Great Falls School District

STUDENTS 3416

Administering Medicines to Students

"Medication" means prescribed drugs and medical devices that are approved by the U.S. Food and Drug Administration and are ordered by a healthcare provider. It includes over-the-counter medications prescribed by the student's healthcare provider and/or authorized through parental consent.

Administering Medication

The Board will permit administration of medication to students in schools in its jurisdiction. Pursuant to the completion of the District's medication form signed by the parent and a licensed healthcare provider, the school nurse (who has successfully completed specific training in administration of medication), may administer medication to any student in the school or may delegate this task pursuant to Montana law.

Emergency Administration of Medication – Students with Individual Health Care Plans

In the event of an emergency, a school nurse or trained staff member, exempt from the nursing license requirement under § 37-8-103(1)(c), MCA, may administer emergency medication to any student in need thereof on school grounds, in a school building, at a school function, or on a school bus according to a standing order of an authorized physician or a student's private physician. In the event that emergency medication is administered to a student, the school nurse or staff member shall call 9-1-1 and notify the student's parents/ guardians.

Any prescribed emergency medications kept at school will be documented on a student's Individual Health Care Plan and/or Emergency Care Plan. Reference Policy 3418.

Stock Epinephrine

The District may maintain a stock supply of auto-injectable epinephrine to be administered by school nurse or other authorized personnel to any student or nonstudent as needed for actual or perceived anaphylaxis. If the district intends to obtain an order for emergency use of epinephrine in a school setting or at related activities, the district shall adhere to the requirement stated in MCA 20.5.420 (2).

Stock Opioid Antagonist

The District may maintain a stock supply of an opioid antagonist to be administered by school nurse or other authorized personnel to any student or nonstudent as needed for an actual or perceived opioid overdose. A school that intends to obtain an order for emergency use of an opioid antagonist in a school setting or at related activities shall adhere to the requirements in law.

Administration of Glucagon

School employees may voluntarily agree to administer glucagon to a diabetic student pursuant to MCA 20-5-412, only under the following conditions: (1) the employee may administer glucagon to a diabetic student only in an emergency situation; (2) the employee has filed the necessary designation and acceptance documentation with the District, as required by MCA 20-5-412(2), and; (3) the employee has filed the necessary written documentation of training with the District, as required by MCA 20-5-412(4). Designation of staff is to be made by a parent, and individual who has executed a caretaker relative authorization affidavit, or guardian of a diabetic student, and school employees are under no obligation to agree to designation. Glucagon is to be provided by the parent or guardian. All documentation will be kept with the student Individual Health Care Plan.

Assisting Students with Self-Administration of Medication

A building principal or school administrator may authorize, in writing, any employee:

- To assist in self-administration of any medication that may lawfully be sold over the counter without a prescription to a student with the written consent of a student's parent or guardian; and;
- To assist in self-administration of a prescription medication to a student in compliance with written instructions of a medical practitioner and with the written consent of a student's parent or guardian.

Any school employee authorized, in writing, by the school administrator or principal, or who has been delegated by the school nurse may assist with self-administration of medications, may only rely on the following techniques:

- Making oral suggestions, prompting, reminding, gesturing, or providing a written guide for self-administering medications;
- Handing to a student a prefilled, labeled medication holder or a labeled unit dose container, syringe, or original marked and labeled container from a pharmacy;
- Opening the lid of a container for a student;
- Guiding the hand of a student to self-administer a medication;
- Holding and assisting a student in drinking fluid to assist in the swallowing of oral medications; and
- Assisting with removal of a medication from a container for a student with a physical disability that prevents independence in the act.
- Designated staff may also follow other guidance or restrictions previously provided in
 writing to the school by the student's parent, an individual who has executed a caretaker
 relative educational authorization affidavit, or guardian is on file; as long as guidance is
 congruent with medical orders on file and Board Policy.

At the appropriate time for a student to take their medication, they will report to the school office where a designated staff member will assist them with self-administration. For middle school and high school students, it is the student's responsibility to report to the office when it is time to

take the medication. However, if the student requires additional care, special accommodations will be made and included in the Individual Health Care Plan.

Medication administration training will be provided annually by a school nurse. A list of individuals who have been authorized to assist with self-administration of medication will be maintained by each school.

Self-Administration or Possession of Asthma, Severe Allergy, or Anaphylaxis Medication

Students with allergies or asthma may be authorized by the building principal or Superintendent, in consultation with medical personnel, to possess and self-administer emergency medication during the school day, during field trips, school-sponsored events, or while on a school bus. The student shall be authorized to possess and self-administer medication if the following conditions have been met:

- A written and signed authorization from the parents, an individual who has executed a caretaker relative educational authorization affidavit, or guardians for self-administration of medication, acknowledging that the District or its employees are not liable for injury that results from the student self-administering the medication.
- The student must have the prior written approval of his/her primary healthcare provider. The written notice from the student's primary care provider must specify the name and purpose of the medication, the prescribed dosage, frequency with which it may be administered, and the circumstances that may warrant its use.
- Documentation that the student has demonstrated to the healthcare practitioner and the school nurse, if available, the skill level necessary to use and administer the medication.
- Documentation of a doctor approved written treatment plan for managing asthma, severe allergies, or anaphylaxis episodes of the student and for medication use by the student during school hours, such as a district Emergency Health Care Plan.

