

AMEND BOARD REPORT 02-0724-PO01
AMEND BOARD REPORT 97-0326-PO3
POLICY REGARDING ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS

The Chief Executive Officer Recommends:

That the Board of Education for the City of Chicago (the "Board") amend the Policy Regarding Administration of Medication during School Hours, Board Report 02-0724-PO01.

PURPOSE: ~~The purpose of this Policy is to update and amend present practices to bring them into conformity with state guidelines regarding the administration of medication to students during school hours.~~

PRESENT POLICY: ~~Board Report 97-0326-PO3~~

HISTORY OF BOARD ACTION: ~~On September 24, 1991, the Board adopted a policy relative to the administration of medication to students in school. On March 27, 1996, the original policy (91-0925-PO1) was rescinded and was replaced by Policy 96-0327-PO4 which reflected the appropriate medication administration procedures to be followed at that time. On March 26, 1997, the Board amended 96-0327-PO4 to update and amend present practices and to establish uniformity regarding the administration of medication to students during school hours.~~

RECOMMENDATION: ~~That the Chicago Board of Education adopt the amended policy on the administration of medication during school hours.~~

POLICY TEXT:

The purpose of administering medication in school is to help each student maintain an optimal state of health to enhance his or her education. Only those medications ~~as determined by the~~ that a physician determines, which are absolutely necessary to maintain for the health and well-being of a student and to maintain the student in school shall be administered during school hours. The school in collaboration with the school nurse and parents will contact the physician to determine if it is medically necessary to administer medication to the student during regular hours and school related activities.

An One objective of any medication administration program is to promote self-responsibility. This can be achieved by educating students and their families and, as necessary, school staff, principal or principal's designee. ~~The certified school nurses or registered nurses working in the schools can facilitate this process by providing information regarding the action, dosage and side effects of medication.~~

The following provisions regarding the administration of medications in the Chicago Public Schools ("CPS") ~~apply to students ages birth through twenty-one years old.~~

I. DEFINITIONS

- A. Administration** as used in this policy means ~~to select~~ giving the correct medication, the correct dose, delivered ~~it~~ by the correct route, ~~and give it~~ to the correct student at the time prescribed.

- B. **Certified School Nurse ("CSN")** as used in this policy means a registered professional nurse who holds a Type 73 School Service Personnel Certificate (with an endorsement in school nursing ~~and~~ or who was employed ~~in~~ by the school district ~~of current employment~~ before July 1, 1976.)
- C. **Controlled Substance** as used in this policy means a drug, substance or immediate precursor as listed in the Illinois Controlled Substance Act.
- D. **Related Health/Nursing Services Plan** as used in this policy means the plan (contained within a Section 504 Plan or Individualized Education Plan ("IEP")) that is ~~required~~ necessary for all students who require medication and/or treatment while in school ~~attendance~~. The related health/nursing services plan is a tool for responding to the temporary and/or long-term medical needs of a student. The plan provides a format for summarizing health information; ~~it~~ It may include a problem/need statement, goals, plan of action, classroom accommodations and modifications, and expected outcome ~~expected~~.
- E. **Licensed Practical Nurse ("LPN")** as used in this policy means an individual holding a current Illinois Practical Nurse license from the Illinois Department of Professional Regulation ("IDPR") who has completed the required pharmacology course(s) that allows him/her to administer medication. An LPN must always work under the direction of a properly licensed person as determined by IDPR ~~the Illinois Department of Professional Regulation~~.
- F. **Medication** as used in this policy means both prescription and non-prescription (over the counter) drugs.
- G. **Medication Log** as used in this policy means the individual student medication record or medicine log used to record any medication given to a student. The individual medication record is a part of a student's temporary health record and should be maintained in accordance with the Illinois School Student Records Act, 105 ILCS 10/1 *et seq.*
- H. ~~Registered Nurse ("RN") as used in this policy means an individual holding a current Illinois Registered Professional Nurse license from the Illinois Department of Professional Regulation.~~ Health Service Nurse ("HSN") as used in this policy means an individual holding a current Illinois Registered Professional Nurse License from the IDPR who is employed by the school district.
- I. **Self-Administration** as used in this policy means the administration of medication ~~administered~~ by a student under the direct supervision of ~~the~~ a CSN or ~~RN~~ HSN, principal or principal's designee. Self-administration may also include the administration of medication ~~taken~~ by a student in an emergency situation ~~without~~ not under the supervision of a CSN/~~RN~~ HSN, principal or principal's designee and/or emergency administration of medication carried by the student, e.g. an asthma inhaler or epinephrine pen.

