

# Chicago Public Schools Policy Manual

<b>Title:</b>	<b>ADMINISTRATION OF MEDICATION POLICY</b>		
<b>Section:</b>	<b>704.2</b>		
<b>Board Report:</b>	12-0125-PO2	<b>Date Adopted:</b>	January 25, 2012

## THE CHIEF EXECUTIVE OFFICER RECOMMENDS:

That the Board rescind Board Report 06-0927-PO1 and adopt a new Administration of Medication Policy.

**PURPOSE:** The purpose of this policy is to establish the requirements for students to receive medication during school hours. Under this policy, students may receive medication during school hours either when administered by school personnel or when self-administered by the student who is authorized hereunder to carry and self-administer their medication without supervision by school personnel. This policy also establishes requirements for parents to notify school personnel of their child's acute or chronic health condition(s) even when medication is not necessary during school hours for a school to undertake appropriate emergency response planning.

## POLICY TEXT:

**I. APPLICABILITY:** This policy applies to the administration and self-administration of any medication, whether prescription medication or over-the-counter medication, during school hours, while at a school-sponsored activities or before and after school programs on school-operated property (collectively referred to herein as "school hours"). This policy further applies to students with chronic or acute conditions that require medication to manage or control symptoms and reactions, regardless of whether medication is administered during school hours.

## II. GENERAL REQUIREMENTS:

**A. Request for Student Health Information:** In order to effectively plan for and manage student health needs at school, parents/guardians are asked to promptly notify the school upon their child being diagnosed with any chronic or acute condition. At least annually at the beginning of each school year, Principals shall request parents/guardians to report information about their child's known chronic or acute health condition using the medical information form(s) established by the Chief Education Officer or designee.

**B. Parent Submissions:** When a parent/guardian reports that their child is diagnosed with a chronic or acute condition that requires medication during school hours, the school shall request the parent/guardian to provide the following:

- (1) Written authorization to obtain detailed information on the child's condition from the physician;
- (2) Written consent to share diagnosis and other information with school personnel;
- (3) Written physician diagnosis and care instructions, emergency action plan and any attendant request for the provision of medication during school hours. Physician requests for the provision of medication during school hours shall include the following:
  - (a) Name of medication, dosage, route of administration;
  - (b) Frequency and time of administrations;
  - (c) Special circumstances in which medication is to be administered;
  - (d) Side effects and/or intended effects which might be observed and reported to a nurse, teachers and parents;
  - (e) Name, signature, address, office phone, fax and emergency numbers of physician and/or medical provider;
  - (f) Other medication child may be receiving at home; and
  - (g) Regimen of medical follow up.
- (4) When applicable, written parent/guardian consent to administer or carry and self-administer medications during the school day using the form established by the Chief Education Officer or designee. Additional requirements for self-administration are set out in section II.F. below;

- (5) Any medications necessary to treat the student's condition in their original container with prescription and dosage information.
- (6) A description of the student's past chronic or acute reactions; including triggers and warning signs;
- (7) Current parent/guardian emergency contact information and prompt notice of any updates;
- (8) A description of the student's emotional response to the condition and the need for intervention; and
- (9) Recommendations on age appropriate ways to include the student in planning or care and implementing their 504 Plan.

Parent/guardian must annually (re)submit the documentation noted in this section II.C.

C. Non-Cooperation: If the parent/guardian of a student with a known acute or chronic condition fails or refuses to cooperate with the school for an evaluation or implementation of an appropriate 504 Plan or any documentation required to offer a 504 Plan as indicated in section II.B. above, the school shall implement a simple Emergency Action Plan (EAP) stating to call 911 immediately upon recognition of signs and symptoms of chronic or acute reactions and send written notification to the parent/guardian of the student's EAP.

D. 504/IEP Plan: Every child with physician-documented acute or chronic condition requiring medication during school hours must be offered a 504 Plan to address the daily management of the chronic or acute condition and/or the prevention of reactions during school hours. In the event the student has an Individualized Education Program (IEP), the IEP shall address the prevention of reactions and daily management. The 504 Plan or IEP shall address how medication will be handled by school personnel, identifies what the school will do to accommodate the individual needs of the student requiring medication(s), and incorporates the Physician's instructions.

For students with a food allergy or other life threatening allergy, the 504/IEP shall also include an Individual Health Care Plan as specified in the Board's Food Allergy Management Policy. For students with diabetes, the 504/IEP shall also include a Diabetes Care Plan as specified in the Board's Diabetes Management Policy. For students with asthma with a 504 Plan or IEP, the 504/IEP shall also include an Asthma Action Plan as specified in the Board's Asthma Management Policy.

