

Under Oklahoma law, a school nurse, an administrator, or a designated school employee may retain and/or administer prescription and nonprescription medications to students.

For purposes of the policy,

“Medicine” or “medications” includes prescription medications, opioid antagonists, and over-the-counter medicines such as, but not limited to, aspirin, cough syrup and medicated ointments and any other item used to treat an illness, disease, or malady.

The term “legal custodian” means a parent, a court-appointed guardian or a person having legal custody.

“Inhaler” means a device that delivers a bronchodilator to alleviate symptoms of respiratory distress that is manufactured in the form of a metered-dose inhaler or dry-powder inhaler and that may include a spacer or holding chamber that attaches to the inhaler to improve the delivery of the bronchodilator.

“Respiratory distress” means the perceived or actual presence of coughing, wheezing, or shortness of breath.

Except as provided below, students may not retain possession of or self-administer any medicine. Violation of this rule will be reported to the student’s parents and may result in discipline including suspension.

Medicine shall not be administered to students by teachers or administrators except pursuant to the provisions of this policy.

Only designated employees who have successfully completed specific training in the administration of nonprescription and prescription medications may administer such medications.

As further set out below, the district retains the discretion to reject requests for the administration of medication and to discontinue the administration of medication.

A student who has a legitimate health need for a medicine shall deliver the medicine to the school nurse, school administrator, or designee in its original container with the written authorization of the student’s parent or guardian for administration of the medicine. The parent’s authorization must identify the student, the medicine, and include or refer to the label for instructions on administration of the medicine. The medicine will be administered to the student only by the school nurse, an administrator or a designated employee pursuant to the parent’s instructions and the directions for use on the label or in the physician’s prescription. A new authorization form must be completed for each change of medication. Any medication requiring administration longer than two weeks must be accompanied by a physician’s written request. If there are no changes, the authorization must be renewed yearly. If a student brings medications to school without a properly completed authorization form, the school will inform the student’s legal custodian of district policy and the inability to give the medication. The student’s legal custodian may, however, come to the school and dispense the medication to the student. When medication is completed and/or at the end of the school year, the authorization form will be maintained as part of the electronic student’s health record. Forms for medication administration are available in the nurse’s office.

The school nurse shall keep an electronic record of the students to whom medicine is administered, the date of administration, the person who administered the medicine, and the name or type of medicine administered.

Medications must be stored in a separate locked cabinet and not readily accessible to persons other than the persons who will administer the medication. Medications requiring refrigeration will be refrigerated in a secure area.

Any person administering medicine to a student will be trained annually by October 1 of each year by a school nurse or other health care professional to administer medication. Only those successfully completing the training will be authorized to give medication. A current list of those authorized to give medication will be kept at each school and by the school nurse. Training will include:

- A. Review of state statutes and school regulations (including this policy) regarding administration of medication by school personnel.
- B. Procedures for administration, documentation, handling and storage of medication.
- C. Medication needs of specific students, desired effects, potential side effects, adverse reactions and other observations.

Students who are able to self-administer specific medications, such as inhaled asthma medication, anaphylaxis medication, replacement pancreatic enzymes, or use specialized equipment, such as an inhaler or Epinephrine injector, may do so provided such medication and special equipment are transported and maintained under the students’ control within all of the following guidelines:

- A. A licensed physician or dentist provides a written order that the student has a particular medical condition (asthma, anaphylaxis, cystic fibrosis, etc.), is capable of and has been instructed in the proper method of self-administration of medication. It is the student’s legal custodian’s responsibility to contact the physician and

have the physician complete and sign the required order.

- B. There is a written legal custodian authorization for self-administration of medication.
- C. Parents and guardians who elect to have the student self-medicate are accepting that the district, its agents and employees shall incur no liability for any adverse reaction or injury suffered by the student as a result of the self-administration of medication and/or using the specialized equipment.
- D. The written authorization will terminate at the end of the school year and must be renewed annually.
- E. If the legal custodian and physician authorize self-medication, the district is not responsible for safeguarding the student's medications or specialized equipment.
- F. Students who self-medicate are prohibited from sharing or playing with their medication, or special equipment. If a student engages in these activities, the legal custodian will be contacted and a conference will be scheduled with the legal custodian, student, nurse and other appropriate persons.

#### MEDICATION POLICY EXCEPTION

Union Public Schools allows for an exception to the medication policy when a physician deems it essential and appropriate for a student with asthma to carry an inhaler or a student with a severe allergic reaction to carry an epinephrine injector with them at all times and self-administer the medication as prescribed.