II. ~~PROCEDURES REQUESTING THE ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS~~

- A. Physician Authorization and Parental Request: A written request for the administration of medication during school hours must be made by a licensed physician and submitted on the CPS medication request form. The parent/guardian must submit a written request and signed Parent's Authorization to Release Medical Information form must also be obtained from parent(s)/guardian(s) that includes the home phone number as well as an

emergency number. These forms must be made available to the local schools. Forms may be duplicated at the schools. Medication will not be administered unless these forms are properly completed and received.

- B.** Review of Request: The CSN, ~~RN~~ HSN or principal or principal's designee shall be responsible for initially receiving requests from the parent(s)/guardian(s) and the licensed physician for a student to be given or to self-administer medication during school hours. ~~The CSN or RN shall forward the request to the principal.~~ The CSN or RN HSN will confer with the licensed physician and parent(s)/guardian(s) of a student needing medication during the school hours, and if possible, recommend that the time for administration of medication be adjusted so that it can occur ~~will not be necessary to administer the medication~~ during non-school hours. When other questions arise, the principal/CSN/RN HSN may confer with the Office of Specialized Services, Coordinated School Health Unit ~~Student Health Services Department~~.
- C.** Physician Request: If medication is to be given during school hours, a written doctor's request for medication must be ~~obtained~~ submitted on a yearly basis, or as needed for a change in medication and must include:
1. Student's name, date of birth, address and phone number;
 2. Diagnosis of condition requiring medication;
 3. Name of medication, dosage, route of administration;
 4. Frequency and time of administrations;
 5. Special circumstances in which medication is to be administered;
 6. Side effects and/or intended effects which might be observed and reported to a nurse, teachers and parents;
 7. Name, signature, address, office phone and fax numbers of physician;
 8. Other medication child may be receiving at home;
 9. Emergency phone number;
 10. Regimen of medical follow up; ~~and~~
 11. ~~Parental or guardian approval for students to carry emergency medication on their person (i.e. inhaler).~~

III. Procedures for the Administration of Medication to Students

- A. D.** Containers and Labels: Medications must be brought to school in the original container appropriately labeled by the pharmacist or licensed provider. Prescription medications shall display the following information:

1. Student's name and prescription number;
2. Name, dosage and frequency of medication;
3. Administration route or other directions;
4. Date and number of refills;
5. Licensed physician's name;
6. Pharmacy name, address, and phone number;
7. Name or initials of pharmacist; and
8. Expiration date of medication.

Nebulizers and inhalers must be marked in indelible ink with the student's name, the side effects of the medication, as well as the physician's name and telephone number. The prescription label shall be kept in the student's health folder, not on the individual inhaler or nebulizer.

- B. E.** Delivery of Medication: Unless a student is authorized by a licensed physician as well as the student's parent/guardian to carry medication as described in section

III of this policy, all medication, and devices and equipment, (e.g. nebulizers or inhalers) must be personally delivered to the school by the parent(s)/guardian(s). The student shall not bring the medication to school.

