

## **ADMINISTERING MEDICINES TO STUDENTS**

The Governing Board directs the Principal to prescribe and enforce procedures governing the administration of a prescription medication or a patent or proprietary medication to students by District staff.

The District will coordinate with the parent/legal guardian and the student's health care provider when it is necessary for a student to take medication during the school day.

- A. There must be a written order from the physician stating the name of the medicine, the dosage, and the time it is to be given.
- B. There must be written permission from the parent to allow the school or the student to administer the medicine. Appropriate forms are available from the school office.
- C. The medicine must come to the school office in the prescription container or, if it is over-the-counter medication, in the original container with all warnings and directions intact.

An administrator may designate school staff to administer the medication. Each administration of medication must be documented, making a record of the student having received the medication. Medication must be kept in their original containers in a locked cabinet.

### Prescription Medication

#### Epinephrine

- A. Determining if symptoms indicate possible anaphylactic shock.
- B. Selecting the appropriate dosage of auto-injectable epinephrine to administer pursuant to a standing order.
- C. Injecting epinephrine via auto-injector pursuant to a standing order, noting the time and dose given.
- D. Calling 911 to advise that anaphylactic shock is suspected, and epinephrine was administered.
- E. Keeping the person stable until emergency responders arrive.
- F. Advising school medical personnel and administration of the incident.
- G. Repeating the dose pursuant to a standing order when symptoms persist, and emergency responders have not arrived.
- H. Providing emergency responders with the used epinephrine auto-injector labeled with name, date and time administered.

- I. Assuring that parent/legal guardian has been notified and advised to promptly alert student's primary care physician of the incident.
- J. Completing written documentation of the incident, detailing who administered the injection, the rationale for administering the injection, the approximate time of the injection or injections, and notifications made to school administration, emergency responders, the student's parent/legal guardian, and the doctor or chief medical officer who issued the standing order.
- K. Ordering replacement dose or doses of auto-injectable epinephrine.
- L. Reviewing any incident involving emergency administration of epinephrine to determine the adequacy of response.

#### Staff Administration of Auto-Injectable Epinephrine in an Emergency

If the District voluntarily chooses or is required to stock auto-injectable epinephrine, the following provisions apply.

The District will designate a minimum of two school personnel for each school site who shall be required to receive annual training in the proper administration of auto- injectable epinephrine in cases of anaphylactic shock pursuant to standing order. One or more of the trained personnel may be a school nurse or athletic trainer, if employed by the school.

The District shall maintain and make available upon request a list of those school personnel authorized and trained to administer auto-injectable epinephrine.

#### Report of Incidents of Auto-Injectable Epinephrine Use

The District shall report to the Arizona Department of Health Services all incidents of use of auto-injectable epinephrine in the format prescribed by the Arizona Department of Health Services.

#### Self-Administration

Students who have been diagnosed with anaphylaxis by a health care provider may carry and self-administer emergency medications including epinephrine auto-injectors while at school and school sponsored events, provided the student's name is on the prescription label on the medication container or device and annual written documentation from the student's parent/legal guardian that authorizes possession and self-administration is on file with the school. Following the self-administration of the medication at school or a school sponsored event, the student shall notify the school office nurse as soon as practicable.

Annual Training in Administration of Auto-Injectable Epinephrine

Training in the administration of auto-injectable epinephrine shall be conducted in accordance with minimum standards and curriculum developed by the Arizona Department of Health Services in consultation with the Arizona Department of Education.

Annual Training on the Recognition of Anaphylactic Shock Symptoms and Procedures to Follow When Anaphylactic Shock Occurs

The District shall designate at least two school personnel for each school site who shall be required to receive annual training on the recognition of anaphylactic shock symptoms and in the proper administration of auto-injectable epinephrine in cases of anaphylactic shock pursuant to standing order. One or more of the trained personnel may be a school nurse or athletic trainer if they are employed by the school.

Training shall be conducted in accordance with minimum training standards developed by the Arizona Department of Health Services in consultation with the Arizona Department of Education and shall follow the most current guidelines issued by the American Academy of Pediatrics. Training shall be conducted in collaboration with a public health organization by a regulated health care professional whose competencies include the recognition of anaphylactic shock symptoms and procedures to follow when anaphylactic shock occurs, including but not limited to a licensed school nurse, certified emergency medical technician or licensed athletic trainer.

At a minimum, training shall include procedures to follow when responding to anaphylactic shock, including direction regarding summoning appropriate emergency care, and documenting, tracking, and reporting of the event.