The following policy outlines the procedures necessary for an exception to Board Policy #5008:

- A. A "School Asthma Management Plan" or an "Allergy Action Plan" will be completed by the legal custodian and remain on file in the nurse's office for the school year an exception is desired.
- B. A copy of the Asthma Management Plan or Allergy Action Plan will be given to the student's teacher and other appropriate school personnel. The legal custodian assumes responsibility for updating medical and emergency contact information on the plan.
- C. All medication brought to school must have the pharmacy label attached with the name and address of the pharmacy of origin, date of filling, name of student, name of physician, name of prescribed medication, directions for administration and prescription number.
- D. An authorization form must be signed by the prescribing physician, the student's legal custodian and the student. Signing of the authorization indicates the student has been trained in proper use of the medication and is responsible for keeping the medication in a safe and responsible manner.
- E. In the absence of either physician/legal custodian authorization form or a medication properly labeled from a pharmacy, the student will not be allowed to retain his medication or to self-medicate.
- F. A properly labeled inhaler or epinephrine injector will also be stored in the nurse's office to ensure medication is available.
- G. The student will go to the nurse after each self-administered dose of medication for evaluation and documentation.

Students will not be allowed to self-administer:

- A. narcotics
- B. prescription pain killers
- C. controlled drugs
- D. other medication hereafter designated in writing by the district.

Students may administer injectables only in the school office in the presence of authorized school personnel.

The district strongly recommends that students who must self-medicate should wear Medic Alert bracelets or necklaces.

#### NONPRESCRIPTION MEDICATION

Nonprescription medication will only be administered by school staff with written authorization of the legal custodian. The nonprescription medication will be administered according to label directions or written instructions from the student's physician. The medication must be in the original container that indicates:

- A. Student name (affixed to the container)
- B. Ingredients
- C. Expiration date
- D. Dosage and frequency

E. Administration route, i.e., oral, drops, etc.

F. Other directions as appropriate.

Aspirin (acetylsalicylic acid) and products containing salicylic acid will only be administered with written instructions of the student's physician. It is the responsibility of the legal custodian to maintain the supply.

#### **PRESCRIPTION MEDICATION**

Prescription medication will only be administered by school staff with written authorization and instructions.

Prescription medication must be in the original container that indicates:

- A. Student name
- B. Name and strength of medication and expiration date
- C. Dosage and directions for administration
- D. Name of the licensed physician or dentist
- E. Date, name, address and phone number of the pharmacy.

It is the responsibility of the legal custodian to maintain the supply.

Any medication that is not reclaimed by the legal custodian by the last official day of the school year or reclaimed within seven days of being discontinued by the prescribing physician will be destroyed by the designated employee or the school nurse in the presence of a witness.

The person who destroys the medication will record the following information:

- 1. date of destruction
- 2. time of destruction
- 3. name and quantity of medication destroyed
- 4. manner of destruction of medication

Any and all controlled substances will be destroyed according to state law.

The school nurse or designated employee will advise the principal if discontinuance of medication is appropriate and assist in informing the legal custodian. Legitimate reasons for discontinuing administration of medication would include, but not be limited to:

- A. A legitimate lack of space or facility to adequately store specific medication;
- B. Lack of cooperation by the student, parent or guardian and/or prescribing doctor and the district;
- C. An unexpected and/or adverse medical reaction to the medication at school, i.e., mood change, allergic reaction, etc., considered to be deleterious to the health and well-being of the student;
- D. Any apparent change in the medication's appearance, odor or other characteristics that question the quality of the medication; and
- E. The medication expiration date has passed.

#### **Administration of Emergency Opiate Antagonists (e.g. Naloxon) by District Personnel**

District medical personnel (certified school nurse or any other nurse employed by or under contract with the district) or any other person designated by the Superintendent may administer, regardless of whether there is a prescription or standing order in place, an emergency opiate antagonist for a suspected opioid overdose by a student or other individual exhibiting signs of an opioid overdose.

The Superintendent may authorize one or more district employees to receive training offered by the Department of Mental Health and Substance Abuse Services, a law enforcement agency or any other entity in recognizing the signs of an opioid overdose and administering an emergency opioid antagonist. The Superintendent may designate persons to receive this training who have been required to receive annual training in cardiopulmonary resuscitation and the Heimlich maneuver (70 Okla. Stat. §1210.199). Furthermore, if a person or persons designated and trained to administer an emergency opioid antagonist are absent, the Superintendent or designee may authorize any person, regardless of whether there is a prescription or standing order in place, to administer an emergency opioid antagonist to a student or other individual exhibiting signs of an overdose.

Any person administering an emergency opioid antagonist to a student or other individual at a school site or school-sponsored event, in a manner consistent with addressing opioid overdose, shall be covered by Oklahoma's Good

Samaritan Act. In the event of a suspected overdose, the district and its employees or designees shall be immune from civil liability in relation to the administration of an emergency opioid antagonist.

As used in this section, “emergency opioid antagonist” means a drug including, but not limited to, naloxone that blocks the effects of opioids and that is approved by the United States Food and Drug Administration for the treatment of an opioid overdose.

#### District-Wide Use of Epinephrine Injectors

The board of education has authorized the Superintendent to obtain a prescription for Epinephrine injectors in the name of the school. This prescription will be of a quantity sufficient to provide for two (2) injectors at each site.

The Superintendent will designate personnel at each site to:

- be responsible for obtaining and maintaining an adequate supply of injectors from the central office;
- ensure appropriate training on the administration of the injectors for designated staff members;
- distribute and maintain annual parent/guardian consent forms.

No employee, except a school nurse, will be required to agree to be trained in the use of Epinephrine injectors or administer Epinephrine injections.

