



NEBO SCHOOL DISTRICT BOARD OF EDUCATION POLICIES AND PROCEDURES

SECTION: J - Students
POLICY TITLE: Administering Medication to Students
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1. PURPOSE AND PHILOSOPHY

The administration of medication to a student while he/she is at school should only occur when deemed reasonable and necessary. When circumstances require medication to be given during school hours, the school principal or his/her designee and the school nurse will evaluate each request for medication individually in consultation with the student's parent/legal guardian, the Utah Department of Health, and other appropriate health care professionals.

2. DEFINITIONS

- 2.1. "Alternative medicine"** is any practice that is available to the public but is not integrated into conventional medical practice.
- 2.2. "Anaphylaxis"** means a potentially life-threatening hypersensitivity to a substance. Symptoms of anaphylaxis may include shortness of breath, wheezing, difficulty breathing, difficulty talking or swallowing, hives, itching, swelling, shock, or asthma. Causes of anaphylaxis may include insect sting, food allergy, drug reaction, or exercise.
- 2.3. "Asthma medication"** means prescription or nonprescription inhaled asthma medication.
- 2.4. "Complementary medicine"** is any practice that is available to the public which is integrated along with conventional medical care.
- 2.5. "Diabetes medication"** means prescription or non-prescription medication used to treat diabetes, including related medical devices, supplies, and equipment used to treat diabetes.
- 2.6. "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 persons suffering a potentially fatal anaphylactic reaction.

- 2.7. **“Glucagon”** is a protein hormone produced by the body which regulates carbohydrate metabolism in order to maintain normal levels of glucose in the blood. Glucagon has the opposite effect of insulin, in that glucagon increases blood glucose levels. An injectable form of glucagon is used in cases of severe hypoglycemia (low blood sugar) when the individual is unconscious or for some other reason is unable to take glucose orally.
- 2.8. **“Opiate antagonist”** has the same definition used in the Opiate Overdose Response Act, Title 26, Chapter 55 of the Utah Code, specifically, naloxone hydrochloride or any similarly acting drug that is not a controlled substance and that is approved by the federal Food and Drug Administration for the diagnosis or treatment of an opiate-related drug overdose. See UTAH CODE ANN. § 26-55-102(8).

3. GUIDELINES FOR ADMINISTRATION OF STUDENT MEDICATION

- 3.1. Except for the administration of an opiate antagonist as provided in the Opiate Overdose Response Act, the Nebo School District "Authorization of Student Medication" form and/or other Utah Department of Health / Utah State Board of Education authorization forms, as specifically designated, must be completed and signed before medication can be administered. The District's Authorization form must be signed by the following: (a) student's parent/legal guardian; (b) school principal; (c) school nurse; (d) school personnel authorized to administer the medication; and (e) physician or other health care provider. All authorization forms must be updated annually and as needed when there is a change in a doctor's orders for a student's medication.
- 3.2. A signed statement must be obtained from a health care provider that is authorized to prescribe in the State of Utah (i.e., physician, dentist, nurse practitioner, or physician assistant). The statement must either be attached to or incorporated in the District's Authorization form and/or other Utah Department of Health / Utah State Board of Education authorization forms, as specifically designated, and should describe the condition for which the medication is being used along with the method, amount, and time schedule for administration. The statement shall also include a provision stating that administration of medication by school personnel during periods when the student is under the control of the school is medically necessary.
- 3.3. The student's parent/legal guardian must bring the medication to the school and take home any remaining medication at the end of the school year. Pills must be counted together by the parent/legal guardian and the school employee receiving the medication. The number of pills and the names of the persons counting the pills must be recorded on the daily record or log.
- 3.4. The medication must be in a container that is labeled by a pharmacist or appropriate health care provider. The label must include the name of the medication, route of administration, the time(s) of administration, and the health care provider's name.
- 3.5. The medication must be kept in a secure location. Access to this location will be authorized and monitored by the school principal or his/her designee. Medication requiring refrigeration shall be stored in a refrigerator.
- 3.6. The school nurse shall be notified of all medications being administered to students.
- 3.7. The school nurse shall provide needed training to those school personnel who agree to administer the medication.
- 3.8. A daily record or log shall be kept for each student receiving medication. Each dose of medication given shall be charted by indicating the date, time given, and the signature or initials of the person administering the medication.

