurse's designee"), except with respect to high school students who are authorized to carry and self-administer medicine, and except with respect to asthma, food allergy and anaphylaxis health management, in accordance with the terms and conditions set forth below. Each nurse's designee shall be approved by the building principal. Prescription medicine shall be administered by school personnel only in accordance with written authorization and directions signed by the prescribing health care provider (which authorization and directions shall not include the pharmacy label on the medicine container). Depending on the circumstances and subject to approval and the required delegation by the school nurse, the required written authorization and directions may be incorporated as part of a student Health Plan, Section 504 Plan, IEP, or authorization for extended field trip or other school-sponsored activity.

ADDITIONAL RULES APPLICABLE TO NONPRESCRIPTION MEDICINE

If it is necessary for a student to take nonprescription medicine at school or a school-sponsored activity, it must be furnished in the original container labeled by the pharmaceutical company or other commercial distributor of the medicine.

Nonprescription medicine shall be administered only by a school nurse or by the nurse's designee (except with respect to high school students who are authorized to carry and self-administer medicine, and except with respect to asthma, food allergy and anaphylaxis health management, in accordance with the terms and conditions set forth below). Each nurse's designee shall be approved by the building principal. Nonprescription medicine shall be administered by school personnel only in accordance with written authorization and directions signed by the treating health care provider. Depending on the circumstances and subject to approval and the required delegation by

the school nurse, the required written authorization and directions, or District-wide protocol, may be incorporated as part of a student Health Plan, Section 504 Plan, IEP, or authorization for extended field trip or other school-sponsored activity.

AUTHORIZATION TO POSSESS AND SELF-ADMINISTER MEDICINE EXCEPT MEDICAL MARIJUANA

A high school student who needs to take medicine at school or a school-sponsored activity may be authorized to possess and self-administer his or her medicine, except medical marijuana or scheduled/controlled medications, in accordance with the following terms and conditions:

1. The high school student shall be subject to and comply with the rules set forth above, unless otherwise amended in this section.
2. Before the high school student may possess and self-administer medicine at school or a school-sponsored activity, a written request therefor, and a full release of the District and its personnel from claims arising out of the student possessing and self-administering the medicine, must be signed and submitted by the student's parent or guardian.
3. Before the high school student may possess and self-administer medicine at school or a school-sponsored activity, any required written authorization and directions signed by a health care provider must be submitted.
4. Before the high school student may possess and self-administer medicine at school or a school-sponsored activity, the school nurse and building principal shall determine that the student has the ability to properly self-administer the medicine, and that the student is sufficiently mature and responsible to safely possess and self-administer the medicine at school or a school-sponsored activity in compliance with applicable District policies and regulations.
5. The high school student is only authorized to possess and self-administer a one-day dose of medicine at school or a school-sponsored activity, except that more than a one-day dose may be authorized by the school nurse and building principal if necessitated by the duration of a particular school-sponsored activity and except that this paragraph shall not apply to a high school student who requires and possesses an insulin pump or other medical device that delivers dosages of prescribed medication over a period of time that exceeds one day.
6. The high school student shall at all times maintain the security of his or her medicine so that it may not be taken by or otherwise fall into the possession of another person.
7. Possessing and self-administering medicine at school is a privilege granted to high school students that may be lost if not exercised responsibly and safely, as determined by the school nurse and building principal.

ASTHMA, FOOD ALLERGY AND ANAPHYLAXIS HEALTH MANAGEMENT

A student with asthma, a food allergy, other severe allergies or a related life-threatening condition may possess and self-administer prescribed medication to treat such conditions at school, at a school-sponsored activity or while being transported in a school vehicle, in accordance with the Colorado Schoolchildren's Asthma, Food Allergy, and Anaphylaxis Health Management Act (the "Act") and the following terms and conditions:

1. Before the student may possess and self-administer the prescribed medication, the student's parent or guardian must submit a written medical authorization signed by the prescribing health care practitioner that includes the name, purpose, prescribed dosage, frequency and length of time between dosages of the medication to be self-administered; and confirmation from the health care practitioner that the student has been instructed and is capable of self-administering the prescribed medication.
2. Before the student may possess and self-administer the prescribed medication, the student must demonstrate to the school nurse and to the student's health care practitioner (or practitioner's designee) the skill level necessary to use the medication and any device used to administer the medication as prescribed, including but not limited to: (a) the ability to identify the correct medication; (b) demonstration of the correct administration technique; (c) knowledge of the dose required; (d) the frequency of use; and (e) the ability to recognize when to take the medication. In addition, a written treatment plan for managing the student's asthma, food allergy or anaphylaxis episodes and for the student's medication use must be developed by the school nurse in collaboration with the student's health care practitioner. The treatment plan shall be effective only for the school year in which it is approved or until a new treatment plan is developed, whichever period is shorter. New treatment plans shall be developed for each subsequent school year in which the Act's requirements and the terms and conditions specified in this section are met.
3. Before the student may possess and self-administer the prescribed medication, a written contract shall be developed and signed by the school nurse, the student, and the student's parent or guardian that assigns levels of responsibility to the parent or guardian, the student, and District employees. The contract shall accompany orders for the medication from the student's health care practitioner and shall specify that noncompliance with the contract terms may result in withdrawal of the privilege of possessing and self-administering the prescribed medication.
 - a. The contract shall include requirements that the student shall: (i) be able to demonstrate competency in taking the medication; (ii) be able to demonstrate asthma/allergy management and self-care skills; (iii) notify a school official if emergency medication has been administered or when having more difficulty than usual with the student's medical condition; and

- (iv) be expressly prohibited from allowing another person to use the student's medication.
- b. The contract shall include requirements that the student's parent or guardian shall: (i) provide written orders for the medication from the student's health care practitioner; (ii) provide written authorization for the student to possess and self-administer the medication; and (iii) provide assurance that the medication container is appropriately labeled by a pharmacist or health care practitioner, that the medication device contains the medication, that the medication has not expired, that backup medication will be provided to the school for emergencies, and that the status of the student's asthma/allergy is reviewed with the student on a regular basis.
- c. The contract shall include requirements that the school nurse shall (i) review with the student the correct technique for use of the medication device; (ii) be advised regarding the time and dosages specified in the written orders for the medication from the student's health care practitioner; (iii) be advised regarding the appropriate use of the medication; (iv) provide assurance that the status of the student's asthma/allergy is reviewed with the student on a regular basis; (v) notify school staff on a need-to-know basis that a student has asthma or a life-threatening allergy and has permission to possess and self-administer medication for that condition; and (vi) assign one or more school staff members to make a 911 emergency call if the student has an exposure that results in the need to use epinephrine.
4. Before the student may possess and self-administer the prescribed medication, the student's parent or guardian must sign and submit a written statement releasing the District, school and any associated entity, and all employees and volunteers of the District, school and any associated entity, from liability (except with respect to willful and wanton conduct or disregard of the criteria of the treatment plan).
5. Immediately after using an epinephrine auto-injector at school, at a school-sponsored activity or while being transported in a school vehicle, a student shall report to the school nurse, an employee in the school office, or another school official and the person so notified shall take action to provide for appropriate follow-up care, which shall include promptly making a 911 emergency call and (with respect to employees in the school office and other school officials) promptly contacting the school nurse or nurse's designee.

Student food allergies and anaphylaxis in the District's schools shall be managed in accordance with the following terms and conditions:

1. The District shall make available on its website and at each of its schools the standard form developed by the Colorado Department of Public Health and

Environment (the “Food Allergy Form”) that allows the parent or guardian of a student with a known food allergy to provide the student’s school with information as specified in the Colorado School Children’s Food Allergy and Anaphylaxis Management Act regarding the allergy.