- G.** The parent(s)/guardian(s) is responsible for providing all medications for his/her child. The parent(s)/guardian(s) shall be responsible for all refills of medication.
- D. F.** Changes in Medication: The child's physician and the parent(s)/guardian(s) must notify the school principal or principal's designee and CSN or RN HSN in writing if a medication is to be discontinued. In order to change the dosage, or medication or administration times, the parent(s)/guardian(s) must ~~obtain~~ submit a written order from the physician and/or licensed prescriber, including the information and ~~and provide the~~ documentation listed in paragraph II.C to the school.
- E. G.** Medication Storage and Location: Medication must be stored in a separate locked drawer or cabinet. The principal/~~designee~~ or designee ~~the CSN/RN~~ is responsible for the key to the drawer or cabinet in which any medication is kept. When the medication being stored is a controlled substance, the locked cabinet must be securely affixed to the wall. Medications requiring refrigeration must be locked in a container before being refrigerated and also kept in a locked refrigerator separate from food products. ~~If medication is to be refrigerated, it should be locked in a container before being refrigerated.~~ At all times, the principal or principal's designee or and the CSN/RN HSN in the building must have knowledge of and access to all storage units where medication is kept. For students with asthma who require the use of a nebulizer during school hours, the school will provide a location where the nebulizer can be used in private. While on school property, the nebulizer will be kept in a secure location that is accessible for use by the student. Inhalers left at school after hours must be kept in a locked and secured location.
- F. H.** Recordkeeping: The principal or principal's designee will insure that medication logs are kept for each student receiving medication during school hours, and that they will be incorporated into the student's health folder on a yearly basis. A daily medication log must be kept for each student to record administration of all medication during school hours. This log will be maintained either by the principal and/or principal's designee who monitors self-administration or by the licensed nurse who administers the medication. The CSN, RN HSN or CPN LPN will monitor the student's medication regimen on a weekly basis. The principal or principal's designee will insure that medication logs are kept for each student receiving medication, and that they will be incorporated into the student's health folder on a yearly basis. For students with asthma who are unable to self-administer, the record keeping requirements in this section shall apply. For students with asthma who are able to self-administer, the recordkeeping requirements noted in section IV.A shall apply. The information provided by the parent(s) or guardian(s) shall be kept on file in the student's health folder with a copy for the principal's/designee's file.
- G. I.** End of School Year: At the end of the school year or the end of the medication, procedure and/or treatment regimen, the student's parent(s) or guardian(s) will be responsible for removing from the school any unused medication. If the parent(s) or guardian(s) does not pick up the medication by the end of the school year, the CSN or RN HSN will dispose of the medication(s) ~~and document that it was discarded.~~ Medication must be discarded in the presence of a witness and documentation must be signed by both parties. This documentation must be maintained in the student's health folder.

H. J. IEP and 504 Plan Meetings:

(1) All students with an IEP or 504 Plan who require medication during school hours must have a related health/nursing services plan that addresses how medication will be handled by school personnel.

I. (2) A Section 504 or IEP meeting must be (re)convened if medication will not be administered during school hours for one of the following reasons:

1. (a) parent(s)/guardian(s) fail to provide required forms;
2. (b) parent(s)/guardian(s) refuse the school access to physician and/or necessary medical records;
3. (c) the nurse and student's physician agree it is not medically necessary for the medication to be administered during regular school hours and school related activities.

Prior to the school initially refusing to administer or discontinuing administration of medication as described above, the principal or designee must contact the Cluster Nurse Coordinator, who will confer with the Office of Due Process/Mediation Implementation Monitoring.

J. (3) A Section 504 or IEP meeting must be (re)convened to consider discontinuing the administration of medication during schools hours for reasons that include:

1. (a) student continually refuses to accept medication, and ~~there are~~ no alternative methods of administration are available;
2. (b) parent(s)/guardian(s) fails to provide medication in the appropriately labeled container;
3. (c) parent(s)/guardian(s) refuse to deliver medication to school personally;
4. (d) noted adverse effects resulting from administration of medication; and
5. (e) parent(s)/guardian(s) refuse the school access to physician and/or necessary medical records.

The Section 504 Plan or IEP team shall consider developing a Functional Analysis and Individual Behavior Intervention Plan to address any medication intake issue(s) related to the circumstances of a particular child, e.g. students who refuse to take medications or the administration of medications to early childhood students.

