

**MEDICATION ADMINISTRATION POLICY**  
**WASATCH COUNTY SCHOOL DISTRICT**

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**1. PURPOSE AND PHILOSOPHY**

To authorize school personnel, in accordance with Utah Code Annotated (U.C.A.) §53G-9-502 et seq. and §26-41 to administer medication to students.

**2. POLICY**

The Wasatch School District Board of Education recognizes that medication should be administered by the student or the student's parent/guardian. However, the Board of Education recognizes that the health of a student may require administration of medication during the course of a school day. Subject to the conditions of this policy, authorized school personnel may provide help with the administration of medication to students (ages 3-22) during periods when the student is under the control or supervision of the school and school personnel.

As long as authorized personnel act in a prudent and responsible manner, school or district staff who provide assistance in substantial compliance with the licensed health care provider's written statement, are not liable civilly or criminally in accordance with U.C.A. § 53G-9-502 for any adverse reaction suffered by the student as a result of taking the medication or discontinuing the administration of the medication under this policy.

**3. DESIGNATION OF VOLUNTEER EMPLOYEES WHO MAY ADMINISTER MEDICATION**

- 3.1. Prior to the start of school, annually, the district nurse with the principal will designate a minimum of two Unlicensed Assistive Personnel (UAP) to administer medication at each school. District nurse will be notified of all medication administration needs by school personnel. Documentation and verification of UAP trainings will be kept on file by the district nurse.
- 3.2. UAP have the responsibility to administer prescription and nonprescription medication to all students with a written health care provider's medication order. If a medication is repeatedly refused or not given, the parent/guardian and district nurse must be notified.
- 3.3. Authorization for administration of medication by school personnel may be withdrawn by the district nurse at any time after actual notification to the parent/guardian should problems or difficulties occur, such as:
  - a. Student refusing medication repeatedly; or
  - b. Improperly labeled prescription or nonprescription medication.
  - c. Incomplete parent authorization forms

**4. TRAINING OF DESIGNATED UAP BY SCHOOL NURSE**

- 4.1. Training for UAP designated as Health Aides and a secondary UAP for each school should occur prior to the first day of school.
- 4.2. The district nurse will:
  - a. Arrange an annual training with the district nurse for UAP assigned to administer medication at each school. This training will include:
    - i. Medication administration per providers order
    - ii. Emergency medications procedure and administration
    - iii. Exam or another method for determining competence in following policy, procedure and state law.
- 4.3. Designated staff will sign that they received medication administration training.

## 5. PROPER IDENTIFICATION AND SAFEKEEPING OF MEDICATION

- 5.1. Prescription and/or nonprescription medication may be administered to a student only if the parent provides the following:
  - a. The student's parents or legal guardian has provided a completed, current, signed and dated form providing for the administration of medication to the student during regular school hours. This request must be updated, at least, on an every 12 month basis, or whenever a change is made in the administration of medication
  - b. The student's licensed health care provider has also provided a signed and dated form describing the administration route, dosage, and time schedules for medication administration and the side effects that may be seen in the school setting from medication
  - c. The medication is delivered to the school by the student's parent/guardian (NOT A STUDENT), or by a responsible adult
  - d. The prescription and nonprescription (over the counter medication) medication is in the original container that has been properly labeled by a pharmacy. The label contains the name of the student, doctor, pharmacy, medication, the dosage, time of day to be given, method of administration, and the date of the prescription
  - e. A one week's supply or more is recommended.
- 5.2. The district nurse will ensure a secure location for the safekeeping of medications at each school.
  - a. Medication(s) to be administered by school staff must be stored in a locked cabinet with the exception of:
    - i. Medications needing refrigeration.
    - ii. Emergency medications (glucagon, epinephrine, asthma rescue inhalers)
- 5.3. Unused medication(s) should be picked up within two weeks following notification of parent/guardian or it will be disposed of by the district nurse and recorded on the appropriate form.
  - a. Unused medications not picked up within the two week period may be donated or discarded as seen appropriate by the district nurse.
  - b. When disposing of any controlled substance, two people must be present to record the medication, amount of medication discarded, date, and how discarded. Both witnesses must sign the appropriate form.
  - c. The district nurse will take controlled substance medication to the police station for proper disposal. A signature will be obtained by police personnel verifying disposal of all controlled substances.