Training shall also include standards and procedures for acquiring a supply of at least two juvenile doses and two adult doses of auto-injectable epinephrine, restocking auto-injectable epinephrine upon use or expiration, and storing all auto-injectable epinephrine at room temperature and in secure, easily accessible locations on school sites.

Training shall also include standards and procedures for acquiring a supply of at least two juvenile doses and two adult doses of auto-injectable epinephrine, restocking auto-injectable epinephrine upon use or expiration, and storing all auto-injectable epinephrine at room temperature and in secure, easily accessible locations on school sites.

The District shall obtain a standing order from its designated district physician licensed pursuant to [A.R.S. Title 32](#), and if no such physician is available to provide a standing order, from the chief medical officer of the Arizona Department of Health Services or the chief medical officer of a county health department.

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Standing orders shall be renewed annually and upon the change of any designated school district physician.

Standing orders shall identify the appropriate dosage of auto-injectable epinephrine to administer based upon weight and the frequency at which auto-injectable epinephrine may be administered if symptoms persist or return.

The Board recognizes that the prescribed annual training is optional during any fiscal year in which a school does not stock epinephrine auto-injectors at the school during that fiscal year.

The District may accept monetary donations for, or apply for grants for, the purchase of epinephrine auto-injectors, or may participate in third-party programs to obtain epinephrine auto-injectors at fair market, free or reduced prices.

Inhalers

The Board directs the Superintendent to prescribe and enforce regulations and procedures in consultation with the Arizona Department of Education, medical professionals, school health professionals, school administrators and an organization that represents school nurses in this state for the administration of inhalers.

Emergency Administration of Inhalers

If the District voluntarily chooses or is required to stock inhalers, the following provisions apply.

Pursuant to a standing order, the school nurse or District staff trained in the administration of inhalers may administer or assist in the administration of an inhaler to a student or adult whom he/she believes in good faith to be exhibiting symptoms of respiratory distress while at a school or at a school sponsored event.

The Superintendent shall develop procedures for the administration of inhalers in emergency situations, as directed on the prescription protocol.

The District shall designate at least two staff at each school to administer inhalers and be trained in the recognition of respiratory distress symptoms, the procedures to follow when respiratory distress occurs, in accordance with good clinical practice, and at least two District staff members at each school to be trained in the administration of inhalers, as directed on the prescription protocol.

Procedures to Follow When Respiratory Distress Occurs

A District that administers inhalers shall:

- A. Prescribe and enforce policies and procedures for the emergency administration of inhalers by designated and trained medical and non-medical personnel.
- B. Designate at least two District staff members at each school to be trained to recognize respiratory distress and administer inhalers.
- C. Require designated District staff to participate in annual training and provide a certificate of successful completion to the school.
- D. Designate District staff who have completed the required training to be responsible for the storage, maintenance, control and general oversight of the inhalers and spacers or holding chambers acquired by the school.
- E. Acquire and stock a supply of inhalers and spacers or holding chambers pursuant to a standing order prescription.
- F. Store medication in a secure, temperature appropriate location, unlocked and readily accessible to designated personnel.

Pursuant to a standing order, District staff trained in the administration of inhalers may administer or assist in the administration of an inhaler to a student or adult whom the personnel believe in good faith to be exhibiting symptoms of respiratory distress while at school or a school-sponsored activity.

Procedures for the Administration of Inhalers In Emergency Situations

The Superintendent shall adopt procedures for the emergency administration of inhalers by designated trained personnel. The procedures shall address, at a minimum, the following requirements:

- A. Determining if symptoms indicate possible respiratory distress or emergency and determine if the use of an inhaler will properly address the respiratory distress or emergency.
- B. Administer the correct dose of inhaler medication, as directed by the prescription protocol, regardless of whether the individual who is believed to be experiencing respiratory distress has a prescription for an inhaler and spacer or holding chamber or has been previously diagnosed with a condition requiring an inhaler.
- C. Restrict physical activity, encourage slow breaths and allow the individual to rest.
- D. Assure that trained District staff stays with the subject who has been administered inhaler medication until it is determined whether the medication alleviates symptoms.
- E. If applicable, instruct office staff to notify the school nurse if the inhaler is administered by a trained but non-licensed person.
- F. Instruct District staff to notify the parent/legal guardian.