Authorization granted to a student to possess and self-administer medication shall be valid for the current school year only and must be renewed annually.

If provided by the parent, an individual who has executed a caretaker relative educational authorization affidavit, or guardian, and in accordance with documentation provided by the student's doctor, backup medication must be kept at a student's school in a predetermined location or locations to which the student has access in the event of an asthma, severe allergy, or anaphylaxis emergency.

Immediately after using epinephrine during school hours, a student shall report to the school nurse or other adult at the school who shall provide follow up care, including making a 9-1-1 emergency call.

Self-Administration and Possession of Other Medications

- Students may self-administer and possess other medications as long as authorized by a licensed healthcare provider through written order and stated in the student's Individualized Health Care
- Plan. The building administrator, school nurse, and appropriate staff will be notified of a
- student's plan to possess and self-administer medications.

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Students are not authorized to self-carry or possess controlled medication during school hours. Handling and Storage of Medications

The Board requires that all medications, including those approved for keeping by students for self-medication, be first delivered by a parent, an individual who has executed a caretaker relative educational authorization affidavit, or other responsible adult to a nurse or employee assisting with self-administration of medication. A designated school employee:

- All medications, prescription and nonprescription, will be stored in their original containers.
- Must examine any new medication to ensure it is properly labeled with dates, name of student, medication name, dosage, and physician's name;
- Must develop a medication administration plan, if administration is necessary for a student, before any medication is given by school personnel;
- Must record on the student's individual medication record the date a medication is delivered and the amount of medication received;
- Must store medication requiring refrigeration at 36° to 46° F;
- Must store prescribed medicinal preparations in a securely locked storage compartment; and
- Must store controlled substances in a separate compartment, secured and locked at all times.
- All non-emergency medication must be kept in a locked nonportable container, stored in its original container with the original prescription label. Epinephrine, naloxone, and student emergency medication may be kept in portable containers and transported by the school nurse or other authorized personnel.
- Must notify the Superintendent or designee, District nurse and parent or guardian of any medication error and document it on the medication administration record.

The District will limit access to all stored medication to those persons authorized to administer medications or to assist in the self-administration of medications. Food is not allowed to be stored in refrigeration units with medications.

Disposal of Medication

School personnel must try to return any unused, discontinued, or obsolete medication to the parent or guardian. Any medication not repossessed by a parent or guardian within seven-(7)-day period of notification by school authorities will be properly disposed of by a school nurse, in the presence of a witness. Disposal will be documented by a school nurse.

Proper Disposal of Syringes, Lancets, etc.

Some health situations require the use of hypodermic needles, syringes, lancets, etc. Medical sharps must be disposed of in an approved sharps container. Building administrators should contact the school nurse when such a container is needed. Sharps containers are to be kept in a secure location in the school building. Disposal of sharps containers is the responsibility of the

1 2 3	school nurse in accordance with the Montana Infectious Waste Management Act and the manufacture guidelines specific to the container.	
4	Cross Reference:	
5	Policy 3416F	Montana Authorization to Possess or Self-Administer Asthma,
6	3	Severe Allergy, or Anaphylaxis Medication
7	Policy 3418	Life Threatening Allergies/Medical Conditions
8	•	
9	Legal Reference:	
10	§ 20-5-412, MCA	Definition – parent-designated adult administration of glucagon -
11		training
12	§ 20-5-420, MCA	Self-administration or possession of asthma, severe allergy, or
13		anaphylaxis medication
14	§ 20-5-421, MCA	Emergency use of epinephrine in school setting
15	§ 20-5-426, MCA	Emergency use of an opioid antagonist in School setting – limit on
16		liability
17	§ 37-8-103(1)(c), MCA	Exemptions – limitations on authority conferred
18	§ 75-10-1001, et seq.	Infectious Waste Management Act
19	10.55.701(s), ARM	Board of Trustees
20	24.159.1604, ARM	Tasks Which May Be Routinely Assigned to an Unlicensed Person
21		in Any Setting When a Nurse-Patient Relationship Exists
22	37.111.812, ARM	Safety Requirements
23		
24	Policy History:	
25	Adopted on:	July 1, 2000
26	Reviewed on:	February 14, 2014
27	Revised on:	December 14, 2015
28	Revised on:	August 21, 2017
29	Revised on:	January 13, 2020
30	Revised on:	August 23, 2021
31	Revised on:	May 23, 2022