MICHIGAN Department of Education

MODEL POLICY AND GUIDELINES FOR ADMINISTERING MEDICATIONS TO PUPILS AT SCHOOL

School District/ISD/Nonpublic/PSA Name: _____

Date of Public Review of Plan: _____

MODEL POLICIES AND GUIDELINES FOR ADMINISTERING MEDICATIONS TO PUPILS AT SCHOOL

The following definition of "medication" is adopted for use in this district/school: medication, includes prescription, non-prescription and herbal medications, and includes those taken by mouth, by inhaler, those that are injectable, and those applied as drops to eyes, nose, or medications applied to the skin.

- The pupil's parent/guardian will give the school written permission and request to administer medication(s) to their pupil.
- Written instructions from a physician, which include the name of the pupil, name of the medication, dosage of the medication, route of administration, and time the medication is to be administered to the pupil shall accompany the request and be kept on record by the school.
- Parental or guardian request/permission and a physician's instructions for administration shall be renewed every school year.
- The building administrator will designate an individual(s) responsible for administering medications to pupils at that school.
- Medications must be administered by one adult in the presence of a second adult, except where the individual administering the medication is a licensed registered professional nurse (as described in the Michigan Revised School Code, Section 380.1178), or when an emergency threatens the life or health of the pupil.
- Each building shall have a plan for handling medical emergencies.
- Students with disabilities who have an Individualized Educational Program (IEP) or Section 504 Plan shall be included under the policy and procedures that govern the administration of medications. Note: The policy and procedures should not violate either the Individuals with Disabilities Education Act (IDEA) or Section 504 of the Rehabilitation Act.

Guidelines for Administration of Medications to Pupils in School

- A building administrator may set a reasonable designated time for the administration of medications. The parent/guardian shall be informed of this designated time and communicate this to the physician when he/she writes medication administration instructions. The school may request that the physician send a written explanation with the medication administration instructions to the school if an exception to the school's designated time is necessary.

- A building administrator shall request that a pharmacy supply the oral medication in the exact dosage prescribed so that the individual administering medications is not responsible for dividing/splitting pills.
- Any adverse reaction to medication, as described on the physician's written instructions, shall be reported to the pupil's parent/guardian immediately.
- Any errors made in the administration of medications shall be reported to the building administrator immediately, and a written report completed and entered into the pupil's school record. The building administrator is responsible for reporting the medication error to the pupil's parent/guardian immediately.
- When it is necessary for a pupil to have medication administered while on a school-sponsored field trip or off-site activity, the individual designated to administer medication must carry the medication in the original container, and record the necessary information on the medication log upon return from the trip/activity.

POLICIES FOR SELF-ADMINISTRATION/SELF-POSSESSION OF MEDICATIONS

The following definition of "self-administration/self-possession" is adopted for use in this district/school: Self-administration means that the pupil is able to consume or apply prescription and non-prescription medication in the manner directed by the physician without additional assistance or direction. Self-possession means that the pupil may carry medication on his/her person to allow for immediate and self-determined administration.

- A pupil whose parent/guardian and physician provide written permission will be able to self-administer and self-possess his/her own medications.
- A medication that a pupil possesses must be labeled and prepared by a pharmacy or pharmaceutical company and include the dosage and frequency of administration.
- A pupil's use cannot be denied if the conditions of written permission and physician direction are met. A building administrator may discontinue a pupil's right to self-administer and self-possession if there is misuse by the pupil. The denial shall follow a consultation with the parent/guardian.
- For example, a pupil who requires the use of an inhaler for relief or prevention of asthma symptoms will be allowed to carry and use the inhaler if there is written approval from the pupil's physician and parent/guardian on record at the school (as described in the Michigan Revised School Code, Section 380.1179). A pupil who is in possession of an inhaler under the above conditions shall have each of his/her teachers notified of this by the building administrator.

POLICIES FOR SCHOOL STAFF TRAINING

- All individuals designated to administer medication are encouraged to receive in-service training on all district policies and procedures related to this responsibility. School staff must be trained by a licensed registered professional nurse, physician, or physician assistant who has knowledge of local school medication policies and procedures.

Procedures for Training of School Staff in Administration of Medications to Pupils in School

- In-service training is recommended to be four hours in length and actual "hands-on" practice in identifying and dispensing medications.
- Individuals, with the exception of a licensed registered professional nurse, who are responsible for administering any medications that must be given by injection, by nebulizer, or administered rectally, vaginally, or into the bladder, must receive one-to-one training by a licensed health professional.

- Documentation that school personnel have completed in-service training shall be maintained by the school and made available, upon request, to a pupil's parent/guardian, physician, licensed registered professional nurse, or by a school district official.