- 3.9. Authorization for administration of medication by school personnel may be withdrawn by the school at any time following actual notice to the student's parent/legal guardian.

4. EMERGENCY ADMINISTRATION OF SEIZURE RESCUE MEDICATION

- 4.1. A seizure rescue medication may be administered by a trained and authorized employee in accordance with UTAH CODE ANN. § 53G-9-505.
- 4.2. The student receiving the seizure rescue medication must first have met the following conditions:
 - 4.2.1. A prescribing health care professional has prescribed the seizure rescue medication for the student;
 - 4.2.2. The student's parent or legal guardian has previously administered the student's seizure rescue medication in a nonmedically-supervised setting without a complication; and
 - 4.2.3. The student has previously ceased having fully body prolonged or convulsive seizure activity as a result of receiving the seizure rescue medication.
- 4.3. Before administering a seizure rescue medication to a student, the school must have received and/or completed the following, documented in the student's IEP or Section 504 plan:
 - 4.3.1. A description of the specific seizure rescue medication prescribed for the student, including the indicated dose, and instructions for administration;
 - 4.3.2. A request that the school identify and train school employees who are willing to volunteer to receive training to administer the seizure rescue medication; and
 - 4.3.3. Authorization for a trained employee to administer the seizure rescue medication.
- 4.4. An employee may not be authorized under Paragraph 4.3.3 without first satisfying the requirements set forth in UTAH CODE ANN. § 53G-9-505.
 - 4.4.1. A trained employee authorized under Paragraph 4.3.3 may administer the seizure rescue medication to a student meeting the conditions of Section 4.2 if
 - 4.4.1.1. The student is exhibiting a symptom, described in the student's IEP or Section 504 plan, that warrants the administration of the seizure rescue medication; and
 - 4.4.1.2. A licensed health care professional is not immediately available to administer it.
 - 4.4.2. A trained employee who administers a seizure rescue medication shall direct an individual to call 911 and take other appropriate actions in accordance with the training described in UTAH CODE ANN. § 53G-9-505.
 - 4.4.3. A trained employee who administers a seizure rescue medication in accordance with this policy in good faith is not liable in a civil or criminal action for an act taken or not taken under this policy.
- 4.5. An employee trained under this section may possess or store a prescribed seizure rescue medication in accordance with this policy.

5. EMERGENCY ADMINISTRATION OF GLUCAGON

- 5.1. A form provided by the Utah Department of Health authorizing the administration of glucagon is required for a student with diabetes to receive glucagon in the case of an emergency. The

form shall be completed and signed by the student’s parent/legal guardian, school personnel, health care providers, and other appropriate individuals. The form shall include:

- 5.1.1. Certification that glucagon has been prescribed for the student;
 - 5.1.2. A request that the student’s school identify and train school personnel who volunteer to be trained in the administration of glucagon; and
 - 5.1.3. Authorization that glucagon can be administered in an emergency situation to the student.
- 5.2. A person who has received glucagon administration training may administer glucagon at a school or school activity to a student with a “Glucagon Authorization” if:
- 5.2.1. The student is exhibiting the symptoms that warrant the administration of glucagon; and
 - 5.2.2. A licensed health care professional is not immediately available.
- 5.3. A person who administers glucagon in accordance with this policy shall direct a responsible person to call 911 and take other appropriate actions in accordance with his/her glucagon administration training.