## 6. CONTROLLED SUBSTANCES

- 6.1. Controlled substances may never be carried on person by staff or students on campus even with a prescription as outlined in the Safe Schools policy section 1.3 and in accordance with Utah Code Annotated Title 58, Chapter 37, Section 8. Violation of such will result in both school disciplinary action and the involvement of local law enforcement.
- 6.2. All prescribed controlled substances must follow parameters outlined in section 4 of this policy in addition to the following procedures:
  - a. Two school personnel must witness in person and by signature on the appropriate form the receipt of all controlled substance prescriptions. The form for controlled substances must include the following:
    - iii. All information as outlined in section 4.1
    - iv. Time and date of receipt
    - v. Total count of medication received

- vi. Signature and printed names of parent/guardian and both school witnesses.
- b. At least one of the school witnesses must be a UAP trained in medication administration or the district nurse.
- c. Controlled substances must be stored in a secondary locked location. This area should not be accessible to anyone except district nurses and UAP trained in medication administration.
- d. A weekly count with two witnesses must be recorded on the appropriate form. Weekly counts must include:
  - vii. Time and date
  - viii. Signatures of two school personnel
  - ix. At least one person must be a UAP trained in medication administration or district nurse.
- e. When disposing of any controlled substance, two people must be present to record the medication, amount of medication remaining at the time of disposal, date, and signature of two witnesses.
- f. The district nurse will take controlled substance medication needing to be disposed to the police station for proper disposal. A signature will be obtained by police personnel verifying disposal of all controlled substances matches the form filled out at the school and signed by both witnesses.

## 7. ADMINISTRATION OF MEDICATION AT SCHOOL

- 7.1. The side effects of a medication shall determine if the drug is appropriate to delegate its administration to unlicensed school personnel. Any medication with known, frequent side effects that can be life threatening shall not be delegated. Medications that require the student's heart rate, blood pressure, or oxygen saturation to be obtained before, during, or after administration of the drug shall not be administered by UAP.
- 7.2. The prescription and nonprescription medication may only be administered to a student if:
  - a. The student's parent or legal guardian has provided a current written and signed request that medication be administered during regular school hours; and
  - b. The student's licensed health care provider has prescribed the medication and provides documentation as to the method of administration, dosage, and time schedule for administration, and a statement that administration of medication by school employees during periods when the student is under the control of the school is medically necessary.
- 7.3. Authorized and trained personnel may administer the medication if the medication is an oral medication, inhalant medication, eye or ear drop medication, gastrostomy, topical medication, epinephrine auto-injector, glucagon, seizure rescue medication or insulin. Medications requiring other routes such as IV, rectal, intramuscular injections or subcutaneous injections **cannot** be administered by UAP (excluding emergency rescue medications such as epinephrine auto-injectors, seizure rescue medication, glucagon, and insulin).
- 7.4. If prescription and/or non-prescription medications are specified in a student's IEP or 504 accommodation plan, a healthcare plan will still be required.
  - a. Students not on an IEP or 504 who need medication administered at school need a health plan provided by the district nurse.
  - b. District nurse will be notified of and attend all IEP and 504 meetings when medical accommodations, concerns or diagnoses are present or of concern.
- 7.5. Any adverse reactions, or medication errors will be reported promptly to the parent/guardian and district nurse. If the parent is unavailable, the student's doctor

will be called for further direction. This adverse reaction or error must be documented on the error reporting form.

