

## **COLUMBUS COUNTY SCHOOLS Self-Medication Procedures**

There are a limited number of health conditions which may require the student to carry medication at all times. These include asthma (inhalers), diabetes (insulin or source of glucose), and severe anaphylactic allergies (emergency epinephrine). In addition to ready access to medication, an objective of a student's medical program is often self responsibility for medication. Parents should be informed that students who self-carry are independent in the management of their medication with no oversight from school staff.

When medications such as asthma inhalers, diabetes medications and emergency medications must be self-administrated, an appropriate individualized health care plan will be completed by the parent and school nurse. An authorization form will be completed by the physician and signed by the parent. Students will be assessed for their knowledge and competence in self-administering the medications and will agree to keep their medicine secure from other students.

When children who are subject to health hazards such as severe allergies attend school, it is the parent's or guardian's responsibility to assure that the school administration is aware of the situation and prepared to implement emergency measures. The plan developed between the student's parent or guardian, personal physician or health care source, and the school, for responding to such an emergency shall include:

- administering medication to reduce the impact of an allergic reaction until the student can be transported to the emergency room and/or
- instituting other first aid measures as directed.

Each student's specific needs and procedures should be included in an individualized written emergency plan developed for the student, and approved by the parent or guardian and physician. The after care of the student is determined by the attending physician who sees the student either in the office or in the emergency room. The parent or guardian has responsibility for assuring that an emergency care plan is developed for the child, and that written permission is given by them to institute emergency measures.

Students may self-medicate as their plan requires if the following criteria are met.

A written request shall be required annually from:

- 1) A licensed health care provider, to include:
  - a. Verification of the student's diagnosis that permits self-carry and self-administration of medication;
  - b. Verification that the medication has been prescribed for use during the school day, school activities and/or in transit;
  - c. A written statement that the student understands, has been instructed in self-administration of the medication and has demonstrated the skill level necessary to use the medication and any device necessary to administer the medication;
  - d. A written treatment plan and written emergency protocol

formulated by the health care practitioner who prescribed the medicine.

Also included in the documentation:

- Student's name and birth date
- Name of medication
- Dosage at school
- Relationship to meals if applicable
- When medication should be given
- How often medication should be given
- Expected side effects
- Reason(s) that the medication should be withheld
- Date medication should be stopped
- Health care provider signature, telephone number and date

2) Written authorization from the student's parent or guardian for the student to possess and self-administer medication. and authorize school personnel to allow the student to carry the medication. Include parent/guardian signature; telephone number and date. (May use Medication Authorization Form). The parent must provide to the school back-up medication that will be kept in a location in school to which a student has immediate access.

The request is reviewed by the school nurse, who provides the student with health counseling to include:

1. Review of health condition, medications, triggers, precautions.
2. Assessment of student's knowledge and developmental ability to be independent with medication.
3. Role play of procedure to be used when necessary and how to obtain help when needed.
4. Review of school medication policy/procedures, disciplinary actions for sharing medication or failure to safeguard it.
5. Assure the student understands and signs a self-medication agreement. (See Student Agreement )
6. Instruct the student's teacher(s), as appropriate, on the student's condition and authorization to self-carry and self-administer. This instruction may include cautions on usage and dosage of the medication.

Reference:

**School Health Program Manual** – January 2010, pp.E2-9 through E2-12. N.C. Division of Public Health – Children & Youth Branch – School Health Unit.

## Student Agreement for Self-Carried Medication

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Parent: \_\_\_\_\_ Telephone Number/s: \_\_\_\_\_

Health Care Provider: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Medication: \_\_\_\_\_ Dose and Time: \_\_\_\_\_

Medication is permitted in accordance with state laws and district policy. Both student health care provider and parent/guardian must complete Medication Authorization Form. Student's name must appear on the medications and devices.

### RESPONSIBILITIES

*I plan to keep my inhaler/equipment, Epinephrine Auto-injector, or diabetes medication/equipment with me at school;*

*I agree to use my inhaler/equipment, Epinephrine auto-injector, or diabetes medication/equipment in a responsible manner, in accordance with my licensed healthcare provider's orders;*

*I will notify the school staff (i.e., teacher, nurse) if I am having more difficulty than usual with my health condition, and*

*I will not allow any other person to use my medication or equipment.*

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_ **Emergency Action Plan complete and on file at school.**

\_\_\_\_ **Demonstrates correct use/administration.**

\_\_\_\_ **Verbalizes proper and prescribed timing for medication.**

\_\_\_\_ **Agrees to carry medication.**

\_\_\_\_ **Can describe own health condition well.**

\_\_\_\_ **Keeps a second labeled container in health office or main office**

\_\_\_\_ **Will not share medication or equipment with others.**

**Comments:** \_\_\_\_\_

School Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_