



Administration of Medications Policy

The Cottonwood School ("TCS" or the "Charter School") is committed to protecting the health and well-being of all The Cottonwood School's students. This policy shall specifically address the procedures for medical emergencies and the administration of medications by the Charter School. It is imperative that practices followed in the administration of medication be carefully delineated to ensure the safety of our students and the legal protection of our employees.

Definitions

- "*Authorized health care provider*" means an individual who is licensed by the State of California to prescribe medication.
- "*School nurse*" means an individual who is currently a credentialed and licensed registered nurse employed by the Charter School.
- "*Other designated Charter School personnel*" means an individual employed by the Charter School who has (1) has consented to assist/administer medication to students and (2) may legally assist/administer the medication to students.
- "*Medication*" includes prescription medication, over-the-counter remedies, nutritional supplements, and herbal remedies.
- "*Regular school day*" includes during school hours, before- or after-school programs, field trips, extracurricular or co-curricular activities, and camps or other activities that typically involve at least one (1) overnight stay from home.
- "*Opioid antagonist*" means naloxone hydrochloride or another drug approved by the federal Food and Drug Administration that, when administered, negates or neutralizes in whole or in part the pharmacological effects of an opioid in the body, and has been approved for the treatment of an opioid overdose.

- "Authorizing physician and surgeon" may include, but is not limited to, a physician and surgeon employed by, or contracting with, a local educational agency, a medical director of the local health department, or a local emergency medical services director.

Administration of Medications

Any student who is or may be required to take, during the regular school day, prescription medication prescribed or ordered for the student by an authorized health care provider may be assisted by the school nurse or designated Charter School personnel.

In order for a student to be assisted by the school nurse or other designated Charter School personnel in administering medication, Charter School shall obtain both:

- A written statement executed by the student's authorized health care provider specifying the medication the student is to take, the dosage, and the period of time during which the medication is to be taken and a statement that the medication must be taken during the regular school day, as well as detailing the method, amount and time schedule by which the medication is to be taken;
- A written statement by the student's parent, foster parent, or guardian indicating the desire that the Charter School assist the student in the matters set forth in the statement of the authorized health care provider.
- The written statement shall also provide express permission for the School to communicate directly with the authorized health care provider, as may be necessary, regarding the authorized health care provider's written statement.
- In the cases of self-administration of asthma medication or prescription auto-injectable epinephrine, the School must also receive a confirmation from the authorized health care provider that the student can self-administer the medication and a written statement from the parent/guardian consenting to the student's self-administration and releasing the School and its personnel from civil liability if the self-administering student suffers an adverse reaction by self-administering his/her medication. Education Code §§ 49423, 49423.1.

New statements by the parent/guardian and the authorized health care provider shall be required annually and whenever there is a change in the student's authorized health care provider or a change in the medication, dosage, method by which the medication is required to be taken or date(s), or time(s) the medication is required to be taken.

If there is not a current written statement by the student's parent or guardian and authorized health care provider, the School may not administer or assist in the administration of medication. The School will provide each parent with a reminder at the beginning of each school year that they are required to provide the proper written statements.

Parent(s)/guardian(s) of students requiring administration of medication or assistance with administration of medication shall personally deliver (or, if age-appropriate, have the student deliver) the medication for administration to the school secretary.

Responses to the Parent/Guardian upon Request: The School shall provide a response to the parent/guardian within 10 business days of receiving the request for administration and the healthcare provider statement regarding which School personnel, if any, will administer medication to the student and what the personnel of the School will do to administer the medication to the student or otherwise assist the student in the administration of the medication.

Deviation from Authorized Health Care Provider's Written Statement: If a material or significant deviation from the authorized health care provider's written statement is discovered, notification as quickly as possible shall be made as follows: 1) If discovery is made by a licensed health care professional, notification of the deviation shall be in accordance with applicable standards of professional practice; 2) If discovery is made by an individual other than a licensed health care professional, notification shall be given to the School Director, the student's parent/guardian, any School employees that are licensed health care professionals and the student's authorized health care provider.

Termination of Consent: Parent(s)/guardian(s) of students who have previously provided consent for the School to administer medication or assist a student with the administration of medication may terminate consent by providing the School with a signed written withdrawal of consent on a form obtained from the office of the School Director.

Administration of Auto-Injectable Epinephrine or Inhaled Asthma Medication

Any student who is or may be required to take, during the regular school day, prescription auto-injectable epinephrine ("EpiPen") or inhaled asthma medication prescribed or ordered for the student by an authorized health care provider may carry and self-administer prescription an EpiPen or inhaled asthma medication if Charter School receives both the appropriate written statements as follows:

1. A written statement from the student's authorized health care provider (1) detailing the name of the medication, method, dosage/amount, and time schedules by which the medication is to be taken, and (2) confirming that the student is able to self-administer an EpiPen or inhaled asthma medication, and
2. A written statement from the parent, foster parent, or guardian of the student (1) consenting to the self-administration, (2) providing a release for the school nurse or designated Charter School personnel to consult with the health care provider of the student regarding any questions that may arise with regard to the medication, and (3) releasing Charter School and Charter School personnel from civil liability if the self-administering student suffers an adverse reaction as a result of self-administering medication.