6. ADMINISTRATION OF EPINEPHRINE

- 6.1. School nurses will provide initial and annual refresher training to available and interested school personnel in regards to the storage and emergency use of epinephrine auto-injectors. This training shall include: (a) techniques for identifying anaphylaxis; (b) standards and procedures for the storage and emergency use of an epinephrine auto-injector; and (c) calling the emergency 911 number and contacting, if possible, the student’s parent/legal guardian and physician.
- 6.2. Each school will make at least one (1) emergency epinephrine auto-injector available to each school for use by any teacher or other school employee who is employed at the school and is qualified to administer an epinephrine auto-injector.

7. ADMINISTRATION OF OPIATE ANTAGONIST

- 7.1. School nurses will provide initial and annual refresher training to available and interested school personnel in regards to the storage and emergency use of opiate antagonists. This training shall include: (a) techniques for identifying an opiate overdose; (b) standards and procedures for the storage and emergency use of an opiate antagonist; and (c) calling the emergency 911 number and contacting, if possible, the student’s parent/legal guardian and physician.
- 7.2. Each school will make at least one (1) opiate antagonist available at each school for use by any teacher or other school employee who is employed at the school and is qualified to administer it under this policy.

8. ADMINISTRATION OF NON-PRESCRIPTION MEDICATION

Pursuant to Utah County Health Department guidelines, Acetaminophen (Tylenol), or Ibuprofen (Advil or Motrin), may be given by the school nurse or other school personnel authorized by the principal of the school. There must be documented parent/legal guardian permission, written or by telephone, for each time the medication is given. A medication log shall be used to record the date and time, the student name, the name of the parent or guardian who was contacted, the name of the medication given, the dosage of that medication, and the initials of the person administering the medication. Dosage shall be as follows:

- 8.1. Acetaminophen (Tylenol)

8.1.1. Grades K-6: 325 mg (1 adult tablet equivalent)

8.1.2. Grades 7-12: 650 mg (2 adult tablets)

8.2. Ibuprofen (Advil or Motrin)

8.2.1. Grades K-6: 200 mg (1 adult tablet equivalent)

8.2.2. Grades 7-12: 400 mg (2 adult tablets)

9. ADMINISTRATION OF ALTERNATIVE MEDICINES

Alternative and complementary medicine includes products or practices not currently used, accepted, or available in conventional medicine. As with the administration of prescription medications, student use of alternative or complementary medicine while at school should only occur when deemed reasonable and necessary. When circumstances require alternative or complementary medication to be given during school hours, the school shall follow the same guidelines set forth in Section 3 above.

10. POSSESSION AND ADMINISTRATION OF SUNSCREEN

A student may, without a parent or physician's authorization, possess and self-apply sunscreen that is regulated by the Food and Drug Administration. Sunscreen means a compound topically applied to prevent sunburn. If a student is unable to self-apply sunscreen, an employee may, but is not required to, apply the sunscreen on the student if the student's parent or legal guardian provides written consent for the assistance. An employee who applies sunscreen on a student in compliance with this section is not liable for an adverse reaction suffered by the student as a result of having the sunscreen applied or for discontinuing the application of the sunscreen at any time. Neither the school nor its employees are required to provide sunscreen.

11. STUDENT POSSESSION AND SELF-ADMINISTRATION OF MEDICATION

A student may possess, use, and/or be under the influence of a single dose or a dosage covering the period in which the student will be at school or at a school-sponsored activity of an over-the-counter drug or a prescription drug legally prescribed to the student. (See Nebo School District Policy JDB, *Student Use of Tobacco, Alcohol, and Drugs*.) The principal, school nurse, or other employee designated by the principal may require that the medication be clearly identified and, especially in an elementary school, may notify the student's parent. However, employees may not store or take part in the administration of medication to students except as provided throughout this policy. Identification of medication and parent notification do not substitute for completion of the forms under Section 3 or other requirements of this policy. An employee may confiscate medication that is unidentified or that the parent indicates the student should not take.

12. STUDENT POSSESSION AND SELF-ADMINISTRATION OF ASTHMA MEDICATION

UTAH CODE ANN. § 53G-9-503 permits students with asthma to possess and self-administer their asthma medications while on school property with written authorization from the student's parent/legal guardian and an appropriate health care provider. The applicable form provided by the Utah Department of Health shall be used when authorizing the possession and self-administration of asthma medication. The student shall be in possession of the asthma medication at all times. It is the responsibility of the parent/legal guardian to ensure that the appropriate authorization form(s) is updated on an annual basis and is on file at the school.