District employees are still required to call 911 in the event of an emergency, including any time an Epinephrine injector is used.

Annual written notice will be provided to all parents/guardians that trained employees are authorized to administer Epinephrine injections to any student who appears to be having an anaphylactic reaction if the parent /guardian has given written consent and waived liability related to the good faith use of the injection. No Epinephrine injection shall be given if the proper written consent is not on file with the district.

#### District-Wide Use of Glucagon

The board of education has authorized the Superintendent to obtain a prescription for Glucagon in the name of the school district.

The school district will:

- inform, in writing, the parent or legal guardian of each student with a diabetes medical management plan that a school nurse, school employee trained by a health care professional or a school employee who has volunteered and successfully completed training to be a diabetes care assistant may administer, with parent or legal guardian written consent but without a health care provider order, Glucagon to a student with diabetes whom the school nurse, trained employee, or a school employee who has volunteered and successfully completed training to be a diabetes care assistant in good faith believes is having a hypoglycemic emergency or if the student's prescribed Glucagon is not available on site or has expired;
- designate the employee responsible for obtaining Glucagon for each school site from a licensed physician with prescriptive authority; and
- maintain Glucagon at each school site in accordance with the manufacturer's instructions.

School employees are still required to call a student's parent or guardian and 911 in the event of an emergency, including any time an employee believes a student is experiencing a hypoglycemic emergency.

A waiver of liability executed by a parent or legal guardian must be on file with the school district prior to administration of Glucagon. Written consent and waiver of liability shall be effective for the school year in which it is granted and shall be renewed each subsequent school year.

#### District-Wide Use of Inhalers

The board of education has authorized the Superintendent to obtain a prescription for inhalers and spacers or holding chambers in the name of the school district. This prescription will be of a quantity sufficient to provide for two (2) inhalers with spacers and holding chambers in a secure location at each school site.

The Superintendent will designate personnel at each school site to:

- be responsible for obtaining and maintaining an adequate supply of inhalers with spacers and holding chambers from the district's central office;
- ensure appropriate training on the administration of the inhalers with spacers and holding chambers for

designated staff members;

- distribute and maintain annual parent/guardian consent forms.

Only a school nurse or school employee trained by a health care professional will be required to agree to be trained in the use of inhalers with spacers and holding chambers.

School employees are still required to call 911 in the event of an emergency, including any time an employee believes a student is experiencing respiratory distress.

Annual written notice will be provided to all parents/guardians that trained employees are authorized to administer inhalers to any student who is believed to be experiencing respiratory distress.

The District must also immediately notify a student's parent/guardian after administration of an inhaler.

The parent/guardian must provide written consent and waive liability related to the good-faith use of the inhaler. No inhaler shall be given if the proper written consent from the parent/guardian is not on file with the district.

#### Seizure-Rescue Medication (Seizure-Safe Schools Act)

Beginning January 1, 2022, at every school site that has a student enrolled who (1) has a seizure disorder and (2) has a seizure rescue medication or other medication prescribed to treat seizure disorder symptoms approved by the Food and Drug Administration and any successor agency that is prescribed by the student's health care provider, the district shall have at least one employee who has met the training requirements necessary to (1) administer or assist with self-administration of seizure medications, and (2) recognize the signs and symptoms of seizures and the appropriate steps to be taken to respond to these symptoms. For purposes of this training, the district is permitted by law to use any adequate and appropriate training programs or guidelines for training of school personnel in the seizure disorder care tasks covered under this policy.

Before a seizure rescue medication can be administered to a student to treat seizure disorder symptoms, the student's parent or legal guardian shall do the following:

- A. provide the school with written authorization to administer the medication at school;
- B. provide a written statement from the student's health care provider that shall contain the following information:
  - student's name;
  - the name and purpose of the medication
  - the prescribed dosage
  - the route of administration
  - the frequency that the medication may be administered, and
  - the circumstances under which the medication may be administered.
- C. provide the prescribed medication to the school in its unopened, sealed package with the label affixed by the dispensing pharmacy; and
- D. collaborate with school personnel to create a "seizure action plan," which means a written, individualized health plan designed to acknowledge and prepare for the health care needs of a student diagnosed with a seizure disorder.

The written authorization and seizure action plan shall be kept on file in the office of the school nurse or school administrator, and it shall be distributed to any school personnel or volunteers responsible for the supervision or care of the student. The written authorization and seizure action plan shall be effective only for the school year in which written authorization is granted and may be renewed each following school year upon fulfilling requirements A-D above. The district shall follow all administrative rules promulgated by the State Board of Education for the development and implementation of the seizure education program and the procedures for the development and content of seizure action plans.

Pursuant to state law, a school employee may not be subject to any disciplinary proceedings resulting from an action taken in compliance with the Seizure-Safe Schools Act, and any employee acting in accordance with the provisions of that act shall be immune from civil liability unless the actions of the employee rise to the level of reckless or intentional misconduct. Any district-employed school nurse shall not be responsible for and shall not be subject to disciplinary action for actions performed by a volunteer.

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