504 Plans and IEP's are updated annually in accordance with Section 504 of the Rehabilitation Act of 1973 and the Individuals with Disabilities Education Act. Notwithstanding the annual update requirement, in the event the parent/guardian furnishes physician order that include changes to medications, dosages or related medical management of the student's chronic or acute medical condition, the 504 Plan or IEP will be promptly updated to address the new information.

For students with a physician-documented acute or chronic condition requiring medication outside of school hours or requiring over the counter medication during school hours, the nurse in consultation with the parent shall determine if accommodations are necessary which require a 504 plan to manage the child's condition or prevent of reactions during school hours. If the parent/guardian declines a 504 plan for a student requiring over the counter medication during school hours, a simple medications plan shall be established in accordance with the Administration of Medication Guidelines.

E. Over the Counter Medication: Students requiring over the counter medication during school hours must be authorized in writing by the student's parent/guardian. When authorized, administration of over the counter medications student is further subject to the requirements set out in Sections II.G.-K. herein. Students are not authorized by this policy to carry and self-administer over the counter medications during school hours.

F. Authorization to Carry and Self-Administer Medication: A student may carry and self-administer their medication during school hours as follows:

- (1) Asthma Inhalers – when authorized in writing by the parent/guardian
- (2) Epinephrine Auto-Injector (“Epi-Pen”) to treat life-threatening allergies – when authorized in writing by the parent/guardian; and
- (3) Diabetes Testing devices and Insulin - when authorized in writing by the student’s health care provider and their parent/guardian.

Parent/Guardian shall submit the requisite self-administration authorization(s) using the form(s) established by the Chief Education Officer or designee. In this authorization form, the parent(s) or guardian(s) of the student must sign a statement that:

(a) acknowledges that the District and its employees and agents are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication or the use of an Epi-Pen regardless of whether the authorization was given by the student’s parent/guardian or by the student’s physician, physician’s assistant or advanced practice registered nurse, and

(b) that indemnifies and holds harmless the District and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration of medication or the use of an Epi-Pen regardless of whether the authorization was given by the student’s parent/guardian or by the student’s physician, physician’s assistant or advanced practice registered nurse.

When the required authorization is received, the requirements of Sections II.G.–K. do not apply, however students may be subject to the record-keeping requirements set out in Section II.L.

In accordance with the Illinois School Code, the district and its employees and agents, including a physician providing standing protocol or prescription for school Epi-Pens, are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication or use of an Epi-Pens regardless of whether authorization was given by the pupil’s parents or guardians or by the pupil’s physician, physician’s assistant, or advanced practice registered nurse.

G. Delivery of Medication: Unless a student is authorized to self-carry and self-administer as described in Section I.F. above, all medication, medication refills and medication delivery devices and equipment, (e.g. nebulizers or inhalers) must be checked in with the school nurse or Principal designee.

H. Changes in Medication: To change the dosage, medication or administration times, the parent/guardian must submit a prescription or new written orders from the licensed health care provider.

I. Discontinuing Medication: If a medication is to be discontinued, the parent/guardian must submit written notification from the child’s licensed health care provider. If no health care provider notification is furnished, a Section 504 or IEP meeting must be (re)convened to consider discontinuing the administration of medication during schools hours. In such instances, any discontinuation shall be in accordance with the procedures specified in the Medication Guidelines.

J. Medication Storage and Location: The school shall maintain student medications in a locked, secure location accessible to the school nurse, the principal and principal designees. Medications requiring refrigeration must kept in a locked refrigerator separate from food products. At all times, the principal and/or principal designee must have knowledge of and access to all storage units where medication is kept.

K. End of School Year Medication Removal: At the end of the school year or the end of the medication, procedure and/or treatment regimen, the student's parents/guardians will be responsible for removing from the school any unused medication. If the parent/guardian does not pick up the medication by the end of the school year, the school nurse will dispose of the medication(s) in accordance with the procedures specified in the Medication Guidelines.

L. Medication Logs: The nurse, principal or principal designee dispensing medication(s) to a student will log each time medication is administered during school hours. For students authorized to carry and self-administer their medication, the student must log each time medication is administered during school hours and shall deliver such logs to the nurse, principal or principal designee on the specified schedule. Medication logs shall be incorporated into the student's health folder on a yearly basis. The school nurse will monitor medication logs of the student's medication regimen on a weekly basis. This Section II.L. applies to students with a 504 Plan. If a parent/guardian declines a 504 Plan for their child, medication logs shall be maintained only upon parent/guardian request.