13. STUDENT POSSESSION AND SELF-ADMINISTRATION OF EPINEPHRINE

UTAH CODE ANN. § 26-41-104 permits students to possess and self-administer an epinephrine auto-injector while on school property with written authorization from the student's parent/legal guardian and an appropriate health care provider. The applicable form provided by the Utah Department of Health shall be used when authorizing the possession and self-administration of an epinephrine auto-injector. The student shall be in possession of the epinephrine auto-injector at all times. It is

the responsibility of the parent/legal guardian to ensure that the appropriate authorization form(s) is updated on an annual basis and is on file at the school.

14. STUDENT POSSESSION AND SELF-ADMINISTRATION OF DIABETES MEDICATION

UTAH CODE ANN. § 53G-9-506 permits students with diabetes to possess and self-administer their diabetes medication while on school property with written authorization from the student's parent/legal guardian and an appropriate health care provider. The applicable form provided by the Utah Department of Health shall be used when authorizing the possession and self-administration of diabetes medication. The student shall be in possession of the diabetes medication at all times. It is the responsibility of the parent/legal guardian to ensure that the appropriate authorization form(s) is updated on an annual basis and is on file at the school.

15. IMMUNITY FROM LIABILITY

School personnel shall comply with this policy and with any and all instructions contained in the "Authorization of Student Medication" form and all applicable state forms in order that they, Nebo School District, and the Board of Education may take full advantage of the immunity from civil and criminal liability provisions as per UTAH CODE ANN. § 53G-9-502, et seq. and UTAH CODE ANN. § 26-41-101, et seq.

16. MEDICAL RECOMMENDATIONS

16.1. School personnel may

16.1.1. provide information and observations to a student's parent about that student, including observations and concerns in the following areas:

16.1.1.1. progress;

16.1.1.2. health and wellness;

16.1.1.3. social interactions;

16.1.1.4. behavior; or

16.1.1.5. topics consistent with UTAH CODE ANN. § 53E-9-203(6);

16.1.2. communicate information and observations between school personnel regarding a child;

16.1.3. refer students to other appropriate school personnel and agents, consistent with District policy, including referrals and communication with a school counselor or other District mental health professional;

16.1.4. consult or use appropriate health care professionals in the event of an emergency while the student is at school, consistent with the student emergency information provided at student enrollment;

16.1.5. exercise their authority relating to the placement within the school or readmission of a child who may be or has been suspended or expelled for a violation of UTAH CODE ANN. § 53G-8-205; and

16.1.6. complete a behavioral health evaluation form if requested by a student's parent to provide information to a licensed physician or physician assistant.

16.2. School personnel shall:

16.2.1. report suspected child abuse consistent with UTAH CODE ANN. § 62A-4a-403 and Nebo School District Policy JHFA, *Child Abuse or Neglect*;