- G. Call 911 if severe respiratory distress continues. Advise that inhaler medication was administered and stay with the person until emergency medical responders arrive.
- H. If the individual shows improvement, keep under supervision until breathing returns to normal, with no more chest tightness or shortness of breath, and the individual can walk and talk easily.
- I. Allow a student to return to class if breathing has returned to normal and all symptoms have resolved.
- J. Notify a parent/legal guardian once the inhaler has been administered and the student has returned to class.
- K. Document the incident detailing:
  - who administered the inhaler,
  - the approximate time of the incident, and
  - notifications made to the school administration, emergency responders, and parent/legal guardian.
- L. Retain the incident data on file at the District pursuant to the District's general records retention schedule established by the Arizona State Library, Archives and Public Records.
- M. Order replacement inhalers, spacers and holding chambers as needed.

#### Report of Incidents of Inhaler Use

The District shall report to the parent/legal guardian all incidents of staff administration of an inhaler. The District shall develop procedures for notifying a parent/legal guardian once an inhaler has been administered.

#### Self-Administration

For breathing disorders, students who have been prescribed the medication by a health care provider for breathing disorders may carry a handheld inhaler for self- administration provided the student's name is on the prescription label, on the medication container, or on the handheld inhaler device and annual written documentation from the student's parent/legal guardian that authorizes possession and self-administration is on file with the school.

#### Annual Training in Administration of Inhalers

Training in the recognition of respiratory distress symptoms and the procedures to follow when respiratory distress occurs and the administration of inhalers, shall be conducted in accordance with good clinical practice, as directed on the prescription protocol, by designated medical and nonmedical school personnel.

The District shall be required to train a minimum of two school staff for each school site in the recognition of respiratory distress symptoms, the procedures to follow when respiratory distress occurs, and the administration of inhalers, as directed on the prescription protocol. While each school is required to have two trained personnel in order to implement the stock inhaler policies, schools may train as many personnel as they feel necessary.

Training in the administration of inhalers shall be conducted by a nationally recognized organization or professionally certified medical professionals that are experienced in training laypersons in emergency health treatment.

Training may be conducted online or in person and at a minimum shall include:

- A. How to recognize signs and symptoms of respiratory distress in accordance with good clinical practice.
- B. Standards and procedures for the storage of inhalers.
- C. Standards and procedures for the administration of an inhaler, as directed on the prescription protocol.
- D. If necessary, emergency follow-up procedures after the administration of an inhaler.

Annual training is required for all District designated staff. District staff who participate in the training and are issued certificates of completion shall submit this certificate to the school.

#### Standing Orders

The District shall develop procedures for annually requesting a standing order for inhalers and spacers or holding chambers pursuant to [A.R.S. § 15-158](#). The District shall obtain a standing order and prescription for inhalers and spacers or holding chambers from the chief medical officer of a county health department, or its health care provider. Standing orders and prescriptions shall be requested and renewed annually.

The District may accept monetary donations for, or apply for grants for, the purchase of inhalers and spacers or holding chambers, or may accept donations of inhalers and spacers or holding chambers directly from the product manufacturers.

#### Diabetes Management

The Board directs the Superintendent to adopt procedures for students who have been diagnosed with diabetes by a health care provider to manage their diabetes in the classroom, on school grounds and at school-sponsored activities as authorized by the health care provider. The procedures shall include the following components:

- A. The parent/legal guardian shall annually submit a diabetes medical management plan to the student's school authorizing the student to carry appropriate medications and monitoring equipment. If applicable, the plan will acknowledge the student is capable of self-administration of those medications and equipment. The diabetes medical management plan provided by the parent/legal guardian shall be signed by a health care provider and shall state that the student is capable of self-monitoring blood glucose and shall list the medications, monitoring equipment and nutritional needs that are medically appropriate for the student to self-administer and that have been prescribed or authorized for that student.
- B. A requirement that any medication administration services specified in the child's diabetes medical management plan shall be provided.
- C. A requirement that the diabetes medical management plan shall specify a method to dispose of equipment and medication in a manner agreed upon by the parent/legal guardian and the school.
- D. A requirement that student must be capable of practicing proper safety precautions for the handling and disposal of the equipment and medication authorized for use in student's diabetes medical management plan.
- E. The District may withdraw a student's authorization to self-monitor blood glucose and self-administer diabetes medication if the student fails to practice proper safety precautions as set forth in the diabetes medical management plan.
- F. The District may designate two or more staff to serve as voluntary diabetes care assistant, subject to approval by the student's parent/legal guardian. Voluntary diabetes care assistants may administer insulin, assist the student with self-administration of insulin, and administer glucagon in an emergency as described in [A.R.S. § 15-344.01](#).