POLICIES FOR STORAGE AND ACCESS TO MEDICATIONS IN SCHOOL

- All medication shall be kept in a labeled container as prepared by a pharmacy, physician, or pharmaceutical company with the pupil's name, the name of the medication, dosage, and the frequency of administration.
- Medications shall be stored in a school location that is kept locked.
- Emergency medications may be stored in an area readily accessible to the individual designated to administer them.
- All controlled-substance[1] medications will be counted and recorded upon receipt from the parent/guardian. The medication shall be recounted on a regular basis (monthly or bi-weekly) and this count reconciled with the medication administration log/record.

Procedures for Storage and Access to Medications in School

- It is recommended that medications be brought to the school by the pupil's parent or guardian.
- No changes to medication dosage or time of administration will be made except by instruction from a physician.
- Parental or guardian request/permission and a physician's instructions for administration of medications shall be renewed every school year.
- Expiration dates on prescription medication, epi-pens, and inhalers shall be checked at least twice each school year.
- Medication left over at the end of the school year, or after a pupil has left the district, shall be picked up by the parent/guardian. If this is not done, the individual who administers the medication will dispose of the medication and record this disposal on the medication log. This procedure shall be witnessed and initialed by a second adult.

POLICIES FOR RECORD-KEEPING RELATED TO MEDICATIONS IN SCHOOLS

- A log of medication administration shall be kept in a school office and filed in a pupil's permanent record at the end of each school year (see sample Medication Administration Daily Log document).
- The individual pupil log shall be kept until one year after the pupil's graduation from high school.

Procedures for Record-Keeping of Medications in Schools

- The medications log shall include the pupil's name and the name and dosage of the medication. The individual giving the medication shall record the date and time of administration of the medication. The log shall be signed and witnessed by a second adult.
- If an error is made in recording, the individual who administered the medication shall cross out, initial the error, and make the correction in the log.

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[1] Controlled-substance is defined as a drug regulated by the Federal Controlled Substances Acts, including opiates, depressants, stimulants, and hallucinogens.

MICHIGAN Department of Education

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TRAINING GUIDELINES

Training for all individuals who are designated to administer medications to pupils in local and intermediate school districts, public school academies, and nonpublic schools must include all of the following content and skill practice:

1. A review and discussion of all Michigan and federal laws pertaining to the administration of medications to pupils in schools, including discussion of confidentiality issues.

2. A review and discussion of all policies and procedures relating to medications in schools including areas of responsibility of school administrators, individuals designated to administer medications (i.e., secretaries, aides, teachers, bus drivers, parents), and medical professionals (i.e., physicians, physician assistants, nurses).

3. Identification of the forms related to the administration of medications in schools.

4. Safe storage and handling of medications in school including procedures for receiving and disposing of medications.

5. The use, effect, and route of administration of the most commonly prescribed medications in schools, including adverse effects.

6. Procedures for safely dispensing medications to pupils in schools, on field trips, and other off-site school activities.

7. Practice in identifying and dispensing medications to pupils.

8. Policies and procedures related to pupil self-administration and self-possession of medication in schools.

9. Review and practice recording administration of medications.

10. Review and discuss procedures for dealing with medication administration errors.

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RESOURCES FOR STAFF TRAINING

When selecting a person to train individuals to administer medications, it is imperative that this person knows the policies and procedures of the public school districts, intermediate school districts, public school academies, and nonpublic schools.

1. If the school district employs a licensed registered professional nurse, he/she can conduct the training.

2. The intermediate school district or local health department may also provide licensed professional nursing services for staff training (see list of local health departments in Michigan at http://www.malph.org/page.cfm/18/).

3. A school district can contact the Michigan Association of School Nurses (MASN) at 734-992-2223 or through their website at www.michiganschoolnurses.org to see if there is a licensed registered professional nurse available to provide this training to the district.

4. A medical professional (i.e. physician, nurse, physician assistant) from the community may be available to conduct training for school staff.

5. If none of the above resources for training are available, contact Patty Lawless at the Michigan Department of Education, at 517-373-1122 or by email at lawlessp@michigan.gov.

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TRAINING CHECKLIST

Date(s) of training: _____

Trainer(s) name and qualifications: _____

_____

_____

Names and job titles of individuals attending this training: ☐ attached

CONTENT AND SKILLS TAUGHT TO TRAINING PARTICIPANTS SHALL INCLUDE:

☐ Review of Michigan laws governing the administration of medications to pupils in schools.

☐ Discussion of local school policies and procedures relating to the administration of medications to pupils in schools.

☐ Safe storage and handling of medications in schools.

☐ Uses, effects, and routes of administration of most commonly prescribed medications for pupils in schools.

☐ Safe dispensing procedures for medications in schools, including procedures for field trips and other off-site school activities.

☐ Review of local school policies and procedures related to pupil self-administration and self-possession of medications.

☐ Recording procedures for medications administered in schools.