- 16.2.2. comply with applicable state and local health department laws, rules, and policies; and
 - 16.2.3. conduct evaluations and assessments consistent with the Individuals with Disabilities Education Act, 20 U.S.C. Sec. 1400 et seq., and its subsequent amendments.
- 16.3. Except as provided in subsections 16.1.1, 16.4, 16.5, and UTAH CODE ANN. § 53G-9-604, school personnel may not:
- 16.3.1. recommend to a parent that a child take or continue to take a psychotropic medication;
 - 16.3.2. require that a student take or continue to take a psychotropic medication as a condition for attending school;
 - 16.3.3. recommend that a parent seek or use a type of psychiatric or psychological treatment for a child;
 - 16.3.4. conduct a psychiatric or behavioral health evaluation or mental health screening, test, evaluation, or assessment of a child, except where such prohibition conflicts with the Individuals with Disabilities Education Act, 20 U.S.C. Sec. 1400 et seq., and its subsequent amendments; or
 - 16.3.5. make a child abuse or neglect report to authorities, including the Division of Child and Family Services, solely or primarily on the basis that a parent refuses to consent to:
 - 16.3.5.1. a psychiatric, psychological, or behavioral treatment for a child, including the administration of a psychotropic medication to a child; or
 - 16.3.5.2. a psychiatric or behavioral health evaluation of a child.
- 16.4. Notwithstanding subsection 16.3.5, school personnel may make a report that would otherwise be prohibited under subsection 16.3.5 if failure to take the action described under Subsection 16.3.5 would present a serious, imminent risk to the child's safety or the safety of others.
- 16.5. Notwithstanding Subsection 16.3, a school counselor or other mental health professional acting in accordance with Title 58, Chapter 60, Mental Health Professional Practice Act, or licensed through the state board, working within the school system may:
- 16.5.1. recommend, but not require, a psychiatric or behavioral health evaluation of a child;
 - 16.5.2. recommend, but not require, psychiatric, psychological, or behavioral treatment for a child;
 - 16.5.3. conduct a psychiatric or behavioral health evaluation or mental health screening, test, evaluation, or assessment of a child in accordance with UTAH CODE ANN. § 53E-9-203; and
 - 16.5.4. provide to a parent, upon the specific request of the parent, a list of three or more health care professionals or providers, including licensed physicians, physician assistants, psychologists, or other health specialists.
- 16.6. The District shall provide training for appropriate school personnel on the provisions of this section;
- 16.7. An intentional violation of this section is cause for disciplinary action consistent with Nebo School District Policy GCPD, *Employee Discipline, Administrative Leave, and Orderly Termination* and UTAH CODE ANN. § 53G-11-513.

EXHIBITS

None

REFERENCES

UTAH CODE ANN. § 26-41-101, et seq.

UTAH CODE ANN. § 26-55-101, et seq.

UTAH CODE ANN. § 53E-9-203

UTAH CODE ANN. § 53G-8-205

UTAH CODE ANN. § 53G-9-502, et seq.

Utah Code Ann. § 53G-9-604

Utah Code Ann. § 53G-11-513

Utah Code Ann. § 62A-4a-403

Utah County Health Department, Letter to School Districts from Dr. Joseph K. Miner, Jan 2, 2014

Nebo School District Policy GCPD, *Employee Discipline, Administrative Leave, and Orderly Termination*

Nebo School District Policy JDB, *Student Use of Tobacco, Alcohol, and Drugs*

Nebo School District Policy JHFA, *Child Abuse or Neglect*

FORMS

Authorization of Student Medication

Utah Department of Health Allergy & Anaphylaxis Emergency Action Plan (EAC)

Utah Department of Health Asthma Action Plan

Utah Department of Health Asthma Medication Authorization

Utah Department of Health Diabetes Emergency Action Plan (EAP)

Utah Department of Health Diabetes Individualized Healthcare Plan (IHP)

Utah Department of Health Diabetes Medication Management Orders

Utah Department of Health Seizure Individualized Healthcare Plan (IHP) and Emergency Care Plan (ECP)

Utah Department of Health Seizure Medication/Management Orders (SMMO)

HISTORY

Revised: 21 November 2022 – made technical change adding new logo.

Revised 12 June 2019 – added section on recommending medication per Utah Code §53G-9-203.

Revised 8 August 2018 – updated state forms; updated citations per recodification; made technical changes.

Revised 14 June 2017 – added provision permitting possession and administration of sunscreen per HB288 (2017); required that medication found in student possession be clearly identified.

Revised 8 March 2017 – added definition of and provisions related to administration of opiate antagonist per HB66 (2017); added section on seizure rescue medication per SB232 (2016); made technical changes.

Revised 16 April 2014 – modified provisions on administration of nonprescription medication to add acetaminophen and ibuprofen per letter from County Health Department; added section on student possession and self-administration of medication; made technical changes.

Adopted or revised 10 December 2008.