- 7.6. Any school employee is authorized to activate the Emergency Response System (EMS) in the event they are concerned with the student's health or safety.
- a. In the event EMS is activated, the district nurse and student's parent/guardian must be notified immediately.

## 8. **EMERGENCY RESCUE MEDICATIONS**

- 8.1. Emergency Rescue Medications are medications provided during a life-threatening emergency. These medications include:
- a. Glucagon
  - b. Epinephrine auto-injectors
  - c. Seizure rescue medication
  - d. Asthma rescue inhalers
- 8.2. Storage of these medications must be readily accessible to promote efficient administration of the medication.
- a. Emergency rescue medications may not be stored in a locked location during normal school hours
  - b. Must be stored with prescription identification information and student's diagnosis in an organized manner.
- 8.3. Medications can be given immediately in the event of an emergency by any trained volunteer employee.
- a. In the event an emergency medication is given, immediate notification to EMS, district nurse and the student's parent/guardian must be made by phone or radio.
- 8.4. Emergency rescue medication trainings for teachers and other staff (such as lunch and recess aids) are of utmost importance and highly encouraged to be scheduled at least every 12 months.
- a. Trainings for emergency medications are provided by district nurse, or another licensed health care provider, at the discretion of the school principal
  - b. Trainings may occur during CPR/First Aid certification courses, Medication Administration Trainings for UAP, and alternate methods as designated by the school principal.
  - c. In accordance with U.C.A. §26-41-103, a school, school board, or school official may not prohibit or dissuade a teacher or other school employee at a primary or secondary school from completing a training program.

## 9. **EMERGENCY SEIZURE MEDICATION**

- 9.1. Emergency seizure medications shall only be administered in accordance with Utah Code, 53A-11-603.5 and Utah Administrative Code, R156-31b701a.
- a. If seizures are full-body, tonic-clonic, emergency seizure medication may be administered by a volunteer trained by a District nurse as outlined in the student's individualized health care plan.
  - b. The student must have received a first dose of this medication outside school in a non-medically-supervised setting and ceased having a full body, prolonged, or convulsive seizure without other complications.
  - c. If an emergency medication is administered to a student, emergency services must be activated and both the district nurse and parent/guardian shall be notified.

## 10. **MAINTENANCE OF RECORDS OF ADMINISTRATION**

- 10.1. Medication Records:
- a. The district nurse monitors and verifies all records via paper and electronic documentation.
  - b. Authorization to administer medication will be provided on the appropriate form

- whenever possible.
  - c. Authorization and orders from outside providers will be accepted as long as they meet or exceed the information required on district forms.
    - i. Authorization: An authorization form must be signed by a parent/guardian AND licensed health care provider. The form is to be updated, at least, on an every 12 month basis, or whenever a change is made in the administration of medication.
    - ii. Daily Medication Documentation: A daily medication document is used to maintain records pertaining to the daily administration of medications to students. Appropriate signatures and initials will document those authorized to administer medications. Medication, dosage and time of day and date will also be indicated. Documentation will be available to parents on request.
    - iii. Medication Error/Adverse Reaction Reporting: This form should be completed by UAP in the event that a student has an adverse reaction to medication, or if an error or near-miss has been made in the administration of medication given during the school day.
- 10.2. All medication documentation is considered a medical legal document. As such, documentation will be:
- a. Secured in a locked space only accessed by UAP who administer medication and district nurse
  - b. Reviewed for correctness at least annually by district nurse
  - c. Stored with all health plan information in the student's cumulative file or special education file at the end of each year for one year prior
  - d. Stored with all health plan information in the health office until four years after graduation.

