

## REGULATIONS FOR THE ADMINISTRATION OF MEDICATIONS TO STUDENTS

The Alexandria City Public Schools requests that all doses of medication be administered by parents/guardians during non-school hours whenever possible and appropriate. When this is not possible or appropriate, the following regulations will be followed for the administration of medications and treatments.

In this policy, the word “physician” will mean all professions legally authorized to prescribe medications in the Commonwealth of Virginia, including, but not limited to, nurse practitioners and dentists.

### I. PRESCRIPTION MEDICATIONS

The following requirements govern administration of prescriptive medications at school or school activities during school hours.

Prescription medications will be administered only with a written physician’s order and only under the following terms and conditions:

- A. All medication which requires administration at school or school activities during school hours shall be delivered by the parent/guardian to the school nurse, or if the nurse is not present, to staff in the main office of the school.
- B. Medication shall be maintained in the original labeled container at all times.
- C. Medication shall only be given with written parental permission for students who are minors (under age 18).
- D. Medication shall be stored in a locked space in the nurse’s office at all times. Medication shall not be stored in the classroom, lockers, or any location in the school. Exceptions may be made on a case-by-case basis only when there is written consent and agreement of the parent/guardian, prescriber, school administrator, and school nurse.
- E. When medication must be administered during a field trip or other off-campus school activity, the medication shall be transported by the staff member designated to administer the medication in the original labeled container or a pill envelope on which complete label information has been written by the school nurse. A copy of the completed medication authorization form will accompany the medication.
- F. The initial dose of medication should be administered at home so that the parent/guardian may observe the student for any reaction.
- G. Medication shall be administered at school or school activities only by the school nurse or principal’s designee. The school administrator, after consultation with the school nurse, shall be responsible for selecting and ensuring training at least two individuals to administer medication and provide treatments in the absence of the school nurse. The individuals shall follow the record-keeping procedures established by the school nurse.
- H. The school nurse shall follow standard nursing practices when administering medication, including, but not limited to, counting medications upon receiving and returning them, recording medication delivery, and noting exceptions/variances. It is the right and obligation of the nurse to question medication orders that may be erroneous and/or harmful and to verify the validity of any medication order. After questioning such an order, the school nurse shall consult with the Health Services Coordinator.

- I. Any staff member other than the school nurse requested by a principal to administer medication to a student may decline to accept this responsibility without prejudice. This refusal shall be communicated in a timely manner to the principal to allow medication to be given on schedule.
- J. The requirement for a physician's order means that a written note, fax, or completed "Authorization to Administer Medication" form from the physician must accompany prescription medications. The pharmacist's label will not be used as a substitute for a written physician order except in the case of antibiotics given for a period of fourteen (14) days or less.
- K. Any change in dosage or frequency of administration shall be communicated to the school nurse in writing on the physician's stationery or prescription pad. Only in an emergency shall the school nurse accept a verbal order by telephone from a physician for a prescription change. An order relayed by telephone by the physician's office staff shall not be accepted. When a physician's order is accepted by telephone, the parent shall be notified and shall provide the nurse with a written order from the physician within three (3) days confirming the change.
- L. At the beginning of each school year, all medications shall require new documentation for administration. There shall be no carry-over orders or medications.
- M. Injectable medication, inhaled medication, skin patch, gastric tube, and intravenous preparations shall be considered prescription medication and shall be given according to standard procedures and OSHA regulations.
- N. All medications must be FDA approved pharmaceuticals (prescription and non-prescription) administered within their therapeutic range and within standards of acceptable medical regimen. Homeopathic preparations will not be administered.
- O. Only pre-filled epinephrine auto-injectors shall be accepted for use in school for epinephrine injections.
- P. Inhalers – A student shall be permitted to carry a medication inhaler with the agreement of the physician, parent/guardian, school nurse, and administrator. Before a student carries an inhaler in school, the school nurse shall discuss the medication, side effects, safety precautions, and inhalation procedure with the student. A procedure for recording medication use shall be established by the school nurse.

## **II. NON PRESCRIPTION MEDICATIONS**

### **A. Grades K-8**

- 1. SHORT TERM ADMINISTRATION (Daily administration for five (5) consecutive school days or less, or on an as-needed (PRN) basis for up to five (5) consecutive days or less.)
  - a. Parent/guardian must complete and sign the appropriate "Authorization to Administer Medication" form, including the exact dates, times and dosage. Information on other medication that the student is taking will be completed
  - b. A physician's prescription is not necessary.
  - c. Medication shall be in an unopened bottle or box and labeled with the student's name.
- 2. LONG TERM ADMINISTRATION (Administration for more than five (5) consecutive days or daily "as needed" (PRN))

- a. Requires the same procedures as administration of prescriptive medications (see Section I “Prescription Medications”)

**B. Grades 9-12**

- 1. Parent/guardian must give written authorization, stating name and strength of non-prescription medication and the frequency of administration. This authorization shall be valid for the school year.
- 2. The medication will be in the original container.
- 3. Only one day’s supply shall be brought to school each day.
- 4. The original of the parent/guardian permission shall be on file in the school nurse’s office. The student shall carry a copy signed and dated by the school nurse when it was received.
- 5. Liquid medication shall be kept in the school health office.
- 6. Students authorized to possess non-prescription medications shall not distribute them to others and will be disciplined for doing so under Policy JFC-R.

Established: June 11, 2015

Revised:

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

<u>Cross Refs.:</u>	<u>EBBA</u>	<u>First Aid/CPR and AED Certified Personnel</u>
	<u>JFC-R</u>	<u>Standards of Student Conduct</u>
	<u>JHCD</u>	<u>Administration of Medications to Students</u>
	<u>JHCE</u>	<u>Recommendation of Medication by School Personnel</u>
	<u>JO</u>	<u>Student Records</u>

**ALEXANDRIA CITY PUBLIC SCHOOLS  
AUTHORIZATION TO PROVIDE TREATMENT/PROCEDURE IN SCHOOL**

Name of student: \_\_\_\_\_ Grade: \_\_\_\_\_  
School Year: \_\_\_\_\_ Name of School: \_\_\_\_\_  
Birth Date: \_\_\_\_\_

**PART I: TO BE COMPLETED BY PARENT/GUARDIAN:**

I request that the treatment/procedure as described by my physician/licensed health care provider be administered in school by the Alexandria City Public Schools school nurse or principal's designee. I understand that I must supply the school with the equipment/supplies listed as necessary for the treatment/procedure.

Name: \_\_\_\_\_  
(Signature) (Printed name)

Telephone Number: \_\_\_\_\_  
(Home) (Work) (Cell/Emergency)

**PART II: TO BE COMPLETED BY A PHYSICIAN OR LICENSED HEALTH CARE PROVIDER:**

Describe treatment/procedure to be administered:

\_\_\_\_\_  
\_\_\_\_\_

Primary diagnosis/pertinent history:

\_\_\_\_\_  
\_\_\_\_\_

Equipment/Supplies necessary for procedure:

\_\_\_\_\_  
\_\_\_\_\_

Treatment start date: \_\_\_\_\_ End date: \_\_\_\_\_

Physician/Licensed Medical Provider's Name: \_\_\_\_\_  
(Signature) (Printed/Stamped)

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Date: \_\_\_\_\_

**PART III: TO BE COMPLETED BY SCHOOL NURSE:**

Check as appropriate:

- \_\_\_\_\_ Part I and Part II completed with all information
- \_\_\_\_\_ Equipment and Supplies provided

Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_