~~K. Prior to the school initially refusing to administer or discontinuing administration of medication, the principal/designee or the CSN/ RN must contact Student Health Services (773-553-1830) in consultation with the Office of Due Process/Mediation Implementation Monitoring.~~

~~L. The Section 504 Plan or IEP should develop a Functional Analysis and Individual Behavior Intervention Plan to address any medication intake issue(s), e.g. students who refuse to take medications or the administration of medications to early childhood students.~~

IV.III. REQUESTING SELF-ADMINISTRATION OF MEDICATION BY STUDENT

The following procedures shall be followed with regard to the self-administration of medication by CPS students:

A. Parental Request: The parent(s) or guardian(s) of the student must provide to the school written authorization for the student's self-administration of medication in a form established by the Office of Specialized Services. In this authorization form, the parent(s) or guardian(s) of the student must sign a statement acknowledging that the Board is to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the student, and that the parent(s) or guardian(s) must indemnify and hold harmless the Board 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 by the student.

B. Physician Authorization: The parent(s) or guardian(s) of the student must also provide to the school a signed, written statement from the student's physician containing the following information noted in section II.C as well as a written approval for the student to self administer and a statement that the student has been trained and is has demonstrated knowledge of when and how to self administer the medication.:

1. the name and purpose of the medication;
2. the prescribed dosage; and
3. the time or times at which or the special circumstances under which the medication is to be administered.

The information provided by the parent(s) or guardian(s) shall be kept on file in the student's health folder with a copy for the principal's/designee's file.

~~C.~~ The Board must inform the parent(s) or guardian(s) of the student, in writing, that the Board 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 by the student outside the supervision of the CSN or RN.

~~D.~~ The parent(s) or guardian(s) of the student must sign a statement acknowledging that the Board is to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the student outside the supervision of the CSN or RN, and that the parent(s) or guardian(s) must indemnify and hold harmless the Board 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 by the student outside the supervision of the CSN or RN.

~~E.~~ C. Annual Renewal of Authorization: Physician and Parent/guardian permission for self-administration of medication is effective for the school year for which it is granted, and shall be renewed each subsequent school year upon the fulfillment of the requirements contained in this section.

~~F.~~ D. Self-Administration Monitoring: Self-administration of medication shall be monitored by a CSN, HSN, LPN, the principal or principal's designee.:

1. a certified school nurse, RN or LPN with the required pharmacology courses and certificates;
2. the principal or other school administrative employees; or
3. the principal's designee - teacher or non-administrative school employee or contractual employee who agrees; or
4. parent(s)/guardian(s) (parents cannot be required to administer medication).

- E. Student Behavior: If school personnel observe a student giving his/her emergency medication (inhaler, epi pen or other medication) to other students or otherwise using them in a manner to threaten or injure others the parent(s)/guardian(s) will be immediately notified and the student will be subject to discipline in accordance with the Student Code of Conduct. Further, the student's 504 Plan or IEP team shall consider developing or modifying a Functional Analysis and Individual Behavior Intervention Plan for the student.

V. IV. ADDITIONAL PROCEDURES FOR ASTHMATIC STUDENTS TO CARRY INHALERS AT SCHOOL

For students with asthma to carry their inhalers with them at school, in addition to the requirements previously described herein, the following must occur:

- ~~A. Physician Authorization: The parent(s)/guardian(s) must present the school with a written doctor's statement that their student has asthma and understands and has demonstrated a knowledge of when and how to self-administer inhaler medicine, e.g. inhaler or nebulizer.~~
- ~~B. For those students with asthma who require the use of a nebulizer during school hours, the school will provide a location where the nebulizer can be used in private. During school hours, the nebulizer will be kept in a secure, location that is always accessible for the student.~~
- ~~C. Nebulizers left in school buildings after school hours must be kept in a locked and secured location.~~
- ~~D. Inhalers left at school after hours must be kept in a locked and secured location.~~
- ~~E. Inhalers and nebulizers must be marked in indelible ink with the student's name. Parent(s)/guardian(s) also must provide the school with the prescription label, which includes the student's name, name of medication, dosage, frequency of administration, and side effects (for the inhalers and the medication to be used in the nebulizer), as well as their physician's name and telephone number. This prescription label will be kept in the student's health folder. The prescription label does not need to be on the individual inhaler or nebulizer.~~
- F. A. Recordkeeping:** ~~For students with asthma who are unable to self-administer, follow paragraph III F for record keeping. For students with asthma who carry their inhaler and self-administer, the daily log will be kept updated by the student. The student will pick up and drop off the log daily weekly at a designated school location. The school may decide the most convenient location for the student's log, i.e. with the teacher, case manager, principal or principal's designee. The principal/designee shall monitor the medication log daily. The CSN or RN HSN will monitor the log on a weekly basis.~~
- ~~G. If school personnel observe a student with asthma giving his/her inhaler to other students or spraying the inhaler at other students, the parent(s)/guardian(s) will be immediately notified and the student will no longer be allowed to carry the inhaler on his/her person, in his/her bookbag or purse during school hours. The inhaler will then be kept in the office with the other medications and the student will come to the office for treatment.~~