## **11. STUDENT SELF-ADMINISTRATION OF ASTHMA, DIABETES MEDICATION OR AN EPINEPHRINE AUTO-INJECTOR**

- 11.1. A student in grades preschool to grade 12 shall be permitted to possess and self-administer asthma medication, diabetes medication, or an epinephrine auto-injector if:
- a. The student's parent or guardian signs a statement authorizing the student to self-administer asthma or diabetes medication or an epinephrine auto-injector; and acknowledging that the student is responsible for, and capable of, self-administering the asthma or diabetes medication, or an epinephrine auto-injector; and
  - b. The student's health care provider signs the appropriate form authorizing student to self-administer, including the name of the medication, indicating it is medically appropriate for the student to self-administer asthma, diabetes medication, or an epinephrine auto-injector and be in possession of the asthma, diabetes medication and supplies, or the epinephrine auto-injector at all times.
  - c. Any misuse of asthma, diabetes medication and supplies, or the epinephrine auto-injector by the student may subject the student to disciplinary action under the District's Safe School Policy and state law.

## **12. STUDENT SELF-ADMINISTRATION OF OTHER MEDICATION**

- 12.1. This policy does not prohibit a student grade 5 to grade 12 from carrying his/her own temporary prescription and non-prescription medication to school in instances where the student's maturity level is such that he/she could reasonably be expected to appropriately administer the medication on his/her own. In such instances, the student may carry one day's dosage of prescription or nonprescription medication, excluding all controlled substances, on their person.

- 12.2. Students in preschool through grade 4 will not self-administer prescription and/or nonprescription medications except for asthma inhalers, insulin, or epinephrine auto-injectors.
- 10.2 Any misuse of such medication by the student may be subject to disciplinary action under the District's Safe Schools Policy and state law.

### 13. COMPLIANCE TO POLICY

- 13.1. A random medication audit will be performed at least annually in each school by the district nurse.
  - a. The following areas will be included in the audit:
    - i. Medication authorization forms in place and signed at least every 12 months by parent and health care provider
    - ii. Prescription and nonprescription medication containers are properly marked for each medication with student name, doctor and pharmacy name, medication name, dosage, time to be given, method of administration, and date of the prescription, and expiration date.
    - iii. Medication is kept in a safe, locked, secure storage cabinet/drawer.
    - iv. Documentation of medication administration is in place.
  - b. At the conclusion of each audit, the results will be given to the UAP administering the medication, the school principal, and the district nurse's supervisor.
  - c. Items not in compliance will be rectified with a two (2) week period with notification of compliance made to the district nurse. If parent/guardian is out of compliance with medication policy and does not come within compliance, the school may withdraw authorization for administration of medication under section 3.3 of this policy.

### DEFINITIONS:

**Asthma medication** means prescription or nonprescription, inhaled asthma medication.

**Controlled substance** refers to the category of drugs listed in U.C.A. §58-37-4. These are drugs or chemicals whose manufacture, possession, or use is regulated by a government, such as illicitly used drugs or prescription medications that are designated by law.

**Diabetes medication** means prescription or nonprescription medication used to treat diabetes, including related medical devices, supplies, and equipment used to treat diabetes.

**Epinephrine auto-injector** means a disposable drug delivery system with a spring-activated concealed needle that is designed for emergency administration of epinephrine to provide rapid, convenient first-aid for a person suffering a potentially fatal anaphylactic reaction.

**Medication** means a medicine or substance recognized by a licensed provider to have curative or remedial properties. The medication must be administered under the direction of a licensed health care provider, and may be a prescribed or over the counter product intended to internal or external use.

**Near-Miss** is an unplanned event that did not result in injury, illness, or damage – but had the potential to do so. Only a fortunate break in the chain of events prevented an injury, fatality or damage; in other words, a miss that was nonetheless very near. In this policy, the term near-miss is referring to medication-based events.

**Unlicensed Assistive Personnel (UAP)** are unlicensed staff trained to function in a supportive role by providing patient/student care activities as delegated by the RN.

### REFERENCES

Utah Code Ann. §26-41 - Emergency Injection for Anaphylactic Reaction Act

Utah Code Ann. §53G-9-502 et seq., - Administration of Medication

Utah Code Ann. §58-37-4 et seq. - Controlled Substances

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