☐ Procedures for dealing with medication administration errors.

☐ Opportunity for participants to ask questions regarding administration of medications to pupils in schools.

Signature of Trainer:_____

MEDICATION ADMINISTRATION DAILY LOG

(To be completed for each medication administered)

School Year _____

Name of Student: _____ Date of Birth: _____ Gender: _____ Grade/Teacher: _____

Name of School: _____ Name of Medication: _____ Dosage: _____

Route(s): _____ Time Given in School: _____ Expiration Date: _____

Directions: Initial with time of administration; a complete signature and initials of each individual administering medications shall be included below.

August	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
September																															
October																															
November																															
December																															
January																															
February																															
March																															
April																															
May																															
June																															

Initial(s) of Individual Administering Medication	Signature	Initial(s) of Individual Administering Medication	Signature
1 _____	_____	7 _____	_____
2 _____	_____	8 _____	_____
3 _____	_____	9 _____	_____
4 _____	_____	10 _____	_____
5 _____	_____	11 _____	_____
6 _____	_____	12 _____	_____

Codes

(A) Absent (O) No Show

(E) Early Dismissal (W) Dosage Withheld

(F) Field Trip (N) No Medication Available

(X) No School (i.e. Holiday, weekend, snow day, etc.)

Use reverse side for reporting significant information (e.g. Observation of medication's effectiveness, adverse reactions, reason for omission, plan to prevent future "no shows"). MDCH – Sample Updated 11/02

Permission Form for Prescribed Medication

School: _____

Sample

Date form received by the school: _____

Student: _____ Date of Birth, or age: _____

Grade: _____ Teacher/Classroom: _____

To be completed by the physicians or authorized prescriber

Name of medication: _____

Reason for medication: (OPTIONAL) _____

Form of medication/treatment:

○ Tablet/capsule ○ Liquid ○ Inhaler ○ Injection ○ Nebulizer ○ Other _____

Instructions (Schedule and dose to be given at school): _____

Start: ○ date form received Other dates: _____

Stop: ○ end of school year Other date/duration: _____

○ For episodic/emergency events only

Restrictions and/or important side effects: ○ None anticipated

○ Yes, Please describe: _____

Special storage requirements: ○ None ○ Refrigerate

Other: _____

This student is both capable and responsible for self-administering this medication:

○ No ○ Yes-Supervised ○ Yes-Unsupervised

This student may carry this medication: ○ No ○ Yes

Please indicate if you have provided additional information:

○ On the back side of this form ○ As an attachment

Date: _____ Signature: _____

Physician's Name: _____

Address: _____

Phone Number: _____

To be completed by parent/guardian

I request that (name of child) _____ receive the above medication at school according to standard school policy.

I request that (name of child) _____ be allowed to self-administer the above medication at school according to the school policy.

Date: _____ **Signature:** _____ **Relationship:** _____

School: _____ This information expires on June 30, _____

SCHOOL-BASED CARE PLAN for the STUDENT with DIABETES

Name: _____ Birth Date: _____

Address: _____

Parents or Emergency Contact: _____ Home Phone: _____

Work Phone: _____ Pager/Cell: _____

SYMPTOMS SPECIFIC TO STUDENT

Low blood sugar

1. _____
2. _____
3. _____

High blood sugar

1. _____
2. _____
3. _____

TO BE COMPLETED BY PHYSICIAN

The following activities will require supervision and/or assistance for _____ during the school day.
Please check all that apply.

- ☐ May self test?
- ☐ Blood glucose testing — Daily at _____
- ☐ Blood glucose testing — as needed per symptoms

- ☐ Target glucose range _____

- ☐ Low blood sugar range _____
- ☐ Intervention _____

- ☐ High blood sugar range _____
- ☐ Intervention _____

- ☐ Ketone Checks — If glucose levels over _____ mg/dl
- ☐ Administer Glucagon — For following symptoms _____
- ☐ Insulin administration — See attached schedule
- ☐ Snack — Daily at _____
- ☐ Snack — As needed

Training for the above procedures will be provided by: _____

_____
Parent/Guardian Signature

_____
Physician Signature

_____
Address

_____
Phone

SIGNS OF A DIABETIC EMERGENCY

LOW BLOOD SUGAR (HYPOGLYCEMIA)

ONSET CAN BE RAPID. MOST LIKELY TO OCCUR AT PEAK INSULIN ACTION TIMES, SUCH AS BEFORE LUNCH.