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Adopted/Ratified: 07/27/2021
Revision Date: 07/27/2021

These written statements specified shall be provided at least annually and more frequently if the medication, dosage/amount, frequency of administration, or reason for administration changes.

A student may be subject to disciplinary action if the student uses an EpiPen or inhaled asthma medication in a manner other than as prescribed.

Any student requiring insulin shots must establish a plan for administration of insulin shots with the Principal in consultation with the parent or guardian and the student's medical professional.

Staff Training and Emergency Response

Additional information about staff trainings and the Charter School's response to emergencies can be located within the Employment Handbook and/or the School Safety Plan.

The Site Principal will administer or assist in administering the medication to students. If not available, a designated School employee who is legally able to and has consented to administer or assist in administering the medication to students.

A. Response to Anaphylactic Reaction

The school nurse or trained personnel who have volunteered may use an EpiPen to provide emergency medical aid to persons suffering, or reasonably believed to be suffering from, an anaphylactic reaction. Charter School will ensure it has the appropriate type of EpiPen on-site (i.e., regular or junior) to meet the needs of its students. Charter School will ensure staff properly store, maintain, and restock the EpiPen as needed.

Charter School will ensure any Charter School personnel who volunteer are appropriately trained regarding the storage and emergency use of an EpiPen.

Charter School will distribute an annual notice to all staff describing the request for volunteers who will be trained to administer an EpiPen to a person if that person is suffering, or reasonably believed to be suffering from, anaphylaxis. The annual notice shall also describe the training the volunteer will receive.

B. Response to a Diabetic or Hypoglycemic Emergency

Charter School provides Charter School personnel with voluntary emergency medical training on how to provide emergency medical assistance to students with diabetes suffering from severe hypoglycemia. The volunteer personnel shall provide this emergency care in accordance with standards established herein and the performance instructions set forth by the licensed health care provider of the student. A Charter School employee who does not volunteer or who has not been trained pursuant to this Policy may not be required to provide emergency medical assistance.

Training by a physician, credentialed school nurse, registered nurse, or certificated public health nurse

according to the standards established pursuant to this section shall be deemed adequate training. Training established shall include all of the following:

1. Recognition and treatment of hypoglycemia.
2. Administration of glucagon.
3. Basic emergency follow-up procedures, including, but not limited to, calling the emergency 911 telephone number and contacting, if possible, the student's parent or guardian and licensed health care provider.

A Charter School employee shall notify the Principal if the employee administers glucagon pursuant to this Policy.

All materials necessary to administer the glucagon shall be provided by the parent or guardian of the student.

In the case of a student who is able to self-test and monitor their own blood glucose level, upon written request of the parent or guardian, and with authorization of the licensed health care provider of the student, a student with diabetes shall be permitted to test their own blood glucose level and to otherwise provide diabetes self-care in the classroom, in any area of the Charter School or Charter School grounds, during any Charter School-related activity, and, upon specific request by a parent or guardian, in a private location.

Designated staff shall establish emergency procedures for specific medical conditions that require an immediate response (i.e., allergies, asthma, diabetes).

C. Response to Opioid Overdose

Opioid Antagonist Administration: The School will provide emergency naxolene hydrochloride ("NARCAN") or another opioid antagonist to trained school personnel to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from an opioid overdose. The training provided to School personnel shall be in compliance with the requirements of Education Code section 49414.3.

Trained school personnel may administer the opioid antagonist to a person exhibiting potentially life-threatening symptoms of an opioid overdose at school or a school activity. If the opioid antagonist is used, it shall be restocked as soon as reasonably possible, but no later than two weeks after it is used. The School's supply of opioid antagonists shall be restocked before its expiration date. The Principal shall designate a qualified supervisor of health as the party permitted to obtain a prescription for opioid antagonists for each school and requires that individual to stock opioid antagonists and restock them if used or expired.

If School personnel administers an opioid antagonist to a student, the School will call emergency

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services (9-1-1) and will contact the student's parent/guardian.

Training from a school nurse or other qualified person designated by an authorizing physician and surgeon shall include all of the following:

1. Techniques for recognizing symptoms of an opioid overdose.
2. Standards and procedures for the storage, restocking, and emergency use of naloxone hydrochloride or another opioid antagonist.
3. Basic emergency follow-up procedures, including, but not limited to, a requirement for the school or charter school administrator or, if the administrator is not available, another school staff member to call the emergency 911 telephone number and to contact the pupil's parent or guardian.
4. Recommendations on the necessity of instruction and certification in cardiopulmonary resuscitation.
5. Written materials covering the information required under this subdivision.

School personnel may volunteer to undergo the training at no cost to the volunteer and during the volunteer's regular working hours. An employee who volunteers pursuant to this section may rescind his or her offer to administer emergency naloxone hydrochloride or another opioid antagonist at any time, including after receipt of training.