Diabetes Care Assistants and Emergency Administration of Insulin and/or Glucagon

Two (2) or more school staff, subject to final approval by the student's parent/legal guardian, may volunteer to serve as diabetes care assistants. Voluntary diabetes care assistants are allowed to administer insulin, assist the student with self-administration of insulin, administer glucagon in an emergency to a student or perform any combination of these actions if all the following conditions exist:

- A. A school nurse or another health care provider is not immediately available to attend to the student at the time of the emergency.
- B. If the voluntary diabetes care assistant is authorized to administer glucagon, the parent/legal guardian must provide to the school an unexpired glucagon kit prescribed for the student by an appropriately licensed health care provider



- C. If the voluntary diabetes care assistant is authorized to administer insulin, the parent/legal guardian of the student has provided insulin and all equipment and supplies that are necessary for insulin administration by voluntary diabetes care assistants.

### Self-Administration

When a parent/legal guardian has provided the school with a diabetes medical management plan that meets the standards set forth in District policy, the student may be authorized by the plan to carry appropriate medications and monitoring equipment and shall be recognized as capable of self-administration of the medication. Any medication administration services specified in the student's diabetes medical management plan shall be provided to the school.

### Training

Training in the recognition of symptoms and treatment of hyperglycemia and hypoglycemia and the administration of glucagon shall be conducted in accordance with [A.R.S. § 15-344.01](#).

The volunteer diabetes care assistant is required to provide to the school a written statement signed by an appropriately licensed health professional that the voluntary diabetes care assistant has received proper training in the administration of glucagon, including the training specified in [A.R.S. § 15-344.01](#).

The training provided by an appropriately licensed health professional must include all the following:

- A. An overview of all types of diabetes.
- B. The symptoms and treatment of hyperglycemia and hypoglycemia.
- C. Techniques for determining the proper dose of insulin in a specific situation based on instructions provided in the orders submitted by the student's physician.
- D. Techniques for recognizing the symptoms that require the administration of glucagon.
- E. Techniques on administering glucagon.

### Immunity

District staff shall not be subject to any penalty or disciplinary action for refusing to serve as a voluntary diabetes care assistant.

The District, District staff, and properly licensed volunteer health care providers are immune from civil liability for the consequences of the good faith adoption and implementation of policies and procedures pursuant to District policy and this regulation.

Seizure Management and Treatment Plans

The parent/legal guardian of a student who has a seizure disorder and who is enrolled with the District may submit to the District a copy of a seizure management and treatment plan, developed by the parent/legal guardian and student's physician responsible for the student's seizure treatment, for school staff to use if the student suffers a seizure at school or while participating in a school-sponsored activity. The plan must be submitted to and reviewed by the District before or at the beginning of the school year, when the student enrolls (if enrollment occurs after the start of the school year) or as soon as practicable following a diagnosis of the student's seizure disorder.

Seizure management and treatment plans must:

- A. Outline procedures recommended by the physician responsible for the student's seizure treatment to manage an active seizure if the student suffers a seizure at school or while participating in a school-sponsored activity;
- B. Outline health care services available at the school that may help the student manage his/her seizure disorder at school or while participating in a school-sponsored activity; and
- C. Be signed by the student's parent/legal guardian and the physician responsible for the student's seizure treatment.

A school nurse employed by or under contract with the District shall review each seizure management and treatment plan. If a school nurse is not available, the District shall designate an employee to be responsible for reviewing seizure management and treatment plans.

Immunity

District staff are immune from civil liability with respect to all decisions made and actions taken that are based on good faith implementation of a seizure management and treatment plan submitted pursuant to this section, including an action or failure to act in administering a medication, assisting with self-administration or otherwise providing for the care of a student under a seizure management and treatment plan submitted for the student under this section, except in cases of gross negligence, willful misconduct or intentional wrongdoing.

Training

A school nurse employed by or under contract with the District shall complete an online course of instruction for school nurses regarding managing students with seizure disorders. The course must be approved by the state board of education and include information about seizure recognition and related first aid.

Each school shall have at least one school employee at the school other than a school nurse who has met the training requirements necessary to administer or assist with the self-administration of both of the following:

- A. A seizure rescue medication or a medication prescribed to treat seizure disorder symptoms as approved by the United States Food and Drug Administration, or its successor agency.
- B. A manual dose of prescribed electrical stimulation using a vagus nerve stimulator magnet as approved by the United States Food and Drug Administration, or its successor agency.

District staff whose duties at the school include regular contact with students shall complete an online course of instruction for District staff regarding awareness of students with seizure disorders. The course must be approved by the Arizona State Board of Education and include information about seizure recognition and related first aid.