V. ADDITIONAL PROCEDURES FOR STUDENTS TO CARRY EPINEPHRINE AUTO-INJECTOR ("EPI PEN") AT SCHOOL

For students to carry an epi pen with them at school, in addition to the requirements previously described herein, the following must occur:

- A. Notification Procedures: The teacher or other school personnel who observes a student self-administering with an epi pen shall immediately notify the Principal for appropriate emergency response.

VI. EPI PEN PROTOCOL AND ADDITIONAL PROCEDURES FOR OTHER INDIVIDUAL EMERGENCY MEDICATIONS

- A. Staff Training: CSNs will be responsible for providing training to school staff and principal/designee regarding administration of Epi Pen, and other emergency medications by school personnel.

- B. Approval: Except as to students otherwise authorized under sections IV and V above, students ~~Students should~~ will be evaluated on an individual basis regarding the need to carry emergency medication. A written statement signed by the student's physician and parent or guardian verifying the necessity and student's ability to self-administer the medication properly or have it administered by appropriate school staff should be on file in the student's health folder and Student Health Services.

- C. Notification Procedures: The teacher or other school personnel who observes a student self-administering with an emergency medication shall immediately notify the Principal for appropriate emergency response.

VII. NURSES AND THE ADMINISTRATION OF MEDICATIONS

CSNs, ~~RNs~~ HSNs and LPNs are responsible for their own actions regardless of the licensed prescriber's written orders. CSNs, HSNs and LPNs have the responsibility to clarify any medication order which ~~is deemed~~ they deem inappropriate or ambiguous. CSNs, HSNs and LPNs have the right and responsibility to decline to administer a medication if they feel it jeopardizes student safety. In such instances, the CSN, ~~RN~~ HSN or LPN must notify: (1) the principal or principal's designee, (2) the parent(s)/guardian(s), (3) the student's physician and (4) ~~Student Health Services~~ the Office of Specialized Services, Cluster Nurse Coordinator.

VIII. PARENTAL NOTIFICATION OF ADMINISTRATION OF MEDICATIONS POLICY

Pursuant to 105 ILCS 5/10-20.14b of the Illinois School Code, parents or guardians of all CPS students shall be furnished a copy of the Administration of Medications Policy within 15 days after the beginning of each school year, or within 15 days after starting classes for a student who transfers into a CPS school. All students at each CPS school also shall be informed as to the contents of the policy.

EDUCATIONAL REVIEW:

~~The Office of Specialized Services assisted with the development of this policy.~~

FINANCIAL REVIEW:

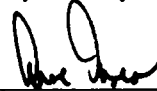
LEGAL REFERENCES: 105 ILCS 10/1 *et seq.* (Illinois Student Records Act); 105 ILCS 5/10-22.23; 105 ILCS 5/22-30; 225 ILCS 65/5-10(k) and (j); 225 ILCS 65/5-10(j); 23 Ill. Adm. Code 1.760(c), Individuals with Disabilities Education Act, 20 U.S.C. 31400 *et seq.*; Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. §706 *et seq.* and 34 C.F.R. 100 *et seq.*

Approved for Consideration:



Barbara Eason-Watkins
Chief Education Officer

Respectfully Submitted:

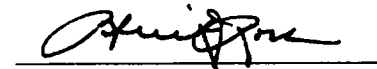


Arne Duncan
Chief Executive Officer

Noted:


John Malorca
Chief Financial Officer

Approved as to Legal Form: ^{SPM}


Patrick J. Rocks
General Counsel