SIGNS:

FAINTNESS/ WOOZINESS/ SHAKINESS
FATIGUE
SWEATING
DIZZINESS /WEAKNESS
PALE SKIN/CLAMMY SKIN
INAPPROPRIATE ACTIONS /CONFUSION
IRRITABILITY/MOOD CHANGES/ CRANKINESS
DIFFICULTY FOLLOWING INSTRUCTIONS
COMBATIVENESS
INCOHERENT SPEECH
UNCONSCIOUSNESS

SYMPTOMS:

MUSCLE CRAMPING
HUNGER
NERVOUSNESS
STOMACHACHE
BLURRED VISION /HEADACHE
CONVULSIONS

HIGH BLOOD SUGAR (HYPERGLYCEMIA)

ONSET MAY BE GRADUAL OR RAPID AND CAN LEAD TO SEVERE ILLNESS OR EVEN DEATH

EXCESSIVE THIRST AND FREQUENT URINATION
BLURRED VISION
DROWSINESS/FATIGUE
ABDOMINAL PAIN
NAUSEA
VOMITING
LABORED BREATHING AND
FRUITY SMELLING BREATH

CHILDREN AND YOUTH THAT DISPLAY THESE SYMPTOMS SHOULD BE RESPONDED TO IMMEDIATELY. EACH CHILD MAY REACT DIFFERENTLY. YOU SHOULD HAVE A LIST OF SYMPTOMS EACH CHILD MAY EXHIBIT ON FILE ALONG WITH HOW TO RESPOND. FOR ANY OF THE ABOVE SIGNS & SYMPTOMS, REPORT INCIDENT TO THE CHILD'S PARENT/GUARDIAN.

IF THE CHILD IS VOMITING AND IS UNABLE TO TAKE FLUIDS, CONVULSING OR BECOMES UNCONSCIOUS, OR IF YOU ARE UNCERTAIN OF WHAT TO DO

CALL 911 AND THE CHILD'S PARENT /GUARDIAN

Child's Name: _____

Be aware of the following asthma triggers: _____

_____

Severe Allergies: _____

MEDICATIONS TO BE GIVEN AT SCHOOL:

NAME OF MEDICINE	DOSAGE	WHEN TO USE

Side effects to be reported to health care provider: _____

_____

Does this child have exercise-induced asthma? **Yes No**

☐ This child uses an inhaler before engaging in physical exercise and if wheezing during physical activity.

Activity Restrictions (e.g., staying indoors for recess, limited activity during physical education):

_____

_____

Please check all that apply:

☐ I have instructed this child in the proper way to use his/her inhaled medications. It is my professional opinion that this child **should be allowed to carry and use** that medication by him/herself.

☐ It is my professional opinion that this child **should not** carry his/her inhaled medications or epi-pen by him/herself.

☐ Please contact my office for instructions in the use of this nebulizer, metered-dose inhaler, and/or epi-pen.

☐ I have instructed this child in the proper use of a peak flow meter. His/her personal best peak flow is:_____.

Doctor's Signature:_____ Date: _____

Parent/Guardian's Signature(s): _____ Date: _____

_____ Date: _____

OVER FOR EMERGENCY MANAGEMENT PLAN →

This information expires on June 30, _____.

SCHOOL-BASED ASTHMA MANAGEMENT PLAN

Endorsed by the Michigan Asthma Steering Committee of the Michigan Department of Community Health

STUDENT INFORMATION

Child's Name: _____ Birth Date: _____

Grade:_____ Home Room Teacher: _____

Physical Education Days and Times: _____

EMERGENCY INFORMATION

TO BE COMPLETED BY THE CHILD'S PARENT/GUARDIAN:

Parent/Guardian Name(s): _____

_____

First Priority Contact: Name _____
Phone _____

Second Priority Contact: Name _____
Phone _____

Doctor's Name: _____ Phone: _____

TO BE COMPLETED BY THE CHILD'S DOCTOR:

WHAT TO DO IN AN ACUTE ASTHMA EPISODE:
1.
2.
3.

CALL 911 OR AN AMBULANCE IF: Review attached "Signs of an Asthma Emergency" and list any additional symptoms the child may present with:

DAILY MANAGEMENT PLAN - TO BE COMPLETED BY THE CHILD'S DOCTOR.

OVER FOR DAILY MANAGEMENT PLAN →

Signs of an Asthma Emergency

SEEK EMERGENCY CARE IF A CHILD EXPERIENCES ANY OF THE FOLLOWING:

- Child's wheezing or coughing does not improve after taking medicine (15-20 minutes for most asthma medications)
- Child's chest or neck is pulling in while struggling to breathe
- Child has trouble walking or talking
- Child stops playing and can not start again
- Child's fingernails and/or lips turn blue or gray
- Skin between child's ribs sucks in when breathing

Asthma is different for every person. The "Asthma Emergency Signs" above represent general emergency situations as per the National Asthma Education and Prevention Program 1997 Expert Panel Report.

If you are at all uncertain of what to do in case of a breathing emergency...

Call 911 and the child's parent/guardian

Michigan Asthma Steering Committee of the Michigan Department of Community Health