The District is compliant with this section if a student requires an educational accommodation under Section 504 of the Rehabilitation Act of 1973 and the student's accommodation plan includes a seizure management and treatment plan.

#### Naloxone

The Board directs the Superintendent to prescribe and enforce procedures for the emergency administration of naloxone hydrochloride or any other opioid antagonist approved by the United States Food and Drug Administration by district staff pursuant to [A.R.S. § 36-2267](#), Administration of opioid antagonist; exemption from civil liability; definition, which, in part states the following:

- A. A person may administer an opioid antagonist that is prescribed or dispensed pursuant to [A.R.S. §§ 32-1979](#) or [36-2266](#) in accordance with the protocol specified by the health care provider to a person who is experiencing an opioid-related overdose.
- B. A person who in good faith and without compensation administers an opioid antagonist to a person who is experiencing an opioid-related overdose is not liable for any civil or other damages as the result of any act or omission by the person rendering the care or as the result of any act or failure to act to arrange for further medical treatment or care for the person experiencing the overdose, unless the person while rendering the care acts with gross negligence, willful misconduct or intentional wrongdoing.

The District may obtain, directly or by a standing order, from a health care provider and authorized by law to prescribe drugs or any other health professional who has prescribing authority and who is acting within the health professional's scope of practice, naloxone hydrochloride or any other opioid antagonist that is approved by the United States food and drug administration for use according to the protocol specified by the health care provider to a person who is at risk of experiencing an opioid-related overdose, to a family member of that person, to a community organization that provides services to persons who are at risk of an opioid-related overdose or to any other person who is in a position to assist a person who is at risk of experiencing an opioid-related overdose.

The District shall summon emergency services as soon as practicable, either before or after administering the opioid antagonist.

#### Over-the-Counter Medication

When it is necessary for a student to receive a medicine that does not require a prescription order but is sold, offered, promoted, and advertised to the general public, the District shall establish procedures to ensure the protection of the school and the student.

#### Protection of Students

Use or administration of medication on school premises may be disallowed or strictly limited if it is determined by the Superintendent, in consultation with medical personnel, that a threat of abuse or misuse of the medicine may pose a risk of harm to a member of the student population.

The student shall take extraordinary precautions to keep secure any medication or drug, and under no circumstances shall make available, provide, or give the item to another person. The student shall immediately report the loss or theft of any medication brought onto school campus. Violations of these requirements may subject the student to disciplinary action.

#### Definitions

"Administration of a prescription medication or a patent or proprietary medication" means the giving of a single dose of medication or the giving of a treatment package in its original container.

"Anaphylactic shock" is a severe systemic allergic reaction, resulting from exposure to an allergen, which may result in death.

"Authorized entity" refers to the District.

"Auto-injectable epinephrine" means a disposable drug delivery device that is easily transportable and contains a premeasured single dose of epinephrine used to treat anaphylactic shock.

"Bronchodilator" means Albuterol or another short-acting bronchodilator that is approved by the United States Food and Drug Administration for the treatment of respiratory distress.

"Dietary supplement" means any of the following substances when contained in the form of a pill or powder: a vitamin; a mineral; an herb or other botanical; an amino acid; a dietary substance used to increase or decrease body weight, muscle mass or metabolism; or any concentrate, metabolite, extract, or combination of the foregoing ingredients.

"Health care provider" means a licensed Doctor of Medicine or osteopathic medicine, nurse practitioner, physician assistant, or pharmacist.

"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 that includes a spacer or holding chamber that attaches to the inhaler to improve the delivery of the bronchodilator.

"Medical monitoring device" means any device used to monitor blood glucose, oxygen saturation, heart rate or other physiological function.

"Medication" means any prescription medication or over-the-counter medication.

"Over-the-counter medication" means any non-narcotic drug that may be sold without a prescription and is prepackaged and labeled for use by a consumer in accordance with the requirements of State and federal law.

"Person" includes District staff acting in the person's official capacity.

"Prescription medication" means any drug that is dispensed for use by a named student pursuant to a health care provider's order.

"Patent or proprietary medication" means is an over-the-counter (nonprescription) medicine or medicinal preparation that is typically protected and advertised by a trademark and trade name (and sometimes a patent) and claimed to be effective against minor disorders and symptoms.

"Staff" means District-employed staff or nurses who are under contract with the District.

"Standing order" means a prescription protocol or instructions issued by the chief medical officer of the department of health services, the chief medical officer of a county health department, or health care provider for non-individual specific epinephrine.