The Site Principal shall distribute an annual notice to all staff regarding volunteering for training to administer opioid antagonists and a volunteer's right to rescind his or her offer to volunteer.

Storage of Medication

Medication for administration to students shall be maintained in the office of the School in a locked cabinet. It shall be clearly marked for easy identification. The medication log shall contain the following information: 1) Student's name; 2) Name of the medication the student is required to take; 3) Dose of medication; 4) Method by which the pupil is required to take the medication; 5) Time the medication is to be taken during the regular school day; 6) Date(s) on which the student is required to take the medication; 7) Authorized health care provider's name and contact information; and 8) A space for daily recording of medication administration to the student or otherwise assisting the student, such as date, time, amount, and signature of the individual administering the medication or otherwise assisting in the administration of the medication.

If the medication requires refrigeration, the medication shall be stored in a refrigerator in a locked office, which may only be accessed by the School Secretary and other authorized personnel.

If stored medication is unused, discontinued, or outdated, the medication shall be returned to the student's parent/guardian upon completion of the regimen or prior to extended holidays. If the medication cannot be returned, it will be disposed of at the end of the school year.

The School shall dispose of the medication by the end of the school year in accordance with applicable law.

Student Records

The School shall maintain a medication record for each student that is allowed to carry and self-administer medication and for each student to whom medication is administered or other assistance is provided in the administration of medication. The medication record shall contain the following: 1) The authorized health care provider's written statement; 2) The written statement of the parent/guardian; 3) A medication log (see below); 4) Any other written documentation related to the administration of the medication to the student or otherwise assisting the pupil in the administration of the medication.

School personnel with knowledge of the medical needs of students shall maintain the students' confidentiality. Any discussions with parents/guardians and/or authorized health care providers shall take place in an area that ensures student confidentiality. All medication records or other documentation relating to a student's medication needs shall be maintained in a location where access is restricted to the Site Principal or other designated School employees.

1. Emergencies CPR Procedures:

- **First Aid and CPR:** All teachers are certified in first aid and CPR and are re-certified every two years in either first aid or CPR. Every classroom has a First Aid Kit containing appropriate supplies. First aid will be administered whenever necessary by trained staff members. When necessary, the appropriate emergency personnel will be called to assist.
- **Resuscitation Orders:** School employees are trained and expected to respond to emergency situations without discrimination. If any student needs resuscitation, trained staff shall make every effort to resuscitate him/her. The School does not accept or follow any parental or medical "do not resuscitate" orders. School staff should not be placed in the position of determining whether such orders should be followed. The School Director, or his/her designee, shall ensure that all parents/guardians are informed of this policy.
- **Emergency Contact Information:** For the protection of a student's health and welfare, the School shall require the parent/guardian(s) of all students to keep current with the School emergency information, including the home address and telephone number, business address, and telephone number of the parent/guardian(s), and the name, address and telephone number of a relative or friend who is authorized to care for the

student in any emergency situation if the parent/guardian cannot be reached. Education Code § 49408.

- 2. Procedures for Head Lice:** The Governing Board recognizes that head lice infestations among students require treatment. The Director or designee shall encourage early detection and treatment to minimize disruption to the educational program and reduce student absences.

The Director or designee may distribute information to parents/guardians of students regarding routine screening, symptoms, accurate diagnosis, and proper treatment of head lice infestations. The Director or designee also may provide related information to school staff.

School employees shall report all suspected cases of head lice to the Director or designee as soon as possible. When a student is initially identified as having live head lice, the student is to be excluded from school for treatment. The parent/guardian of any such student shall be contacted and given information about the treatment of head lice and encouraged to begin treatment of the student immediately and to check all members of the family. The parent/guardian also shall be informed that the student shall be checked upon return to school the day following treatment and allowed to remain in school if no active head lice are detected.

After treatment at home, it's mandatory to return to school the next day via the health office for inspection. Parents must be notified that students who return to school with live lice will be sent home. As such, parents are advised to accompany their child to school. Upon checking the head, if live lice are found, the child returns home with the parent for further treatment. If a child has been treated and there are no live lice, the child may return to class. We encourage the removal of nits, but child can return to class if they have been treated, even though nits are still present.

The child will be excluded from attendance until he/she is free of active head lice. The excluded student may return to school when:

- The parent/guardian produces evidence of treatment, and
- Reexamination by the Director/designee determines that the student is free of live lice.

Once he/she is determined to be free of live lice, the student shall be rechecked weekly for up to six weeks.

If a student is found consistently infested with head lice, he/she may be referred to a multidisciplinary team, which may consist of the school Executive Director, representatives from the local health department and social services, and other appropriate individuals, to determine the best approach for identifying and resolving problems contributing to the student's head lice infestations.

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When it is determined that one or more students in a class or school are infested with head lice, the principal or designee may, at his/her discretion, notify parents/guardians of students in that class and provide them with information about the detection and treatment of head lice. Mass screening (school-wide or whole classrooms) is not an evidence-based practice in controlling head lice infestation/ re-infestations and will not be performed. It is the responsibility of the parent to treat head lice infestation. Staff shall maintain the privacy of students identified as having head lice.