**III. EMERGENCY RESPONSE**: In the event that a student's emergency response measures are activated, 911 shall be called immediately. In the even a medical emergency occurs, 911 shall be called immediately. School staff shall remain with the student at all times during a medical emergency or perceived medical emergency. If a student is transported to a hospital, a full-time school staff member shall accompany the student until the parent/guardian or emergency contact arrives. A school shall complete an incident report in all instances when emergency response measures are activated or other emergency health issue occurs.

**IV. EMERGENCY USE OF STOCK EPI-PEN**: In accordance with Public Act 97-0361, the Illinois Emergency Epinephrine Act:

A. Nurse Authorizations: The school nurse is authorized to do the following:

- (1) Provide an Epi-Pen to a student or any personnel authorized under a student's Individual Health Care Action Plan, Illinois Food Allergy Emergency Action Plan and Treatment Authorization Form, or 504 Plan to administer an Epi-Pen to the student, that meets the prescription on file;
- (2) Administer an Epi-Pen that meets the prescription on file to any student who has an Individual Health Care Action Plan, Illinois Food Allergy Emergency Action Plan and Treatment Authorization Form, or plan pursuant to Section 504 of the federal Rehabilitation Act of 1973 that authorizes the use of an Epi-Pen; and
- (3) Administer an Epi-Pen to any student that the school nurse in good faith professionally believes is having an anaphylactic reaction.

B. Supply and Use: By the 2012-2013 school year, schools shall receive a supply of stock Epi-Pens. Stock Epi-Pens may be provided to and utilized by any student authorized to self-administer that meets the prescription on file or by any personnel authorized under a student's Individual Health Care Plan, Food Allergy Emergency Action Plan and Treatment Authorization Form, or 504 plan to administer an Epi-Pen to the student, that meets the prescription on file. When a student does not have an Epi-Pen or a prescription for an Epi-Pen on file, the nurse may utilize stock Epi-Pens to respond to anaphylactic reaction, under a standing protocol from a physician licensed to practice medicine in all its branches. Schools shall maintain, use and replace the supply of stock Epi-Pens in accordance with the Medications Guidelines and related training provided by the Chief Education Officer or designee.

C. No Liability: When a nurse administers an Epi-Pen to a student whom the nurse in good faith professionally believes is having an anaphylactic reaction, notwithstanding the lack of notice to the parent/guardian of the student or the absence of the parent/guardian signed statement acknowledging no liability, except for willful and wanton conduct, the District and its employees and agents, including a physician providing standing protocol or prescription for school Epi-Pens, are to incur no liability except for

willful and wanton conduct as a result of any injury arising from the use of an Epi-Pen regardless of whether authorization was given by the student's parent/guardian or by the student's physician, physician's assistant or advanced practice registered nurse.

## **V. MEDICATION-RELATED TRAINING REQUIREMENTS**

A. Asthma Training: At least every two (2) years, school personnel who work with pupils shall complete an in-service training program on the management and prevention of asthma in the school setting as specified in the Board's Asthma Management Policy.

B. ADHD Training: At least once every two (2) years, certified school personnel and administrators shall complete an in-service training program on current best practices regarding the identification and treatment of attention deficit disorder and attention deficit hyperactivity disorder, the application of non-aversive behavioral interventions in the school environment, and the use of psychotropic or psychostimulant medication for school-age children.

C. EPI-Pen Training: At least every two (2) years school personnel who work with pupils shall complete an in-service training program on the management and prevention of allergic reactions by students including training related to the administration of medication with an Epi-Pen as specified in the Board's Food Allergy Management Policy. School personnel shall further complete in-service training on stock Epi-Pens specified by the Chief Education Officer or designee.

D. Diabetes Training: Annually schools serving students with diabetes the principal shall ensure that school personnel receive the training specified in the Board's Diabetes Management Policy.

E. Other Medication-Related Training: The principal, in consultation with the school nurse, shall ensure that school personnel receive all other health-related and medications-related training required by the Illinois School Code.

**VI. GUIDELINES:** The Chief Education Officer or designee is authorized to develop and implement guidelines, standards and procedures for the effective implementation of this policy. Such guidelines shall include standing physician protocols for the use of stock Epi-Pens.

**Amends/Rescinds:** Rescinds 06-0927-PO1

**Cross References:** 02-0724-PO01; 97-0326-PO3; 96-0327-PO4; 91-0925-PO1

**Legal References:** 105 ILCS 5/34-18.25; 105 ILCS 5/10-20.14b; 105 ILCS 5/22-30; Individuals with Disabilities Education Act, 20 U.S.C. 31400 et. seq.; Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. §706 et. seq. and 34 C.F.R. 100 et. seq.