2. Each school shall have a plan in place for communication with emergency medical services. The plan shall include but not be limited to the provision of information on student Food Allergy Forms to emergency medical responders.
3. The parents and guardians of each student who is not authorized to possess and self-administer medication for the student’s food allergy or anaphylaxis are encouraged to provide the school with a supply of the student’s prescribed medication for use in the event of an anaphylactic reaction. All emergency medications shall be stored in a secure location at the school that is easily accessible for designated staff members.
4. The school nurse and building principal shall identify staff members at each school who shall receive emergency anaphylaxis treatment training. Such staff members shall include those directly involved during the school day with students who have known food allergies. The training shall, at a minimum, provide the staff members with: (a) a basic understanding of food allergies and the importance of reasonable avoidance of agents that may cause anaphylaxis; (b) the ability to recognize symptoms of anaphylaxis; (c) the ability to respond appropriately in the event of a student suffering an anaphylactic reaction; and (d) the ability to administer self-injectable epinephrine to a student suffering an anaphylactic reaction.
5. In the absence of a Section 504 Plan or IEP, the school nurse shall be responsible for the development and implementation of a student Health Plan for each student with the diagnosis of a potential life-threatening food allergy. Such Health Plans shall include, as appropriate: (a) consideration of information provided by the student, student’s parent or guardian and student’s health care provider, including but not limited to information provided on the Food Allergy Form; and (b) reasonable steps to reduce the student’s exposure to agents at school and school-sponsored activities that may cause anaphylaxis.
6. The superintendent or superintendent’s designee shall develop, periodically review and revise as necessary or appropriate administrative guidelines to help ensure that student food allergies and anaphylaxis in the District’s schools are properly managed. District employees interacting with students who have food allergies shall comply with such administrative guidelines, including the PSD Guidelines for Students with Severe Food Allergies and Intolerances, and shall faithfully implement the students’ Section 504 Plans, IEPs and Health Plans.

USE OF STOCK EPINEPHRINE AUTO-INJECTORS IN EMERGENCY SITUATIONS

The District will have a stock supply of epinephrine auto-injectors for use in emergency

anaphylaxis events that occur on school grounds. Any administration of a stock epinephrine auto-injector to a student by a district employee must be in accordance with applicable state law, including applicable State Board of Education rules.

The District's stock supply of epinephrine auto-injectors is not intended to replace student-specific orders or medication provided by the student's parent/guardian to treat the student's asthma, food or other allergy, anaphylaxis or related, life-threatening condition.

USE OF OPIATE ANTAGONISTS IN EMERGENCY SITUATIONS

To the extent state funding and supplies are available, the District will have a stock supply of opiate antagonists to assist a student who is at risk of experiencing an opiate-related drug overdose event. For purposes of this policy, an opiate antagonist means naloxone hydrochloride or any similarly acting drug that is not a controlled substance and that is approved by the federal Food and Drug Administration (FDA) for the treatment of a drug overdose.

The stock supply of opiate antagonists may also be used to assist a District employee or any other person who is at risk of experiencing an opiate-related drug overdose event.

Administration of an opiate antagonist by a District employee to a student or any other person shall be in accordance with applicable state law.

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Revised by Board: January 1986
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Revised by Board to conform with practice: May 22, 1995
Revised by Board: June 23, 1997
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LEGAL REFS:

Colo. Const. art. XVIII, section 14
C.R.S. 12-38-132
C.R.S. 12-38-132.3
C.R.S. 12-43.3-101 et seq.
C.R.S. 22-1-119
C.R.S. 22-1-119.1
C.R.S. 22-1-119.3
C.R.S. 22-1-119.5

C.R.S. 22-2-135
C.R.S. 22-32-139
1 CCR 301-68
6 CCR 1010-6, Rule 9-105

CROSS REFS:

JLCE, First Aid and Emergency Medical Care
JLCD-R, Administering Medicine to Students
JICH, Student Conduct Involving Drugs and Alcohol
JLCDB, Administering Medical Marijuana to Qualified Students on District Property